



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, the politics that compel them, and the important work of democracy.

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### **Opioid Crisis Generates Bipartisan Solutions | Aug. 8, 2018 | OAS Episode 40**

Welcome to “Our American States,” a podcast of meaningful conversations that tell the story of America’s state legislatures, the people in them, the politics that compel them, and the important work of democracy. For the National Conference of State Legislatures, I’m your host, Gene Rose.

The U.S. Department of Health and Human Services says 116 people die each day in the United States from an overdose of opioids. This includes prescription pain relievers, heroin and synthetic opioids. It says more than 2.1 million people had an opioid use disorder in 2016.

This year in 2018, the National Conference of State Legislatures created an Opioid Policy Fellows Program open to chairs of health-related legislative committees. Through face-to-face meetings, the program is focused on health policies and programs related to the opioid crisis. The program recently met in Denver and we talked with three legislators attending the conference.

We’ll share our conversation in a moment, but I wanted to prepare you with some terminology they use that may or may not be familiar. You’ll hear the word naloxone, which is a medication used to reverse an opioid overdose; and ibogaine, which is another treatment for opioid withdrawal. The acronym PDMP is used, which stands for a Prescription Drug Monitoring Program. This is used in several states to track the use of prescribed opioids.

Now let’s get to our conversation. Our guests are Senator David Wilson from Alaska, Vermont State Representative Anne Pugh, and Maryland House of Delegates Member Eric Brownell, who respond in that order to our first question on how opioid addiction is being addressed in their state.

David: Our Governor in 2017 made the declaration of: this is an emergency. We started being able to expand the medical director’s ability to prescribe naloxone to folks and Narcan for folks because Alaska is such a large state, but such a small population. So when we started having these opioid-related deaths, whether from medication or illicit drugs, it was one of the highest percentages of increase across all our vital statistics. And looking at that data, it was huge to try to get this under control because the lifespan of the average user is about three to five years.

And so we’re looking at ways to try to increase that lifespan and increase access to healthcare. We try to make it a little bit less onerous on supervision of those professions and licenses that

are going out and doing the substance abuse treatment and doing the counseling services, so they'd be able to be reimbursed and be able to get more folks in that pipeline a lot earlier to try to do the recovery piece of that.

It's something we focused this last legislative session on and we do the limit on supply, 7-day limit on supply; we have a voluntary non-opioid directive that if someone chooses not to have opioids, that goes in their medical record and that is upheld across all our major hospitals in the State of Alaska. Our ERs got together and decided to have sort of a guiding set of principles when prescribing opioids.

So it's been huge to bring a lot of medical folks together. We started off with General Murphy two years ago, started doing an opioid conference. And so we're having our federal delegation come and doing a yearly opioid sort of summit with prevention efforts and bringing people from across the states. So this has really brought a lot of folks across different disciplines together in our state to address this issue and this epidemic.

Ann: I'm Ann Pugh from Vermont and I would say the opioid addiction is a large problem in Vermont. Our prior governor had identified it as a public health emergency. We have a wonderful gold standard response in terms of what we call "hub and spoke" in terms of methadone treatment. We're focusing on recovery. We have just received an 1115 waiver from Medicaid so that Medicaid will cover residential treatment for substance use disorder.

The University of Vermont Medical Center, starting in August, if you come in to the emergency room with an overdose, you'll be offered buprenorphine and three-days-worth of pills, and a guarantee to refill the prescription or access to other kinds of treatment: needle exchange and those kinds of things.

But what we're really trying to focus on now is prevention and bolstering the recovery network and looking at really the precursors, the adverse childhood events and social determinants of health and those kinds of things that move people in that direction.

Eric: Eric Brownell from Maryland. Maryland is one of the hardest-hit states. Baltimore City has always had difficulty with substance abuse, but we have Interstate 95 that runs through the heart of Maryland, runs through Baltimore City, and what we found is a lot of the more rural or suburban areas off of 95 have been hit very hard because a lot of the drugs are being trafficked up and down the East Coast.

Several years ago we started our PDMP process. Our PDMP will be 100% involuntary starting July 1<sup>st</sup> of this year. So we've been deliberate in the way that we've brought it up to make sure that we've fixed any of the kinks that would cause people to not be able to access the drugs that they do need. So that was really our first step.

Last year the President of the Senate and the Speaker of the House appointed opioid workgroups and I'm Chair of the House of Delegates Opioid Workgroup. We passed the Hope Act of 2017, which dealt with access to care, access to information; it was a very broad-sweeping bill that gets people into treatment, things like that.

