Alaska Opioid Policy Task Force Meeting Notes

June 10, 2016

Co-Chairman Dr. Jay Butler convened the meeting at 9:05 a.m.

Dr. Butler reminded members of the purpose of the task force, and pointed to the draft schedule of upcoming meetings. Today will focus on the law enforcement role in addressing and preventing heroin and opioid abuse.

Dr. Butler explained that the discussion was reserved to the presenters, task force members, and task force facilitators. Members of the public would have the opportunity to speak on the agenda topic during public comment later in the meeting.

Co-Chairman Jeff Jesse echoed the welcome of presenters and guests. Co-Chairman Gunnar Ebbesson expressed gratitude for the work with communities and coalitions to address the problem.

Task force members, in addition to the co-chairs, in attendance were:

Perry Ahsogeak
Reagan Eidsness-Haugse
Nick Kraska
Kerby Kraus
Captain Jeff Laughlin
Erin Narus
Anna Nelson
Erich Scheunemann
Dr. Mark Simon
Dr. Tina Woods
Kim Zello
Representative Seaton
Senator Cathy Giessel
Sarah Heath

Facilitators attending: Ray Michaelson, Katie Baldwin-Johnson, and Kate Burkhart

Dr. Butler and Captain Jeff Laughlin welcomed Captain Michael Duxbury, the new head of the statewide drug enforcement unit. He will be representing the Alaska State Troopers on the task force in the future.

Lt. Kris Sell, Juneau Police Department

Lt. Sell spoke about the leadership of the Juneau Police Department. Chief Bryce Johnson is very focused on community policing, and has prioritized addressing the heroin problem.

She spoke about a surge in murders – four in 2015 – which seemed to take precedence over opioid issues. Chief Johnson stressed that it was a big issue, so when she joined the Patrol Unit in 2016 she began to think of how to humanize the issue. Using the JPD Facebook page, they set out to put a human face to users of heroin.

JPD has a prescription take back available every day during business hours, using an incinerator to destroy the drugs. This is because they see ready access in medicine cabinets as a contributing factor.

JPD started looking at overdose deaths (7-8 deaths) in 2015. They had a policy of investigating overdose deaths the way they would a suicide – closing the case when they found the death was not due to foul play. Families didn't/don't want to speak about the overdose deaths, much like suicide a decade ago. They feel ashamed. This made it hard for Lt. Sell and the department to speak publicly about the deaths. But speaking openly about overdose deaths is necessary if they are to make any progress addressing the problem.

JPD adopted a two prong approach. Prong 1 is creating a new paradigm about the social perspective on heroin use and overdose. They spent a year on this prong, culminating in the Hope Not Heroin rally on April 2, 2016. It was well attended by people in recovery, service providers, and families seeking help. Even though Juneau doesn't have a lot of treatment options, information on what is available is important. "No news makes people crazy," so explaining what is available and what it takes to get into treatment helps.

This summer, JPD will use their Facebook page to share re-entry success stories. Most of the people featured got into trouble because of drugs. JPD will personally congratulate these folks in recovery.

Prong 2 was changing the way they address drug crimes and investigations. Previously it was a "secret squirrel" operation focused on undercover work. Now, JPD has patrol officers work drug cases, to make drug investigations more pervasive in overall policing. They have a drug detecting dog, and are working with the US Coast Guard to increase water-based interdiction (which is badly needed).

Lt. Sell reported that there has been a 40% increase in crime in Juneau since 2015 – entirely tied to drug trafficking and drug use. Drugs are expensive and people need to feed the habit. Lt. Sell explained that heroin is far more expensive than in Seattle ($5 vs. $100). This profit margin is very enticing. It will get worse as the economy worsens and social services are cut. JPD estimates 200 daily users year-round and 400 daily users seasonally. That's $20,000 or more a day being spent on heroin in Juneau.

