Prescription Opioid Misuse and Heroin Use Among Youth and Young Adults in Anchorage, Alaska, Needs Assessment

Healthy Voices Healthy Choices & Alaska Injury Prevention Center

Healthy Voices Healthy Choices

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III. Introduction

The State of Alaska's Department of Health and Social Services, Division of Behavioral Health (DBH) issued the Strategic Prevention Framework Partnerships for Success Grant (SPF PFS) to coalitions across the state of Alaska to prevent the non-medical use of prescription opioids (NMUPO) among 12-25 year olds and heroin use among 18-25 year olds. Within Anchorage, the Volunteers of America Alaska's Healthy Voices Healthy Choices coalition (HVHC) was awarded funding. HVHC contracted with Alaska Injury Prevention Center (AIPC) to conduct this assessment.

Purpose of Assessment

The DBH tasked grantees with collecting data pertaining to NMUPO among 12-25 year olds and heroin use among 18-25 years olds. Through the assessment, grantees were to collect data pertaining to the nature of NMUPO and heroin use and related consequences, including health disparities related to NMUPO and heroin use. Grantees were also asked to assess intervening and community factors. Specifically, grantees were required to assess community factors related to social and retail availability, and perceived risk for harm of NMUPO and heroin use, and an additional intervening variable the coalition identified in this process is regarding harm reduction. PFS grantees were additionally asked to assess the community's capacity and readiness to address NMUPO and heroin use.

Strategic Prevention Framework

The Substance Abuse and Mental Health Services (SAMHSA) funds the Alaska SPF PFS grant. The DBH requires PFS grantees to use the Strategic Prevention Framework (SPF) to approach the prevention of NMUPO and heroin use. The SPF is a prevention model used by community coalitions to improve the behavioral health of their communities.

Figure 1 Strategic Prevention Model

The SPF takes a comprehensive approach to behavioral health and prevention and is rooted in principles of public health and community organizing. Strategies based on the SPF should address both the individual and the environment. The SPF outlines five processes for implementation: 1) Assessment, 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. The SPF places Cultural Competency and Sustainability at the core of this process, meaning that at each step of the SPF, coalitions should work to ensure their actions demonstrate cultural competence and that the work being done is sustainable into the future.

Stakeholders

Healthy Voices Healthy Choices

HVHC is a coalition with Volunteers of America Alaska. HVHC brings together various stakeholders to promote healthy choices through public education, outreach, advocacy, and youth-led activities. The vision of HVHC is to educate and promote healthy lifestyle choices related to our community's youth and young adult's mental, physical, and emotional wellness. HVHC actively advocates for a community that:

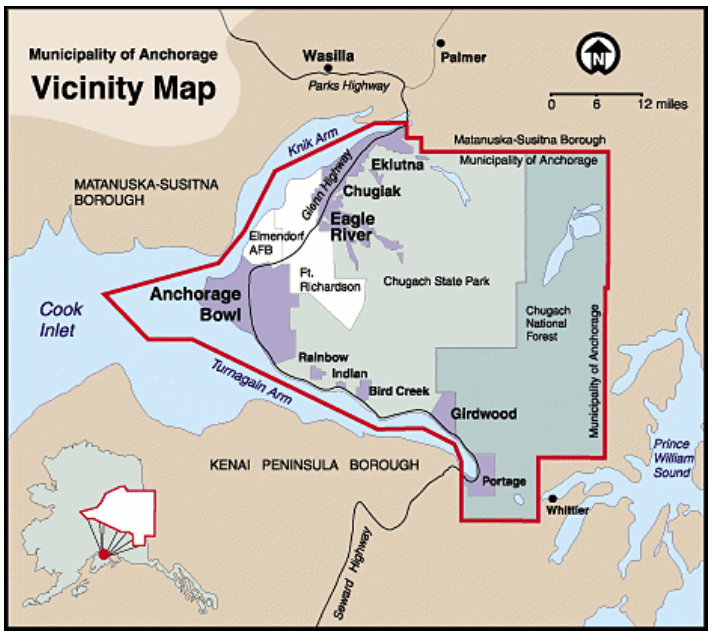
- Prevents access to alcohol, drugs, and tobacco products by youth and young adults.
- Promotes abstinence from alcohol, tobacco, and other drugs in youth and young adults.
- Supports and promotes effective lifestyle choices that build and strengths positive assets in our youth and young adults.

Alaska Injury Prevention Center

The Alaska Injury Prevention Center (AIPC) is a non-profit located in Anchorage, Alaska. AIPC's core purpose is to promote wellness, prevent injury, and improve safety in Alaska. AIPC has a history of collecting primary data and assessing existing datasets. HVHC contracted with AIPC to conduct the assessment. AIPC will also assist HVHC with developing the logic model and strategic plan. AIPC is a member of the HVHC coalition.

Community Description

The Municipality of Anchorage, Alaska includes the communities of Anchorage, Chugiak, Eagle River, Joint Base-Elmendorf Richardson, Girdwood and communities along Turnagain Arm. Located in Southcentral Alaska, the Anchorage metropolitan area sits in a bowl with Cook Inlet to the west, and Chugach State Park to the east. Warmed by Pacific currents, the city has a mild northern climate (Anchorage Convention & Visitors Bureau). The average temperature is 37 F, with an average



annual high of 43.7, and average low of 30.3 F (US Climate Data).

Demographics

The U.S. Census Bureau estimates the July 2016 population of Anchorage to be 299,816. This is a 2.2% increase from 2010 population estimates (Anchorage Economic Development Corporation, 2013). Anchorage is the largest community in the state, with just over 40% of Alaska's population.

Since 2010, Anchorage has added more than 28,000 residents through births, lost 9,400 residents from deaths, and experienced a net loss of 12,400 residents from out-migration. The population peaked in 2013 at 300,957 residents, but has since had a net loss of 1,920 residents since that time (Anchorage Economic Development Corporation, 2017c). In-migration into Anchorage is occurring among individuals in their mid-20's, often from other Alaska communities. Out-migration is occurring among individuals in their late-teens/early-20's as they leave the state for school or work (Anchorage Economic Development Corporation, 2017c).

Population growth in Anchorage will continue to be slowed by an aging demographic. Alaska Department of Labor and Workforce Development long-term projections indicate the population of those over 65 years old are anticipated to increase more than 30% between 2017 and 2022. Over that same period the population of residents between the ages 20 and 64 are anticipated to decrease slightly (Anchorage Economic Development Corporation, 2017c).

Race and Ethnicity

According to 2015 estimates based on 2010 data from the United States Census Bureau, the racial/ethnic makeup of Anchorage is approximately as follows:

- 65.5% White
- 9.6% Asian
- 9.1% Hispanic or Latino
- 8.3% American Indian and Alaska Native
- 7.9% Two or more races
- 6.2% Black or African American
- 2.4% Native Hawaiian and Other Pacific Islander

Anchorage is home to more Alaska Native people than any other city in the United States (Hunsinger & Sandberg, 2013). In 2010, 26% of the state's Alaska Native population lived in Anchorage (Williams, 2010). Today, parts of Anchorage are more than 50% people of color. As reported in the Alaska Dispatch News, Anchorage's Mountain View census area was recently identified as the most racially diverse census tract in the entire United States (McCoy, 2013). Seventeen percent of Anchorage residents speak another language than English in their homes. Approximately 10% of Anchorage residents were not United States citizens at birth.

Education

In 2016, the estimated population at 25 years or older is 192,637. Of this population, approximately 5,244 (2.72%) people have below a 9th grade education level; 7,482 (3.88%) have

a grade 9-12 education level; 46,448 (24.11%) have a high school level; 52,940 (27.48%) have some college; 16,465 (8.55%) have an associate degree; 41,734 (21.66%) have a bachelor's degree; and 22,324 (11.59%) have a graduate degree (Anchorage Economic Development Corporation, 2017b).

The municipality of Anchorage is also home to the University of Alaska Anchorage (UAA), which is Alaska's largest post-secondary institution and is part of the Alaska's statewide university system. UAA serves over 14,000 students and hosts 113 student clubs. UAA offers 151 degree programs, including: associate, certificate, bachelor, masters, and doctoral programs (University of Alaska, Anchorage, 2017)

Gender

In 2015, the population of Anchorage was approximately 145,703 female (48.6%) and 154,113 male (51.4 (United States Census Bureau, 2015).

Age

Table 1 provides a brief profile of the Anchorage youth populations by age. At the time of the 2010 census, there were over 65,000 youth between ages 10 and 24 living in Anchorage.

Table 1 Anchorage Youth and Young Adult Population by Age, 2010 Census

Ages	Number of Youth
20-24	24,379
15-19	21,187
10-14	20,443
5-9	20,618
4 and under	21,961

Note. Adapted from the State of Alaska Department of Labor and Workforce Development, Research and Analysis. (2016). *Demographic Profile for Anchorage Municipality*. Retrieved from: http://live.laborstats.alaska.gov/cen/dppdfs/dem_profile_52.pdf

Military and Veteran Population

The Anchorage population also includes 5,500 military and civilian personnel from the military Joint Base Elmendorf-Richardson (Joint Base Elmendorf-Richardson, n.d.). There are approximately 29,141 veterans living within Anchorage, based on 2011-2015 estimates (United States Census Bureau, 2015).

Socio-Economic Indicators

The median Anchorage household income between 2011-2015 was $78,326 (United States Census Bureau, 2015). An estimated 8.7% of people were recorded as living below poverty level (United States Census Bureau, 2015), with 32,947 people 125% below poverty level (State of Alaska Department of Commerce, Community, and Economic Development, n.d.)

Between October 1, 2013, and September 30, 2014, there were 7,506 people recorded as homeless in Anchorage (Alaska Coalition on Housing and Homelessness, 2014). This includes families and individuals in emergency shelters, transitional housing, and permanent supportive housing. In the same timeframe, 987 children were represented under the same categories. This does not include people using "other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking," such as rape crisis centers or battered women's shelters (Alaska Coalition on Housing and Homelessness, 2014).

