Controlled Substances Advisory Committee

Date:	Wednesday, August 2, 2017, from 2:30-4:30 PM
Location:	Attorney General's Office, 1031 W 4th Ave Conference Room 502, Anchorage, AK 99501
Chairperson:	Robert Henderson (Chairperson, Deputy Attorney General Criminal, LAW)
Member in Attendance:	Leonard (Skip) Coile (public member) Lana Bell (Board of Pharmacy Designee) Dr. Alexander Von Hafften (Psychiatrist Designee) Major Andrew Greenstreet (DPS) Dr. Jay Butler (Chief Medical Officer and Director, DHSS) Deputy Chief Eric Jewkes (FPD) Dr. Larry Stinson (Physician Designee – telephonic with Jill Green)
Public in Attendance:	Caroline Schultz (telephonic) Dean Williams (telephonic, Commissioner, DOC)
Secretary:	Shiloh Werner (LAW)

Handouts

- Minutes of March 2, 2017 Controlled Substances Advisory Committee Meeting
- Expanding Access to Opioid Treatment for Justice Involved Population
- Learning Lab Key Content Takeaways
- NEJM 2016 Naltrexone After Prison Release

Agenda

- Approval of Minutes from March 2, 2017
- Legislative update (SB74, HB159, and HB24) – Dr. Butler
- National Governor's Association Learning Lab regarding Opioid Use Treatment for Justice Involved Populations – Caroline Schultz
- General Discussion
- Public Comment
- Next Steps / Next Meeting

APPROVAL OF MINUTES

The committee reviews the minutes from the last Controlled Substances Advisory Committee (CSAC) meeting held on March 2, 2017. Dr. Butler reviews his statement on page 3, 4th paragraph, 2nd sentence. He clarifies that he intended to ask if Dr. Stinson thought receiving periodic reports would be helpful, not if he currently received period unsolicited reports from the Prescription Drug Monitoring Program (PDMP). At the time of the meeting, such reports were not in operation. The minutes are updated in order to reflect that clarification. The committee unanimously approves the minutes with the update to Dr. Butler's statement.

Legislative Update (SB74, HB159, and HB24) – Dr. Butler

Dr. Butler provides the committee with an update from the Legislative Session. SB74 included all nine improvements to the PDMP that were recommended by the committee. Most took effect a couple of weeks ago. There are discussions on what information is getting out from the PDMP and with the Department of Commerce and the Board of Pharmacy on the resources they can bring to bear to get the changes out in the PDMP. There is to be a review of the PDMP, starting with a qualitative analysis. It will reach out to providers and pharmacists with the aim to improve the PDMP and be able to share those results with this committee.

SB91, not listed, established the authority for the standing order on naloxone. HB159 was the governor's opioid bill. It includes provisions related to the PDMP such as increased reporting by pharmacies a year from now. HB159 also gives authority to the Board of Pharmacy to issue unsolicited reports. What has been done in Massachusetts will serve as a model for these annual reports.

HB24 classified U-47700 ("Pink") as a scheduled IA controlled substance and tramadol as a IVA controlled substance. Passed house and senate and is sitting in concurrence.

Mr. Coile asks if the PDMP is in force and Dr. Butler responds yes. Mr. Coile asks whether instruction booklets have been provided. Dr. Butler responds that yes, they have come out from the Board of Pharmacy. Mr. Henderson wonders about the discussion to add another position for the operation of the PDMP. Ms. Bell responds that the position was created, recruitment was done, but there were no qualified applicants in the pool. It has been posted three times and no qualified applicants have resulted. They are reconsidering other approaches to recruitment that may result in the desired applicants.

National Governors Association Learning Lab Regarding Opioid use Treatment for Justice-Involved Populations – Caroline Schultz

The Opioid Task Force was given a grant to attend the Learning Lab Regarding Opioid Use Treatment for Justice Involved Populations. Members of that task force attended and in that Learning Lab they discovered that the one committee that has the makeup and long term view to meet the challenges presented is the CSAC.

