



## Department of Health and Social Services

ALASKA MENTAL HEALTH BOARD  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

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February 7, 2018

The Honorable Representative Les Gara  
State Capitol Room 511  
Juneau AK, 99801

RE: House Bill 268- At Act Relating to the Prescription of Opioids

Dear Representative Gara;

The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) are the state agencies charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of ABADA/AMHB is to advocate for programs and services that promote healthy, independent, productive Alaskans.

We believe opioid prescribers should talk to their patients about the potential addictive qualities of opioids and discuss other treatment options while following the state prescribing guidelines. We are aware that the Department of Health and Social Services is developing patient information brochures and we fully support the distribution of these materials when prescribing opioids. Taken together, patients will be able to make informed choices about their healthcare.

We also believe that patient education is one piece of the puzzle to preventing and managing opioid addiction. ABADA/AMHB staff and Board were key stakeholders in the development of the Alaska Opioid Policy Taskforce and the formation of their statewide policy recommendations. As noted in that taskforce report the Alaska State Medical and Dental Boards, Board of Pharmacy, Board of Nursing, Board of Optometry, and Division of Professional Licensing adopted the State of Washington's "Interagency Guidelines for Prescribing Opioids for Pain" for Alaska in 2015. We strongly believe health care professionals in Alaska need additional training and supports about these prescribing guidelines to understand the science of addiction and how their overall prescribing practices can help mitigate the risk of prescription opioid misuse.

We appreciate your hope to keep the requirements flexible and as non-burdensome as possible. Working with the licensing boards to offer providers training and support on the interagency prescribing guidelines and encouraging providers to educate their patients will help turn the tide on opioid addiction.

Thank you for this opportunity to support and comment on HB 268 and please contact me if you need additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Alison L. Kulas".

Alison L. Kulas, MSPH  
Executive Director



January 25, 2018

The Honorable Les Gara  
Alaska House of Representatives  
State Capitol Room 511  
Juneau, AK 99801

Dear Representative Gara:

The Alaska Dental Society (ADS) supports HB268.

As the opioid public health crisis in Alaska continues, we have the opportunity to serve a key role in educating our communities and our patients about the devastation of opioids, through timely discussions with our patients and by distributing written material during the course of prescribing pain control agents.

Increasing patient awareness of non-opioid alternatives benefits both patients and providers. Increasing patient education of alternatives will be necessary to overcome years of patient expectations to receive opioids, frequently in large doses, after even minor surgical procedures. We look forward to working with the State HSS Department to transition patient and provider expectations to reasonable pain control appropriate for the level of surgery received.

There is a documented epidemic of opioid and heroin abuse in Alaska. The ADS has recognized the need for the responsible use and prescribing of prescription opiates by Alaskan dentists. The ADS is committed to informing our members of the latest research and keeping dentists abreast of the latest findings on the efficacy of pain control agents and responsible dosing.

As ethical providers of healthcare, we have an obligation to educate ourselves about safe prescribing, about how to have a frank discussion with patients and, in the case of minors, their parents or caregivers, as well as how to identify possible abuse and recommend help. The Alaska Dental Society has developed guidelines for its members to aid in the proper prescribing of opioids and alternative pain control methods. We welcome other prescribers to utilize the guide where appropriate.

Sincerely,

David Logan, DDS  
Executive Director, Alaska Dental Society



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of  
Health and Social Services**

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January 29, 2018

The Honorable Les Gara  
Alaska House of Representatives  
Room 511  
Alaska State Capitol  
Juneau AK, 99801 .

Dear Representative Gara,

Thank you for your ongoing work to address the opioid crisis facing our nation and Alaska. I support the intent of HB 268 to encourage providers to have critical conversations with patients when opioid pain-relievers are prescribed and to ensure that important information on the risks of addiction and methods of proper disposal of unused pills are communicated. While the risk of subsequent opioid misuse and addiction associated with a single prescription is low, the public health impact of opioid misuse is significant in view of how commonly opioid pain relievers have been prescribed in recent years. According to the Substance Abuse and Mental Health Services Administration and the National Institute for Drug Abuse, 3.6% of persons using prescription opioids for non-medical purposes initiate heroin use within the following 5 years, and 23% of persons who try heroin, will become addicted. Among people who become addicted to heroin, the majority report using prescription opioids for non-medical purposes prior to first use of heroin.

