

SB

91

<TARGET><BILL>SB 91</BILL><SUBJECT>SB
91</SUBJECT><COMM>SHSS30</COMM></TARGET>



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

Senate Bill 91 Sectional Analysis

Prepared by the Alaska Department of Health and Social Services

March 10, 2017

SB 91, "Extend Disaster Emergency: Opioid Epidemic"

Sectional Analysis:

Sec. 1 includes findings on the extent of the public health threat; acknowledgement and description of the Governor's disaster declaration; and the need for the legislature to extend the declaration to address the epidemic.

Sec. 2 extends the February 14, 2017, disaster declaration for one year to February 14, 2018.

Sec. 3 makes the effective date retroactive to March 15, 2017, when the disaster declaration expires.

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 3/10/17

FURTHER: B. T. Cal

DATE TURNED

IN TO OFFICE: 3/16/17

Health and Social Services Committee considered SENATE BILL NO. 91

SB 91 EXTEND DISASTER EMERGENCY: OPIOID EPIDEMIC

"An Act extending the governor's declaration of disaster emergency to address the opioid epidemic; and providing for an effective date."

and recommends:

be replaced with CS SB 91 (HSS) Same Title New Title

adopt previous CS _____ (_____) Same Title New Title

attached amendment(s)

adopt _____ Letter of Intent

further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS			✓	2

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	V. Imhof	✓			
	Begich	✓			
	Biessel	✓			
	Micciche	✓			
CHAIR:	Wilcox	✓			

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: SB 91
Fiscal Note Number: _____
() Publish Date: _____

Identifier: DHSS-PHAS-03-09-17
Title: EXTEND DISASTER EMERGENCY:OPIOID
EPIDEMIC
Sponsor: RLS BY REQUEST OF THE GOVERNOR
Requester: (H) HSS

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Public Health Administrative Services
OMB Component Number: 292

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By: <u>Jay C. Butler, MD, Chief Medical Officer/Director</u>	Phone: <u>(907)269-6680</u>
Division: <u>Public Health</u>	Date: <u>03/09/2017 12:00 PM</u>
Approved By: <u>Shawnda O'Brien, Asst. Commissioner</u>	Date: <u>03/09/17</u>
Agency: <u>Health and Social Services</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. 0 _____

Analysis

This bill extends through February 14, 2018, Governor Walker's disaster declaration of February 14, 2017, related to the opioid epidemic. A disaster declaration made under AS 26.23.020, *The governor and disaster emergencies*, may not remain in effect unless extended by the Legislature. The declaration authorizes the Department of Health and Social Services, through the Commissioner and the State Medical Officer, to lead and coordinate the heroin and opioid response.

This is a zero fiscal note. The \$4.1 million cost estimate for this disaster event is funded through current federal grants. The estimated cost does not require a state general fund appropriation. Regularly appropriated funds will continue to be spent on this disaster. No state general funds will be used from the Disaster Relief Fund balance nor will a supplemental appropriation be required.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: SB 91
Fiscal Note Number: 2
() Publish Date: _____

Identifier: SB091CS(HSS)-DHSS-PHAS-03-15-17
Title: EXTEND DISASTER EMERGENCY:OPIOID
EPIDEMIC
Sponsor: RLS BY REQUEST OF THE GOVERNOR
Requester: Senate HSS

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Public Health Administrative Services
OMB Component Number: 292

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Updated to reflect version D of the bill in addition to the conceptual amendment made to version D in SHSS.

Prepared By: Jay C. Butler, MD, Chief Medical Officer/Director Phone: (907)269-6680
Division: Public Health Date: 03/14/2017 12:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner Date: 03/15/17
Agency: Health and Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. SB 91

Analysis

The bill authorizes the Chief Medical Officer to issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug through June 30, 2021. The bill also requires an annual report to the legislature of the activities and expenditures. The department believes this can be accomplished with existing resources.

The \$4.1 million cost estimate in the Governor's disaster declaration is funded through a current federal Substance Abuse and Mental Health Services Administration grant. No state general funds have been used from the Disaster Relief Fund balance nor will a supplemental appropriation be required; therefore the department submits a zero fiscal note.

**STATE OF ALASKA
DECLARATION OF DISASTER EMERGENCY**

WHEREAS, high rates of heroin use and prescription opioid misuse remain the driving factor behind the unintentional drug overdose epidemic and related deaths in Alaska; and

WHEREAS, in 2012, Alaska's prescription opioid pain reliever overdose death rate was more than double the rate in the United States, and Alaska's heroin-associated overdose death rate was 50 percent higher than the national rate; and

WHEREAS, from 2009 to 2015 the number of heroin-associated deaths more than quadrupled; and

WHEREAS, since 2015 deaths from fentanyl and new synthetic opioids have been documented in Alaska; and

WHEREAS, this declaration comes in response to the growing number of overdoses attributed to opioid use, and evidence that highly dangerous synthetic opioids have made their way into Alaska; and

WHEREAS, the severity and magnitude of this epidemic make it a condition of public health importance that is beyond the timely and effective response and recovery capability of local resources, and emergency assistance is needed; and

WHEREAS, a statewide response under AS 18.15.390, coordinated by the Department of Health and Social Services, is needed to fully address this condition of public health importance.

NOW THEREFORE, on this 14th day of February, 2017, under the authority granted by Alaska Statute 26.23.020(c) and 26.23.900(2)(E), I hereby declare that an outbreak and a condition of public health disaster emergency exists statewide, and this condition is of sufficient severity and magnitude to warrant a public health disaster emergency declaration in order to provide assistance.

FURTHER, the Commissioner and the State Medical Officer of the Department of Health and Social Services are hereby authorized under Alaska Statute 26.23.020(g)(1)-(3), (10) to coordinate a response, including establishing a statewide Overdose Response Program (ORP) and statewide medical standing order allowing local and regional overdose response programs, healthcare officials, first responders, and the general public to have the ability to directly dispense and administer the lifesaving drug naloxone.

By: 

Bill Walker
Governor

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Governor Bill Walker
STATE OF ALASKA

February 15, 2017

The Honorable Pete Kelly
President of the Senate
Alaska State Legislature
State Capitol, Room 111
Juneau, AK 99801-1182

The Honorable Bryce Edgmon
Speaker of the House
Alaska State Legislature
State Capitol, Room 208
Juneau, AK 99801-1182

Dear President Kelly and Speaker Edgmon:

This letter is to inform you that on February 14, 2017, I issued a State Disaster Declaration for communities statewide.