Housing

The average Anchorage household size from 2011-2015 was 2.77 persons per household (United States Census Bureau, 2015). Of the estimated 115,461 Anchorage households in 2016, 66,475 were owner-occupied and 44,830 were renter-occupied (Anchorage Economic Development Corporation, 2017). In 2011, there were 40,575 family households and 9,910 single mother households containing people less than 18 years of age in Anchorage (Anchorage Economic Development Corporation, 2013).

In 2016, the average sales price of a home in Anchorage was $363,932. The relative cost of housing in Anchorage has risen every year since 2009, except for 2016 with a 0.23% decrease from 2015. The average rent in Anchorage decreased from $1,312 in 2015 to $1,214 in 2016 for a two-bedroom apartment. The local vacancy rate in 2016 was 3.79% (Anchorage Economic Development Corporation, 2017c).

Employment

As of 2011, the Anchorage labor force was estimated at 157,210 persons, with 147,604 people employed (Anchorage Economic Development Corporation, 2012). Table 2 shows the top ten occupations in Anchorage as of 2012.

Table 2 Top Ten Anchorage Occupations

Occupations	Number of Workers	Female	Male
Retail Salespersons	5,087	2,831	2,256
Cashiers	3,290	2,066	1,223
Office and Administrative Support Workers, All Other	2,864	2,238	626
Combined Food Preparation and Serving Workers, Including Fast Food	2,627	1,513	1,111
Office Clerks, General	2,544	1,930	614
Personal Care Aides	2,256	1,711	542
Registered Nurses	2,233	2,011	221
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	2,014	688	1,323
Bookkeeping, Accounting, and Auditing Clerks	1,869	1,622	247

Occupations	Number of Workers	Female	Male
General and Operations Managers	1,114	677	1,137

Note. Data retrieved from the State of Alaska Department of Labor and Work Force Development, Research and Analysis: Alaska Local and Regional Information, Anchorage Municipality; accessed 4/6/15;

Cost of Living

Anchorage's overall cost of living index is 130.2% of the national average—or 30.2% higher than the national average—ranking the Anchorage the 20th most expensive city to live in in the U.S. (Anchorage Economic Development Corporation, 2017).

In 2013, housing was the top item of expenditure for Anchorage residents. Average distribution of expenditures included 40.6% housing; 16.9% transportation; 15.5% food and beverages; 6.6% medical care; 6.7% recreation; 5.7% education and communication; 5% clothing; and 3.1% other goods and services (Fried, 2014).

Health Care and Coverage

Anchorage is ranked the third highest in the nation for health care costs, preceded by two other Alaska cities: Juneau and Fairbanks. A physician's office visit is 63.7% higher than the national average (Anchorage Economic Development Corporation, 2017).

In 2013, the share of Anchorage residents who were uninsured was 18.5%. In 2012, 14.5% of Anchorage residents were not able to receive the care they needed due to the cost of health care. Also in 2012, 41.7% of Anchorage residents reported not having a primary doctor or provider. In 2012, avoidable hospital admissions, which are hospitalizations due to conditions that could have been avoided with preventive and primary care services, had decreased to 39.9 per 1000 hospitalizations (Providence Medical Center, 2015).

Anchorage has four major hospitals, and a wide range of behavioral and mental health services available. The National Alliance on Mental Illness Anchorage lists 15 community mental health service providers in the Anchorage metro area (NAMI Anchorage). The Anchorage Neighborhood Health Clinic serves uninsured and low-income individuals and families and provided $7.8 million in services to almost 14,500 people in 2013 (Anchorage Neighborhood Health Center, 2014). The Alaska children's health insurance program Denali KidCare pays for healthcare for children and teens through age 18 (Alaska Department of Health and Social Services, 2016)

Governance

The Municipality of Anchorage lists 34 departments, divisions, and offices, including the Department of Health and Human Services, Office of Emergency Management, Fire Department, Police Department, Parks and Recreation Department, Municipal Light and Power,

Library, Anchorage Museum at Rasmuson Center, Solid Waste Services, Port of Anchorage, and Public Transportation, among others (Municipality of Anchorage, 2015).

There are 38 community councils representing Anchorage's neighborhoods that sere as advisories to the Anchorage Assembly (Municipality of Anchorage, 2015). The community councils are private, non-profit associations comprised of volunteer citizens within set geographical neighborhoods designated by the Assembly (Municipality of Anchorage, 2015).

As of 2013, a total of 344 police officers were fulltime law enforcement employees in Anchorage. The Anchorage Police Department is the largest police department in the state of Alaska. It maintains a Crisis Intervention Team of police officers who are educated on mental illness, suicide and crisis interventions, active listening, and de-escalation techniques so that they may respond to calls for persons with mental illness with empathy and respect. More than 90 officers have become APD Crisis Intervention Team members since the program's inception in 2011 (Municipality of Anchorage, 2015).

Legal System

Anchorage's court system is part of the State of Alaska Court system and is comprised of the Anchorage District Court, Anchorage Superior Courts, and the Alaska Supreme Court (State of Alaska, 2015). In addition to the traditional court system, the Anchorage Youth Court "provides the opportunity for youth in grades 7 through 12 who are accused of breaking the law to be judged by their peers. It is a court in which the roles of attorneys, judges, bailiffs, clerks, and jurors are filled by youth" (Anchorage Youth Court, 2015). Anchorage Youth Court allows youth the opportunity to resolve their legal issues without creating a formal criminal record. Defendants are typically first time offenders and are referred to the Anchorage Youth Court through McLaughlin Youth Center's Juvenile Probation Office. There are eight youth facilities operated by the State of Alaska's Division of Juvenile Justice. Anchorage's youth facility, McLaughlin Youth Center, has the capacity to detain or provide treatment for 135 youth (State of Alaska, 2015).

IV. Methods

HVHC and AIPC worked in collaboration to complete the assessment in accordance with the guidance document provided by DBH. This assessment covered four areas of NMUPO and heroin use in compliance with DBH's recommendations. First, HVHC and AIPC assessed consumption and related consequences. Second, the coalition assessed intervening variables and community factors related to NMUPO and heroin use. These key intervening variables are: social availability of prescription opioids and heroin, retail availability of prescription opioids through providers, and perceptions of risk for harm. Third, the assessment looked at community resources and community readiness. Fourth and last, the coalition prioritized community factors related to NMUPO and heroin use.

A combination of primary and secondary data sources and tools were used to capture and analyze both quantitate and qualitative datasets. These various datasets and collection methods are detailed below.

Secondary Data

To measure NMUPO and heroin consumption and its consequences, this assessment relied on data from existing sources. This included data from the Youth Risk Behavior Survey (YRBS), National Survey on Drug Use and Health (NSDUH), Alaska Trauma Registry (ATR), Volunteers of America Alaska, and the State of Alaska Department of Health and Social Services (DHSS). These data sources provided estimates of NMUPO use and heroin use in Anchorage, as well as information about overdose and fatality. HVHC and AIPC also used data from the Alaska Young Adults Substance Use Survey (YASUS).

Youth Risk Behavior Survey

The YRBS is an anonymous school-based survey of high school students that covers six categories of adolescent health and social behaviors (Alaska Division of Behavioral Health, 2012). The survey is administered every other year and the most recent survey was conducted in 2015. In spring 2015, 1,418 students from across the state of Alaska were surveyed. The YRBS contains questions pertaining to current and lifetime prescription drug use (not specific to opioid use/misuse) and heroin use. Data is available at the district level for the Anchorage School District.

Alaska Trauma Registry

The Alaska Trauma Registry collects data from 24 of Alaska's acute care hospitals for patients with serious injuries. Alaska Injury Prevention Center requested data from the Division of Public Health pertaining to opioid and heroin overdose for the appropriate age groups.

State of Alaska Department of Health and Social Services

The DHSS has issued several epidemiology bulletins covering the NMUPO and heroin use issue. In March of 2016, the DHSS issued a bulletin with information about drug overdose deaths in Alaska from 2009-2015. This bulletin relied on mortality data collected by the Alaska Bureau of Vital Statistics.

Alaska Young Adult Substance Use Survey

The Center for Behavioral Health Research and Services at University of Alaska Anchorage conducted a telephone survey to assess young adult substance use in Alaska (J.D. Barnett, personal communication, December 23, 2016). Specifically, the YASUS aimed to establish state-level estimates of opioid and heroin consumption and consequences among 18-27 year olds. The YASUS also contained questions pertaining to social availability, retail availability, and perceived risk of harm. There were a total of 39 questions within the survey.

A total of 7,130 individuals were invited to participate and a total of 1,031 respondents completed the survey. While the research team intended to only invite participants in the 18-27 age range, some participants were older than 25. Of the 1,031 respondents to complete the survey, 779 (75.6%) were within the target age range of 18-27. Of the 7,130 participants invited to participate, 2,100 were residents of Anchorage. Anchorage participants in the 18-27 year range completed a total of 212 surveys.

The UAA research team obtained Institutional Review Board (IRB) approval from the University of Alaska Anchorage and the Alaska Area Institutional Review Board to conduct the YASUS. Per IRB protocol the research team could not provide raw data for further analysis, but did provide data analysis for statewide and Anchorage data as a whole, and by race and gender.

Primary Data Collection

Because of the complexity of opioid misuse and heroin use, HVHC and AIPC jointly decided to gather primary data, both qualitative and quantitative. Qualitative data collection methods allow participants to provide in-depth explanations and rich narrative on a topic. Since NMUPO and heroin prevention are an emerging issue in the Anchorage community, HVHC and AIPC wanted to collect as much information as possible. Giving community members the chance to speak freely on the issue provided HVHC and AIPC with a more comprehensive understanding of the issue. HVHC and AIPC conducted interviews and open-ended surveys with community members and current NMUPO and heroin users to gather more information about the consequences of NMUPO and heroin use in the community. A telephone survey, conducted by Hays Research Group, collected data from Anchorage residents around knowledge of the problem of NMUPO and heroin use, concern about the issues and levels of knowledge of efforts to address the problems.