Anecdotal reports suggest that conversations about the risks associated with opioid pain relievers often do not occur when an opioid is prescribed or dispensed. This may be in part because providers have not been aware of the potential risk until recently. HB 159, passed during the first session of the 30<sup>th</sup> Legislature and signed into law by Governor Walker, requires a portion of the continuing medical education credits required for healthcare provider licensure be committed to training in pain management and the basics of addiction medicine. Additionally, the Department of Health and Social Services is working with professional organizations, such as the Alaska chapter of the American College of Emergency Physicians and the Alaska Dental Society to

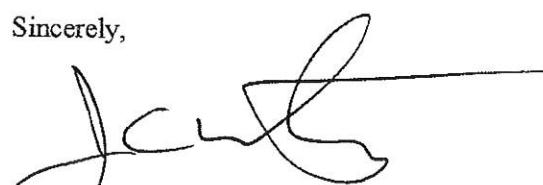
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develop and implement tools that will help communicate the risks associated with prescription opioid use, non-opioid pain management options, and proper disposal of unused medications.

Additionally, the Department continues to provide drug disposal bags to all Alaskans through the Public Health Centers and in partnership with other organizations to reduce the amount of opioids available for misuse in our homes and communities.

I hope that this information will be helpful to you as HB 268 moves through the legislative process.

Sincerely,



Jay C. Butler, MD, FAAP, MACP, FIDSA  
Chief Medical Officer, and  
Director, Division of Public Health

## Turning Point Counseling Services

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### Building Recovery Foundations Together

Honorable Representative Les Gara,

February 14, 2018

My name is Gunnar Ebbesson. I am a licensed professional counselor supervisor, master addiction counselor and a chemical dependency counselor supervisor working in the field of mental health and addiction since 2002. During that time I have served on the Governor's Advisory Board for Alcoholism and Drug Abuse (chair in 2016), and co-chaired the Alaska Opioid Policy Task force. I am co-founder and clinical director of Turning Point Counseling Services in Fairbanks and have been engaged in that endeavor since 2009. I have been deeply entrenched in the opioid epidemic as a therapist and an advocate where I started to see young, bright 18 to 24 year old youth, deeply addicted to Oxycontin beginning in around 2010. These were youth who came from upper middle class families with what seemed to be good upbringing and bright futures. The addictions they had to Oxycontin were severe and intractable; I have had the sad experience of losing friends, clients to overdose, and currently one of my children is homeless and addicted on the streets of California. His addiction to heroin started with prescription pain medication he procured on the street. As a person in long term recovery (20 years) I have had the experience of doctors who have treated me, not understand addiction and the danger of opioids and other drugs related to addiction. On one occasion some years ago, I informed an emergency department physician of the fact that I was in recovery and that I could not take narcotic pain medication or benzodiazepines after I had broken my ankle, only to have her come back to the exam room with a prescription for Percocet and valium. When I explained again, that I could not take these, the physician huffed out of the room saying "Fine! Go home and take aspirin!" I reported her to the hospital, but am not sure of any censure for that behavior.

I believe that many physicians have come a long way in understanding the impact of opioids on the epidemic, and that longer exposure to opioids increases the likelihood of dependence and addiction, and that in general physicians have the best intentions when treating their patients. However, this understanding is far from ubiquitous, my 80 year old father was just treated for back pain with Percocet, became physically dependent on it over the course of his back pain treatment, and required withdrawal management from a PA friend of mine who does that work. I asked him if his doctor had warned him of the possible impacts of his taking Percocet, he said that he had not gotten any information like that. This made me think of all of the elderly people who are unwittingly being exposed to these issues.

I am in full support of House Bill 268, which requires physicians to inform their patients on the risks of taking opioids. I am aware that taking that kind of time with their patients is an added burden to their often-overwhelming workload, however, it falls on deaf ears with me. I see what happens, and what happened in my community and family and have to think that it is a moral and ethical mandate for physicians to be educated on addiction and to then educate their patients on risks associated with taking opioids.

With deep respect and thanks,

Gunnar Ebbesson, LPCS MAC CDCS  
Clinical Director/Turning Point Counseling Services  
315 5th Ave  
Fairbanks, AK 99701  
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**PARTNERS FOR PROGRESS**  
**Supporting Justice that Protects and Heals**

[www.partnersforprogressak.org](http://www.partnersforprogressak.org)

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February 2, 2018

Representative Les Gara  
State Capitol Room 511  
Juneau AK, 99801

Representative Gara,

Partners for Progress, Inc., Board of Directors strongly supports HB268. Through our work in Reentry and Therapeutic Court Support, we see the devastation of opioid addiction every day. In 1998 when Alaska developed our first Therapeutic Court, the focus was on alcohol. Today, the number of participants in Therapeutic Courts and Reentry Programs in Alaska who are addicted to opiates has drastically increased. We hear the same story over and over, "It started with pain killers".