Opioid abuse has rapidly expanded across Alaska, with the dual concern of those unable to obtain legal or "on the street" prescription opioids turning instead to heroin. Heroin is less expensive than purchasing pills illegally, and in some pockets of the state, is much more accessible. Since 2015, the availability of fentanyl and new synthetic opioids has posed an additional and significant risk to Alaskans, with documented deaths from these substances where none had been known previously.

First responders in affected communities have been taxed with the frequency of opioid-related responses. In the last two years, the Municipality of Anchorage, the Matanuska-Susitna Borough, the Kenai Peninsula Borough, the Fairbanks North Star Borough, and the City and Borough of Juneau emergency services administered naloxone to patients over 1,315 times for narcotic overdoses or as a "rule out" in an unconscious unknown patient where there was a suspicion of overdose from narcotics. Each of these jurisdictions has established Opioid Working Groups, but these groups lack the financial means and, often, the authority to distribute naloxone to the general public. Across the state, other communities have also established Opioid Working Groups to attempt to stem the tide of opioid-related deaths. The need for assistance in our local communities warrants a disaster declaration as defined in AS 26.23.900(E) and authorized under 26.23.020(c). This disaster declaration will enable us to provide statewide standing medical orders to ensure that entities across Alaska will be able to distribute naloxone to affected communities and individuals.

The current estimated cost for this event is \$4,058,316. Response costs will be funded through federal grants, including a five year Substance Abuse and Mental Health Services Administration (SAMHSA) grant for naloxone distribution. Regularly appropriated DHSS funds will continue to be spent on this disaster. No funds will be spent under AS 26.23.020(h), (i), or (k). This declaration will require neither the Disaster Relief Fund nor additional State General Funds. Therefore, this request

The Honorable Pete Kelly
The Honorable Bryce Edgmon
Opioid Disaster Declaration
February 15, 2017
Page 2

will not reduce the available Disaster Relief Fund (DRF) Balance, nor will a supplemental appropriation be required for this action.

Please find enclosed a finance plan for this disaster, and Commissioner Davidson's certification that an outbreak of the disease of opioid and heroin addiction and abuse has a high probability of occurring and that a disaster exists in the form of the imminent threat of widespread injury and loss of life due to opioid and heroin overdose. Pursuant to AS 26.23.020(k)(1), I am requesting your concurrence that no supplemental appropriation will be required for this disaster. A draft concurrence letter for the disaster finance plan is also enclosed.

Sincerely,



Bill Walker
Governor

Enclosures:

cc: The Honorable Lyman Hoffman, Senate Finance Committee Co-Chair, Alaska State Senate
The Honorable Anna MacKinnon, Senate Finance Committee Co-Chair, Alaska State Senate
The Honorable Neal Foster, House Finance Committee Co-Chair, Alaska State House of Representatives
The Honorable Paul Seaton, House Finance Committee Co-Chair, Alaska State House of Representatives

3-9-17

Opioid Disaster Declaration and Extension Background

Opioid Disaster Declaration – February 14, 2017

The rapid increase in opioid addiction has created an imminent threat of widespread injury and loss of life in Alaska. Addiction is a disease and the current outbreak is a disaster as defined in AS 26.23.900(2)(E). The Opioid Disaster Declaration is authorized under 26.23.020(c). The severity and magnitude of this response and recovery is beyond the capabilities of the affected communities. Governor Walker declared a public health crisis in order to combat the state's opioid epidemic. The disaster declaration establishes a statewide Overdose Response Program under Alaska's Chief Medical Officer and enables wide distribution of the life-saving drug, naloxone.

Extension of the Disaster Declaration is necessary

The draft bill would extend through February 14, 2018, Governor Walker's disaster declaration of February 14, 2017, related to the opioid epidemic. A declaration of a condition of disaster emergency made under AS 26.23.020(c) may not remain in effect longer than 30 days unless extended by the legislature. The declaration authorizes the Department of Health and Social Services, through the Commissioner and the State Medical Officer, to lead and coordinate the heroin and opioid response. State disaster declarations are typically for natural disasters, and the response is either complete within 30 days, or a federal disaster declaration is in effect and supports ongoing response and recovery. The opioid response will be a longer-term effort that in which response will take years, not days, and which cannot be supported as a federal declaration.

The Disaster Declaration and Extension gives Alaska's Chief Medical Officer statewide authority to dispense naloxone not possible under normal statutory authority

The disaster declaration and extension establishes a statewide Overdose Response Program under Alaska's Chief Medical Officer and enables wide distribution of the life-saving drug, naloxone. Without this disaster-specific authority, distribution of naloxone would be limited to those entities with a Medical Director willing and able to issue a standing medical order.

Plan for year-long extension of the disaster declaration

The extension will allow time to amend statutory authority to ensure continuation of the statewide medical standing order for naloxone. Non-medical entities, such as homeless shelters, peer support agencies, behavioral health programs, authorized as Opioid Response Programs under the disaster declaration would then be able to continue to dispense drug naloxone.

What happens if the disaster is not extended within the 30-day period?

Without an extension (or a new disaster declaration), the Opioid Response Program known as Project HOPE would be suspended for all entities without a medical director. These entities would lose the ability to distribute the life-saving drug naloxone, risking the lives of Alaskans at risk for overdose. Inaction would also limit the utility of SB 23, which provides immunity for prescribing, providing, or administering opioid overdose drugs.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

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FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 8, 2017

SUBJECT: Opioid epidemic (Work Order No. 30-LS0681\A)

TO: Senator David Wilson
Attn: Jody Simpson
Attn: Gary Zepp

FROM: Kate S. Glover *KS*
Legislative Counsel

Attached is a draft bill extending Governor Walker's disaster declaration related to the opioid epidemic. Although you requested a concurrent resolution, I have drafted the request as a bill because, as explained in more detail in this memo, under the Alaska Supreme Court's decision in *State v. A.L.I.V.E. Voluntary*, 606 P.2d 769 (Alaska 1980), extending the disaster proclamation likely requires a bill. You have also asked several questions relating to the Alaska Disaster Act, AS 26.23. This memo responds to your questions.

