

THE LAKE AND PENINSULA SCHOOL DISTRICT
Work Session AGENDA
March 16, 2017, 9:00 AM

Agenda

1. **BBNC Welcome**
2. **Budget Review**
3. **Memorial Policy Discussion**
4. **Safety**

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Bristol Bay Drug & Opioid Task Force

Meeting Minutes

2/10/2017

Attendees:

Ralph Anderson-BBNA
Tom Tilden – Curyung Tribal Council
Dee Bennis-BBNA
Andria Agli - BBNC
Lucille Johnson-BBNA
Cheri Johansen-Jakes Place
Joe Chythlook - BBNC
Norm Van Vactor - BBEDC
Char Lopez-BBEDC
Rex Spafford- State of Alaska Adult Probation
Wendy Kannonberg-BBAHC
Carol Wren-BBNC
Beverly Heyano – Community Member
Frank Woods III-BBNA
Emil Larson-BBHA
Greg Maxamillion-SAFE
Dorothy Larson-Curyung Tribal Council
Sarah Kolbe-BBAHC
Nina Corbett-Youth Corrections
Esther Floresta-Youth Corrections
Gina Carpenter – Public Health
LouAnn Backford
Jane Gottschalk

WELCOME & PURPOSE

Ralph welcomed everyone and gave everyone an opportunity to introduce themselves.

Ralph shared information about the Bristol Bay Partners Group started in 2005. The Five (5) Chief Executive Officers of the BB organizations attend the meetings. They organized to address issues we have in common across Bristol Bay. Some results of those meetings include the creation of a Community Action Summit in 2005, Job Action Summit, and the Bristol Bay Regional Visioning Project, which organized community leaders to guide what we envision for Bristol Bay.

BBNA signed Resolution 2016-15 calling to address the opioid addiction crisis, the Bristol Bay Partners met the BBNC Leadership Forum in December 2016 and agreed to come together to start this Drug and Opioid Task Force.

Ralph shared that with this drug and opioid issue there has been an increase in deaths, alcohol and drug related deaths, its impacting individual community members economically with organizations in our community who find it harder to find qualified workers due to this addiction.

Ralph shared the goal is to consolidate efforts and address this issue in unity together. In the past the BB Partners group has addressed many big projects and we want to work together to address this drug and opioid issue. While there are statewide organizations doing similar work and they can be a resource to us, we want to focus on Bristol Bay and what we want to do.

Ralph asked the other leaders of the Bristol Bay Partners group to share their thoughts on the creation of this task force.

Joe Chythlook shared that every year, BBNC hosts shareholder information meetings across the region. There has been an outcry from shareholders to address this Opioid drug issue and as a result the board members have directed CEO to become a part of the solution this issue. Management staff of BBNC are committed to participate. BBNC wants to work together to address this big challenge, that we all know don't have easy answers. Final product will be a result of us all working together.

Norm Van Vactor shared similar comments to Joe. Norm shared that BBEDC is charged with economic development and support and unless we have a healthy society, their objective is hard to achieve. Our communities need to feel like we can live safely. He sees frequently that people come to work with concerns about the impacts of drug use. This is a problem plaguing society in general and it feels very dramatic here in Bristol Bay now too.

Emil Larson shared that BBAHC is dealing with the impacts of this drug/opioid issue on a daily basis on their properties. They have installed game cameras on properties. They are finding syringes on playgrounds and they know this needs to be addressed.

Dr. Horan from BBAHC shared thoughts on an article from a psychiatry study. In the study the focus was on military members who came back to the US addicted to heroin. Many came back addicted with little treatment when they came home. 90% became drug free when they came back. The issue was "access" in to the drugs when they were serving in the military abroad and when they came back home, it wasn't as accessible which helped them with resolving their addiction. He also shared it is more than just a health issue.

Ralph closed his comments with encouraging the task force to stay focused on the region. Emphasize that the task force is open – all those who want to participate are welcome. This drug/opioid addiction problem is much bigger than just 1 organization can handle. We look at using our collective resources to help the project succeed.

