

Controlled Substances Advisory Committee

Date: Tuesday, November 14, 2017 from 1:00-4:00 PM

Location: Attorney General's Office, 1031 W 4th Ave
CDCO Conference Room, Anchorage, AK 99501

Chairperson: Robert Henderson (LAW)

Member in Attendance: Leonard (Skip) Coile (public member)
Dr. Alexander Von Hafften (Psychiatrist Designee)
Sandra Aspen (telephonic)
Eric Jewkes (telephonic)

Public in Attendance: Caroline Schultz (Office of the Governor - telephonic)
Andy Jones (Dept of Health and social services, Office of Substance Misuse and Addiction Prevention "OSMAP")

Secretary: Shiloh Werner

Agenda

- ❖ Approval of Minutes from August 17, 2017
- ❖ On-going discussion regarding NGA and Opioid Use Treatment for Justice-Involved Populations
- ❖ General Discussion
- ❖ Public Comment
- ❖ Next Steps / Next Meeting

Approval of Minutes

The minutes from the meeting held on August 17, 2017 are unanimously approved by the committee.

Update on SB54

SB54 has passed the senate and is now with the governor for his signature. SB54 schedules tramadol and "pink". It also includes a provision, called the "sober law", which gives the court the authority to order people to be held in Department of Corrections (DOC) custody and unable to make bail until they are sober. Sober is defined as being below 0.08. The "sober law" only addresses alcohol, not controlled substances, because it the only thing they can realistically measure and test in the field.

Public Safety Action Plan

Mr. Henderson provides the committee with information on the State's new Public Safety Action Plan. This is an overarching plan for the state, addressing the criminal justice system and its intersection among various agencies. Of particular interest to this committee, this plan includes the creation of a statewide drug prosecutor position. This prosecutor will work mainly with the Alaska State

Controlled Substances Advisory Committee

Troopers (AST) drug unit, and handle big drug cases statewide. There will be a creation of stand-alone high intensity drug trafficking areas (HIDTA).

Office of Substance Misuse and Addiction Prevention (OSMAP) – Guest Representative, Andy Jones

Governor Walker would like to continue the work of OSMAP. For the last eight months, OSMAP has been in the “response phase” of things and working at plugging the holes. They are trying to understand where we as a State need to build capabilities. They have identified a lack of peer recovery and support in the community. The State is seeing relapses, in part, because of the lack of connect within community. OSMAP will be working on a long term plan that includes what can be done by both the State and the community.

Mr. Henderson asks, do you think it will address the suboxone issue? Mr. Jones responds that it may because it would be beneficial that all related issues are covered. They plan to talk to people across the state and then put together an interdisciplinary group that can hash things out and work to create a final document outlining their strategic plan. Mr. Coile - what are you goals and objectives? The primary goal is to “get this fixed”. There are ten objectives listed in our action plan. Mr. Henderson points out that it is important the committee makes sure their efforts don’t overlap what is already being done by OSMAP. Mr. Jones agrees to share more information with the committee and connect us with those involved. OSMAP is now getting to the hard part - how do we build and enhance a system? They have given themselves a timeline till February, which is an aggressive plan.

Creation of a Strategic Plan

Mr. Henderson comments that this committee has struggled with how to pick up this torch of ‘creating a strategic plan’ for the opioid problem and the criminal justice involved population. Mr. Jones adds that OSMAP struggles with this as well. It’s about bringing these puzzle pieces together, getting all the players together in one room and creating some sort of plan. It’s very much about establishing partnerships across different disciplines and stakeholders. Ms. Aspen adds that she was hoping to have probation present at our meetings because there are side problems with addiction – so there is a lot of crossover of who needs to be involved: doctors, nurses, probation, etc. Yes, Mr. Jones responds, we need that “warm hand off” which is essentially the idea behind establishing some sort of peer support in the community. Mr. Henderson wonders, what can this committee do to support OSMAP’s efforts? Mr. Jones responds that the committee is advisory and already made up of an interdisciplinary group of people, so it would be a great group of people to run ideas by. That meets one of the challenges OSMAP currently faces – collective feedback from all the different agencies in which these topics intersect. Mr. Henderson gives the example of involving law enforcement with health agencies in an effort to divert people out of the criminal justice system. Can we get law enforcement the authority to divert people right into treatment as opposed to taking them in to custody? There would likely be pushback to this model. Chief Jewkes adds that the model in Mr. Henderson example seems like it is missing the consequence piece. Mr. Jones proposes that risk reduction housing could be a diversion option. Mr. Coile wonders, if you don’t take them to jail and instead you take them to a facility, how do we keep them there? So with that in mind, is it really effective? Ms. Shultz reports that there exists an inventory of Division of Behavioral Health’s substance use disorder treatment facilities. It is available on their website and continually updated so it is current. The link to this inventory will be provided to the committee.