Lt. Sell explained: "There's nothing more important to attacking crime in Juneau – this is the contagion by which all other crime spreads." This is a new theory and it's hard on law enforcement to adopt a new perspective. "We've had to admit that we can't arrest our way out of the problem. We have to treat our way out. That's a tough pill to swallow." People put in jail for drugs come out and start using again, so there is much more to do than just be tough on crime.

"Someday I hope that when addicts walk up to uniformed officers on the street, we can help them get into treatment. Right now we can't because we have nowhere to take them. So they continue to commit crimes."

Ebbesson commented that he is grateful to hear how she and JPD have evolved in this process. They are working on something similar in Fairbanks.

Lt. Sell commented that JPD is seeing more methamphetamines on the street now. They aren't sure whether it's due to difficulty in getting heroin, or users' concerns about the risk of overdose, or because users are mixing the two ("speed balls").

Rep. Seaton asked if JPD is engaging with the medical community about prescribing practices. Lt. Sell said that she felt that prescribing in Juneau had tightened up. In 2003, you could hardly avoid getting a prescription for opioids, but now it's more difficult. The unintended consequence is that people are driven to heroin because the medications are "training wheels for heroin." Also, people go back and forth between prescription drugs and heroin. The clamping down of prescriptions has happened, and JPD is seeing the really serious medications, including fentanyl patches, turned in for destruction.

Dr. Simon asked if arrests are becoming referrals to treatment. Lt. Sell answered that it would be great to incorporate treatment into the arrest (and non-arrest) processes, but there just isn't anywhere to refer people. There is some credit for people who go to treatment during the pre-trial phase, but this is an advantage only for wealthier families.

Ray Michaelson asked if Juneau was pursuing a drug court and how the JPD is working with the re-entry coalition. Lt. Sell answered that Juneau has a therapeutic court for people with substance abuse issues, but when there is nowhere to send people for treatment, it bogs down pretty fast. Housing is another challenge in Juneau; lack of stable, affordable housing complicates re-entry to the community.

Additional information* related to Juneau Police Department activities:

- Juneau Police Department Strategic Plan 2016-2020 (includes specific focus on reducing availability of illegal narcotics, which drive other types of crime)
- The Gloucester, Massachusetts police department, led by Chief Leonard Campanello, developed the model where police officers, rather than arresting addicts, encourage and help people addicted to opioids get to treatment. This model was launched in May, 2015. Learn more about the model. You can also read a recent report by Chief Campanello to the Cloucester City Council on the Angel Program (they helped 435 people in the first 11 months).

** Additional information, noted with a ➢, was not provided during the meeting. It is provided for the benefit of task force members and the public.*

Hans Brinke, Alaska State Troopers

Captain Brinke described how the Alaska State Troopers are partnering with local first responders and others in the Mat-Su Valley to better use law enforcement resources. AST identified that responding to the frequent calls from first responders (paramedics, etc.) to help deal with people in crisis prevented officers from responding to other calls. They are teaching ambulance and other first responder crews how to safely de-escalate mental health and substance abuse cases (using a Crisis Intervention Team approach), with the goal of preventing law enforcement involvement and arrests. This will free up AST officers to respond to other public safety calls.

The Valley has limited resources for treatment, but the corrections facilities have even less. The community coalition has been working for two years to address the coordination of effort. They have a care-coordination committee that focuses on super-utilizers of the emergency room. They are discussing developing a sleep off center, inpatient treatment, a psychiatric ER, and other programs to address opioids, substance abuse, and mental health issues.

Kim Zello asked about the progress toward building a treatment facility in the Valley. Capt. Brinke explained that the coalition has short, medium, and long term goals. The facility is a long-term goal. However, they are moving faster than he anticipated – the conversations have started. Ray Michaelson added that the coalition's planning for a detox center has involved several conversations with medical providers over the past 4-6 weeks. There is work toward determining the feasibility and initial business planning. They are awaiting news on how the $11m increment in the FY2017 operating budget (the compromise on Rep. Neuman's original $30m increment for substance abuse treatment) turns out.