Key Informant Interviews

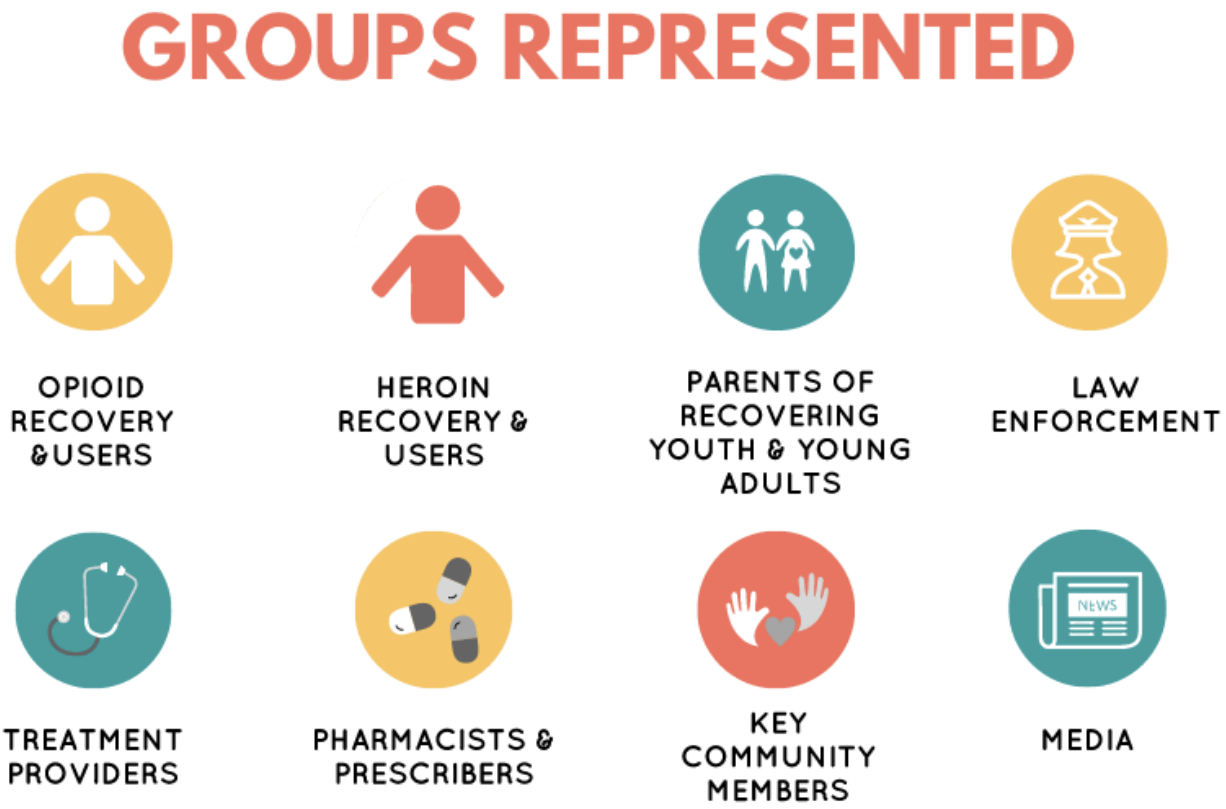
The assessment team first considered conducting focus groups. However, due to the sensitive nature of the topic, the assessment team ultimately decided to conduct one-on-one interviews. The assessment team chose to conduct one-on-one interviews to ensure that all participants were given room to speak freely on the topic and to avoid any discomfort an individual might feel sharing in a group.

The key informant interviews were qualitative, in-depth interviews with people who know what is going on in the community regarding non-medical prescription opioid use and heroin use

within our target population. The key informants provided nature on the insight of the nature of the challenges around the issues as well as provided recommendations for solutions within Anchorage.

HVHC and AIPC worked together to identify individuals to interview. Interviewees included a mix of existing and new contacts. AIPC and HVHC chose to interview parents, individuals in recovery for opioid use, individuals in recovery for heroin use, active users, treatment providers, prescribers, military personnel, corrections/law, and community members representing health care, education, business, and local media. Interviewees were asked to identify others they think might have valuable input or be interested in participating in coalition activities.

Figure 2 Key Informant Interview Sector Representation



HVHC and AIPC staff and volunteers directly contacted respondents to solicit participation. Respondents were offered the option to go through the questions as an interview or provide written responses to each of the questions. A total of 22 key informants were interviewed for this needs assessment. Responses were synthesized based on sector representation. A full synthesis of all 22 interviews by sector is included in Appendix A in this document.

Open-Ended Written Surveys

To collect data from current users, AIPC distributed open-ended written surveys to Alaskan AIDS Assistance Association (Four A's). Four A's coordinates and houses the city's only syringe exchange program. AIPC initially provided Four A's with 25 surveys. After receiving the completed 25 surveys back from Four A's staff, AIPC provided 25 more surveys with a few modifications based on responses from the initial survey distribution. Both surveys are included in the Appendix I of this document.

In total, Four A's staff distributed and collected 50 surveys from current users of either heroin, opioids, or both. In exchange for completing the survey, respondents received a $25 WalMart gift card. Four A's began distributing surveys on February 8, 2017 and had 50 surveys completed by February 13, 2017.

Volunteers of America Alaska PRIME for Life Data

Volunteers of America Alaska, in collaboration with the Anchorage School District, the Boys and Girls Club of Southcentral Alaska, and the First Christian Methodist Episcopal Church offers PRIME for Life to middle and high school students in the greater Anchorage area (Volunteers of America Alaska, 2017). PRIME for Life is a three-day, alternative to suspension course for first-time drug and alcohol offenses. It can also serve as a preventive course for students wishing to avoid suspension. The PRIME for Life program engages students in self-evaluation of their decision to use drugs and alcohol, helps students see the life-long consequences of drug and alcohol use, and equips students with the skills needed to prevent future substance use.

Volunteers of America Alaska coordinates the PRIME for Life program and conducts surveys with participants. The surveys contain questions pertaining to drug and alcohol use, including social availability. AIPC and HVHC analyzed the data from these surveys for this assessment.

Telephone Survey

The Alaska Injury Prevention Center contracted with Hays Research Group LLC to conduct a telephone survey regarding attitudes, opinions, and behaviors related to several behavioral health issues in Anchorage, Alaska. Questions about opioid and heroin use were included. Marcia Howell of AIPC and Adam Hays of Hays Research Group developed the survey instrument. The telephone survey was conducted from August 4, 2016 to August 9, 2016. Each survey averaged approximately eight minutes in length.

A total of 382 residents from Anchorage, Alaska were interviewed. The sample was kept in proportion to state population figures with the margin of error for age groups and gender.

Hays Research Group team used IBM SPSS software to analyze the data. They provided frequency and cross tabulation data. Those results are presented in the Key Findings section of this report.

Community Readiness

A community readiness assessment was conducted following the Tri-Ethnic Center for Prevention Research's model of Community Readiness for Community Change. (Plested, Jumper-Thurman, & Edwards, 2015). The community readiness assessment on the non-medical use of prescription opioids and heroin use measured attitudes, knowledge, resources, and efforts and activities of community members and leadership in order to assess the community's readiness to address five key dimensions: 1) Community knowledge of the issues (how much does the community know about the issues?); 2) Community knowledge of efforts (How much does the community know about current prevention programs and activities?); 3) Community climate (What is the community's attitude toward addressing the issues?); 4) Leadership (What is he leadership's attitude toward addressing the issue?); and 5) Resources (What are the resources being used or that could be used to address the issue?).

Tri-Ethnic Surveys Methodology

AIPC and HVHC developed a group interview protocol to evaluate the levels of community awareness, understanding, and readiness of NMUPO and heroin use in Anchorage. The community readiness protocol is attached in Appendix B.

A selected group of HVHC coalition members and community members was invited to attend one or two community readiness assessment focus groups. These participants were identified and selected as key informants based on their representation of various sectors in the community as well as their knowledge and experience around the issues. Eight participants joined the group focused on non-medical prescription opioid use for 12-17 year olds. Eleven participants joined a group focused on non-medical prescription opioid and heroin use for 18-25 year olds.

The total of 19 key informants joined our two group interviews representing the following community sectors: youth-serving organizations, military, law enforcement, clinical services, medical services, youth, parents, Native American, people in recovery, Hispanic, Alaska Native, faith, and non-profit communities.

The group interviews were conducted, captured, scored, and analyzed by AIPC and HVHC staff. The interview discussions were analyzed for key themes relating to priority community factors related to retail availability, social availability, perception of risk for harm, and harm reduction. All interviews were individually scored on the community readiness scale using the Tri-Ethnic Center Community Readiness Model.

Every key informant scored each community readiness dimension, and then the scores were averaged for each dimension of readiness for the two issues (non-medical prescription opioid use for 12-17 year olds, and non-medical prescription opioid and heroin use for 18-25 year olds). The scores for each dimension were then averaged to arrive at an "overall" community readiness score for each issue.