Legislative authority:

1. Can a legislative resolution limit or expand the governor's authority?

The short answer to your question is probably not.

Although AS 26.23.020(c) states that the legislature may extend a disaster declaration by concurrent resolution, AS 26.23.025(b) provides that if a disaster occurs during the legislative session, any action the governor takes after the end of session is void if it was not "ratified by law adopted during that session." AS 26.23.025(c) allows the legislature to "terminate a disaster emergency at any time by law." The phrase "by law" does not include a resolution. In addition, the Alaska Supreme Court has held that the state constitution only allows the legislature to take actions affecting people outside the legislature by enacting a bill. A disaster declaration affects agencies and individuals outside the legislature. Therefore, any action the legislature takes to terminate, extend, or otherwise affect a disaster declaration must be taken by law.

In the *A.L.I.V.E. Voluntary* case, the Alaska Supreme Court considered whether the legislature has the power to annul a regulation adopted by an executive agency by concurrent resolution. The court held that the legislature could not exercise its legislative power without following the provisions of the constitution governing the enactment of a bill, including single subject, descriptive title, three readings in both houses, presentation

to the governor, and the opportunity for the governor to veto the bill. See 606 P.2d at 772. "The Alaska Constitution defines with specificity the mechanisms for legislation. Each provision has a purpose 'designed to engender a responsible legislative process worthy of the public trust.'" *Id.*, quoting *Plumely v. Hale*, 594 P.2d 497, 500 (Alaska 1979). "[W]hen the legislature wishes to act in an advisory capacity it may act by resolution. However, when it means to take action having binding effect on those outside the legislature it may do so only by following the enactment procedures." *Id.* at 773.¹

The legislature does not have the power to authorize itself to take action by less formal means than that prescribed by the constitution. For that reason, despite the authorization in AS 26.23.020(c) to act by resolution, it is likely that the legislature cannot give itself the power to revise an act delegated to the governor by an informal means such as a concurrent resolution. "The legislature is bound to act in accordance with constraints provided in article II of the [Alaska] constitution. The fact that [the legislature] can delegate legislative powers to others who are not bound by article II does not mean that it can delegate the same power to itself and avoid the constraints under which it must operate." *Id.* at 777.

Extending the declaration:

1. Does a legislative resolution to extend the governor's original declaration also extend the governor's full authority as originally granted under statutes?

The short answer to your question is that extending the declaration continues the governor's authority, but the authority can be limited by the legislature if the legislature passes a law to extend the disaster.

In general, a legislative action extending the disaster declaration allows the governor to continue to spend money, compel action, transfer personnel, suspend certain regulatory procedures, commandeer private property, direct relocation of affected areas, control ingress and egress to a disaster area, suspend alcohol sales, and use state resources to address the disaster.² The governor's spending, however, is limited to a certain amount "per disaster declaration" unless further expenditures are approved by the legislature.³

¹ The Alaska Supreme court suggested that the only legislative veto power permitted by resolution was the type spelled out in the state constitution. Specifically, the court stated, "[t]he express provision in the Alaska Constitution of two specific legislative veto mechanisms supports our view that no implied general power to veto agency regulations by informal legislative action exists." *Id.* at 774. The two express legislative veto provisions are art. III, sec. 23 (disapproval of executive orders) and art. X, sec. 12 (disapproval of municipal boundary changes), Constitution of the State of Alaska.

² The governor's powers are described in full under AS 26.23.020.

³ AS 26.23.020(i).

Extending the disaster declaration allows the governor to continue spending up to that limit, or as approved by the legislature.

As discussed above, extending a disaster declaration likely requires a bill. If the legislature passes a bill extending the disaster, the legislature could include measures in the bill to address the disaster or limit the governor's authority. The legislature may also decline to approve the governor's spending plan or to ratify the governor's actions, terminate the disaster by law, or pass laws to address the disaster or constrain the governor's authority.⁴

Spending authority:

1. What are the authority limits to what the governor can do (authority wise) with the spending authority?

The limits on the governor's spending authority are described in AS 26.23.020. For more detailed information about the governor's authority, you may want to review AS 26.23.020, 26.23.025, and 26.23.050. In particular, AS 26.23.020 (h) - (k) states:

(h) The Governor may expend during a fiscal year not more than \$500,000 of state funds per incident to prevent, minimize, or respond to the effects of an incident that may occur or occurs in the state and that, in the determination of the Governor, poses a direct and imminent threat of sufficient magnitude and severity to justify state action. Before expending funds under this subsection to respond to an incident, the Governor shall provide a financing plan to cope with the incident to the legislature in the same manner prescribed for disaster emergencies under AS 26.23.025(a).

(i) If the Governor declares a condition of disaster emergency, the Governor may expend during a fiscal year not more than \$1,000,000 of state funds per disaster declaration, including the assets of the disaster relief fund, to

(1) save lives, protect property and public health and safety, or lessen or avert the threat of the disaster that poses a direct and imminent threat of sufficient severity and magnitude to justify state action;

(2) implement provisions of law relating to disaster relief to cope with the disaster;

(3) alleviate the effects of the disaster by making grants or loans to persons or political subdivisions on terms the Governor considers appropriate or by other means the Governor considers appropriate.

(j) If the disaster described in the Governor's proclamation to declare a condition of disaster emergency is a fire, the Governor may expend state funds as necessary to save lives or protect property and public health and safety.

⁴ AS 26.23.020(k) describes legislative approval of a financing plan; AS 26.23.025 describes the legislature's role in a disaster emergency.

(k) The Governor may expend more than \$500,000 of state funds to cope with an incident under (h) of this section or more than \$1,000,000 of state funds to cope with a disaster under (i) of this section under the following circumstances:

(1) if the legislature is in session, the legislature approves a financing plan to cope with the incident or disaster that identifies the amount in excess of the expenditure limits that is to be expended from state funds; or

(2) if the legislature is not in session, either

(A) the Governor convenes a special session of the legislature within five days after declaring the condition of disaster emergency or within five days after providing a financing plan to cope with an incident to the legislature and the legislature convenes in special session and approves a financing plan to cope with the incident or disaster that identifies the amount in excess of the expenditure limits that is to be expended from state funds; or

(B) the presiding officers of both the house of representatives and the senate agree that a special session should not be convened and so advise the Governor in writing.⁵

In addition to this authority to spend state funding, the Alaska Disaster Act gives the governor authority to apply to the federal government for loans and accept federal grants to address a disaster declared by the President at the governor's request. This authority is described in AS 26.23.080 and 26.23.090.

