

Citizen Comments – re: Opioid Crisis and Need for Community Action City Council Meeting of December 16, 2021

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As a follow-up to the Community Meeting held by the City Council in October, a small group of community leaders are coming before you to speak as citizens of Ketchikan, We are calling for action to stem the rapidly growing tide of deaths from misuse of opioids in our community. These leaders have contributed to the handout I have provided to you tonight. Due to your very full agenda at this meeting, they will return to make a presentation about our concerns at your January 6th meeting. This handout provides input and questions about the current situation across our country and in Ketchikan and addresses the efforts needed to reduce this risk.

This effort is in its early stages...to define the need to address this crisis as a whole, not just as a “one off.” We are asking you and other local governments and key organizations to come together to create a workable plan to save our community members from the frightening effects (some deadly) of the use of Fentanyl and other opioids.

These statistics emphasize our need to step up and fight this crisis on a community-wide basis. More information to follow.

Since January of 2021 we have lost 20 Ketchikan residents affecting the homes of 12 children.

Katherine Tatsuda...has offered to provide professional facilitation of a community wide planning effort. In addition to her background as the CEO of Tatsuda’s IGA and extensive involvement in the Ketchikan community, Katherine is an Executive Director with the John Maxwell leadership team. She has traveled internationally with the John Maxwell Leadership Foundation and facilitated leadership trainings with community leaders with the goal of lifting third world countries out of poverty. Over the last four years, Katherine has also facilitated trainings, strategic planning, and mentoring sessions with organizations, businesses, and individuals in Southeast. She is a strong communicator and collaborator, and is passionate about the health and long term success of the community of Ketchikan.

Feedback from Citizens

Rachel Breithaupt, Social Worker at PeaceHealth:

As far as I know, there are no official or dedicated detox centers in Ketchikan. The ED admits people who are experiencing detox symptoms such as delirium tremors and stabilized them when needed. But that is true for all EDs and when someone is medically stable, they are cleared for discharge. As to what Peace Health is doing, I am not an official spokesperson but I can tell you that both of our psychiatrists work with patients who manage opioid dependence using Suboxone.

ISSUES FOR CONSIDERATION

1) **Deadlines Needed.** If a committee or task force is created hard deadlines or a time frame for the objectives must be specified for the objectives we all want to achieve with this endeavor. This is a crisis that has been going on well over a year (the opioid/fentanyl deaths) and time is of the essence to identify which organization provides which services and a who is the contact person to assist people in need as quickly as possible.

2) **Improved Description and Referral to Services Available.** If the services at organizations are not clear to the average person looking to access these services then suggestions need to be made to rewrite and clarify for the average person's understanding. It could be useful to establish a "contact" person for each service provided, such as Mental Health, Substance Use Disorder, Supportive Living programs. That contact person will help explain what services were available and when and how to access them. If the required service isn't available at the first organization, but available elsewhere, the contact person could then refer the individual in crisis to a contact person with another organization that does provide the service. The window of time when an individual makes the decision that they need help and reaches out is so short. If they don't make contact with someone who can help explain what services are available in the community and how to access them then the opportunity may be lost for good.

3) **Medical Assisted Detox Program.** This has not been available in the community for years. At the time medical detox was available in Ketchikan, the majority of clients were detoxing from alcohol. There was very little insurance coverage for this kind of program and it required a subsidy. It is an even more critical component today ...to assist people and meet them in the moment. It appears that Alaska Medicaid currently covers this service at Medicaid approved facilities. Are there approved organizations in Ketchikan? Are there funds available with all the CARES money that's been distributed recently? There was recent news about a multi-billion dollar award providing funding from opioid producers to local governments to reimburse them for the costs incurred to treat opioid users in crisis. Timely response and the ability to meet the person reaching

out for help in the moment are critical. This is an essential component for the current crisis and the ability to respond quickly. Many people say it would have helped them achieve recovery much sooner. With medically assisted detox there is the need for professional medical care and observation...which may result in higher costs for liability insurance? As the level of professional medical care and observation would be greater for drug detox (especially heroin and fentanyl) do we assume that results in an increase in liability?

4) **Sober Living Homes.** Sober living homes can play an important role for people in recovery to successfully make the transition from inpatient treatment to daily life. Apparently the Akeela Horizon House may not have been used recently in that capacity. It is a service that may not have much in the way of payment by third party payers, requiring a subsidy. It appears that Juneau has 3 to 4 sober living homes that were purchased by a person in recovery who was able to buy and run his own sober living home after treatment. He has now expanded. To be considered for residency people have to be employed, attending counseling and participating in peer recovery meetings. This critical component for success in long term recovery may not be available to all who need it. Are there any funds available through the CARES money or other philanthropic organizations?

5) **Community Action.** The biggest fear is that we as a community are not able to meet this challenge and we will suffer more loss of life.

Action is needed, not just discussion and studying the problem.

This is such a dark time in our community and the country as a whole but sometimes there is light in that darkness and things get done because there is no good option other than finding solutions.

Time is of the essence in this area and the ability to react quickly to help those reaching out!

Robert Christopher, 53 year lifelong resident of Ketchikan

I have great concerns about our community with the recent influx/increased use of drugs (fentanyl and heroin). The deaths from overdoses are far too common and a sad reminder of a problem that is rapidly becoming out of control. We have to work towards finding solutions.

It suggests the question: why does the law not treat opioids like they do marijuana?

We need:

1. A detox center.
2. To support law enforcement with funding and training.

3. A public announcement about use of Narcon kits and where to find them.
4. A Hotline with trained counselors for users, their families and friends.
5. Education in the Schools and through other media of the HIGH RISK USE

This situation is unacceptable and action is called for!

General information – local and national (and links)

Harm Reduction Programs

- Needle exchange
- Medical Detox
- Distribution of NARCAN kits (and community training)
- Case Management
- Get them off the street away from “huge triggers”
- Peer Support (NA, NA-Anon, NA Family groups)

Important Facts

- * Fentanyl is a Schedule II controlled substance that is similar to morphine but about 100 times more potent
- * 42% of pills tested for fentanyl contained at least 2 mg of fentanyl, considered a potentially lethal dose (2mg is the start line of a lethal dose)
- * Drug trafficking organizations typically distribute fentanyl by the kilogram. One kilogram of fentanyl has the potential to kill 500,000 people.
- * Overdose deaths involving opioids rose 38.1 percent.
- * Overdose deaths involving synthetic opioids (primarily illicitly manufactured fentanyl) rose 55.6 percent and appear to be the primary driver of the increase in total drug overdose deaths.
- * 3 out of 5 illegal pills that are processed have a lethal amount of Fentanyl in them.

NEWS REPORT

Subject: 'A staggering increase': Yearly overdose deaths top 100,000 (national) for first time (NBC News)

<https://www.nbcnews.com/health-news/yearly-drug-overdose-deaths-top-100000-first-time-rcna5656>

Alaska = 46.7% increase from 2019-20 to 2020-21

In closing, we recognize you have an informational item on tonight's agenda. We encourage you to take the next steps to reach out to others to join in this important effort you began by undertaking your community meeting in October. We will return to your January 6th meeting to support your action planning and to provide first hand stories of the impact of these drugs on those in our community (AND hopefully, not an update in the numbers who have died in the interim.)