Table 3 Stages of Community Readiness Scale (Colorado State University, 2014)

Stage of Readiness	Score
No Awareness	1
Denial/Resistance	2
Vague Awareness	3
Preplanning	4
Preparation	5
Initiation	6
Stabilization	7
Confirmation/Expansion	8
High Level of Community Ownership	9

V. Key Findings

Extent of the Problem in the Community

Current Consumption Patterns

Prescription opioid misuse/abuse and heroin use in Anchorage

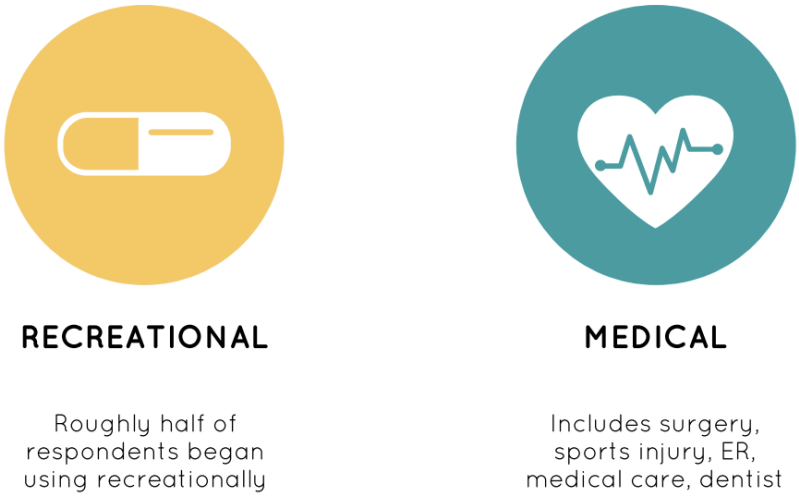
Prescription opioid misuse and heroin use are prevalent throughout the community. Our key informant interviews revealed the far reach the impacts of opioid or heroin addiction have on the community, and that many people are affected.

> *"Most people know opioids are dangerous, that they never wanted loved ones to do it. But many people know someone who does. […] Many people using heroin didn't start there. The community has more sympathy for opioid and heroin users than other drugs because we all know someone." (Key Informant, February 2017)*

Based on our key informant interviews with people in recovery and our open-ended surveys from current users, there was a roughly even split between people being initially introduced to opioids for both recreational and medical purposes. People also shared that if they were using prescription opioids they would often both use and sell them to others.

Figure 3 Introduction to Opioids for Recreational and Medical Use

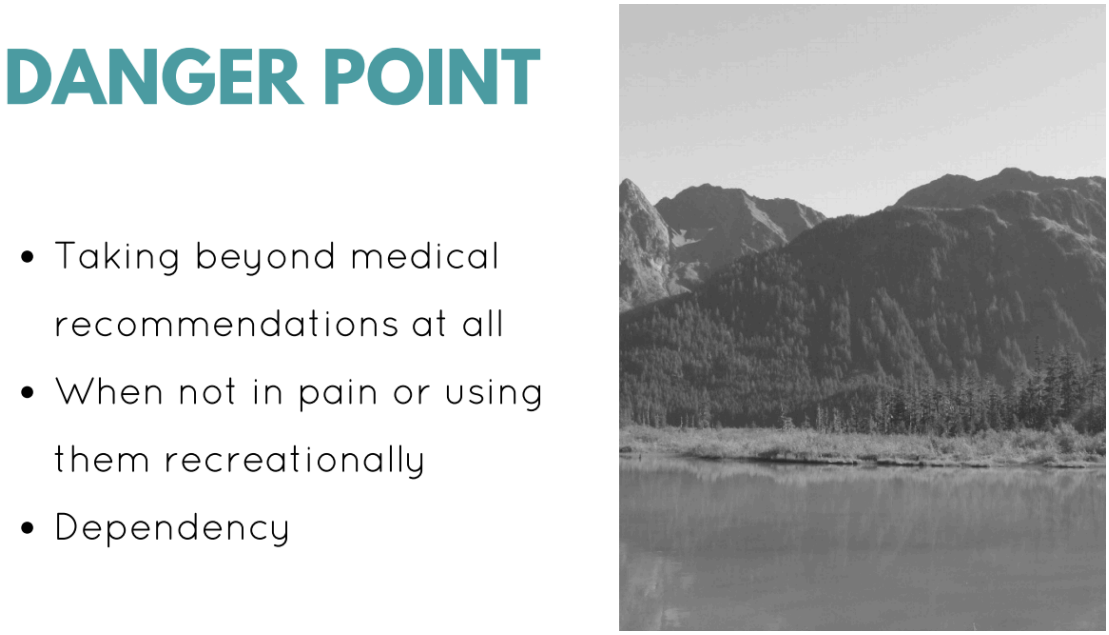
INTRODUCTION TO OPIOIDS



There were varying opinions of what constituted "misusing prescription opioids." Some thought it was when a person first begins to use them beyond medical recommendations, others believed it was when the opioids were not treating pain, and others believed it was as soon as a dependency is established.

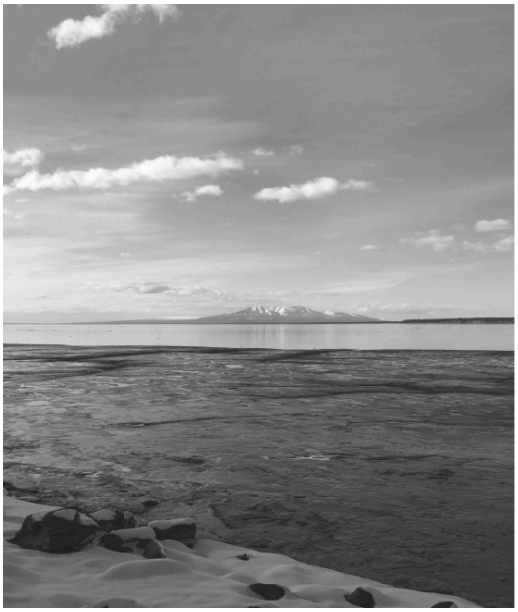
> *"I think it is highly likely that someone who is misusing opioids runs the risk of becoming addicted. This drug is quick to claim its next victim. […] Children don't understand how this drug works and how quickly it can take over their lives. Once they are in the stages of needing it, it's hard to go through the withdrawal." (Key Informant, February 2017)*

Figure 4 Summary of Themes for When Taking Prescription Opioids is Risky



Once a person has access to prescription opioids there is a risk at becoming addicted. Based on our key informant interviews, there were numerous reasons that may lead people within Anchorage to begin overusing prescription opioids.

Figure 5 Summary of Themes for Reasons People Begin Overusing Prescription Opioids

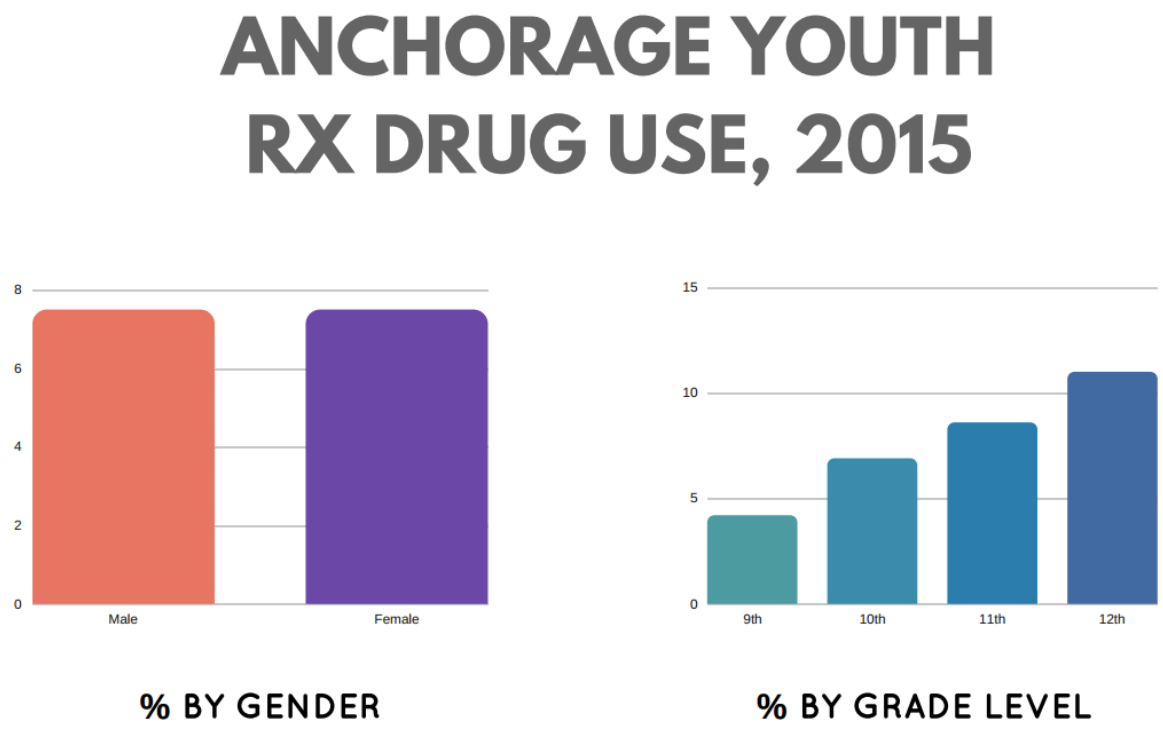


Use of prescription drugs by youth

Data from the YRBS reveals several trends for the use of prescription drugs by youth 12-17 years of age. It is important to note that the question on the YRBS survey does not differentiate between different kinds of prescriptions drugs and may not solely capture opioid use. Figure 6 shows trends in prescription drug use without a prescription over time based on gender and grade level.

Based on gender, there is a near-even percentage of males and females that use prescription drugs at just under 8% for both genders. Based on grade level, use of prescription drugs increases over grade levels and age of youth.

Figure 6 Anchorage Youth Prescription Drug Use



Youth Risk Behavior Surveillance data provided by PFS DETAL.