Dr. Simon asked if AST has a relationship with social services providers. Cpt. Brinke said that they were partnering with social services and the schools. Cpt. Duxbury added they are trying to relate better to users and educate them about people making money off their misery. Officers became educated on the 12 step programs and language used there. A constant theme is the lack of after care. People get frustrated and want to give up when a recovering addict struggles or relapses. Cpt. Duxbury encourages them not to kick people out/fire them/etc. He asked if we should start thinking about how to support employers who are giving people second chances.

Cpt. Brinke said they are thinking differently, but "it takes a while to move a big ship." They are teaching first responders to think differently. As resources become tighter, it is more and more difficult to respond to the demand for law enforcement (a handful of troopers for a region of 26,000 square miles). Having a facility to guide people to would help them help others. They have not started programs to talk with business owners – "we just don't have the resources." The focus is on teaching people how to handle situations better and steer

people to the right systems (avoiding the criminal justice system when appropriate). Mat-Su has a mental health court (in Palmer) and will be starting a drug court soon.

Ray Michaelson thanked Cpt. Brinke for his leadership, and the efforts to start and expand the CIT team and training.

Anna Nelson heard a new methadone clinic was opening in Wasilla. Lynn Eldridge (program manager from the Division of Behavioral Health) responded that July 11 was the tentative opening date for the Community Medical Services clinic (providing methadone and suboxone treatment).

Dr. Butler asked what the steps are to establish a drug court. Cpt. Brinke explained that it starts with the court system. You have to have the interest and buy in from the court system. Their mental health court judge is interested in expanding to a drug court. Kristin Hall at the court system can explain further.

Additional information related to AST and Mat-Su activities:

- The Crisis Intervention Team is a model developed by the Memphis Police Department. It is focused on diverting people in crisis from arrest and jail and into needed services. It relies on extensive training for law enforcements officers (usually patrol officers). Since 2001, the Alaska Mental Health Trust Authority and NAMI have partnered to provide CIT training academies in Alaska. Anchorage Police Department has recently added CIT training to its police academy. Juneau and Fairbanks both regularly support CIT training to interested officers.

Agent Michael Root, U.S. Drug Enforcement Agency

Agent Root began by explaining that, at the federal level, "we go after the highest level offender we can. That's the Mexican cartels and such." Federal agencies focus on drug trafficking, not end users. Sometimes they will target mid-to-upper level users, and then use them to track back to the suppliers. They do investigate cases that ended up in death (one involves a Palmer man being prosecuted as the supplier of the heroin that killed someone).

The DEA has had very successful drug take backs (collecting thousands of pounds). The DEA is trying to get drug manufacturers to take more responsibility for taking meds back and destroying them, so that law enforcement doesn't have to use its resources.

Agent Root described an oxycontin operation running through a car repair/body shop. That dealer had $80,000 in his safe and they figured he did $400,000 business a month. There was no evidence of any body shop work being done. People continued to drive up to buy pills while the law enforcement officers were there shutting it down.

The DEA put a seminar on for Alaska doctors about prescribing, identifying doctor shopping behaviors, etc. They are assembling a new task force of Alaska law enforcement officers to address prescription diversion. This will support statewide efforts, but requires Alaska law enforcement agencies to share officers. The DEA is focused less on the addict on the street and more on the person who profits from getting people addicted. Federal sentences are harsh penalties, but we're dealing with people who profit on human misery.

Agent Root feels that agencies in Alaska partner well with federal agencies.

Dr. Simon asked all the presenters about working with pharmacies to take medications back. Agent Root commented that he has been talking with Walgreens to set up a drug takeback container, though there are concerns with having employees deal with all that shows up in the bins (not just serious drugs – but also guns, syringes, etc.). Some of the materials deposited in the bids are bio-hazards. They want to be sure it's a secure process, so what goes in doesn't end up back on the street.

