Controlled Substance Advisory Committee

Date:	Tuesday, August 4, 2015, 9:00 AM – 12:00 PM
Location:	Attorney General's Office, 1031 W 4th Ave, Room 501, Anchorage, AK 99501
Chairperson:	Robert Henderson (LAW)
Member in Attendance:	Leonard (Skip) Coile (public member) Major Dennis Casanovas (DPS) Dr. Jay Butler (DHSS) C.J. Kim (Board of Pharmacy) Dr. Alexander Von Hafften (public member) Eric Jeweks (telephonic) Sandra Aspen (telephonic) Stacy Kraly (telephonic)
Public in Attendance:	Mary Geddes Brian Howes
Presenters:	Dr. Jay Butler
Secretary:	Shiloh Werner

Handouts

- Bulletin regarding Heroin
- ASPE Issue Brief
- Alaska Statues on Controlled Substances
- Ms. Geddes' – News Article
- Ms. Geddes' – Senate Bill 23
- Dr. Butler Powerpoint – Health Effects of Heroin Use in Alaska

Agenda

- Approval of Minutes from June 17, 2015
- Heroin Use in Alaska –Health Impacts Update – Dr. Jay Butler
- PDMP Grant Update – Dr. Jay Butler
- Controlled Substance Schedules – General Discussion (AS 11.71.140-.195)
    - NAMSDL Comparison Analysis of Alaska Schedules
- Next Steps/Next Meeting

APPROVAL OF MINUTES

The minutes are approved with the addition of further clarification regarding voluntary versus mandatory use of the Prescription Drug Monitoring Program.

HEROIN USE IN ALASKA

Presentation – Dr. Jay Butler

Dr. Butler, through the use of a powerpoint presentation, relates to the committee some numbers and research in relation to an increase in heroin use and prevention. Heroin use has seen its biggest increase among ages twenty-one to twenty-nine, and of that age group, the increase has been greater among women than men. Hepatitis C among women is on the rise, and deaths related to heroin use have tripled. These are statistics that are mirrored nationally. The driving force behind the increase in heroin use is up for debate. Opioid use and economics are among those forces that are being considered.

Relation between Opioids and Heroin Use

Mr. Henderson wonders even if the root cause of an increase in heroin use is up for debate, is there a debate whether opioid use is directly related to heroin use? Dr. Butler responds that there is evidence of this relation. Forty-Five percent of those who use heroin previously used painkillers; thus making it difficult to argue that no such link between opioid use and heroin use exists. Dr. Butler expands further on the relation between opioids and heroin use, citing an article in Sports Illustrated as an example in which young athletes with injuries turned to painkillers, and then to heroin use. This trend began in the nineties during the introduction of heavy painkillers to the market.

The Prescription Drug Monitoring Program as a Prevention Tool

Dr. Butler's presentation included a three part goal in regards to heroin use: Prevent, Reduce and Reverse. Dr. Butler believes that the Prescription Drug Monitoring Program (PDMP) is an important component to preventing pain killer abuse. Ms. Aspen wonders if providers are becoming more cautious about prescribing painkillers. This caution is being seen in Cordova. Without health insurance, people turn to heroin as a cheaper option. Painkillers are "cheaper on the streets". Dr. Butler responds that providers are aware that painkillers are being abused, and there is an increased awareness of what is necessary to prescribe. One tool among providers is something called **naloxone**. If made more available, naloxone could help decrease the amount of opioid related deaths. Naloxone is in the form of either a nasal spray or an injection and is relatively safe. It is currently being used in Alaska, particularly among EMS providers. Nationally, people in law enforcement and school nurses are trained to administer naloxone. Major Casanovas asks if you are given naloxone, how long till you need access to medical care? Dr. Butler answers that you have 30-45 minutes, but can be administered additional doses if necessary.

Three states have seen success through PDMP use: New York, Florida and Tennessee. These examples of success bring the committee's discussion back to previous ones regarding mandatory registration of providers to the PDMP program. Dr. Butler endorses the registration process as easy. He reports that it took him seven minutes to register. Dr. Von Hafften adds that registration can be made even easier by linking it to medical licensing. Dr. Butler is confident that there is funding federally available for use in expanding and improving PDMP programs such as ours in Alaska.

The Opioid Problem

As a group, the committee members agree that there is an opioid problem. The next step is to determine what this particular committee can do about it. Thus far, the committee has identified four areas in which they can provide assistance through the already established PDMP:

1. Support for the sending of unsolicited reports from the PDMP

2. Management of the PDMP in regards to access and delegation of accounts
3. Mandatory enrollment in the PDMP
4. Mandatory review before prescriptions are dispensed

Mr. Henderson tasks the committee with moving forward and determining how to take action. According to the statutory language that makes provisions for the Controlled Substance Advisory Committee, the committee is allowed to make recommendations to the Board of Pharmacy and any agency handling controlled substances. The committee will need to identify the players involved in order to make the changes they believe are necessary.

Dr. Von Hafften believes that the mandatory review before prescriptions are dispensed for each patient is where we would see push back from providers. There is so much stress concerning volume output that it is imperative to make sure the process is easy as possible. Unsolicited reports are no brainers, and users should all be required to register – but how do we make all these things easy? Ms. Aspen offers an example of how the processes the committee proposes could be difficult in smaller communities with non-permanent providers. These non-permanent providers are in a community for only 2-3 weeks. Mr. Howes offers to the committee that by allowing for delegated access, the mandatory review process could be made easier for providers. Doctors could have their nurses check the PDMP prior to meeting with a patient. The statute concerning the PDMP database is 17.30.200, and that is where the changes would need to be made.