TASK FORCE STRUCTURE

Ralph encouraged that we move to the agenda item of forming the Task Force structure – including selecting a Chair, Co-Chair, and Committee Leads. Ralph asked for volunteers for chair.

Greg Marxmiller nominated Tom Tilden – Tom accepted. Ralph asked for volunteers for Co-chair. Carol Wren volunteered.

Tom Tilden took lead of the Task Force and shared that we know we have users of drugs and we are feeling the impacts with crime, with illness, with death. He shared that recently there was a showing of a movie about opioid addiction and the impacts to children, to families etc. This has both community and personal impact on us all.

Tom shared a sample Action plan he created for the task force outlining goals, membership, budget and timeline. He encourages that we have make sure to invite a recovered or recovering opioid user to participate in the task force. He asked that we go around the room and gather everyone's ideas and thoughts about solutions and challenges the work of the task force.

TASK FORCE MEMBER IDEAS AND THOUGHTS

DeeDee Bennis shared that we really need to own the work of this task force region wide. She shared that Naknek recently had a community meeting, led by Dan Ohara. She shared that Togiak has a very active wellness committee and they meet with their Tribe and Law Enforcement. We need to reach out to our all our Bristol Bay communities.

Andria Agli shared that she agrees with Dee Dee in reaching out across our villages in Bristol Bay to be involved. Another village to include is Illiamna. They are served by different airlines and they are part of our region. Encourage having a Trooper involved in this task force. There are many ways that the drugs are getting here. A trooper can give more insight to how drugs are getting in. She suggested we also include Transportation & Airline representatives on the task force to engage with how the drugs are getting in. Also looking at barge service with influx of people during certain times of the year.

Cheri Johansen shared that we need to be aware of the fact that behavioral service are not free and Medicaid may be going away. There is a lot of stigma people feel with their drug use. There needs to be more people attending community meetings and more awareness about the impacts of this issue. She shared that there is a lot of Meth use with Opioid use. Another area being very impacted is our children. Cheri suggested we invite youth to be involved on the task force. She would like to see more leadership attending community meetings that are happening. There is good discussion. There is another meeting coming up – a community potluck to share stories and share what is on their heart. Cheri also shared that we need more support for Alanon. There is a Narcotics Anonymous meeting that happens. Need an Alanon meeting (family support group). Cheri counted 14 people in her family this is directly impacting. We need treatment, opioid replacement therapy. Historical Trauma has been in impact and many things that impede us to live in a healthy way.

Beverly Heyano shared that on Feb 1 she celebrated 22 years of sobriety. She lives in Anchorage and comes home every summer and she does 12 step meetings. Over the years she hasn't seen a lot of change for the better for people. She had to take personal ownership of her life. Alcohol and drug use were a symptom of the real issues and she had to commit to making the changes. Everything about her recovery was challenged. If it meant the death of relationships, then so be it because she chooses not to use. Instead of getting angry and resentful she had to accept where other people were at with their own use. She wants to be a part of the solution and support people who are in recovery. "If nothing changes, nothing changes" the change she has seen is that it has gotten worse. She takes the time to stop and acknowledge people who are addicted and hurting. We need to have people who are in recovery participate in this task force. She recently met with a friend who is addicted to heroin to learn more about the addiction and how it affecting them. There is a program in Wasilla where they have a peer

support meetings. The tough love approach doesn't always work. She shared that we need to educate people about the disease and that by sharing her experience on how she is doing it that story can help others. Be open minded. There was someone who called her on a regular basis to check on her, this made such an impact. Education and awareness is a key thing we need to do.

Lucille Johnson shared that she knows the drug use is happening and that the issue is more than just understanding what addict goes through, but also how it's fully impacting families of those users. How can we keep our families intact and have kids grow up in a healthy environment. Have sympathy and understanding that the person is going through a crisis and you have to help and not judge them.