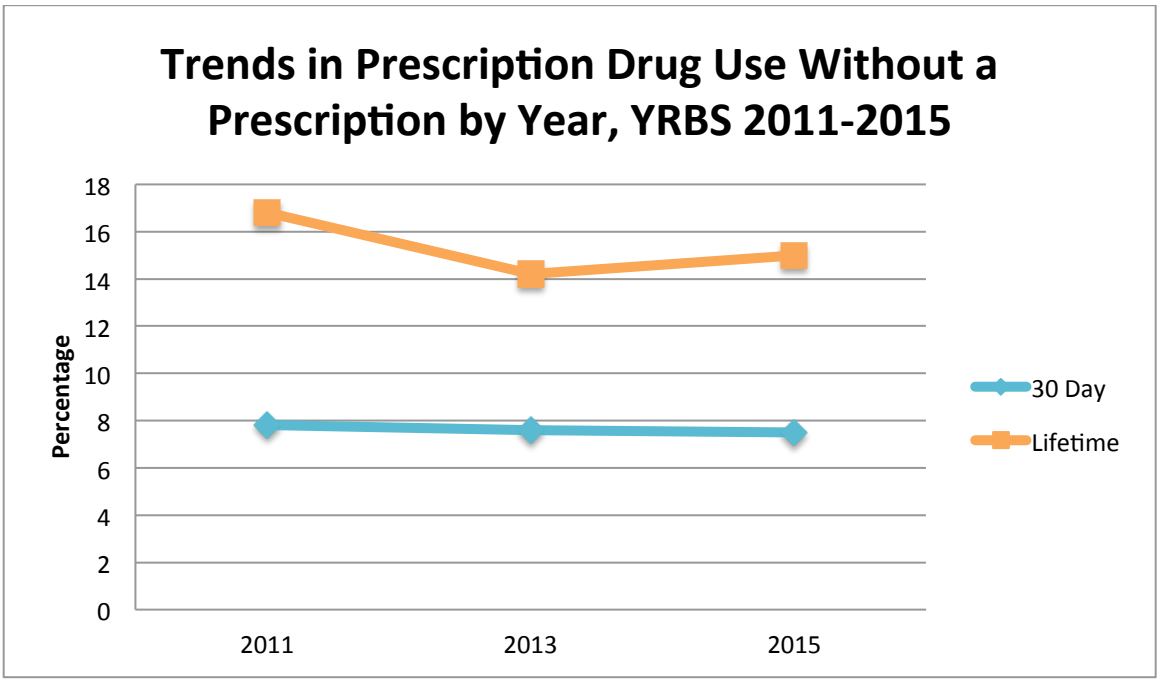
Many of our key informants believe the community has more compassion toward youth who fall victim to addiction.

> *"People have to understand that these kids don't plan on taking these pills to become addicts, and if they could go back and undo the first time they started I don't know of anyone who would have continued to keep taking these pills." (Key Informant, February 2017)*

Use of prescription drugs without a prescription by youth

Data from the YRBS reveals several trends for the use of prescription drugs without a prescription by youth. It is important to note that this question does not differentiate between different kinds of prescriptions drugs and may not solely capture opioid use. Figure # shows trends in prescription drug use without a prescription over time. Use of prescription drugs without a prescription by students in alternative high schools in Alaska was over 40%, in 2011, compared to 16.9% for all Alaskan high school youth (Hull-Jilly & Casto, 2011).

Figure 7 Anchorage Youth Prescription Drug Use



Youth Risk Behavior Surveillance data provided by PFS DETAL.

30 Day Use

An estimated 7.5% of Anchorage high school students had taken a prescription drug without a prescription from a doctor one or more times during the past 30 days. Rates of use in the past 30 days range from 4.2% in 9th grade to more than double that in 12th grade (11.0%). There was no difference in past 30-day use for males and females (7.5%). For this assessment, students who did not identify as white or Alaska Native were categorized as "Other Races." Compared to white and Alaska Native students, the Other Races group saw the highest rate (9.7%) of prescription drug use without a prescription. There were also differing rates of past 30-day use by academic performance. Approximately 12% of students with primarily grades of C, D, or F reported past 30-day use compared to 5.5% of students with grades of primarily A or B. This data shows that there is a greater rate of non-prescription drug use among students not identifying as white or Alaska Native, students primarily receiving grades of C, D, and F, and upperclassmen.

Table 4 Past 30 Day Prescription Drug Use Without a Prescription, YRBS 2015

	Estimate	95% Confidence Interval	
Alaska Total	6.4	5.1	8.0
Anchorage Total	7.5	5.7	9.8
Sex			
Male	7.5	5.1	10.8
Female	7.5	5.4	10.4

Race/Ethnicity			
White (Non-Hispanic, Single Race Only)	5.9	3.9	8.8
Alaska Native	7.4	4.0	13.2
Other Races/Refused/Missing/Unknown	9.7	6.9	12.5
Grade			
9th Grade	4.2	2.7	6.7
10th Grade	6.9	4.1	11.6
11th Grade	8.6	5.3	13.8
12th Grade	11.0	7.0	17.0
Academic Grades			
Mostly As and Bs	5.5	3.8	7.9
Mostly Cs, Ds, and Fs	12.1	8.6	16.8

Lifetime Use

Data from the 2015 YRBS indicate that 15.0% of Anchorage School District students had taken a prescription drug without a prescription from a doctor during their life. According to 2015 YRBS data, the rates for lifetime use by females (15.6%) was not substantially different compared to males (14.3%). There was little difference in prevalence for lifetime use when comparing racial/ethnic groups. Alaska Native and students not identifying as white or Alaska Native each had approximately 16% lifetime use of prescription drugs without a prescription, and 13.7% of white students reported lifetime use. There was a greater rate of lifetime use for upperclassmen compared to underclassmen. Just over 10% of high school freshman and 12% of high school sophomores reported lifetime use. High school juniors had the highest lifetime use rate in 2015 at 19.6% and 18.9% of high school seniors reported lifetime use. Approximately 21.5% of students with primarily grades of C, D, or F reported lifetime use of a non-prescribed prescription drug compared to 12.4% of students with grades of primarily A or B. This data shows that there is little difference in lifetime use between males and females, or students of different racial/ethnic groups. There are, however, differences in lifetime use by grade year as well as by academic performance.

Table 5 Lifetime Prescription Drug Use Without a Prescription, YRBS 2015

	Estimate	95% Confidence Interval	
Alaska Total	14.6	12.5	17.1
Anchorage Total	15.0	12.6	17.7
Sex			
Male	14.3	11.7	17.4
Female	15.6	12.1	19.9
Race/Ethnicity			
White (Non-Hispanic, Single Race Only)	13.7	10.2	18.3
Alaska Native	16.3	11.0	23.4

Other Races/Refused/Missing/Unknown	16.1	12.9	19.9
Grade			
9th Grade	10.3	7.6	13.8
10th Grade	12.3	8.6	17.1
11th Grade	19.6	14.6	25.9
12th Grade	18.9	12.8	26.9
Academic Grades			
Mostly As and Bs	12.4	9.9	15.5
Mostly Cs, Ds, and Fs	21.5	17.2	26.5

Use of heroin by Anchorage youth

The YRBS asks students about lifetime heroin use. An estimated 1.6% of students reported ever having used heroin. Table 5 shows lifetime use of heroin for students in Anchorage high schools by sex, race/ethnicity, grade level, and academic grades.

Table 6 Lifetime Use of Heroin, YRBS 2015

	Estimate	95% Confidence Interval	
Alaska Total	2.2	1.3	3.5
Anchorage Total	1.6	.9	2.9
Sex			
Male	2.6	1.4	4.7
Female	0.6	0.2	1.8
Race/Ethnicity			
White (Non-Hispanic, Single Race Only)	1.1	0.5	2.6
Alaska Native	0.8	0.2	4.3
Other Races/Refused/Missing/Unknown	2.6	1.2	5.4
Grade			
9th Grade	0.8	0.2	2.8
10th Grade	1.7	0.6	4.7
11th Grade	3.1	1.3	7.2
12th Grade	1.1	0.3	3.7
Academic Grades			
Mostly As and Bs	1.0	0.4	2.1
Mostly Cs, Ds, and Fs	2.9	1.3	6.3

Nonmedical use of pain relievers in the past year by youth and young adults

According to the National Survey on Drug Use and Health (NSDUH), there has been an increase in the nonmedical use of pain relievers among 18-25 year olds in Anchorage, from 11.79% to

12.35% from 2006/2008 to 2012/2012 (Heath, et al., 2015). Reported rates of use are greater in Anchorage than Alaska's statewide rate (11.78 in the 2010/2012 survey) and greater than the U.S. rate (10.29 in the 2010/2012 survey). The rates for 12-17 year olds were 7.2% in 2010/2012 in Anchorage. This is greater that the Statewide rate (6.41) and the national rate (5.85) in the 2010/2012 survey.