2. Is the spending authority contained to the executive branch?

The Alaska Disaster Act gives the governor authority to spend state funds during a disaster, but requires legislative approval of a financial plan for expenditures above a certain amount. "If the declaration of a disaster emergency occurs while the legislature is in session . . . actions taken by the Governor . . . after the close of the session that are not ratified by law adopted during that session are void."⁶ In addition, the legislature always has authority over appropriations and may make additional appropriations for a disaster if it chooses to do so.

⁵ Under AS 26.23.020(g)(11), the governor may also

(11) use money from the oil and hazardous substance release response account in the oil and hazardous substance release prevention and response fund, established by AS 46.08.010, to respond to a declared disaster emergency related to an oil or hazardous substance discharge.

This authority does not appear to be relevant to the opioid epidemic disaster declaration.

⁶ AS 26.23.025(b).

3. Can the governor use funding from the general fund if federal funds are not available?

Yes, the governor may use funding from the general fund to respond to a disaster if the funds have been appropriated by the legislature for any purpose. Under AS 26.23.050, the governor is directed to first spend money regularly appropriated to state and local agencies, next, money in the disaster relief fund⁷ (or appropriate oil and hazardous substances response funds), and finally, money appropriated for other purposes, or borrowed money.

4. Can the governor use funding from the Permanent Fund Earnings reserve account if federal funds are not available?

Maybe. The governor may use "state funds" to respond to a disaster. The term "state funds" is not defined, but could be interpreted to include the permanent fund earnings reserve account, even though this is a separate account not in the general fund.⁸ Even if the permanent fund earnings reserve account is considered "state funds," however, the governor may only spend money that has already been appropriated. AS 26.23.050(b) allows the governor to "transfer and spend money appropriated for other purposes" Therefore, it may be possible for the governor to spend money that has already been appropriated from the permanent fund earnings reserve account, but the governor cannot spend money that is in the account if it has not been appropriated. In addition, the governor is first required to spend money appropriated to state and local agencies and disaster relief funds. In this case, Governor Walker's letter to the legislature accompanying his financial plan for the disaster declaration indicates that the costs for response will be funded entirely through federal grants.⁹

5. Is the dollar limit associated with the governor's declaration?

Yes, the dollar limit is associated with the declaration. Generally, the governor may spend up to \$500,000 of state funds per incident (without declaring a disaster emergency) during a fiscal year to prevent, minimize, or respond to an emergency, but the governor must provide a financing plan to the legislature. If the governor declares a disaster emergency, the governor may spend up to \$1,000,000 of state funds per disaster declaration during a fiscal year to save lives, implement relevant provisions of law, and alleviate the effects of the disaster by making grants or loans. For certain types of disasters (i.e. fires and oil spills) there is additional spending authority. To spend more

⁷ The Disaster relief fund is established in AS 26.23.300.

⁸ The account is established in AS 37.13.145.

⁹ See Letter from Gov. Bill Walker to the Hon. Pete Kelly and the Hon. Bryce Edgmon (Feb. 15, 2017); available at https://gov.alaska.gov/wp-content/uploads/sites/5/20170215_President-Kelly-Speaker-Edgmon-Opioid-Disaster-Notification.pdf.

than the \$500,000 or \$1,000,000 limit, the governor must obtain legislative approval of a financial plan.

Scope of the disaster declaration:

1. Is the governor's declaration limit[ed] to one executive branch agency or is it unlimited?

No, a disaster declaration allows the governor to exercise authority with respect to all state agencies.

The Alaska Disaster Act provides the governor with broad authority to "use all available resources of the state government and of each political subdivision of the state as reasonably necessary to cope with the disaster emergency" ¹⁰ This includes transferring personnel and altering the functions of state agencies to respond to the emergency. For more information about the governor's authority, please review AS 26.23.020.

With respect to the current disaster declaration, Governor Walker has directed "all departments" to evaluate and apply for grants, including federal grants, to provide prevention and treatment services and assist with monitoring and management of controlled substances. The State Medical Officer is directed to coordinate the response, the Department of Corrections is directed to develop a treatment program for inmates at the point of release from custody, and the Department of Public Safety is directed to identify pathways through which illegal drugs enter the state. ¹¹

2. Is the governor limited, in scope, to his original declaration?

The governor is likely limited to actions within the scope of the original declaration, but may be able to revise the declaration or actions taken to respond to the disaster as long as the revised declaration addresses the same disaster.

3. Can the governor issue a second declaration to expand the original scope?

There is no specific provision authorizing the governor to expand his declaration, either by revising the original proclamation or by issuing a second declaration. The governor can take actions within the scope of the disaster declaration for the 30 days that it is in effect. After that, it may only be extended by the legislature. ¹² A "disaster emergency" is defined as "*the condition* declared by proclamation of the Governor" (emphasis

¹⁰ AS 26.23.020(g)(2).

¹¹ See Administrative Order No. 283 (Feb. 16, 2017).

¹² AS 26.23.0020(c).

added).¹³ This definition limits the disaster to the condition (singular) declared in the governor's proclamation. In this case, the condition is described as "an outbreak and a condition of public health disaster emergency exists statewide, and this condition is of sufficient severity and magnitude to warrant a public health disaster emergency declaration in order to provide assistance."¹⁴ This relates to the definition of disaster in AS 26.23.900(2)(E). The governor's letter to the legislature further describes the epidemic as an outbreak of "the disease of opioid and heroin addiction and abuse"¹⁵ The governor can probably expand the actions he takes in response to the disaster by issuing new administrative orders as long as the actions are intended to address the disaster as it is defined in the February 14, 2017, disaster declaration. If the governor wishes to address a different emergency, the governor would have to issue a different declaration specifying the different emergency.

As discussed above, however, the legislature can decline to approve the governor's financial plan or pass a bill to limit the governor's authority. If the declaration occurs during session, any actions the governor takes later that are not ratified by the legislature by law are void.¹⁶

Conclusion and a drafting note

In the short time available to respond to your request, I have not been able to do an exhaustive review of available legal resources. However, much of the information requested is expressed in AS 26.23.010 – 26.23.240, as previously explained.