Zello thanked him for his hard work.

Dr. Butler felt that the DEA website is a good concept but the information on drug take-back events is not always up to date. There is an opportunity to maintain that information locally. Agent Root added that 4 or 8 hour events twice a year isn't really enough. They are getting the word out, and they doubled the take at the last event (4,000 pounds versus 2,000 pounds). But the demand is greater.

Lt. Sell said that the JPD started their program because the twice-a-year event ended due to budget cuts. Monday through Friday business hours isn't enough – people want weekend hours. The infrastructure to dispose of these materials needs strengthening. The demand is huge. "The more access to drop offs we create, the more drugs we get – and then we need more disposal capacity." Agent Root added that he felt like there should be a point when the demand is met, but it doesn't seem like that really happens.

Narus commented that part of the issue is the huge volume being prescribed. The hope would be that we reduce what is being taken in at take-backs by reducing what is prescribed.

Dr. Butler asked if the new DEA Tactical Diversion task force will be in Alaska or out of the Seattle office. Agent Root replied that it was based out of Anchorage. The task force will have a statewide focus and can support travel all over the state to work with doctors and health facilities to prevent drug diversion. But they need the officers from the local law enforcement agencies. Also, recruitment of DEA agents to work in Alaska is difficult.

Ebbesson asked about DEA oversight of methadone clinics and office-based opioid treatment (buprenorphine) facilities. Agent Root explained that, right now, that is done out of Seattle, but the new diversion task force will take that on. He described how the DEA was

involved in closing a clinic where the doctors were not adhering to prescribing practices. He offered to get more information to the task force, since this is not his area of expertise. Ebbesson thanked him for that. He shared that physicians have stopped offering suboxone treatment because of the tenor of interactions with DEA officers, so education about how that all works is needed to promote more doctors' participating. Agent Root answered that they want to focus on doctors doing the wrong thing, not those doing the right thing. Having efforts based in Alaska should help with that.

The DOJ documentary created by the DEA and FBI, Chasing the Dragon, will be shown in Anchorage at the Bear Tooth Theater on July 22 at noon. This video is an excellent opportunity to educate teens about what can happen, and how dangerous prescription drug abuse is. It will be followed by a panel discussion.

Additional information related to DEA Activities:

- Office of Diversion Control: "The mission of DEA's Office of Diversion Control is to prevent, detect, and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial, and scientific needs."
- Manuals for prescribers and dispensers related to the Controlled Substances Act.
- National Heroin Threat Assessment Summary, 2015

Supervisory Special Agent Kurt Ormberg, Federal Bureau of Investigation

SSA Ormberg is the FBI Anchorage violent crime squad supervisor. His unit focuses on human trafficking and violence against children, and the violence that accompanies drug trafficking (gangs, etc.): the Safe Streets Violent Crime Initiative Task Force.

The Safe Streets Task Force partners with local communities, local law enforcement agencies, and local prosecutors: "The state of Alaska is who runs Safe Streets." There are full-time officers from the Alaska State Troopers and US Coast Guard assigned to the task force. They have partners from other federal agencies. There is a unit in Southeast AK supervised out of Juneau and another in Kodiak. Local agencies' staffing shortages are affecting the Safe Streets Task Force.

SSA Ormberg expressed support for the tactical diversion unit being put together at the DEA – saying it was a great way to proactively address the opioid problem. Heroin is the primary drug involved in the violent crime cases actively investigated/ prosecuted by the FBI right now. It was different ten years ago (cases then were about cocaine, etc.).

Cooperating witnesses help the FBI make cases. Right now, they are heroin addicts. Before, the majority of cooperating witnesses were former gang members (rather than the customers of gangs).

The FBI recognizes that it cannot arrest the way out of the problem. Federal mandatory sentences are very harsh. They haven't been adjusted since the 1990's, when the methamphetamine crisis fueled policymaking. Thus, federal heroin penalties right now are less harsh than for crimes involving meth.