Emil Larson shared that he has attended a couple workshops about use and addiction. He wonders whether or not we still have a WANT officer – from the State Troopers for Bristol Bay. The housing authority has units across the region and this drug/opioid addiction is impacting many of them. In Chignik Lagoon and Port Haiden there have been many challenges. Emil suggests we explore if we can get the WANT officer back in Bristol Bay. He shared that it seems Naknek/King Salmon are dealing with Meth a lot.

Rex Spafford shared that the WANT officer deals specifically with drug/alcohol issues. With enough vocal support – can get another officer assigned. It is a part of the “state trooper” One WANT officer was better than no officer. Most every other community has a WANT officer in place. Without the WANT officer, the road troopers respond to all situations drug related or not. The WANT officer is specific to intervene with Alcohol/Drug situations. They know the importers, they know the ways the drugs are getting in. They track all knowledge about the dealings and use of drugs. They stay community aware about the deal

Frank Woods shared that he has been involved in ideas and solutions to this issue for a long time. He shared that the old alano building used to operate but the building went away. This problem isn't new. He shared that Meth addicts have cognitive functioning that is difficult to deal with for daily activity. It is scary to see people behave the way they do when they are using. He suggested that the next meeting the group watch the movie “chasing the dragon”

Frank shared that he asked himself, “what is motivating me to be here?” He shared we can't attack this like we do alcohol addiction. He sees examples every day of people using. There are needles everywhere. We really need to build off of our strengths.

Frank shared that the health corporation has a list of people who have prescriptions and we need to look at how that is being done and impacting the situation. We need to take full responsibility for solutions. He shared that Narcan is now available and we need to start educating ourselves about this as a part of the solution. The recovery camp program is still able to run and could be a solution.

Frank shared that with this addiction, sometimes the only thing that prevents people from killing themselves is being in jail. He shared that this is also an economic problem, we don't have a healthy workforce out there. This issue is impacting every aspect of our community.

Cheri Johansen shared that we need to discuss the impacts of Senate Bill 91 – issue. Currently resources to the Alaska Safety action Program have been reduced. DUI or OUI are the only ones who get referrals for ASAP. They also have no assessment services in the jail. We can't bring people back to our community without assessment and treatment services. Unfortunately, Jail oftentimes is the safest place to get help. She shared that there are resources in our communities, we need to figure out how to

use them effectively for the safety of people. Also we need to be aware of how meth and suicide are going hand in hand.

Tom Tilden shared that the use of banishment by communities needs to be discussed and how the person being banned is then impacting other communities that they go to.

Dr. Horan responded to the questions about tracking patients in prescription meds. At the hospital – They have a process they use to monitor the issuance of prescription medications. They instituted a chronic therapy committee. They assess patients that have severe chronic pain (terminal/non terminal). They are not as concerned with people who have cancer who have terminal disease with the prescriptions. For non-terminal patients with chronic pain med prescriptions, they review if the person has a history of addiction or alcoholism. The pharmacists check if a patient is getting prescriptions from multiple locations. There was a question about Naloxone. Dr Horan shared that it is used for emergency treatment of drug overdose.

Dr. Horan shared information about medical assisted therapy – this started in the 70's with methadone clinics in NYC. In a study that was done between 2000–2010 with the addition of sofoxone they found that medical assisted therapy is not a panacea. If you look at methadone clinics and their results after 5 years, the number who stopped using is below 10%. It is 4-8%. How many people who got off the street, no longer injecting drugs on the street - may be gainfully employed. That is 40% after 5 years. Those are identical for Soboxone treatments. Regulated and legal opiate. It is unlikely we would get those numbers. There is no medical assisted therapy for meth.

Dr. Horan shared that Opiates impact receptors in our brain. With an overdose, the user takes a dose beyond their tolerance and when they are given Naloxone, it binds the receptors and you block the effect of the opiate. You get rid of respiratory repression. People just spring back. Its available as a shot or a spray now.

A question about meth & heroin was asked: Do meth and heroine operate the same way?

