

WEAT6HALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 8, 2017

1:36 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Cathy Giessel
Senator Peter Micciche
Senator Tom Begich

MEMBERS ABSENT

Senator Natasha von Imhof

COMMITTEE CALENDAR

PRESENTATION: Alaska Opioid Task Force

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

MICHAEL DUXBURY, Captain
Statewide Drug Enforcement Unit
Alaska State Troopers
Department of Public Safety (DPS)
Anchorage, Alaska

POSITION STATEMENT: Addressed the Alaska Opioid Policy Task Force.

KATE BURKHART, Executive Director
Advisory Board on Alcoholism and Drug Abuse
Alaska Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Addressed the Alaska Opioid Policy Task Force.

ANDY JONES, Chief
Section of Rural and Community Health Systems

Division of Public Health
Alaska Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Provided operational information regarding drug-disposal bags and drug-overdose kits.

ACTION NARRATIVE

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CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:36 p.m. Present at the call to order were Senators Giessel, Micciche, Begich, and Chair Wilson.

PRESENTATION: Alaska Opioid Policy Task Force Recommendations

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CHAIR WILSON announced that the committee is hearing the Alaska Opioid Policy Task Force's recommendations.

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MICHAEL DUXBURY, Captain, Statewide Drug Enforcement Unit, Alaska State Troopers, Anchorage, Alaska, disclosed that he has been employed with the troopers since 1989.

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KATE BURKHART, Executive Director, Advisory Board on Alcoholism and Drug Abuse, Alaska Department of Health and Social Services, Juneau, Alaska, noted that she had the pleasure of staffing the task force.

She presented a PowerPoint presentation on the "Alaska Opioid Policy Task Force Recommendations." She commenced with page 2, "Alaska Opioid Policy Task Force" and referenced as follows:

- The task force is a partnership of the Alaska Division of Public Health, Advisory Board on Alcoholism and Drug Abuse, and Alaska Mental Health Trust Authority. It was established to develop evidence-based policy recommendations for preventing opioid misuse, abuse, and overdose deaths based on information from experts from diverse sectors, people in recovery, and community coalitions, and the public.
- 20-volunteers served on the task force, representing people in recovery, family members, for-profit and non-profit

treatment providers, tribal health providers, rural Alaskan communities, Alaska Native peoples, health care providers, law enforcement, and public safety. Ex officio representatives from the Governor's Office, House of Representatives, and Senate also served.

- The task force met every two weeks by video and teleconference between May to November 2016 in open, public meetings.

MS. BURKHART summarized that the task force came together to help create evidence-based policy recommendations to help communities and the state address the opioid epidemic and find strategies that would work across different sectors in Alaska.

She referenced page 3, "Alaska Opioid Policy Task Force Members" and noted that members hailed from all over the state and included people from a variety of disciplines, professions, and experiences. She said the task force members all came with an understanding that the process would be open and participatory that included Alaskans.

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SENATOR MICCICHE addressed the various member categories and noted that one member was listed as "family member." He asked Ms. Burkhart to describe what a "family member" is.

MS. BURKHART detailed that a "family member" is someone who themselves does not experience an opioid-use disorder, but has had a family member who has.

She referenced page 4, "Alaska Opioid Policy Task Force Process" and detailed that the process was open, public and participatory. She detailed as follows:

- Public comment at every meeting.
- Presenters included:
 - Local, state, and federal law enforcement;
 - Addiction medicine experts;
 - State and federal developers of prescribing guidelines;
 - Harm-reduction providers;
 - Federal officials from The Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veterans Administration;
 - Medication-assisted-treatment providers;
 - Alaska Department of Corrections;

- Residential-treatment providers;
- Emergency-room providers;
- Emergency-room physicians;
- Early-childhood development and adverse-childhood-experiences experts.
- Community and stakeholder engagement:
 - Medical providers, recovery networks, business community, and community coalitions.

MS. BURKHART summarized that the task force met in open meetings with public comment at every meeting except for the last two when recommendations were finalized.

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CAPTAIN DUXBURY set forth that one of the components of the task force for the law enforcement professionals was the recognition that the state cannot solely arrest, treat, educate, or prevent its way out of the problem. He said all of the stakeholders had to come to the table in order for the task force to approach the problem in a different light because the problem effects a vast swath of the state's culture

MS. BURKHART addressed the task force's presentation process from specialists. She noted that an addiction-medicine specialist helped start the process with an explanation of how opioid use effects the brain and how the addiction process plays out.

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She referenced a graphic display on page 5, "Data Snapshot," that addressed opioid overdoses and deaths. She specified that the data came from the Division of Public Health. She opined that everyone has reached consensus about the impact opioids is having every day in Alaska.