Caroline Schultz provided a handout summarizing the takeaway from the Learning Lab. The attendants learned how some drug courts and corrections system use 'medication assisted treatments' (such as soboxone and vivitrol). They learned about some of the successes and some of the failures of integrating these treatments into the system. Here in Alaska we only have state correctional systems so we have the ability to make a large impact. A key challenge to Alaska is a lack of strategic coordination between agencies on addressing opioid misuse among justice-involved populations. A big portion of those dying from opioid overdoses spent time in the Department of Corrections within the past year, during which time they may have been reached. The attendants of the learning lab suggest that this committee take on the task of providing state-wide recommendations for policy alignment among all the different state agencies.

Dr. Butler describes why the Task Force itself wasn't the best place for this task. The incident command structure is more focused on short term, immediate problems. This committee is more

focused on the long term solution and may be the best venue to continue these conversations and to sort out issues combining justice with treatment. Mr. Henderson adds that our purpose as laid out in the statues is exactly that. Research shows that the justice-involved population and those at risk for opioid abuse are very closely aligned. Mr. Williams, Commissioner of the Department of Corrections (DOC), gives an example of why he hopes the committee might see this opportunity to be the vehicle for strategizing how the state can approach medication assisted treatments. There exists a tension between medical assisted strategies, such as methadone/suboxone versus vivitrol. There is a place for both strategies. DOC really hopes that this committee can be a place for some really good discussion on how to proceed with dispensing which drugs for medical assisted treatments and develop some sort of strategy. The goal is to deal with the opioid process and not undermine existing or potential medical assisted strategies. Additionally, some of the drugs used for medical assisted treatment end up being sold by inmates.

General Discussion

Mr. Henderson opens up to the committee, what are their thoughts? Do we want to take up this challenge? Mr. Coile asks if we can mandate a medical assisted treatment program within DOC? Mr. Henderson responds that it has to be voluntary but potentially could be made part of probation or parole conditions. Mr. Williams adds that that is where we really need to walk through and be careful not to exacerbate any problems and those are exactly the discussion points he hopes the committee will take on. Dr. Van Hafften adds two things. First, there needs to be an action step. Secondly, coordination and looking at information within various areas where the individuals are moving in regards to public safety and public health. We must begin the conversation with what statutory authority exists for this group to move in that direction. CSAC has 8 recommendations they can address. He thinks it is very important that there be an assessment of resources and coordination to determine what capacity we have. Mr. Henderson adds that there are a lot of people talking about these issues and this group is a good place to centralize these conversations.

Ms. Bell is supportive of the idea of helping an individual while they are in the justice system because it is really hard to follow them after. Can we make a person follow up? Can we make it a condition of parole? Lots of potential for diversions, so there is going to have to be a lot of discussions. What is the best approach? Is there an end date? Is the state obligated to follow this person? Mr. Henderson has three steps in answer to these questions. First, DOC could provide medication assisted treatment in custody. Secondly, the individual could be transferred to a community provider after in which they move in a sort of a step-down program. Thirdly, drug and therapeutic courts could act in a supervisory role with a presentencing posture in which they have the person attend treatment and services and the judge is there to ensure the person is moving towards the goal that has been set for their treatment. Mr. Williams adds that what he is looking for is good counsel and energy from this committee to help us get to this place. We need this process. We need a thoughtful and logical process instead of setting up a whole lot of “Soboxone clinics” and have people handed 30 day prescriptions and just see what happens.

Dr. Butler responds to a question by Dr. Van Hafften on what the Department of Health might like to see from this committee. He would like to review data. These are good questions and there are similar issues among the states so it is necessary to do our research. He outlined three important issues to be considered.

1. Do the benefits and risks balance well?
2. What is the endpoint, are there any clearly defined endpoints? When do you determine that someone is no longer addicted? What are the criteria? There are many components – situational, social, and psychological. Is it on the user? Do they have the ability to stop by their own desires?
3. Policies and coordination within the judicial system. What drugs are used?