Please note that the bill includes a retroactivity clause and immediate effective date, so if the bill takes effect after the expiration of the disaster declaration, it will be retroactive to the date the disaster declaration would otherwise expire.

If I may be of further assistance, please advise.

KSG:mlp
17-098.mlp

Attachment

¹³ AS 26.23.900(3).

¹⁴ Gov. Bill Walker, State of Alaska Declaration of Disaster Emergency (Feb. 14, 2017).

¹⁵ Letter from Gov. Bill Walker to the Hon. Pete Kelly and the Hon. Bryce Edgmon (Feb. 15, 2017).

¹⁶ AS 26.23.025(c).

Jody Simpson

From: Cici Schoenberger <cschoenberger@sunshineclinic.org>
Sent: Monday, March 13, 2017 9:46 AM
To: Sen. David Wilson
Subject: Project HOPE

Please support the advancement of SB91 out of committee. Project HOPE is life-saving and it should not die. I work with opiate addicts in a treatment program and at Sunshine Community Health Center we treat many people who are prescribed opiate pain medication. We do not want any of these people or people they love face the possibility of death because there was no life-saving Narcan available.

Thank-you.

Cici Conti Schoenberger, LCSW, CAS

Behavior Health Provider

Talkeetna 733-2273

Willow 495-4100

Fax 733-1735

CS FOR SENATE BILL NO. 91(HSS)
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the opioid epidemic; authorizing the chief medical officer of the**
2 **Department of Health and Social Services to issue a standing order for the prescription**
3 **of an opioid overdose drug; and providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 *** Section 1. AS 17.20.085 is amended by adding new subsections to read:**

6 (d) The chief medical officer of the department may issue a standing order,
7 including a statewide standing order, for the prescription of an opioid overdose drug.
8 A standing order issued under this subsection must expire on or before June 30, 2021.

9 (e) Annually, on or before October 1, the department shall complete a report
10 describing activities and expenditures related to substance abuse and mental health
11 services administration grants and the opioid epidemic and shall submit the report to
12 the senate secretary and chief clerk of the house of representatives and notify the
13 legislature that the report is available.

14 *** Sec. 2. AS 17.20.085(d), enacted by sec. 1 of this Act, is repealed June 30, 2021.**

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* **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read:

RETROACTIVITY. This Act is retroactive to March 15, 2017.

* **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 15, 2017

SUBJECT: Explanation of changes (CSSB 91(HSS);
Work Order No. 30-GS1127J)

TO: Senator David Wilson
Attn: Jody Simpson

FROM: Kate S. Glover 
Legislative Counsel

The committee substitute you requested is attached. The committee requested a memo explaining the changes made to the bill. This memo explains the changes, all of which were requested by the committee or are conforming or technical amendments.

Title: The title has been changed to reflect the contents of the bill.

Section 1: Several changes have been made in this section. In proposed AS 17.20.085(d), "department" was added after "chief medical officer." Note that in AS 17.20.135, "department" is defined, for purposes of the article, to mean the Department of Health and Social Services.

A new subsection, proposed AS 17.20.085(e) has also been added. This is the section requiring the department to submit a report regarding substance abuse and mental health services administration grants, which was in uncodified law in version "D" of the bill. Since the reports are now annual, and there is no end date for the requirement, this now appears as a section of codified law. In addition, the reference to the "disaster emergency extended under this section" has been changed to "the opioid epidemic." Since the bill no longer extends the disaster emergency, the disaster emergency ends 30 days after the governor declared it, and referring to "the disaster emergency" would not make sense.

Section 2: No changes were made to this section.

Section 3: Section 3 in version "D" of the bill was the uncodified section of law extending the disaster emergency. That section has been deleted, and, as noted above, the report requirement moved to codified law. Section 3 in version "J" of the bill is a retroactivity clause, which makes the Act retroactive to March 15, 2017. The committee did not request any changes to the retroactivity clause, and none were made.

Senator David Wilson
March 15, 2017
Page 2

Section 4. Section 4, in version "J" of the bill, provides an immediate effective date, which was section 5 of version "D" of the bill. No changes were requested to the effective date clause, and none were made.

If I may be of further assistance, please advise.

KSG:mlp
17-126.mlp

Attachment

CS FOR SENATE BILL NO. 91(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 **"An Act extending the governor's declaration of disaster emergency to address the**
2 **opioid epidemic; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 *** Section 1.** AS 17.20.085 is amended by adding a new subsection to read:

5 (d) The chief medical officer may issue a standing order, including a statewide
6 standing order, for the prescription of an opioid overdose drug. A standing order
7 issued under this subsection must expire on or before June 30, 2021.

8 *** Sec. 2.** AS 17.20.085(d), enacted by sec. 1 of this Act, is repealed June 30, 2021.

9 *** Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to
10 read:

11 OPIOID EPIDEMIC; EXTENSION OF DISASTER EMERGENCY. (a) Under
12 AS 26.23.020, the Thirtieth Alaska State Legislature extends to February 14, 2018, the
13 declaration of disaster emergency issued by the governor on February 14, 2017, declaring the
14 current opioid epidemic a public health disaster emergency.

1 (b) Notwithstanding AS 26.23.020 and 26.23.050, the governor or a state agency may
2 not use money in the disaster relief fund, or transfer or spend money appropriated for other
3 purposes, to respond to the disaster emergency extended under this section. The governor or a
4 state agency may use only the following funding to respond to the disaster emergency
5 extended under this section:

6 (1) funding from a federal Substance Abuse and Mental Health Services
7 Administration grant for naloxone distribution;

8 (2) state or federal funding appropriated specifically for the purpose of
9 responding to the disaster emergency; and

10 (3) state or federal funding appropriated for the purpose of substance abuse
11 treatment and prevention.

12 (c) On or before October 1, 2018, the Department of Health and Social Services shall
13 complete a report describing activities and expenditures related to substance abuse and mental
14 health services administration grants and the disaster emergency extended under this section
15 and shall submit the report to the senate secretary and chief clerk of the house of
16 representatives and notify the legislature that the report is available.

17 * **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 **RETROACTIVITY.** This Act is retroactive to March 15, 2017.

20 * **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

LEGAL SERVICES

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Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 15, 2017

SUBJECT: Sectional summary (CSSB 91(HSS);
Work Order No. 30-GS1127AD)

TO: Senator David Wilson
Attn: Jody Simpson

FROM: Kate S. Glover *KG*
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

Section 1 authorizes the chief medical officer to issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug.