We also had the Start Talking Now Act, which dealt with educating people. So under that bill, we have a curriculum that's going to be taught to kids in our schools from grades 3 to 5, 6 to 8, and then 9 to 12. So they're going to be taught three times over the course of their education about the dangers of opioids and substance abuse. We also have health officers in our schools as a result.

We've put in increased access to naloxone. We passed civil liability immunity for naloxone so that our first responders and our police don't have to make the decision whether or not they could get in trouble for administering naloxone. We said nobody should have to make that decision, so we were able to get that through the legislature.

And then this year we borrowed some ideas from other states. That's why I'm so proud to be here at NCSL. If I wouldn't have come here, we wouldn't have been able to pass what was in a bill that started out as just a pill-mill bill where you can report pill mills. We actually added to that. It was our Minority Leader's bill, so the top Republican in a Democrat legislature; we ended up putting in language to study Vermont's hub and spoke, and I'm very thankful to have heard that presentation back in January.

We also are mimicking Section 55, which was an initiative in Massachusetts that has helped increase communication among other things and knowledge of opioids and sort of a one-stop shop that they have on a website where if somebody knows very little about opioids, they can go there and find out a lot of information. People who know a lot can go and learn a lot from that website that they have in Massachusetts.

So when I got home, I went straight to our Republican governor and I pitched these ideas and he loved them and we worked in a bipartisan way. Everything that we've done from day one of our opioid workgroup we said: we're checking our parties at the door and there's no such thing as a bad bill.

We had a Republican put in a bill for ibogaine to allow ibogaine to be used for treatment, which is very controversial. We had a Democrat put in legislation for safe consumption sites. We heard those bills, just like any bill, and we took it very seriously and I think we passed some very, very important and successful legislation.

Gene: We then asked: From a legislative perspective, what makes opioids different from other addictions? We hear from Representative Pugh, Delegate Brownell and Senator Wilson.

Ann: From a legislative perspective, what I think makes this different is that you can die and that oftentimes what we're looking at in terms of success is preventing deaths. However, it's an addiction and in that way it is no different than any other addiction. In fact, we as legislators need to remember that lesson and to take what we learn about opioids and learn from when the next drug comes to play, we'll have some lessons learned that we can put into place.

But it's different because you can die, but otherwise it is an addiction.

Eric: I just think the access... in this case it's a mix of prescription drugs and narcotics and drugs that you can get on the street, and I think in this case a lot of people are being hooked on the prescription drug first and then that's causing them to go on to other things.

I mean, you can go back in history and there are arguments on how we got here. I've been given articles that said that doctors were not prescribing enough opioids back in the 90s. I think the time to point fingers of how we got to this point is over. Everything that we need to focus on now is: How do we keep people from using in the first place? Naloxone is great, but that's just causing people to not die. We need to make sure that they never try the drugs in the first place.

David: The lifespan of an average opioid user is three to five years, which is quite different than any other drug, so the death rate is a lot higher. Also, with it being started off with the pharmaceutical approach, most folks have an assumption that it's safe and they may have been misled as to the safety of opioids, or the risk factors of how addictive it can be, or habit forming it can be. Those warnings weren't given out at first, so some of those risks...

And the secondary causes of opioid use: the higher theft rates so people and addicts can fill this; our criminal justice system is being overwhelmed; and it affects us all differently. But the train is moving one way or another and we just want to make sure that we're getting on it to try to stop it or try to mitigate some of the risk factors to our society. So that's why this is a little bit different than others.

Gene: On the day of our interview, the Massachusetts attorney general announced a lawsuit against an oxycodone manufacturer. We asked our panelists if it was important for legislatures to take the lead on this issue. We hear from Delegate Brownell, Senator Wilson and Representative Pugh.

Eric: I think the legislature plays probably the most important role because you can't depend on the federal government for something like this for a couple of reasons: 1) there is just not the kind of bipartisanship that you get on the state level. We have a Republican governor and a Democrat legislature in Maryland and we passed the bills dealing with opioids. We only had one no vote out of all the bills and I think that was something I was extremely proud of.

One of the things I said: we weren't going to pass legislation that Republicans couldn't vote for; it just didn't make sense. And we've all been on the same page. And when you have the ability to have such a drastic change in policy from one president to another, one administration to another, you have to depend on the state legislatures to get along, to be able to push this forward.

It's unlike any issue I've ever dealt with. The partisanship just did not exist when it comes to opioids. And I think it's apparent here. Our badges here don't have our affiliation and most of us don't even know what our affiliation is. We're here to solve a problem. I think it's unfortunate that that's the way that federal politics are now, but I think it makes the states even stronger, to be able to get together and pass legislation to help fight this crisis.

