

Alaska Opioid Policy Task Force Meeting Notes

May 20, 2016

Dr. Jay Butler convened the meeting at 9:00 a.m. and task force members introduced themselves before starting the discussion.

Scope of Work

Task force members reviewed the initial scope of work. Several additions and changes to the topics areas to be addressed were suggested:

- a) Alaska law enforcement efforts to curb the importation of heroin into the state.
Comment: Should first responders be included in this area?
- b) Prescribing practices related to pain management and opioid medications.
Comments:
 - Include alternative methods of managing chronic pain (especially if the policy trend is moving away from opioid medications).
 - Explore different provider types' roles in prescribing opioids.
- c) Insurance and Medicaid roles in preventing and managing opioid addiction.
- d) Access to detox services.
Comment: First responders might fit better here.
- e) Prescription opioid drug misuse, diversion, and abuse.
- f) Improving the opioid treatment system in Alaska.
Comments:
 - Include complementing systems like:
 - maternal and child health, managing treatment services for pregnant women;
 - acute care and long term supports (psychosocial supports);
 - coordination of health care services (medical, clinical, psychosocial); and
 - services for high-risk children, youth (ADHD, severe emotional disturbance, etc.).
- g) Potential collateral public health concerns of opioid abuse and self-injecting drug use (Neonatal Abstinence Syndrome, HIV, Hepatitis, etc.).
- h) Harm reduction practices (e.g., access to naloxone, syringe and needle exchange programs).
- i) Public education and de-stigmatization.
Comments:
 - There is specific interest in learning about effective school-based education models.
 - Education for providers is needed.
 - There is a lack of equity across systems (how we treat people).

- Understand co-morbidities, social determinants of health.
 - Support groups for parents, family members provide a venue for education.
- j) Root causes of self-medication.
- Comments:
- One cause or path to prescription drug misuse/abuse is unintentional addiction from injury (youth, elders). We should explore the role of injury prevention.
 - Adverse Childhood Experiences and historical trauma are contributors.
 - Lack of equity across systems (how we treat people), co-morbidities, and social determinants of health also contribute.
- k) Any potential collateral consequences of policies considered by the task force.
- Comment: Include the impact of drug testing programs on clients of medication assisted treatment.
- l) Other areas identified by stakeholders throughout the process.

Meeting Structure and Work Flow

Task force members reviewed the [input from community coalitions related to priorities to be addressed](#). Access to the full continuum of treatment, addressing root causes of abuse and addiction, peer support and recovery supports, and public awareness and education were all ranked high priorities by community coalitions participating in the survey provided in May. It was agreed that the chairmen and staff would develop a draft schedule of topics for the meetings ahead.

The task force will meet by teleconference and videoconference every other Friday beginning June 10, 2016. The meetings will be from 9:00 – noon.

Data, Research, Resources

Task force members quickly reviewed the AOPTF website, which includes data and will provide a place to collect resources considered by the task force.

Communications and Collaboration with Communities

Task force members reviewed a [presentation about participatory planning](#) as currently implemented by the state planning councils for behavioral health. Task force members discussed how they could best engage with community coalitions and other stakeholders in between meetings. Having a draft of upcoming meeting topics will help task force members to solicit input and create ongoing communications.

The task force has a [Facebook Page](#) and a Twitter account (@AKOpioidPolicy). Members were encouraged to help develop the task force's social media presence as a way of connecting with more Alaskans.

Public Comment

Kara Nelson, Juneau

Thank you so much for taking this on. I know a lot of the people on the task force. I want to continue to focus on people with lived experience at the table as well as professionals. I want to make sure that it's recognized that federal recommendations that are evidence and research based are being made. We want to treat this like a public health issue, a disease (not "oh, you're better now"). Lifelong recovery is lifelong . . . I've been on buprenorphine for 2 years and in recovery.

We're dealing with complex issues. There are so many federal bills addressing opioids, it's an exciting time and things are changing every day. We're fortunate in Juneau to see the change. We are working together. It's hopeful. We need to do more, but we're working together. People call for help and need to know help is available. We need public education on what is long-term treatment, what recovery services are, etc. Young people in recovery are powerful organizations. We need 100 recovery residences around the state. I encourage the task force to look at the evidence based recommendations from the federal level. Thank you.