"Why heroin, why now?" We are a country that relies heavily on prescription drugs. Opioids are very powerful, and we have created a generation of users. Heroin is cheap, and the demand is huge, so cartels are motivated to make it over other drugs.

SSA Ormberg spoke about the need for more outreach. "Kids know all the horrible things about tobacco use. They have no idea about heroin use." "We need to get into the schools" – addressing the heroin/opioid crisis requires preventing new users by explaining to children and youth how dangerous heroin is.

The Safe Streets Task Force does do outreach. They talk to kids in schools, at recreation centers, etc. "We're talking to them about heroin."

The FBI doesn't engage every crime. Crime committed to feed the need for heroin is usually not in their sights. When that crime starts to become organized crime, that's when the FBI gets involved -- cases involving RICO (Racketeer Influenced and Corrupt Organizations Act)

SSA Ormberg also commented on the collaboration with Alaska law enforcement agencies – it is very good.

Narus asked what the FBI has learned about ensuring community wellness. SSA Ormberg answered that law enforcement should be the last option. School outreach is important, but it's the last thing law enforcement thinks about. There was a great partnership between the Alaska State Troopers and the US Marshals two years ago in interior schools. These kinds of programs are critical to preventing gangs, violence.

SSA Ormberg commented that the scale of the drug problem in Alaska looks small when compared to California, though the impact can be exponentially greater. It is sometimes difficult to explain that to federal partners in the Lower 48.

Eidsness-Haugse commented that schools need outreach and have responded well to her outreach efforts. Staci Feger-Pellessier, the media coordinator for the Anchorage FBI office, said that Anchorage schools were not as receptive to having Chasing the Dragon screened in the school. "Offering the outreach and getting no response should be unacceptable."

SSA Ormberg commented that outreach in high school is too late – elementary and middle school is where we should start. FBI agents are mentoring at risk students at Tyson Elementary next year.

Agent Root added that he expects his agents to engage in community outreach, and it is part of their performance evaluations. He and the FBI are short-handed, but community involvement is essential.

Dr. Butler commented that health care practitioners see prescription drugs as different from illicit narcotics like cocaine. The most powerful statement he's heard is "My doctor was my first dealer." There's clearly a need for educating providers. Public health has a tradition of working with law enforcement agencies around terrorist responses, but is just starting to do so with opioids. Are there opportunities for relationships between law enforcement and clinical providers?

Agent Root agreed, "We need to work with our doctors" to find a happy medium so that people who need the medication get it. He pointed to the seminar on the prescribing practices the DEA did recently.

Lt. Sell commented that substance abuse treatment is the worst paid, least respected health care field. Addicts are high risk clients, so doctors avoid them. "Alaska needs an army of substance abuse treatment providers." Even if funds are available, there isn't the workforce. Maybe, since public health professionals work in the same field, they can help educate prescribers. Doctors are a specialized profession that can best be educated by their peers.

Agent Root commented that the DEA license for prescribing controlled substances is one asset the federal agency has, though they don't want to be heavy handed.

Dr. Simon complemented the officers on the level of coordination between their agencies. He agreed that doctors prefer being educated by peers, but the entire health care field has a lot to learn from law enforcement about how to coordinate and collaborate together.

Task Force Member Discussion

Rep. Seaton: "We aren't going to have adequate detox for a long time, with the budget where it is. I heard a program on NPR about slow release implants in treatment. Is there anyone looking at piloting that in Alaska?" No, probably because the FDA just approved it for use a few weeks ago. Rep. Seaton added that this might be a better option than just waiting for more detox.

Additional information:

- *Long-Acting Opioid Treatment Could Be Available In A Month*, NPR All Things Considered, May 27, 2016

- *FDA Approves First Buprenorphine Implant for Treatment of Opioid Dependence*, FDA News Release, May 26, 2016

Dr. Butler commented that he was reminded that there is a difference between detox and treatment, and we need to be clear about that.