Table 7 Substance Use and Dependence Amongst Youth by Age Group (2010-2012)

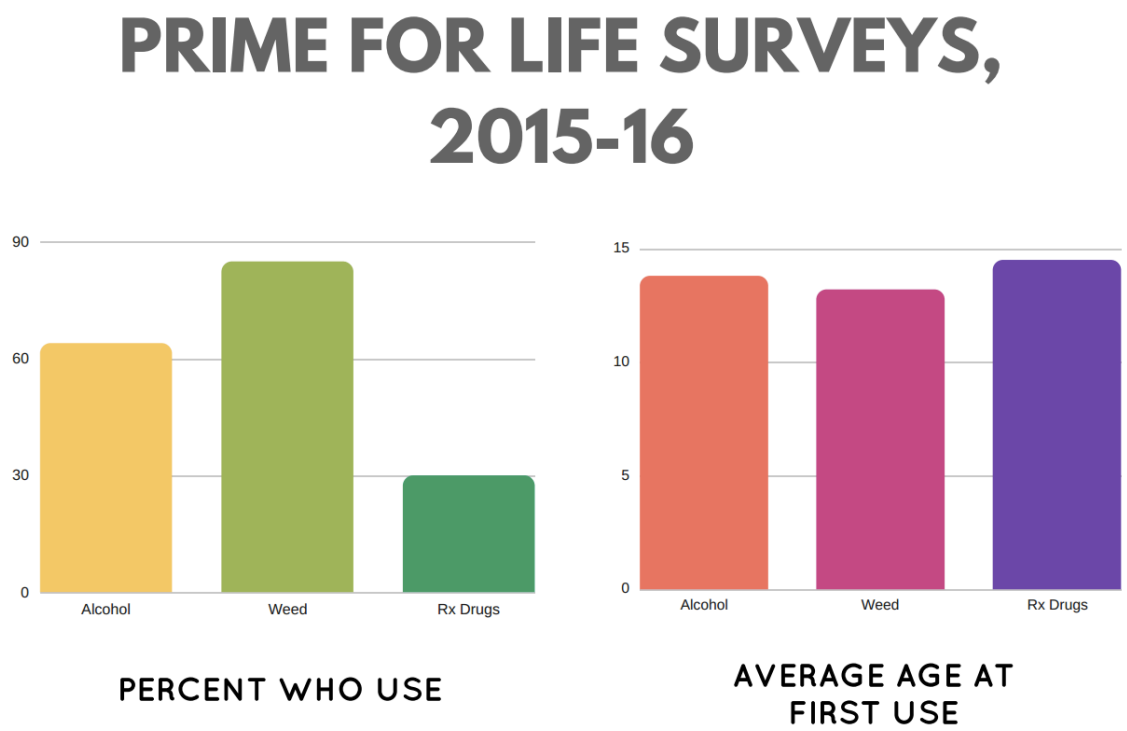
Behavior*	Anchorage	Alaska	United States
Ages 12-17			
Nonmedical Use of Pain Relievers	7.2%	6.41%	5.85%
Ages 18-25			
Nonmedical Use of Pain Relievers	12.53%	11.78%	10.29%

Note. Table created from data retrieved by Heath et al., 2015, from NSDUH.

*Refers to substance use or dependence in the year preceding survey.

With additional information gathered from PRIME for Life participant surveys, it is important to note that prescription drugs are the third most-used substance after marijuana and alcohol. Many of the youth participating in PRIME for Life self-reported that they began using prescription drugs at the average age of 14.

Figure 8 PRIME For Life Summary Data



Data provided by Volunteers of America Healthy Voices Healthy Choices.

Prescription drug misuse and abuse at University of Alaska Anchorage

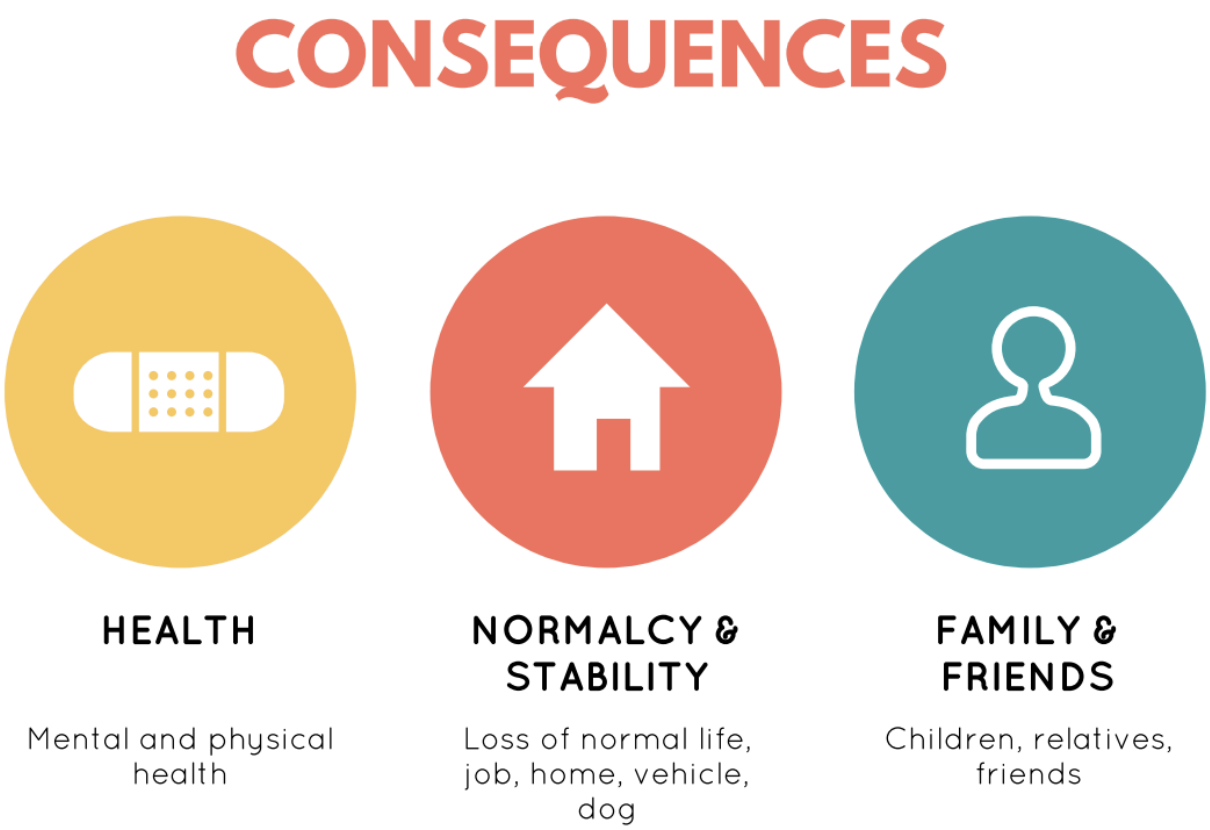
The 2015 UAA Drug and Alcohol survey also shows prescription drug use on the rise on campus. Of the 4,000 students who responded to the survey, 6.6% reported using sedatives once a week and 4.2% reported using sedatives three or more times a week (Heath, et al., 2015). Law enforcement data show illegal use of pharmaceuticals is a growing concern, hydrocodone and OxyContin/oxycodone abuse, in particular.

Consequences of Opioid Misuse and Heroin Use

Community Perceptions of Consequences

> *"I don't know anyone who has started to take this [opioid] medication that began to misuse it but didn't suffer the consequences of their health, family life, friendships, school, and future destroyed by this." (Key Informant, February 2017)*

Figure 9 Summary of Consequences of Opioid Misuse and Heroin Use



Morbidity

From 2004-2013, 40 hospitalized patients, ages 9-24, tested positive, for opiates. This represents 1.3% of all patients in this age group who were tested for drugs (n=2993) and 4.2% (n=954) of all patients in this age group who tested positive. An Epidemiology Bulletin produced by the State of Alaska revealed that the rate of hospitalizations related to heroin poisoning in Alaska nearly doubled from 2008-2012 (Hull-Jilly, Frasene, Gebru, & Boegli, 2015).

Mortality

Data collected from the Alaska Bureau of Vital Statistics mortality database, shows that from 2009-2015, there were 774 drug overdose deaths. 400 of these deaths were from opioid pain relievers and 128 were heroin related. Of the 311the number of accidental poisoning deaths doubled from 66 in 2005 to 133 in 2012 (Strayer, Craig, Asay, Haakenson, & Provost, 2014). Poisoning deaths include, but are not limited to, unintentional overdoses from drugs. The number of heroin overdose deaths in Alaska increased by a factor of four from 2008-2013 (Hull-Jilly, Frasene, Gebru, & Boegli, 2015).

Seventy-five percent of all heroin-associated death in Alaska from 2008-2013 occurred in Anchorage and the Matanuska Susitna regions (Hull-Jilly, Frasene, Gebru, & Boegli, 2015). From 2007-2011, Anchorage had 257 unintentionally drug induced deaths, which was 49% of all such deaths in the State. This is a rate of 17.1 per 100,000 and was 25 percent higher than the national average of 12.9 per 100,000 (Hull-Jilly, Frasene, Gebru, & Boegli, 2015). Poisoning was the leading cause of unintentional injury deaths for Alaska Natives/American Indians in the Anchorage Mat-Su area from 1992-2011 at 21%. The second leading cause of injury death for Alaska Natives/American Indians during this time period were motor vehicle crashes, meaning that there were 20% more poisoning deaths than motor vehicle deaths during this time period (Strayer, Craig, Asay, Haakenson, & Provost, 2014).