The next step in taking action is to get the legal expertise together and figure out how all this can work. Representatives would be necessary from Health, Commerce, Law, etc. Mr. Henderson suggests a sub-committee be created to tackle these goals. He wants to ensure the committee acts. Major Casanovas poses a question to Dr. Butler concerning gathering updated numbers as we move forward. Is it possible to refresh hospital statistics so we have current figures to work with? Dr. Butler says yes, this is something that he would like to see, but it comes down to a resource problem and whether or not they can obtain the grant money to take on such a review. Moving forward, Mr. Henderson would like to see how individual agencies will respond to the committee's ideas and work on drafting what these changes will actually look like on paper. A sub-committee to tackle the task of drafting these changes is established: Dr. Butler, Dr. Von Hafften, Mr. Kim, and Mr. Howe as a consulting member.

GENERAL DISCUSSION

Controlled Substance Schedules

Mr. Henderson shares with the committee a recent meeting with the DEA regarding their diversion program. DEA reports that Alaska is still an active base for their diversion program, working out of Seattle.

NAMSAL Comparison

NAMSAL conducted an analysis of Alaska's schedules versus Federal schedules and provided the committee with a breakdown of that information. Do we believe as a committee that the current Alaska schedules are inadequate to control substances within the state? Per the example from the previous meeting regarding tramadol, there have only been 21 submissions (3 per year) of tramadol to the State Crime Lab reports Major Casanovas. Mr. Henderson wonders if tramadol interactions are higher in the field than what we see in the Crime Lab's numbers. Major Casanovas responds that that would be fair to say. There are challenges to positively identifying particular drugs while in the field. Mr. Henderson

wonders if there are other drugs that the committee sees, like tramadol, that are not currently scheduled. Is tramadol something we want to recommend become a scheduled drug? Are there others? Do we recommend the revision of the controlled substances? This is a large question. We should possibly table this discussion for now while the committee works through other issues such as moving forward with the PDMP.

House Bill 51

Dr. Von Hafften renews the discussion of the committee on whether the process for scheduling a drug should be statutory or regulatory. It is a major point that we should focus on, not necessarily individual drugs which can change every day. Dr. Butler concurs. Our current scheduling is not agile. Mr. Henderson recommends that the committee recommend tramadol be scheduled, and simultaneously look toward how we revise our current scheduling system so that it can quickly respond to new drugs. House Bill 51 is currently up for review and it includes tramadol. Feds have tramadol under temporary authority as schedule IV and the bill would add it to Alaska's schedule 4A. Major Casanovas wonders if because there is already a bill underway, would it be more advantageous for the committee to throw their support behind a bill currently up for review as opposed to drafting something new? Mr. Henderson suggests that at our next meeting we take a vote on whether or not the committee would like to support the House Bill 51. Dr. Von Hafften brings to the committee's attention that providers are not aware that tramadol is a problem. Ms. Geddes offers to pass along information to the committee regarding HB 51 so that the committee can make an informed decision on whether or not to put their support behind it.

Controlled Substance Treatment

Major Casanovas returns to the previously mentioned drug naloxone, and whether or not the committee is in a place to recommend its use and availability to the appropriate parties. Dr. Von Hafften allows that naloxone could be within the scope of the committee in regards to its use as a controlled substance treatment. Mr. Henderson notes that we could do so only in an advisory capacity.

Dr. Von Hafften asks if we can discuss substance treatment options. Mr. Henderson wonders how would that topic be tackled, and how would the committee gather the necessary information? There is concern for putting our fingers in too many things at once. There is no sunset to the committee so it is something that could be tackled in the future, but tabled right now for the sake of moving forward with our current goals.

Major Casanovas wonders if there is someone who could present to the committee next meeting about possible treatment options in an effort to inform the committee on what options, waitlists, etc. that exist out there. This could help the committee decide on whether or not it is something the committee feels they have a responsibility to address. The committee is in favor, but Mr. Henderson poses the question – who would we reach out to? The committee should not limit themselves to only those in the criminal justice system but look outwards to the private, non-profit sector. Ms. Geddes says that the Criminal Justice Commission would be interested in the same information. Is there a timeframe that could be posed for our current projects so that we can be sure to address these other issues asks Dr. Von Hafften. Mr. Henderson responds that the committee be active and move forward. Making changes to the PDMP status quo is a very big issue, and treatment could potentially be another very large issue. What we need is to gather information necessary to be able to move forward treatment just like we have been doing with the PDMP.

ASSIGNMENTS

- Sub-Committee established. Dr. Jay Butler, Dr. Von Hafften, C.J. Kim and Brian Howes as a consulting member. Work forward on a "white paper" version for moving forward with a working draft of a legislative suggestion with the intention of it being edited and adopted by the committee as a whole. Identify the stakeholders in moving forward.
- Determine if there is someone who could present to the committee regarding the current state of substance abuse treatment options and capabilities. Bring in the Criminal Justice Commission.
- Mary Geddes will forward information to the committee regarding Tramadol and HB 51.
- Regulatory versus statutory issue of scheduling drugs – Rob Henderson and Stacy Kraly.

Next Meeting: Scheduled for Monday, October 26 from 1-4 PM