Partners Reentry Center Director, Cathleen McLaughlin has this story from an experience last week, *"Just today I did an intake of an individual who got hooked on opioids after receiving an over-abundance of pain management medication after a fairly standard surgery. When the prescriptions ran out, she sought heroin as her drug of choice. It was cheaper. After losing her home and kids, she is clawing her way back up to normal. I continue to wonder – what if the Dr. had prescribed a non-addictive pain management medication? Would she have lost her bearings?"*

*Individuals, like the woman who entered our program today, are the reason I am committed to addressing the opioid crisis. She did not choose to be an opioid addict. She became one because of the lack of awareness of the impact a prescribed drug had on her. She had addictive tendencies, which she disclosed prior to the surgery. It was easier for the medical profession to go with the easiest, for them, to address the pain and to prescribe". Cathleen McLaughlin, J.D/M.B.A.*

In March, our Therapeutic Court Peer Support Group will be in Juneau to support this Bill and advocate on behalf of recovery from addiction. Please call on us if we can support you further.

Sincerely,

Doreen Schenkenberger  
Executive Director

FROM THE DESK OF

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## ANNE ZINK

February 21, 2018

To the Honorable Representatives through the chair,

I appreciate your time and considering this testimony for HB 268, Opioid Prescription Writing on behalf of Alaska ACEP (American College of Emergency Physicians) a local group representing more than 80% of the emergency medicine physicians in Alaska.

I am a full time practicing Emergency Physicians at Mat-Su Regional Hospital in Palmer Alaska and have spoken before on the need to better address the opioid epidemic facing our great state.

In the Emergency Department we see both the best and worst of opioids. When a tragic accident leaves a patient mutilated and in agony, or an elder suffering from the intense pain of metastatic cancer and its resultant fractures, opioids play a critical role. Opioids ability to provide relief from pain and suffering remain important. We also see the destruction that opioids wreak on patients lives, the overdoses, and the violent threats for opioids if they are not delivered on demand. We see a generation that expects (and demands) a pain free life. As physicians, we have been inappropriately incentivized to both make our patients "satisfied" and "do everything possible to alleviate pain". The combination of these factors, along with aggressive marketing by the pharmaceutical industry, have contributed to the nightmare of the opioid epidemic we see today.

As Emergency Physicians, we recognize the critical role that physicians and the broader medical system play in both addressing the opioid epidemic that exists today, as well as preventing Alaskans from becoming embroiled in the opioid epidemic in the future. We have worked with DHSS to create guidelines for how opioids should be prescribed in the Emergency Department. We are implementing IT fixes across the state so we can more easily identify patients at risk for opioid addiction and overdose sooner. In conjunction with DHSS, we are finalizing an opioid education handout that discusses many of the aspects of pain and opioid use and abuse called for in HB 268. Statewide, we now have a CME requirement related to opioids. Our state chapter of ACEP, National ACEP, and the broader house of medicine have all recognized the tragedy of medical opioid use and the link to opioid addiction.

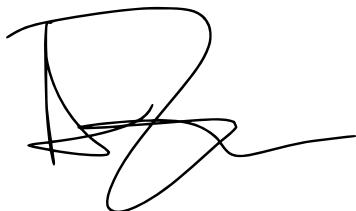
In general, as physicians, we are concerned when legislation inserts itself into the the conversations and relationships we have with our patients. We are concerned by moves in other states where key issues regarding health of patients were legislatively prohibited from being discussed. We see the patient / physician relationship as a special and very personal space that we fight hard to protect.

HB 268 appears to be legislating something that we believe physicians should be doing for their patients. As emergency physicians we fully embrace the importance of the risk-benefit- alternative discussion between provider and patient any time a potentially hazardous test or treatment is being considered. The decision to use opioids or not certainly falls into this category. Our hope is that with all the attention being paid to opioids by both the house of medicine and society in general, these conversations are already happening.

We all play a role in creating a happy and healthy society. We need our medical system to be better stewards of the opioids they prescribe and administer, we need physicians to not be graded on "ending pain", we need better patient education about the risk and alternatives for these medication, we need better information systems that let providers know what treatment a patient has received else where, and we need treatment options available for patients seeking recovery. HB 268 may help encourage a conversation we believe in and is in line with many other steps this body and others have taken end this epidemic. If this bill does pass, we would suggest the addition of a sunset clause to ensure limited health care resources are being devoted to the most appropriate location.

Thank you for your time and consideration and accepting this written testimony. Please feel free to reach out with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Zink".

Anne Zink, MD, FACEP

[annezink@gmail.com](mailto:annezink@gmail.com)

907-315-5991