She referenced page 6, "Public Health Framework - Public Health Practice Paradigms" as follows:

1. Environmental controls and social determinants:
 - Reduce the need to self-medicate, control access to addictive substances, and promote protective factors.
2. Chronic disease screening and management:
 - Diagnose and treat addictions and substance use disorders.
3. Acute health event control and prevention:
 - Prevent life-threatening adverse outcomes.

MS. BURKHART noted that the task force decided early on to approach the opioid problem from a public-health perspective, an approach that gets to Captain Duxbury's comments that the problem is not a one-solution problem. She disclosed that the framework used by the task force was from the Association of State and Territorial Health Officials (ASTHO).

CAPTAIN DUXBURY asserted that the model Ms. Burkhart explained works well when everyone comes to the table, but said the model does not negate the fact that law enforcement's job has to be to interdict with people that are profiting off of other people's misery and weakness.

SENATOR MICCICHE addressed the diagram on page 5 that says, "Remove stigma." He remarked that when he was growing up "stigma" was an effective deterrent. He commented as follows:

I'm just wondering how you balance that. Removal of any stigma whatsoever with the fact that we still want successful young people to realize that it is socially unacceptable and extremely personally destructive to engage in using drugs.

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MS. BURKHART answered that she agreed with Senator Micciche's balancing-act analogy. She asserted that using evidence and data drives policy that helps determine where the balance is. She opined that stigma or the social consequences is actually a barrier. She said for the larger population, programs that provide credible information and the tools that align with social values work better. She noted that kids start making better choices when the alcohol messaging started to focus on the health, social, educational, and employment consequences. She opined that the continued "Just don't do it" messaging for marijuana and illicit drugs does not resonate with kids.

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CAPTAIN DUXBURY admitted that his opinion is based on experience. He opined that social media has an influence on how people think where 600 or 1,000 friends share everything. He asserted that the state cannot arrest its way out of the problem. He set forth that people have to be told what the consequences are to realize that their actions will "Erase pages off of your resume."

SENATOR BEGICH remarked that he thought "remove stigma" was removing the stigma of going into treatment and acknowledging

that he or she has an issue, not trying to destigmatize the use of drugs.

MS. BURKHART concurred with Senator Begich's distinction. She opined that there is an element that in order to seek help an individual has to know that they are not being judged.

SENATOR BEGICH replied that he thinks being judged is okay in opioid distinctions where a person has to go treatment.

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SENATOR MICCICHE commented as follows:

My point is I also hear a lot more these days of the substance abuse as being a disease. Although I believe some folks may actually have a tendency to become addicted and abuse substances more easily, I also think in some ways it's a little bit of a release from personal responsibility and that's where I talk about the relationship with stigma. Ultimately there's still a personal responsibility.

CAPTAIN DUXBURY addressed page 7, "Reducing & Controlling Access" on take-back prescription-drug programs and noted that law enforcement is involved. He added that law enforcement can also create a larger footprint by keeping some prescription medications in homes away from children.

SENATOR GIESSEL asked Andy Jones to explain how the medication-disposal envelope works.

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ANDY JONES, Section Chief, Emergency Programs: Health Emergency Response Operations, EMS and Trauma, Alaska Department of Health and Social Services, Anchorage, Alaska, explained that 25,000 "MedsAway" bags from Mallinckrodt Pharmaceuticals were donated. He detailed that each bag is capable to dispose of 45 pills, 6 ounces of liquid, or 6 patches. He specified that water mixed with carbon in the bags deactivates the drugs. He said the goal is to push the bags to the state's public health centers as well as non-profits, pharmacies, and hospitals where a drug-takeback is an everyday thing rather than an annual occurrence.

CHAIR WILSON asked that senior centers be included as well.

MR. JONES answered yes.

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CAPTAIN DUXBURY added that the Alaska State Troopers respond to situations where people need to get rid of medication due to an in-home expected death.

He set forth that increased screening and security prevents the importation of opioids. He provided the committee with historical information on the effects of methamphetamine as well as the current problem with opioids on native populations in Western Alaska.

He said the threats that come to Alaska are twofold: interstate and intrastate. He noted that troopers are dealing with interstate drugs that are gang related and cartel influenced. He pointed out that there's a saying that says, "Bring half as much drugs to Alaska, but make three time as much money." He said populations are taken advantage of where a small amount of drugs in a small area affects everybody.

He explained that drug distribution methods include commercial airlines, common carriers, shipping parcels, commercial carriers, and private vehicles that include airplanes, boats or automobiles. He summarized that the Alaska State Troopers is getting together with other agencies and through the governor's Five Point program to address drug distribution.

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MS. BURKHART disclosed that the task force also recommended efforts to make full and effective use of the Prescription Drug Monitoring Program (PDMP). She said SB 74 from the previous legislature made some enhancements to PDMP as well as bills recently introduced by the governor that included how often information is uploaded to the PDMP. She added that the task force had long discussions on alternatives to pharmacological-pain management.