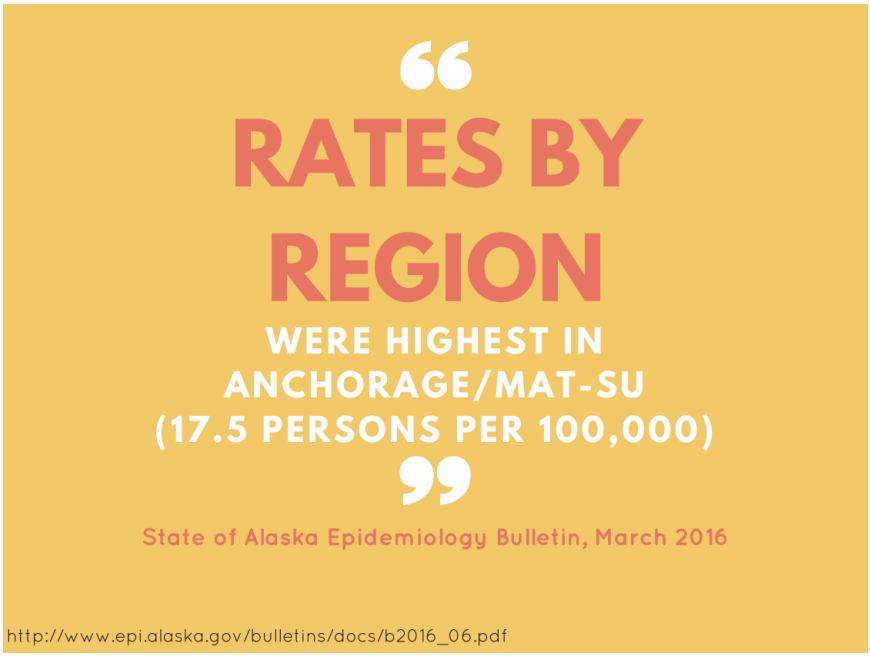
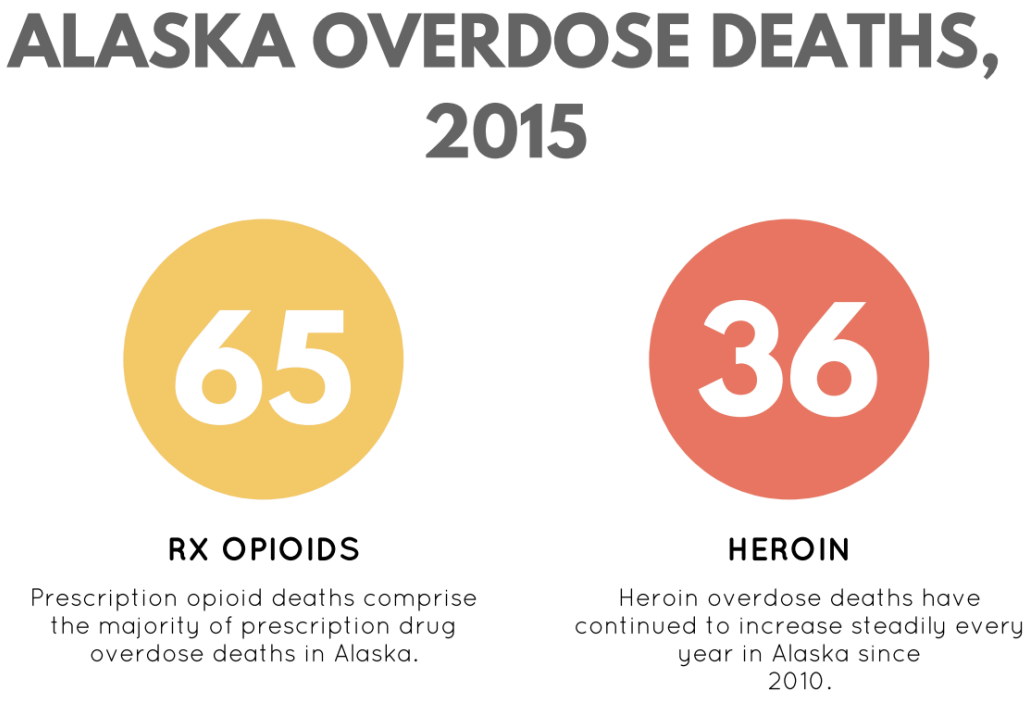


Figure 10 Alaska Heroin Overdose Deaths, 2009-2015

http://www.epi.alaska.gov/bulletins/docs/b2016_06.pdf

Figure 11 Summary of Alaska Overdose Deaths From Prescription Opioids and Heroin, 2015



http://www.epi.alaska.gov/bulletins/docs/b2016_06.pdf

Rates of Hospitalizations related to prescription opioids

Table 8 Prescription Opioid-Related ER Discharges

	N	%
Total ER Discharges	121,232	100.0%
Prescription Opioid-Related ER Discharges	568	0.5%
Poisonings	29	5.1%
Other ER Discharges	539	94.9%
Gender		
Male	271	80.4%
Female	297	19.6%
Age		
12-17 Years Old	7	0.0%
18-25 Years Old	101	33.9%
Other Age	460	66.1%
Race		
White	400	70.4%
AK Native	100	17.6%
All Other Races	55	9.7%
Other	13	4.8%

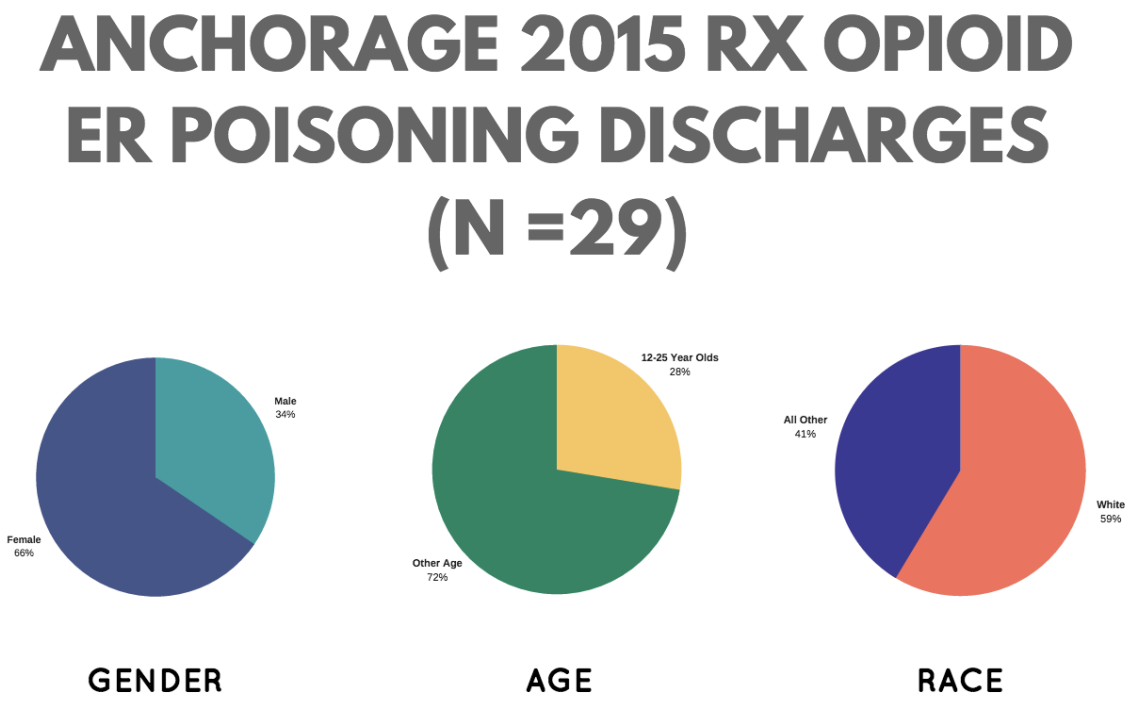
Note. Anchorage Municipality health facilities discharge data provided by DETAL

Table 9 Prescription Opioid-Related ER Discharges

	N	%
Pharmaceutical ER Poisoning Discharges	458	100.0%
Prescription Opioid ER Poisoning Discharges	29	6.3%
Gender		
Male	10	34.5%
Female	19	65.5%
Age		
12-25 Years Old	8	27.6%
Other Age	21	72.4%
Race		
White	17	58.6%
All Other Races	12	41.4%

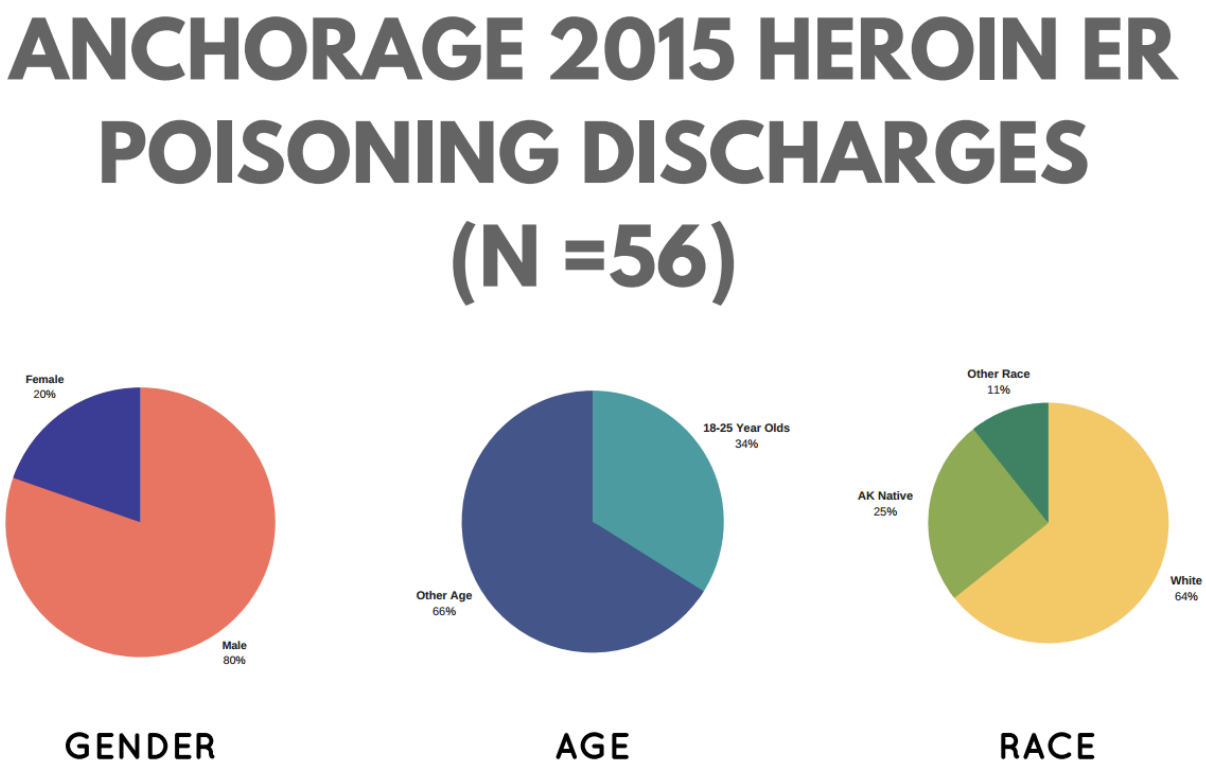
Note. Anchorage Municipality health facilities discharge data provided by DETAL

Figure 12 Summary of Anchorage 2015 Opioid ER Poisoning Discharges



Hospital facility discharge data provided by PFS DETAL.