Section 2 repeals section 1 on June 30, 2021.

Section 3 extends to February 14, 2018 the opioid epidemic public health disaster emergency declared by Governor Walker on February 14, 2017. This section also limits the sources of funding the Governor may use to respond to the disaster emergency and requires the Department of Health and Social Services to complete a report and submit the report to the legislature, on or before October 1, 2018, describing activities and expenditures related to substance abuse and mental health services administration grants and the disaster emergency.

Section 4 makes the bill retroactive to March 15, 2017.

Section 5 provides an immediate effective date for the bill.

If I may be of further assistance, please advise.

KSG:mlp
17-122.mlp



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

OFFICE OF THE COMMISSIONER

Anchorage
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau
350 Main Street, Suite 404
Juneau, Alaska 99801-1149
Main: 907.465.3030
Fax: 907.465.3068

MEMORANDUM

TO: The Honorable Bill Walker
Governor

THRU: Scott Kendall
Chief of Staff

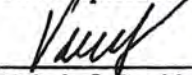
FROM: Valerie J. Davidson 
Commissioner

DATE: February 10, 2017

SUBJECT: 2017 Opioid Disaster Certification Memo

Opioid and heroin addiction is a disease. Opioid abuse has rapidly expanded across Alaska, with persons unable to obtain prescription opioids turning instead to heroin. Heroin is less expensive than purchasing pills illegally, and in some parts of the state, is much more accessible. In 2012, Alaska's prescription opioid overdose death rate was more than double the rate in the United States and Alaska's heroin-associated overdose death rate was 50 percent higher than the national rate. From 2009 to 2015, the number of heroin-associated deaths in Alaska has more than quadrupled. Additionally, highly dangerous synthetic opioids have made their way into Alaska, posing an immediate threat to the lives of Alaskans. High rates of heroin use and prescription opioid abuse remain the driving factor behind the unintentional drug overdose deaths in Alaska.

For these reasons, under Alaska Statute 26.23.900(2)(E), I certify that an outbreak of the disease of opioid and heroin addiction and abuse has a high probability of occurring in the near future. I further certify that a disaster exists in the form of the imminent threat of widespread injury and loss of life due to opioid and heroin overdose.



Valerie J. Davidson
Commissioner, Department of Health and Social Services

Key Data on Alaska's Opioid Epidemic

- From 2009-2015, 774 drug overdose deaths were reported in the Alaska Bureau of Vital Statistics mortality database. Overall, 512 (66%) decedents had a prescription drug noted as the primary or contributory cause of death. Of the 311 illicit drug overdose deaths, 128 (41%) noted heroin as the primary or contributory cause of death. The regional distribution of overdose deaths was considerably higher in regions with urban centers and growing populations, although all Alaska regions were affected.
- From 2008 to 2012, 51 hospital admissions and 201 outpatient evaluations occurred for heroin poisoning. Hospitalizations for heroin poisoning nearly doubled from 2.4 per 10,000 population in 2008 to 4.7 per 10,000 population in 2012, and heroin-related inpatient and outpatient hospital costs exceeded \$2 million. The number of Medicaid health care services payment requests for heroin poisoning increased almost ten-fold (from nine in 2004–2006 to 86 in 2011–2013).
- During SFY 2009-2013, the number of treatment admissions with heroin and/or other opiates as the primary substance increased 74% (from 449 to 781, respectively); from SFY 2013-2015, the number increased an additional 29% (from 781 to 1011, respectively).
- First responders in affected communities have been overwhelmed with the frequency of opioid-related responses. In the last two years, the Municipality of Anchorage emergency services administered naloxone to patients over 590 times for narcotic overdoses or as a “rule out” in an unconscious unknown patient where there was a suspicion of overdose from narcotics. In the same period, the Matanuska-Susitna Borough emergency services administered naloxone over 300 times; the Kenai Peninsula Borough administered naloxone over 200 times; the Fairbanks North Star Borough administered naloxone over 150 times; and the City and Borough of Juneau administered naloxone over 75 times.
- Jurisdictions have established Opioid Working Groups, but these groups lack the financial means and, often, the authority to distribute naloxone to the general public. Across the state, other communities have also established Opioid Working Groups to attempt to stem the tide of opioid-related deaths.

2017 Opioid Disaster Finance Plan	
Overdose Response Program (ORP) Cost Estimates	
100% Fed Funding Project Period 09/01/2016 - 08/31/2021	
Year 1: Budget Period: 09/01/2016 - 08/31/2017	\$1,000,000.00
Year 2: Budget Period: 09/01/2017 - 08/31/2018	\$815,053
Year 3: Budget Period: 09/01/2018 - 08/31/2019	\$683,586
Year 4: Budget Period: 09/01/2019 - 08/31/2020	\$850,765
Year 5: Budget Period: 09/01/2020 - 08/31/2021	\$708,912
Total - ORP Cost Estimates	\$ 4,058,316.00
State Management Costs	\$0.00
Applicant Singlewide State Audit Allowance	-
Total - Management Costs	\$0.00
Total Overdose Response Program Costs	\$ 4,058,316.00
Overall Disaster Cost Summary	
Total Federal Costs	\$4,058,316.00
Total State Costs	\$ -
Total Disaster Costs	\$4,058,316.00

Year 1: Budget Period: 09/01/2016 - 08/31/2017	
Supplies	\$609,360
Consortium/Contractual Cost	\$303,954
Travel Costs	\$44,686
Other	\$42,000
Direct Cost	\$1,000,000
Indirect Cost	\$0.00
Approved Budget	\$1,000,000.00
Year 2: Budget Period: 09/01/2017 - 08/31/2018	
Supplies	\$472,380
Consortium/Contractual Cost	\$283,000
Travel Costs	\$36,952
Other	\$22,721
Direct Cost	\$815,053
Indirect Cost	\$0.00
Estimated Approved Budget	\$815,053
Year 3: Budget Period: 09/01/2018 - 08/31/2019	
Supplies	\$365,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$12,865
Other	\$22,721
Direct Cost	\$683,586
Indirect Cost	\$0.00
Estimated Approved Budget	\$683,586

Year 4: Budget Period: 09/01/2019 - 08/31/2020	
Supplies	\$530,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$15,044
Other	\$22,721
Direct Cost	\$850,765
Indirect Cost	\$0.00
Estimated Approved Budget	\$850,765
Year 5: Budget Period: 09/01/2020 - 08/31/2021	
Supplies	\$395,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$8,191
Other	\$22,721
Direct Cost	\$708,912
Indirect Cost	\$0.00
Estimated Approved Budget	\$708,912

February XX, 2017

The Honorable Bill Walker
Governor
State of Alaska
P.O. Box 110001
Juneau, AK 99811

Dear Governor Walker:

We received your letter dated February 15, 2017, which provided a Finance Plan for the 2017 Opioid Disaster.