Meth is a stimulant and hypes you up. Heroin is a sleep inducing agent. They suppress the body. People who do a lot of drugs – they have a drug of choice but there seems to be a growing number of polysubstance users.

Sarah Kolbe reported that Naloxone is available now and it costs about \$180/dose. The hospital now has Naloxone but are working on the process of how it will be distributed. In Dillingham, a brochure was made by a team of nursing students as they saw it as a need in the community. They may not have had all the information about the availability form BBAHC at the time the brochure was made.

Dorothy Larson shared that she personally knows of a few people who have been addicted to opiates then took the heroin because it was easier to get. At the medical level, she suggests that the people who are getting opiates for pain also need to get services and information that would prevent them from being addicted or to wean themselves off to manage their pain. She shared that her sister had an injury, she was prescribed meds and she monitored herself to ensure it prevented addiction.

Dorothy shared that for the membership of the Task Force, it is important to have a member or 2 who are in recovery from opiates or heroin. Based on research the brain is changed from use.

She shared that in her online information research there seems to be misinformation out there. She saw a site that was promoting the use of heroin and how good it was for you.

Dorothy shared that she has been talking with Togiak with their court. They have been not allowing people to come into the village if there are suspicions of drugs. She shared an example of a person who came in – they asked to search her bag, when she refused they put her back on the plane. They are screening bags at the airport. If people do not want to cooperate – they are not allowed in the community.

She also shared that we need recovery services – she had a family member who had to leave the state for services. Access to services but also the affordability of services is an issue. We need to look at making services available, accessible and affordable. She also agrees that we need a WANT officer back.

Dr. Horan shared that in the hospital does random urine drug to ensure patients they aren't on mix of drugs, they want to ensure what they are prescribed is in their urine. They also do work with patients to ensure they are weaned off pain meds. Dr Horan explained that Detox is generally thought of as the process of getting off the substance. With alcohol detox, people can die from the detox process and its a medical need. In pure opioid abuse – detox is not life threatening, its miserable but not life threatening. In detox – non opiate detox you are dealing with symptoms. Doesn't work very well. This is what places do when they don't have anything else to offer.

Opioid detox is helpful from the standpoint of decreasing pain and suffering of getting off of heroin or chronic opioids. If you stop that, it's worthless. The detox process is usually outpatient. Come in week to 4 weeks. You are trying to wean down quickly from substance before they go to treatment. Its cognitive behavioral therapy. The success of those is very poor. There is usually a 3 strike rule. There is drug testing happening to verify they are not using. As the patient tapers down, the efficacy goes down. As you are giving them less opioid, they are getting it somewhere else. These are results from short term studies that have been done.

Dr. Horan shared that related to needle exchanges, there is a suggestion that these are beneficial but the success is based on higher numbers of those needed to treat to show benefit. Needle exchanges are an intervention of HIV, Hep C in drug abusers. The devil is in the details to implement a needle exchange program. A lot of needle exchanges become needle dispensaries for free.

Beverly shared that we need education about addictions. She shared when she was going to school, she was told about acid and the effect of it. We need to educate on “what it feels like on the drug, what it does to you vs. when you withdraw off of it. When does it become an addiction.

Sara Kolbe shared that she has 5 kids in the school system, and she participates in community events. Sara shared that we need to be looking at our messaging of the impacts of the drug/alcohol. There may need to be a focus on the addiction, the behavior, your going to start stealing, your going to start lying, etc. those aren't look at anatomically. As a mom, you need to speak to their lives with what they are concerned about. 4th grader brought drugs in this week as 4th grader on the playground. Teasing because unawareness of drug use terms etc..

She shared that in her involvement with youth groups – kids are hurting and they are looking for positive adult attention, even if they have to act out to get it. She recommends this task force put focus on educating community. We care about people are hurting or those that will hurt.

Sara shared that her first experience with a heroin addict was in pharmacy school. Her patient was huge and he hurt his back and starting using pain meds. The doctors tried to wean him off. He started using heroin to deal with the withdrawl vs. the pain. She also shared that the addiction hits everyone. Sara shared that as a Pharmacist – they do use the AK prescription monitoring program and they still treat acute pain as needed and consider requests be patients for more pain meds.