And in this case, we have states sharing information with one another and I just think that's extremely important.

David: It's quite important. Our attorney general also has signed on to the lawsuits from other states, but that's just one area. We have people prescribing, overutilization; some people have the self-accountability aspect of it. So there are a lot of different areas on how important this is for legislation to go forth to warn about the habit forming.

Prevention is huge in our state. Part of that was PDMP – letting the doctors know what this is, and making it required for them has actually shown in our state to lessen the prescriptive powers. We saw an 8% decrease from '16 to '17 in opioid medication prescriptions. And so the education piece is working, the preventative piece is working; the legal opioids off the streets in mass quantities – that has worked in our state thus far, and we're hopeful we'll see that continue as time goes on.

Ann: I think I'd like to answer that question a little differently when you say "the legislature to take the lead." I think everyone has a stake in this and everyone should be taking the lead. I think the role of the attorney generals is really important.

When a manufacturer, whether it is tobacco, whether it's Volkswagen or whether it is prescription opiates, is not quite forthright and honest about what they are doing, they need to be held accountable. And by being held accountable, that can help states do some of the work that they are doing.

I think states and legislatures as public policy, initiators of statewide policy, it is essential that we help things go statewide; also that we learn from our communities, because some of this work is starting in the communities and it's working because they're able to do things because they've come together as a community. Maybe it's easier for a community to do than for a state to do. Then we have a laboratory there, we have success, and we can go: okay, wow, this is really good.

Gene: We then wanted to know about the Opioid Policy Fellows Program and if it was making a difference in the development of policy to address the opioid crisis. We hear from Representative Pugh, Senator Wilson and Delegate Brownell.

Ann: For folks who are listening who go: This is not a problem in my state or my area, I want to say: yes it is; you just don't know it is. And for people who are throwing their hands up and saying: I don't know what to do, to know that we do have some answers and that NCSL and other legislators and your practitioners in the community know what works and there's data and research that shows what works.

And know that this isn't a quick fix. This is not something where next year, we're not going to have the problem. Realize that we're in this for the long haul, and so don't give up. And call NCSL.

David: I think that one of the important pieces I've learned out of the Opioid Fellows is that the most effective way that I've seen some of the programs work is in the collaborative approach, and I think NCSL has sort of highlighted that if that was their direct or indirect outcome of it. But just the networking with other state and federal partners, knowing that there are programs, that we're not alone in dealing with these issues and problems, that there are states that have been worse off and better, and the implementation of some of their programs that make the beg-borrow-and-steal approach a lot easier to collaborate with these federal partners, state partners, and being able to see what has worked effectively, what hasn't worked effectively, just makes my job as a legislator a lot easier to help sell my colleagues and my own state to say: Hey, we've seen successes.

This works very similarly in North Dakota, which is very rural like our state, which has the same similar issues; or hey, this works in Georgia – they have similar sort of rural school issues that we have, so dealing with opioids with that model may be more effective. Or seeing... Massachusetts started the 7-day limit of supply, so taking part of that legislation and inserting it into ours. It just makes the process easier, it's more effective this way to not try to recreate this whole process, and we learn it's not always going to be best practice.

This is something that is coming, it's happening fast, and so sort of learning the term "promising practice" that shows hey, we need data, you know, we're very data driven, but in this time we don't have the 10 or 15 years to try to look at what data, best practice approach; we want to look at the risk involved, make sure... we want to make promising practices that have shown some level of success and start there first, and try to build upon those. And so that's been a huge takeaway from this Opioid Fellows.

Eric: For our colleagues, for the people that are listening to this podcast, I can't stress how important I think this fellowship has been. We passed legislation that I would have never known anything about had I not been here in January. And I think that just shows that when you get people together that are willing to share ideas, create and share best practices, it's a tremendous, tremendous tool and I've been saying since I got here in January, I just couldn't be more pleased the way this was set up.

I've been in the legislature for 16 years. I've never been to a conference; I've never been a part of anything like this. And if other legislators are out there that feel strongly about these issues, contact NCSL, try to become a part of this, because I explain to people that I've been working in a small pool for a very long time. This is the first chance I've gotten to actually affect the lives of people outside of Maryland and it's a feeling unlike anything I've ever experienced.

Music and Gene VO:

And that concludes this edition of "Our American States." Our thanks to our guests, Senator David Wilson from Alaska, Vermont State Representative, Ann Pugh, and Maryland House of Delegates Member, Eric Brownell. More information on this topic may be found at the NCSL website, [ncsl.org](http://ncsl.org), and searching for Opioid Policy Fellows. For the National Conference of State Legislatures, this is Gene Rose. Thanks for listening.