It is understood that the overall cost estimate for this disaster does not require State General Funds (AS 26.23). Costs are funded through a five-year Substance Abuse and Mental Health Services Administration federal grant.

It is also understood no State General Funds will be used from the Disaster Relief Fund balance, and a supplemental appropriation is not required.

Sincerely,

Sincerely,

The Honorable Pete Kelly,
President of the Senate

The Honorable Bryce Edgmon,
Speaker of the House of Representatives

cc: The Honorable Lyman Hoffman, Senator, Senate Finance Committee Co-Chair
The Honorable Anna MacKinnon, Senator, Senate Finance Committee Co-Chair
The Honorable Neal Foster, Representative, House Finance Committee Co-Chair
The Honorable Paul Seaton, Representative, House Finance Committee Co-Chair

**Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
431 N. Franklin St. Suite 200
Juneau, Alaska, 99801**



March 14, 2017

Senator David Wilson, Chairperson
Senate Health and Social Services Committee
Alaska State Capitol Room 115
Juneau, Alaska 99801

BY HAND-DELIVERY

Re: Letter of Support for SB 91

Senator Wilson,

The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board support SB 91 and the extension of the mechanism by which the State of Alaska is making opioid overdose medication (naloxone) available to community responders. This medication is just like any other life-saving technology or medication that we make available in emergencies and life-threatening situations. We appreciate that Governor Walker and his administration have secured funding in order for family members, community responders, and people at-risk of opioid overdose to have access to overdose medication. We now need a reliable mechanism by which to ensure that community coalitions and families can access the medication **and** the training in its use.

Ensuring widespread access to opioid overdose medication is a specific harm reduction strategy recommended by the Alaska Opioid Policy Task Force, based on expert information and wide public support. We encourage you and the members of the Senate Health and Social Services Committee to support this bill as part of the multi-sector, community driven response to opioid misuse and abuse in Alaska.

Sincerely,

J. Kate Burkhart
Executive Director

cc: Philip Licht, Chairperson, ABADA
Charlene Tautfest, Chairperson, AMHB
Dr. Jay Butler, Chief Medical Office, DHSS

Thank you, Mr. President.

I move the adoption of Health and Social Services Committee Substitute in lieu of the original bill.

(Someone will object to hear the changes.)

EXPLANATION OF THE CHANGES **FROM VERSION A TO VERSION J.**

- Adds the word “department” after “Chief Medical Officer” to identify the position within the Department of Health and Social.
 - Authorizes the Chief Medical Officer in DHSS to issue a standing order -- including a statewide standing order -- for the prescription and distribution of an opioid overdose drug through June 30, 2021.
 - Repeals the standing order after that date.
 - A governor may only issue a disaster declaration for 30 days. Version J changes references to “Disaster Emergency” to “Opioid Epidemic,” as the “disaster” is not extended beyond the 30 days.
 - Requires the department to report annually, on or before October 1, to the Legislature on activities and expenditures regarding substance abuse and mental health services administration (SAMHSA) grants.
- Title change as this is no longer a Disaster

The Department has indicated the CS to the original bill poses no issues.

There is a ZERO fiscal note. The department received a Federal Grant to underwrite the costs of the initiative. Reporting requirements can be accomplished using existing resources.

GENERAL OVERVIEW OF SENATE BILL 91

The Governor's declared an Opioid disaster emergency on February 14, 2017.

To combat opioid abuse, the Department of Health and Social Services was awarded a grant through the Substance Abuse and Mental Health Administration (SAMHSA) a five-year grant for the distribution of naloxone nasal spray kits throughout the state.

Naloxone, also recognized by its name brand, NARCAN, is an opioid overdose drug that is known to save lives. The kits will be provided to clinics, emergency responders, non-profits, and others throughout the state.

The legislation allows the State's Chief Medical Officer to issue a standing order –including a statewide standing order – to distribute the kits throughout the life of the grant, until 2021, without having to come back for annual re-authorization.

Because the legislation grants standing orders throughout the life of the grant, there is no need to extend the disaster beyond 30 days.

Funding for the initiative comes from federal grants. There are no expenditures from the Disaster Fund or other state funds.



PREVENT • REDUCE • REVERSE



NARCAN®


[HOW TO GET HELP](#)
[SUPPORTING THE FAMILY](#)
[BEFORE YOU PRESCRIBE](#)
[LOOKING AT THE DATA](#)
[MATERIALS YOU CAN USE](#)

Understanding an opioid overdose

Too much of an opioid affects parts of the brain that drive breathing. As a result, breathing can become very slow or may stop. Learn more about signs of an opioid overdose [here](#).

Reversing overdose with Narcan®

Narcan® (Naloxone) temporarily blocks or reverses the effects of opioids. In most cases the effect is immediate (within 30 to 40 seconds), blocking the effects of the overdose and allowing the person to breathe again. This gives time to seek emergency medical assistance. Its use is supported by many organizations, including the Office of National Drug Control Policy and the World Health Organization. Narcan® has no potential for abuse and will have no effect if accidentally administered or self-administered (in the case of a child).

Narcan® can be obtained by speaking to your medical provider.

Are you participating in our Narcan® pilot program (Project HOPE)?

If you're participating in the Project HOPE pilot program and were asked to submit an evaluation form, please visit this [Project HOPE evaluation page](#).

Is your organization interested in distributing Narcan® in your community?

The State of Alaska's Department of Health and Social Services is developing a plan to work with community organizations to distribute or administer Narcan® in Alaska.

Organizations eligible to apply may include, but are not limited to: public health centers, law enforcement agencies, fire departments, community and faith-based organizations, social service agencies, substance use treatment programs, shelters and transitional housing agencies.

Applications and further information for agencies wishing to become a response program will be found at this page in the future. Please check back.

