

## **Draft Recommendations for Public Notice & Comment** **Alaska Opioid Policy Task Force**

*a partnership of the Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Trust Authority, and Alaska Department of Health and Social Services*

The following are policy recommendations being considered by the Alaska Opioid Policy Task Force. These recommendations are derived from information provided to task force members by Alaskan and national experts, public comment at task force meetings and other forums around the state, input from local community heroin/opioid coalitions, research and evidence. They are organized according to a public health framework developed by the [Association of State and Territorial Health Officials](#).

### ➤ Environment Controls and Social Determinants

#### 1. Reducing and Controlling Access to Opioids

- Communities provide timely and convenient access to medication take-back programs statewide.
- Medical professional organizations convene together to develop prescribing guidelines with consideration of [CDC Guidelines for Prescribing Opioids for Chronic Pain](#) and clinical best practices.
- Local, state, tribal, and federal authorities work together to increase security measures to prevent importation of opioids (and other drugs) on bush airlines, small planes, ferries, boats, etc.
- The State of Alaska engages in continuous optimization of the [Prescription Drug Monitoring Program](#) to improve ease of use and incentivize participation by prescribers.
- All prescribers utilize the [Prescription Drug Monitoring Program](#) to the fullest extent possible.
- The Department of Health and Social Services analyzes data from the Prescription Drug Monitoring Program, as allowed by [SB 74](#), “for the purpose of identifying and monitoring public health issues in the state.”
- Public and private health plans reimburse alternatives to narcotic pain management.
- The [Controlled Substances Advisory Committee](#) is granted statutory authority to add substances of abuse to the controlled substances schedule by regulation, including emergency regulation, to allow the State of Alaska to react to public health dangers posed by synthetic and other emerging opioids and substances of abuse.

#### 2. Reducing Risk of Opioid Misuse, Abuse, and Dependence

- State and local authorities implement evidence-based policies promoting healthy childhood development, including but not limited to:
  - [Baby-friendly hospitals](#), which incorporate approaches to support mothers and infants in breastfeeding;

- [Nurse-family partnership programs](#), such as that provided for first-time mothers by [Providence Alaska](#); and
- [Prison nurseries](#).
- Health care professionals have access to information and tools to provide patient education on nutrition, as well as referrals to nutrition support programs such as WIC, SNAP, and local food pantries.
- State and local authorities implement evidence-based policies preventing and mitigating the impacts of [adverse childhood experiences](#), including but not limited to:
  - Nurse-family partnerships for first-time parents and at-risk families, to prevent child maltreatment and neglect;
  - Early childhood screening ([EPSDT](#));
  - Embedded [social-emotional learning](#) and [self-regulation](#) in K-12 education systems;
  - Programs that preserve parent-child relationships while a parent is incarcerated;
  - [Trauma-informed](#) education, health care, and juvenile justice systems; and
  - [Safe Baby Courts](#), a therapeutic court model for child welfare cases.
- State and local authorities implement policies promoting connectedness in families and communities.
- Local, state, tribal, and federal authorities work together to maintain and expand comprehensive school-based prevention programs.

➤ **Chronic Disease Screening, Treatment, and Management**

1. Screening and Referral

- Public and private health plans promote and reimburse [Screening, Brief Intervention, Referral to Treatment \(SBIRT\)](#) in all health care settings.
- Public and private health plans promote SBIRT and peer-supported referral to substance use disorder treatment after emergency admissions for opioid overdose.
- Public and private health plans reimburse clinical assessment of risk of abuse and overdose whenever opioids prescribed.
- The Department of Public Safety implements [Mental Health First Aid](#) and [Crisis Intervention Team](#) in the Alaska State Trooper Academy curriculum, so that troopers as well as local law enforcement and village public safety officers have access to evidence-based education and tools.

2. Treatment

- The State of Alaska adopts a “chronic disease management” framework for substance use disorder treatment policies and system reform.
- Alaskans have timely access to the appropriate level of care/treatment as close to the home community as possible.
- Medical professional organizations convene together to develop education (FAQs, etc.) and treatment guidelines for how to effectively treat patients who have become dependent on opioids.