Additional information:

- *Detoxification and Substance Abuse Treatment (TIP 45 Quick Guide for Clinicians)* defines detoxification:

  "Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances. Detoxification alone is not sufficient in the treatment and rehabilitation of substance use disorders."

- There are many evidence-based substance abuse treatment models. Key components include assessment, behavioral counseling, medication, treatment for co-occurring mental health services and/or co-morbid physical conditions, and support services. Support services include vocational training, legal services, education, family services, etc. Effective treatment is provided in a setting and for a length of time appropriate to the severity of the addiction (and contributing factors).

Rep. Seaton added it was hard to get numbers about prescriptions around the state. Homer's coalition found out that Medicare Part D prescriptions for opioids were twice the national average. Is there a way medical providers can collect and share this information? While this is a senior population, it is indicative of what's happening over all. Dr. Butler commented that the provisions strengthening the Prescription Drug Monitoring Program (in SB 74) will help track that information.

Ebbesson shared **ideas that arose out of the presentation**:

Law enforcement agencies are moving in the same direction. One recommendation might be to have a **coalition or communication strategy for speaking about how they are working as a group on this problem**. It could also help with information sharing between departments.

Alaska doesn't have a statewide takeback process (other than the twice yearly DEA event). Access to drug disposal varies from community to community. A **statewide policy on takeback** might be needed.

Zello commented that was an excellent idea. She added that **community outreach and prevention, to curtail new users** like we did with tobacco, was needed. Jessee asked where

the outreach would be targeted, and with what objective? Zello commented that campaigns that focus on youth via media (TV, radio) and in the schools was her suggestion. She also pointed to campaigns that promote self-esteem and pride in community, like the tobacco PSAs, ANSEP outreach, and the ASRC and BBNA media efforts, seem successful.

Nelson shared that we have the opportunity to **collect data through syringe exchange programs** (Fairbanks, Anchorage, Juneau, pilot in Homer).

Duxbury explained that a Ketchikan judge has helped support creating a video of the sentencing and personal story of two individuals in his court. The cable company is helping produce the videos and it will be shared on TV. Duxbury is interested in supporting employers giving folks a second chance. Burkhart commented that the Division of Vocational Rehabilitation in Ketchikan has a strong record of supporting clients with serious mental illness in employment. Maybe not as much with clients who experience substance use disorders, but there is some local infrastructure.

Dr. Simon commented that **drug courts** are an important option, though not available everywhere. He wondered whether law enforcement agencies had **streamlined ways of helping addicts/family members access community resources**. If not, there are opportunities to reach people.

Ebbesson asked the consumer and family member task force members how they feel about the task force process so far. Zello, who has a daughter in recovery, said she feels that the process "is going to get us somewhere" and she's glad to be part of it.

The task force took a brief break at 11:20. The meeting resumed at 11:35 for Public Comment.

Public Comment

Paul Finch, Fairbanks

Paul Finch is a physician's assistant working in addiction medicine for 10 years. He is heartened by the humane approach to addicts from the law enforcement agencies. He didn't hear about ready access to Narcan. He pleads that officers carry narcan kits. He would like every officer in Alaska to carry a Narcan rescue kit. Other departments nationally do this. Also, teaching younger children about Narcan as part of overall first aid could help save lives.

Linda Thai, Fairbanks

Linda Thai is a substance abuse professional in inpatient and outpatient facilities. She leads 12 step meetings, and teaches yoga and meditation. She is heartened by the task force coming together. Her comment is that the Department of Corrections is a place where

people are crying out for services to help them, but it's so hard for the community to work in the correctional center. There are only one or two 12 step meetings a week there, and one meditation teacher. This is a missed opportunity. Maybe there could be a paradigm shift happening in corrections like in law enforcement – seeing addicts as humans.

The meeting adjourned at 11:45 a.m.

The next meeting is June 24, 2016 at 9:00 a.m.