CAPTAIN DUXBURY addressed the emergency regulation to schedule drugs that come into the state that are highly addictive and harm people. He suggested that a process be established where a drug is emergency scheduled and then brought to the Legislature for ratification. He said Tramadol is drug that was scheduled by the federal government but not by the state. He detailed the Tramadol's harmful effects on Alaska's villages.

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MS. BURKHART pointed out that the current Legislature introduced bills that addressed "Pink" and Tramadol. She said the task

force suggested that an emergency response modeled after the Drug Enforcement Agency (DEA) would allow for a more immediate response to emerging drug threats, but the response would be subject to legislative ratification.

SENATOR GIESSEL noted that Tramadol was taken off of the referenced bill by House Finance. She said she was hopeful that Tramadol could be placed back into the bill when the bill returns to the Senate.

CAPTAIN DUXBURY stated that he believes the DEA's emergency scheduling is a great process. He noted that the drug U47700 is having an effect in Anchorage's intercity. He opined that emergency scheduling would make it possible to get a handle on things a little sooner.

SENATOR BEGICH asked if legislation was introduced to create the emergency regulatory power.

MS. BURKHART replied yes.

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She referenced page 8, "Reducing Risk of Misuse, Abuse, and Dependence" and revealed that the task force made recommendations related to evidence and research-based policies that promote healthy childhood development, and to help prevent adverse childhood experiences in order to avoid a road to addiction.

CAPTAIN DUXBURY referenced his experiences in drug education to avoid drugs. He noted that some people have questioned the effectiveness of the Drug Abuse Resistance Education (DARE) program. He opined that evidence-based education about drugs for children can be a vehicle to make better decisions. He noted that a DARE program in the past helped develop positive relationships with youngsters and not having a similar program is a detriment.

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MS. BURKHART added that the task force also made recommendations on the importance of nutrition and having health-care providers for a better start.

She referenced page 9, "Screening and Referral" task force recommendations as follows:

- Expanding Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify someone that is struggling with drugs or alcohol.
- Information, tools, and reimbursement for pain management specialists to screen for depression, mental health disorders contributing to pain, refer to treatment.
- Health-plan reimbursement for clinical assessment of risk of opioid abuse, overdoes.
- Crisis Intervention Team training, Mental Health First Aid awareness education for law enforcement/public safety officers.
- Public safety assisted addiction and recovery models; e.g. Gloucester Model.
- Up-to-date information about treatment providers available from Aging & Disability resource Centers, Alaska 211, etc.

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CAPTAIN DUXBURY explained that the Alaska State Troopers is experiencing an issue with the "Title 47" system. He provided detailed information on the Gloucester Model (GM) where an individual presents their drugs to the police in order to get help. He opined that having a "large hammer" for felony drug possession is needed to hold over someone in order to provide the impetus for the GM program to work, something that currently does not exist.

MS. BURKHART said the idea of public-safety assisted addiction and recovery models relies on having access to treatment. She noted that most of the task force's recommendations require additional work.

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She referenced page 10, "Opioid Use Disorder Treatment" as follows:

- Adopt a "chronic disease management" framework for substance-use disorder treatment policy and reform.
- Review of involuntary commitment to treatment statutes (Title 47) as they relate to opioids.
- Access to drug courts, therapeutic justice alternatives.
- Education/continuing education for health care professionals about state-prescribing guidelines and addiction medicine; that is part of Governor Walkers' 5-Point plan.

CAPTAIN DUXBURY added that there needs to be a constitutional and legal balance to accomplish the things noted on page 10.

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MS. BURKHART referenced page 11, "Opioid Use Disorder Treatment" and revealed that the levels of care related to the treatment is considered one of the highest levels of care with significant practice guidelines and regulations. She continued with recommendations as follows:

- Comprehensive withdrawal management services in a variety of health-care settings, specifically including rural and correctional settings.
- Reimbursement for full costs of medication assisted treatment that included medication, medication administration and monitoring.
- Psychosocial treatment along with medication assisted treatment, when clinically indicated.
- Health-plan reimbursement of inpatient, residential substance use disorder treatment.

CHAIR WILSON pointed out correctional involvement and noted previous complications due to overdosing. He asked if the task force addressed treatment within the Department of Corrections (DOC).

MS. BURKHART answered yes. She noted that the task force spent an entire session with the medical staff from DOC.

CAPTAIN DUXBURY referenced page 13, "Overdose Prevention" and detailed the Alaska State Troopers' involvement with Andy Jones at DHSS regarding the use of naloxone for drug overdoses.

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SENATOR GIESSEL asked that Andy Jones describe what is in the naloxone overdose kits.

MR. JONES explained that the overdose kits have two doses of naloxone, a set of gloves, a CPR barrier device, and instructions that detail signs and symptoms of an overdose as well as how to deliver the overdose drug. He noted that the cost for the two doses is \$75. He detailed the naloxone application process to the committee.