- Health care professionals receive training on how to identify transition points for people in treatment for acute conditions, where it is appropriate to re-evaluate whether opioid treatment should be continued or other alternatives prescribed.
- The State of Alaska coordinates development of a comprehensive withdrawal management plan for providing detoxification and treatment in a variety of health care settings.
- All health care providers have access to up-to-date information – through [Aging and Disability Resource Centers](#), care coordination providers, [Alaska 211](#), or other resources -- about local behavioral health treatment services and recovery supports.
- Pain management specialists have information and tools, and are reimbursed, for screening patients for depression and other mental health disorders that may be contributing to or exacerbating conditions causing pain, and providing “warm hand-off” referrals of patients to appropriate mental health treatment.
- State and local authorities support effective implementation of [public safety assisted addiction and recovery models](#) (also known as the [Gloucester Model](#) of responding to individuals experiencing substance use disorders).
- Require substance use disorder treatment providers and programs licensed/certified by the State of Alaska to ensure that patients receive psychosocial treatment, if clinically indicated, along with [medication assisted treatment \(MAT\)](#).
- Public and private health plans reimburse the cost of medications used for MAT as well as the administration of the medication.
- Public and private health plans remove prior authorizations for MAT for opioid use disorder treatment.
- The Advisory Board on Alcoholism and Drug Abuse and partners convene a working group to review and provide revisions to the statutes for commitment of individuals incapacitated by drug and alcohol intoxication to treatment, with the goal of increasing utilization and access for appropriate patients.
- State and federal authorities work together to reframe existing treatment policies and practices to allow substance use disorder treatment providers to focus on managing withdrawal symptoms as well as detoxification.
- Alaskans in recovery from opioid and other substance use disorders have immediate access to treatment to prevent and/or mitigate relapse.
- Require all state licensed, registered, and certified health care professionals to have complete addiction medicine continuing education hours prior to each license renewal.
  - State and health care organizations partner to provide free or low-cost access to approved addiction medicine continuing education.
- Public and private health plans provide parity for inpatient and residential substance use disorder treatment.
- Public and private health plans offer and/or reimburse patient navigation services to assist people to access appropriate levels of substance use disorder treatment.
- State and federal authorities work together to expand access to [drug courts](#) and therapeutic justice alternatives.

➤ Harm Reduction

1. Overdose Prevention

- Public and private health plans establish or maintain systems to identify and intervene with high-risk prescriptions (frequent refills, large dosages, etc.).
- Public health plans shall reimburse cost-effective naloxone preparations.
- All prescribers utilize the Prescription Drug Monitoring Program to the fullest extent possible.
- Prescriptions and training for **naloxone** accompany all high-risk opioid prescriptions.
- Local, state, tribal, and federal authorities work together to ensure consistent, affordable access to naloxone and education on its use in the community for family/caregivers of individuals addicted to opioids.
- All first responders (EMTs, firefighters, police, etc.) are trained and equipped with naloxone.
- Education on administration of naloxone is included in basic CPR and First Aid Training curricula.

2. Syringe Exchange

- State, tribal, and local authorities work together to reimburse syringe exchange programs that provide disease prevention supplies and exchange, screening/testing for sexually transmitted infections (STI) where appropriate, referral to local resources for treatment, and arrange for safe disposal of used syringes and needles.
- State, tribal, and local authorities work together to Incentivize expansion of syringe/needle disposal services.
- State, tribal, and local authorities support partnerships between syringe exchange programs and treatment providers to take advantage of readiness when it presents.

➤ Recovery

- Support expansion of existing recovery networks to include people in recovery from opioid addiction, including those receiving MAT.
- Public and private health plans reimburse – and support providers to offer – peer support services.
- Local, state, tribal, and federal authorities work together to incentivize, educate, and support “second chance” employers (employers willing to hire people in recovery from opioid and other substance use disorders).
- Local, state, tribal, and federal authorities expand services for individuals in recovery who are re-entering the community from incarceration, to include supportive and transitional housing services.
- The Department of Corrections increases access to 12-step, other group recovery models in its institutions.

- Collaboration
- The Department of Health and Social Services and its partners identify and work together to address barriers to integration and coordination of care between prescribers and behavioral health treatment providers.
  - Health care organizations and licensing boards work together to establish professional expectations and accountability for prescribing and treatment practices.
  - Local, state, tribal, and federal authorities strengthen partnerships with public safety in community prevention efforts (prevention coalitions, school-based programs, etc.).
  - State and tribal authorities partner with community coalitions in evidence-based substance abuse prevention education and awareness efforts.
  - State and tribal authorities work together to mitigate the collateral consequences of incarceration for drug-related offences, to increase the likelihood that persons re-entering the community are successful.

Alaskans are invited to comment on these recommendations. Task force members are interested in how Alaskans think these policies might affect them, and whether they will be effective in their communities. Task force members are also interested in possible collateral or unintended consequences of these recommendations.

Alaskans can provide their comments by mail or email at the addresses below.

Alaska Opioid Policy Task Force  
c/o Kate Burkhart, Executive Director  
Advisory Board on Alcoholism and Drug Abuse  
431 North Franklin Street, Suite 200  
Juneau, Alaska 99801  
[Opioid@alaska.gov](mailto:Opioid@alaska.gov)

**Public comment must be received before 4:30 p.m. Monday, November 28, 2016.**

Individuals with disabilities who need special accommodations in order to provide comment should contact Kate Burkhart at 907.465.8920 or [kate.burkhart@alaska.gov](mailto:kate.burkhart@alaska.gov) no later than 4:00 p.m., Friday, November 18, 2016.