Controlled Substances Advisory Committee

On the topic of building peer support within the community, Mr. Jones says that he has heard of the difficulty of having record of a felony charge attached to you, even if you have since “gotten clean”. Did SB91 allow for some felony drug offenses to be reduced to a misdemeanor? Mr. Henderson responds that when you reduce something to a misdemeanor it takes away the “state supervision” element. Only felony charges will allow for that type of supervision. SB91 expanded on something called Suspended Entry of Judgment (SEJ) in which you are required to do everything that a felony charge warrants, however, the judgment of your felony is never filed so the case is essentially dismissed after a certain period. Another thing being explored is an expungements statute - which is when the prior charge or conviction is taken completely off record. So someone could come and say “hey I completed treatment, I am clean, I am doing good things in the community, can I get my criminal record and history expunged?” Mr. Jones adds these are good ideas because those who are doing the right things and getting clean, etc. express frustration with having that felony conviction tied to them. If they could have it removed that could be a good motivator. Mr. Henderson adds that the difficulties are in the definitions. Which charges would apply? What defines whether or not someone is now treated? Mr. Jones agrees. If we went down that route this committee could be a great resource for discussing these issues because it crosses so many different disciplines.

General Discussion

Department of Corrections

When we left our last meeting we were still trying to acquire information from which we could help DOC create some sort of strategic plan. DOC is not present, and neither is a mental health trust representative. Without those parties present, discussion on that topic will be on hold for today.

Medicaid Coverage for Inmates Upon Re-entry

Mr. Coile asks after the question posed by the committee at their last meeting regarding Medicaid coverage for inmates upon their release. What was found is that all inmates are eligible to sign up for Medicaid, but are not eligible to receive it until they are outside a corrections facility. DOC and HSS is implementing a new process to aid in inmates receiving Medicaid coverage upon release so they can get right into treatment, etc. Mr. Jones adds that this is what the community peer process is designed for - helping people do these sorts of things. A medical professional is not required for this process so a peer in the community could assist in getting through the paperwork for Medicaid coverage.

Moving Forward

Mr. Henderson asks the committee, what else, what next steps do we want to engage in as a committee? Mr. Jones offers to bring in people from OSMAP to discuss ideas with the committee due to its interdisciplinary makeup. Which models does OSMAP want to implement? That’s the primary question. Mr. Henderson wants to know what the committee thinks. Do we want to come up with our own strategic plan or hear from people and help OSMAP with their strategic plan? Mr. Jones adds that OSMAP has resources to bring people in. Chief Jewkes agrees as long as this doesn’t add another layer for the OSMAP and cause problems for them. Dr. Van Hafften agrees, this is really good news. This is what the committee has been talking about – whether or not we as a committee should be creating this

Controlled Substances Advisory Committee

overarching strategic plan. He is very interested at looking at the strategic plan that OSMAP is planning and provide a place for discussion and ideas. One key thing Dr. Van Hafften would like to explore is - what will make it sustainable? We don't want to end up as a State slipping backwards. Mr. Jones is in agreement. The sustainability factor is huge, and we need to look to the community and build from the ground up. These drugs for recovery can be very effective but they need the accompanying treatment and plans in place. It's easy to prescribe, but it's a whole different issue to provide the monitoring, peer assistance, housing, etc. There is no single pill that will fix this problem. We need a comprehensive plan. Mr. Jones agrees and adds that it is also important to provide education to the community on these topics. There is stigma associated with using as well as the treatment. There is a lot of confusion out there on these topics. We need to talk about and explore establishing public/private partnerships. That will help create sustainability. Mr. Coile reminds the committee to not lose focus on enforcing the law and taking drug dealers off the street. He does not want to lose that focus and it is important to be supporting law enforcement's efforts. We as a committee do not want to put more burdens on our law enforcement. Mr. Henderson adds that this is where the HIDTA can help us.

Next Steps / Next Meeting

Connect our committee with OSMAP. The next step for OSMAP is the identification of stakeholders. That is something the committee can help with – identify the stakeholders in aid to the development of this strategic plan. The committee is in agreement to this. Mr. Jones agrees to give the committee all the necessary information so that they can be informed walking in to their next meeting and have a productive discussion.

Public Comment

None.

Last Thoughts – Kratom

There is a new drug being discussed among law enforcement – kratom. Does anybody in this group know about this drug? The committee is not familiar with it. Mr. Henderson anticipates the committee will be hearing more about. It will be put on the next agenda as something the committee should look at for recommendation of being scheduled. It is not a federally controlled substance yet.

ASSIGNMENTS

- ❖ **Connect with the Office of Substance Misuse and Addiction Prevention.**

Next Meeting: Tuesday, November 28th @ 1-4 PM

Primary focus will be to discuss stakeholders in the development of a strategic plan and identify how the committee can assist.