Have questions about this project? Contact ProjectHOPE@alaska.gov.

Need Narcan® for yourself or your loved one?

Individuals wishing to receive Narcan® may be able to receive kits free of charge by contacting a local agency participating in Project HOPE. (This project is currently under development. Updates on availability will be posted here. Please stay tuned.)

Concerned about a loved one? Find educational materials about addiction, overdose and support [here](#).

PREVENT

dependence on opioid drugs

REDUCE

addiction by recognizing and treating it

REVERSE

the life-threatening effects of overdose



Overdose reversal drug
(Narcan®) availability

Have you used Narcan?
Please tell us about it.

Alaska Pioneer Homes
Behavioral Health

Office of the
Commissioner

Juvenile Justice
Public Assistance



PREVENT • REDUCE • REVERSE



↑ HOW TO GET HELP SUPPORTING THE FAMILY BEFORE YOU PRESCRIBE LOOKING AT THE DATA MATERIALS YOU CAN USE

Reducing prescription misuse and abuse starts with you:

- › Don't share your medications. Your prescription is for your use only. Sharing medication with friends and loved ones may put them in harms way.
- › Store your medications safely. Keep your medication in a safe place that is protected from people who may try to misuse it.
- › Have unused or expired medication? Easy to use drug disposal/deactivation kits are available. These kits deactivate medicines and can be safely disposed of at home. Connect with your local Public Health Nursing Center to learn more and receive a kit free of charge.

What can I do?

First, take care of yourself. The healthier you are, the more you can handle stress and support the people you love.

- › Eat well, get enough sleep, and exercise daily. Doing these things will stabilize your energy levels and produce natural stress-relieving hormones.
- › Limit or avoid alcohol and drugs. They don't relieve stress and often add to it.
- › Get time for yourself. Doing things like deep breathing, meditation and progressive muscle relaxation can reduce stress and give you the space you need to think clearly.
- › Get the support you need. Remember, it's not your fault and you're not alone.

Know the signs of an heroin/opioid overdose

Seek emergency medical attention if any of these signs appear:

- › Failure to respond when spoken to
- › Failure to wake up when prompted
- › Slow or no breathing
- › Tiny pupils (the center part of the eye)
- › Fingernails or lips are turning blue or purple

What are the signs of addiction?

The signs of heroin and opioid addiction are similar. Knowing and noticing them can help you make decisions when drug abuse impacts you and your family. Familiarizing yourself with these signs can also help you support friends or loved ones who have been prescribed opioids and may need help tapering off or stopping use.

If you notice these signs, talk about it. Avoiding the topic will allow the addictions and destructive behaviors to continue. People addicted to these drugs may not seek change right away, but addressing their addiction will help you to seek support, set boundaries and clear a path for change.

Behavioral changes



On this page:

- › **Find support** – Seek guidance and talk to those who know what you're going through.
- › **Set boundaries** – Decide how much support you can provide and draw the line.
- › **Offer an opportunity to change** – Support those who want to seek treatment.

- › Change in relationships with family members or friends, avoiding eye contact
- › Mood changes or emotional instability, loud, obnoxious behavior, laughing at nothing
- › Unusually clumsy, stumbling, lack of coordination, poor balance
- › Sullen, withdrawn, depressed, silent, uncommunicative, hostile, angry, uncooperative
- › Deceitful or secretive; makes endless excuses; secretive phone calls, texting, instant messages or emails
- › Unusually tired, decreased motivation, lethargy
- › Unable to speak intelligibly, slurred speech or rapid-fire speech
- › Inability to focus, hyperactive, unusually elated
- › Periods of sleeplessness or high energy followed by long periods of "catch up" sleep
- › Disappearance of prescription or over-the-counter pills, money or valuables
- › Frequently breaks curfew or is not where they said they would be, going out every night
- › Cash flow problems
- › Reckless driving, car accidents, or unexplained damage to car



Appearance changes

- › Poor hygiene, messy, careless appearance, inappropriate clothing (i.e., wears long sleeves in warm weather to hide needle marks)
- › Burns or soot on fingers or lips; unexplained bruises or abscesses, needle marks on arms or legs

Health status changes

- › Frequent sickness
- › Frequent nosebleeds or runny nose, not caused by allergies or a cold
- › Sores, spots around mouth, drastic changes in dental health
- › Queasy, nausea, vomiting, frequent diarrhea
- › Seizures with no history of epilepsy
- › Sudden or dramatic weight loss or gain
- › Skin abrasions/bruises, accidents or injuries with no good explanation
- › Depression
- › Headaches, noticeably enlarged pupils in withdrawal, pinpoint pupils during use
- › Excessive sweatiness

School or work concerns:

- › Truancy or loss of interest in schoolwork, drop in grades
- › Loss of interest in activities, hobbies, or sports
- › Failure to fulfill responsibilities
- › Complaints from teachers or co-workers
- › Reports of intoxication

(adapted from: <http://www.drugfree.org/think-child-using/look-for-signs-and-symptoms/>)

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Find support

Support groups for families and friends of addicts:

In-person:

Al-Anon Family Groups: www.Al-Anon-AK.org
Nar-anon: <http://www.akna.org/>

Online:

Partnership for a Drug-free America forum for parents; <http://www.drugfree.org/forums/>
Learn2Cope forum for friends and families: <http://www.learn2cope.org/forum/>
Mothers Against Heroin: www.facebook.com/Mothers-Against-Heroin
Mothers and Fathers Against Heroin: www.facebook.com/mothersandfathersagainstheroin
Hope vs. Heroin: www.facebook.com/HopevsHeroinAEL

Set boundaries

Decide how much physical, emotional and financial support you can provide to your loved one, and tell them in clear terms what you are and are not willing to do or put up with.

Learn how to set healthy boundaries and practice doing it.

Protect valuables from theft and secure your computer access codes.

Encourage others not to provide money or a place to stay for an active addict.

Offer an opportunity to change

Let them know that you will help them get treatment and support them in sobriety. Start by finding treatment options in your area.

Learn how to set healthy boundaries and practice doing it.



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- [Alaska Pioneer Homes Behavioral Health](#)
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- [Boards & Councils](#)
- [Finance & Management Services](#)
- [Office of Children's Services](#)
- [Health Care Services](#)
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- [Public Assistance](#)
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