She shared that they see both extremes from patients who are asking for more pain medication or those who get prescribed and who want to stay away from it. They try to minimize the number of drugs being prescribed. She shared that you have to be aware that there will be people who ask you when you leave the hospital if you have any pain meds and that people need to be aware where you store the meds. Sara shared that anyone with pain agreements, they do random drug screens. They do pill counts, to monitor if patients are using meds too quickly.

Sara also shared that we need to look at Recovery services – its post treatment services. If they relapse, they use what they use before. Where are they going to live, what supports groups are in place. She shared that Kotzebue rolled out a soboxone program – while it was available there were still many people didn't want to quit using. Sara shared that most of her day is managing opioids in a kind manner. There are alternatives to pain management – PT, community exercise, get people in activities for weight loss. Most people who are using substance are dealing with something deeper. How do we address the hurt. We need to address the core issues. It's both in home and in the community – the messages we send to kids. How do we help kids figure out how to cope.

Wendy Kannenberg shared that there is a saying “for every complex situation there is a simple solution and its wrong” She shared that much of what we deal with in life are complex situations and we struggle to find the solutions. Complex problems demand thoughtful, complex solutions. There is no magic fix to this. It will take everyone's contributions, skills to solutions.

Wendy shared that staff from BBAHC participated in the meetings of the Alaska Statewide Opioid Task Force They followed the recommendations. The recommendations puts forth that it isn't a single solution but a spectrum of things.

Wendy shared that her background is in global public health and a public health strategy to address a community health problem has 3 areas: 1) Primary Intervention (law, legislation, access etc., 2) secondary intervention: education-screening, and 3) Tertiary Intervention – treatment. All 3 pieces are needed to be addressed to change community health.

She shared that from the grants/funding perspective her dept monitors on an ongoing funding streams. She shared that there is a misconception that the federal gov is going to put 3 million for opioid treatment. The devil is in the details. Over ½ of the funding is going to research. The other money is going to states and then they elect how they want to use it. Urban areas are being prioritized over rural areas and the award amounts are modest.

Wendi shared that federal regulations are a challenge (health care facilities, treatment facilities) They lay ground rules and if you want their money you have to play by their rules. Funding trends change over time. When we are looking at long term. Opioid funds are “in vogue” 10 years ago it was “childhood obesity”

Cheri shared that the hospital is in a catch 22. Populated areas get money, people who leave the region, the hospital loses money when they leave.

Terry Rogers shared that this situation is complex. It's so quickly and strongly addicting. The complexity he sees is the marketing ploy with it. He has 10 children and two of his children have addictions. They are targeting our children and saying peer pressure where saying “no” is not an option. Peer pressure is real and felt. Parents may not know enough to ask a good question. Social media, cell phone, peer pressure combination is impacting exposure of this to kids.

Tom shared that he and others went to D.C. to share the need for services, funding and the impact of this issue and money did come, but the funds were focused on urban areas instead of rural areas.

Rex Spofford shared that this is a multifaceted issue that needs multifaceted solutions. He shared that our region has many strengths and being isolated can be a strength. There is an awareness that you may not have in a larger community. For those in the community who don't know about this issue we need to make them aware.

Rex shared that opioid addicts are different than alcohol addicts. Their addiction drives them to steal, lie, etc.. We need all organizations involved to make an impact on this issue. The true strengths lie in the people who are willing to put in time. You really need to invest in educating youth. Can't forget the importance of the family and the influence it can have on this.

Gina Carpenters shared that there is great energy in the room. What we are addressing a family and community issue. We have incredible resources. What she hears is that we have many kids who lack direction and they lack goals. Today when you talk to kids, they don't know what they want to do. It will be important to have prevention efforts. We need to recognize when there are women who come in to the hospital with drug addicted children, reaching out to them to engage in resources.