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MS. BURKHART said another recommendation related to overdose prevention is ensuring that health plans have processes to identify high-risk prescriptions.

She referenced page 14, "Syringe Exchange" as follows:

- Reimbursement of syringe exchange programs that provide disease prevention supplies, STI screening and prevention, and safe disposal of syringes and needles.
- Access to appropriate syringe/needle disposal services.

She referenced page 15, "Recovery" as follows:

- Health plan reimbursement of peer-support services.
- Supports for second-chance employers that are willing to hire people in recovery.
- Support services for individuals in recovery reentering the community from residential treatment or incarceration.
- Access to recovery networks for people in recovery from opioid addiction, including those receiving medication assisted treatment.
- Access to 12-step and other group recovery models in correctional institutions.

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CAPTAIN DUXBURY pointed out that Vigor Alaska in Ketchikan is a company that provides second chances for individuals in recovery. He noted that he had applied Vigor's techniques in other areas as well.

SENATOR GIESSEL noted that another company, Donlin Mine in Southwest Alaska, has a similar story to Vigor Alaska.

MS. BURKHART said the task force observed that Alaska does not have a way to support and spread the recovery information. She said the task force suggested that more employers be encouraged to become involved.

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CAPTAIN DUXBURY opined that SB 91, [crime reform bill from the 29th Legislature], has impacted the Alaska State Troopers' ability to convince folks to get treatment or a program with a therapeutic court due to diminished consequences for some of the crimes. He said the troopers are concentrating on the higher scheduled drugs that create the most damage and finding those folks that are making the most money off of other people's misery; however, "small folks" are able to carry 2.5 grams of

heroin, enough for 25 doses. He asserted that there are not enough troopers to address the increase in people stealing to buy drugs. He added that helping individuals who are affected from the "ancillary crime" in the need to pay for drugs is an issue being addressed as well.

SENATOR MICCICHE opined that adverse childhood experiences are tied together with suicide, domestic violence, sexual assault, drug abuse, and alcoholism.

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MS. BURKHART agreed with Senator Micciche that it is all intertwined. She said very few people start with heroin and the addiction process is a progression. She said when talking about wellness the whole person has to be addressed.

She referenced page 16, "Collaboration" between state, tribal, federal, and community partners working together as follows:

- Address barriers to coordination of care between prescribers and behavioral health providers.
- Strengthen evidence-based substance abuse prevention.
- Mitigate the collateral consequences of incarceration for drug-related offenses.

She summarized that the task force anticipates that the answers will come through collaboration. She asserted that a framework provided by the task force will help foster collaboration.

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She referenced page 17, "Next Steps" and detailed as follows:

- The Alaska Opioid Policy Task Force (AOPTF) was formed to develop recommendations within a discrete time period. It is not a formal state organization. Members contributed their time and expertise in addition to their usual function with their respective organizations.
- Going forward, AOPTF leadership and interested members will work with federal, state, tribal, and local partners to:
 - Support implementation of recommendations;
 - Share information about the recommendations, the research and evidence upon which they are based, and emerging science related to opioid misuse/abuse prevention and treatment;
 - Assist in coordination of opioid misuse/abuse prevention and treatment system efforts.

MS. BURKHART summarized that the task force was never meant to be a perpetual entity because the task force's purpose is to provide recommendations.

CHAIR WILSON thanked the task force's efforts in bringing forward their recommendations. He addressed page 6, "Public Health Framework" and asked Ms. Burkhart hypothetically what percentage she would choose to put resources into environmental controls and social determinants, chronic disease screening and management, or acute health event control and prevention.

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MS. BURKHART replied that the task force did not prioritize their recommendations. She opined that prioritization should be based on a partnership with Alaskans. She remarked that the task force's recommendations are strong and noted that many of the recommendations have no costs.

SENATOR BEGICH addressed page 9, "Screening and Referral." He noted that he does SBIRT training. He opined that the SBIRT model works and is a fairly low-cost intervention. He detailed that the Gloucester Model is a low-cost casework model out of Massachusetts that has been replicated throughout the country and is a good, shared responsibility model which allows people not to be afraid of law enforcement and law enforcement not to be afraid others. He said he wanted to reassure Captain Duxbury that while it is true that the Office of Juvenile Justice rejected DARE in the 1990s, DARE "retooled" and became an evidence-based practice over time. He addressed DOC's reentry efforts and revealed that DOC is using evidence-based approaches as well. He commended the task force for their recommendations and agreed that many of the evidenced-based approaches do not cost a lot of money.

CAPTAIN DUXBURY thanked Senator Begich for his comments and concurred that DARE is a revamped program that teaches teachers how to teach youngsters.

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There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Committee at 3:00 p.m.