The committee asks for a definition of the challenge they are being asked to take on. Mr. Henderson says it would be to have a statewide coordinated response to substance abuse treatment for the justice-involved population. This would involve:

1. Coordination across state agencies and government branches.
2. Substance abuse treatment aspect, rehab - who gets it and how they receive it.
3. Limit it to the justice involved population, which includes those coming into contact with the criminal justice system.

Mr. Coile adds "aren't there other methods other than drugs?" Comprehensive, biological and non-biological intervention is best responds Dr. Van Hafften. Therapeutic courts are more effective and cost effective dollar for dollar than other criminal justice programs being used. They provide for treatment, housing, better plea deals and a treatment path. If we have policies in place for those things, we need a coordinated response statewide. Therapeutic courts produce accountability to the person who is going through them - it is not a free ticket. There also tends to not be a long time delay between an act and some sort of intervention. The therapeutic court is just an example of this comprehensive biological and non-biological intervention. Ms. Bell adds that we would need really well defined goals in order to be effective as a committee. Mr. Henderson agrees and adds that this committee can provide a centralized place for coordination.

Dr. Butler wishes to also add to Mr. Coile's statement of "aren't there other methods other than drugs?" He has three points. First, a comprehensive treatment plan is needed, taking into account underlying conditions. Secondly, there needs to be transitions in care so that people don't fall through the cracks. Thirdly, treatment needs to be ongoing. How long needs to be discussed. We can't just hand out drugs. That does not solve any problems and may make it worse. It's going to come down to different needs for different people.

Dr. Stinson adds to the discussion in regards to specific drugs. Which ones are being used, which ones are recommended? Providers have different opinions about what to prescribe, the method, and the treatment plan. DOC currently makes people go cold turkey. That is why a comprehensive approach is a no brainer. We don't currently have it and they want it. DOC does not want to replace one addiction with another. There is no plan right now. Mr. Williams adds that this is exactly what he needs. Discussions and direction on what the DOC should be doing. There are so many moving pieces and he hopes the committee takes up these questions so that they can provide DOC and others structure on how to deal with these issues. Guidance is needed and wanted.

Ms. Bell wonders if DOC has a psychiatrist on staff? Dr. Van Hafften responds that they do. They have a medical director, behavioral director, and psychiatrist. Ms. Bell wonders if they have these positions, why do they need us? Mr. Henderson responds that the need is for the whole justice process - the reach goes much further than DOC. The big overarching question is a logical extension of criminal

justice reform adds Dr. Van Hafften. Mr. Henderson adds that the criminal justice commission has a very large commission and they have not identified what we are discussing as something they wish to address (treatment, reinvestment, etc.). We could be an asset to them in that regard and offer our committee's recommendations. Learning Lab stressed the need for a consistent goal and communication among all the agencies and peoples coming in to contact with the justice-involved population and Mr. Henderson thinks this is where the committee can insert itself. Ms. Bell is concerned about what we as a committee can do. It is a deep subject and we are of a limited scope. Mr. Coile reminds that we are only in a position to make recommendations. Decisions will be left to individual agencies. Dr. Van Hafften adds that there is really nothing to say yes or no on at the moment. There are a lot of different things being talked about and we need to clarify what it is that is being asked and how it relates to our statutory authority and then flesh it out from there. There are systems related issues. We as a committee can provide a **systems plan** not an individual treatment plan. If we are going to accept this challenge, we need to articulate it and then figure out how to proceed. There are additional people we need to hear from.

The committee is in agreement that a meeting should be held to develop and clearly articulate the goal and objectives before making a decision to move forward.

ASSIGNMENTS

- **Invite the Department of Corrections Medical Director to attend the next meeting.**

Next Meeting: Thursday, August 17 @ 1:00 PM – 3:00 PM