Char Lopez shared that she works with youth and adults in her job. This weekend she found out there are more drugs in our school than she was aware of. She works with kids. Recently she learned an 8 yr old and 13 year old – drug dealers they talk to at lunch. Back in 80-90 there was a video (tv specials on addiction). We need to figure out how to make mandatory to show the movie to kids in different grades about the impact of these drugs and ensure the awareness are in the school. She shared that kids choking each other until they pass out (someone who told someone about drug dealers). We need education for youth.

She shared that the Juvenile Safety Action program- has education resources that can be used. She shared that the wooded area around school are full of needles. Social media a big thing. Instagram – people following you and the influence they are having.

She shared that this issue is impacting potential workforce for their jobs at BBEDC. Many potential candidates failed tests for job opportunities. They have experienced a decrease in summer job applicants. There has been an economic impact of this issue.

Char shared some of her recommendations to address this with youth. Ideas include having youth on the task force who have been impacted by this, including police representation on the task force. Also look at having a trooper come to the school. We need to ensure we have Brice Edgmon involved and aware of this and we need someone who is in recovery involved in the task force.

Norm Van Vactor shared that this starts at home. One of the most impactful programs he participated in was the Big Brother/big Sister program. The time spent with young people is so important. He shared that the commitment is there from BB's . He looks at his circle of friends and those most effective that they have to change their environment and we shouldn't have to have people leave their home and support network to deal with this.

Carol Wren shared that she appreciated Bev's comment that we need to suit up and show up. She also expressed the hope of finding solutions that give the broader community easy and clear ways to help others in their communities they see being impacted by this. She shared that the addiction is a symptom of other core issues and we need to get services to help them deal with those core issues. She

also recommended we look at ways to get parents involved and aware of this issue. She shared that often her kids have these conversations with teachers and other caring members at school and bring those discussions home. How do we do that more with students to have conversations at home about this.

Joe Chythlook shared that alot has been done in some way already by different groups – for that THANK YOU. He applauds what everyone has done already. Joe applauds the BBNA board coming up with a resolution to address this issue. His hope is we will take stalk of what we already have. Let people know we appreciate the work they are doing. Identify how we can help each other and look at what we can do better. He encourages everyone to bring whatthey know how to do best for this task force.

Ralph Andersen shared that what struck him the importance of doing this. This is something we need to do. We have talked about the issues., problems and challenges – now let’s do something about it. Reconfirms that the BB partnership is sponsoring the task force. The intangible of this work is that it brings us closer together, it galvanizes us as people, brings us closer together as partners. How do we get to the solutions (there are more than one). How are the solutions presented in ways that are meaningful in term of culture, age group, etc. We have lots of talent involved. He encouraged us to identify missing members like the school district(s) If we don’t hear about what being done we believe it’s not being done – lets find out what is being offered. Ralph encourages that we keep fairness and trust in this work.

Greg Marxmiller shared that we need to look at this task from the view like addicts see their fix. We need to be willing to take steps further than what we do now. Our success thrives on that. There are many great opportunities here.

Jane Gottschalk shared she is glad to have this dialogue. She encourages that the task force bring other communities in. In the future, invite young people into the meetings. In her community, they have been having a wellness community.

Tom expressed his thanks to the partnership and putting the meeting together. We needed to start the process. We have a lot of work ahead of us.

COMMITTEE ASSIGNMENTS

Tom and Carol asked that the following task force members chair/co-chair committees:

Law committee: Rex Spafford

Education – Char Lopez & Sarah Kolbe

Health – Dr. Mitchell Horan & Cheri Johansen

Community – Frank Woods III & Emil Larson

Budget – Lucille Johnson

Organizational committee: Andria Agli, Carol Wren, Dee Dee Bennis, Wendi Kannenburg

The focus of the committees are to outline their goals and objectives (identify problems and solutions) Come with a working document that we can review together to form the overall plan of the task force.

Recommend that the committees meet with the next 4 weeks. Tom plans to meet with each committee chair and try to participate in all the committee meetings.