Figure 13 Summary of Anchorage 2015 Heroin ER Poisoning Discharges



Hospital facility discharge data provided by PFS DETAL.

Hepatitis C Virus

The Hepatitis C virus infection (HCV) is the most common chronic blood borne infection in the United States. Hepatitis C is a contagious liver disease that results from infection with the HCV and can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C usually spreads when blood from a person infected with the HCV enters the body of someone not infected, often through the use of sharing needles or other equipment to inject drugs like heroin. There is no vaccine for Hepatitis C so prevention is the best avenue to avoid its spread, like abstaining from injecting drugs (Alaska Department of Health and Social Services, 2016).

The State of Alaska's Section of Epidemiology (SOE) reported a total of 5,888 HCV cases during 2011-2015. The number of HCV cases rose considerably for all age groups in that period, but most significantly for people between the ages 18-29 (from 228 to 459, a 100% increase). Most cases (55%) were male, but among the age range of 18-29 years, most cases (53%) were female (Alaska Department of Health and Social Services, 2016). Within Anchorage, the overall rate of people having the HCV is 161 per 100,000 people; the rate among 18-29 year-olds is 221 per 100,000 people, which is a 100% increase (Alaska Department of Health and Social Services, 2016).

Costs

The average cost for a hospitalized heroin poisoning was approximately $30,000.

Increases in Hepatitis C infections are associated with the sharing of syringes for heroin or other intravenous drug use. The treatment of Hepatitis C for one person costs $81,000 through Medicaid (Four A's, 2017).

Motor Vehicle Impaired Driving

In 2009, just over 10% of DUI citations in which non-alcohol related toxicology tests were conducted were issued due to opiate use (Alaska Highway Safety Office, 2009).

Drug Recognition Expert (DRE) evaluations revealed that 52 drivers out of 299 impaired drivers in 2008 were under the influence of narcotics such as heroin, oxycontin, or other opioids (Alaska Highway Safety Office, 2008). The DRE program is being revitalized. It will be valuable to get updated information when it becomes available.

Juvenile Drug Offenses

The number of juveniles arrested for a drug offense increased from 272 in 2007 to 353 in 2011; this marked a 29% increase in juvenile drug offense arrests in Alaska during this time (Hull-Jilly, Frasene, Gebru, & Boegli, 2015).

Key informant interviews found that there are specific challenges with youth in the justice system and links to drug use. Some youth within the juvenile justice system experience cognitive delays, which then challenges them to understand the long-term consequences of their current actions. For example, it may be challenging to connect that addiction and its consequences can result from taking an opioid pill for short-term relief now. This makes it

challenging for youth to make the best decisions for themselves specifically within this population.

Statewide Seizures, Charges, and Arrests and Crime

From 2009 to 2011 arrests and charges in Alaska related to heroin nearly doubled from 64 to 118 respectively. Statewide, the pounds of heroin seized also nearly doubled from 3.3 pounds in 2009 to 6.4 pounds in 2011 (Hull-Jilly, Frasene, Gebru, & Boegli, 2015). In 2014, the Alaska State Troopers report 209 arrests/charges and 22.4 pounds of heroin seized (Alaska State Troopers, 2015) In 2015 there were 233 heroin related arrests in Alaska. In 2012, 141 Hydrocodone and 609 OxyContin/Oxycodone doses were seized. These numbers saw large increases to 796 and 1183 respectively in 2014 (Alaska State Troopers, 2015).

Locally, the Anchorage Police Department seized 2.78 kilos of heroin in 2011. That number increased to 2.92 in 2012, 5.67 in 2013 and 6.9 in 2014. The 2014 seizure had a street value of $3,441,785 dollars. In 2015 4.2 kilos of heroin were confiscated with a street value of $1,054,997. APD seized 1050 Oxycodone, Oxycontin, and hydrocodone doses in Anchorage, with a street value of $196,900. (Alaska State Troopers, 2015)

Anchorage has seen an increase in all kinds of theft from 2014-2015, as reported by Anchorage Police Department. In 2014 there were 496 reported robberies, 1375 burglaries, 2768 thefts and 939 reports of stolen vehicles. In 2015, those numbers increased to 621 reports of robberies, 1885 burglaries, 8962 thefts and 1154 vehicles reported stolen. Arrests for possession of narcotics rose from 97 in 2014 to 132 in 2015. (McClure & Monfreda, Crime in Alaska 2015, 2015) (McClure & Monfreda, Uniform Crime Reporting Program, 2014).

Impacts to Families

Based on our key informant interviews, there are many personal challenges not only to a person misusing opioids or heroin, but also to their family and close friends. Our key informant interviews shared themes that after addiction people may become homeless, jobless, lose family and friend connections, may lead to jail, sexual exploitation, or death.

One challenge key informants shared was that a person may not know the full extent of the consequences until it is too close, including losing their children to the Office of Children's Services or becoming homeless.

A recent analysis of 2004-2015 data found that the incidence of Neonatal Abstinence Syndrome (NAS) is increasing both nationally and in Alaska (Alaska Department of Health and Social Services, 2016). NAS is primarily associated with prenatal exposure to opiates. Prenatal use of opioids, which include heroin and other prescription drugs, is increasing nationally, resulting in an associated increase in NAS. In Alaska, health care providers are responsible for reporting NAS infants to OCS to assess the safety of the home environment and possibly intervene (Alaska Department of health and Social Services, 2017).

Real Consequences of NMUPO as described by active users

Participants were asked to identify consequences that they had seen from individuals using opioids beyond medical recommendations. Consequences were varied, often serious, and included: addiction, overdose, poor health, losing family and friends, losing jobs, homelessness, loss of normal life, jail, and death.

Did you know about these consequences before you started using?

After being asked to identify consequences they had seen from prescription opioid misuse, participants from the first round of surveys were asked if they had been aware of these consequences before they started using. Over half of those asked indicated that they did not know about the consequences. Of those that said yes, they did know of the consequences before they started using, several indicated that they did not fully understand the depth and impact of the consequences.

Participants from the second round of surveys were asked to identify which consequences they knew about before they started using. Just over half of respondents knew that jail and poor health were consequences of using prescription opioids beyond medical recommendations. Under a half of respondents knew that loss of normal life, losing a job, homelessness, and losing friends were potential consequences. Approximately one third of respondents knew that losing family could be a consequence of misusing prescription opioids.

How likely do you think it is that people who use opioids beyond recommendation will face these consequences?

Almost all respondents indicated that it is very likely or guaranteed that a person who misuses prescription opioids will face consequences.

Which consequences might have persuaded you to not start using?

The majority of respondents indicated that loss of family might have persuaded them from not using. Loss of friends, jail, and homelessness were also common responses.

A few survey participants mentioned that having access to more community events, parks, and activities and a better community environment might have helped prevent opioid misuse. A few respondents also indicated that being more educated about the effects of prescription opioids might have prevented them from misusing them.

Some respondents indicated that none of the consequences could have persuaded them from not using.

Real Consequences of heroin use as described by active users

What consequences have you seen from heroin use?

The consequences of heroin use as described by current users were serious. Consequences included loss of family and friends; lose of job, homelessness, poor health, loss of normal life, dependency, overdose, and death.

Which of these consequences did you know about before you started using?
The original survey contained a question about which consequences they knew of before beginning to use heroin. Responses included loss of family, loss of friends, poor health, overdose, physical dependency, abscess, jail, and loss of possessions and home. The modified survey provided respondents with options to select from. These options included losing family, losing friends, losing jobs, homelessness, poor health, loss of normal life, and jail. The majority of respondents were aware of at least some of the consequences of heroin use before initiating use. Roughly one-fifth of respondents from all 50 surveys were not aware of the consequences of heroin use before they began using heroin. Several respondents indicated that while they had been aware that there were consequences of heroin use, they did not fully realize the extent of the consequences until they had experienced them themselves.

How likely do you think it is that people who use heroin will face these consequences?
Almost all respondents indicated that it is very likely that a person who uses heroin will face consequences like the ones referenced in the previous questions.

Which consequences might have persuaded you to not start using?
When asked which consequences might have persuaded them from not using heroin, loss of family was the most common response, followed by jail. Loss of friends, death, homelessness, and experiencing withdrawal were also frequent responses. A few respondents indicated that loss of normal life might have persuaded them from not using.

Some respondents indicated that none of the consequences could have persuaded them from not using.

> “
> **IF I COULD CHANGE ANY THING IN THE WORLD AT ALL,**
> **IT WOULD BE NOT DOING IT THE FIRST TIME I TRIED IT.**
> ”
>
> Survey Response

What other things that could have prevented your heroin use?
Heroin users were asked what other things might have prevented them from using heroin. Common responses included having family and friends provide support and outreach may

have prevented them from using heroin. Several respondents also pointed to past trauma, family instability, or mental health issues as leading them to heroin use.

Two respondents indicated that they transitioned from opioid use to heroin use. One of these participants responded that being cut off cold turkey from prescription opioids made them seek out heroin.

Community Factors associated with Social Availability of heroin and prescription pain relievers

Access to heroin and prescriptions opioids in Anchorage

Obtaining Prescription Opioids
For current users, the two most frequently mentioned means for obtaining prescription opioids were through the street or through a prescription from doctors. Obtaining drugs from the street was often mentioned as networking, or through word-of-mouth. A few respondents indicated faking scripts. Dealers, friends, and stealing from family and strangers were also common responses.

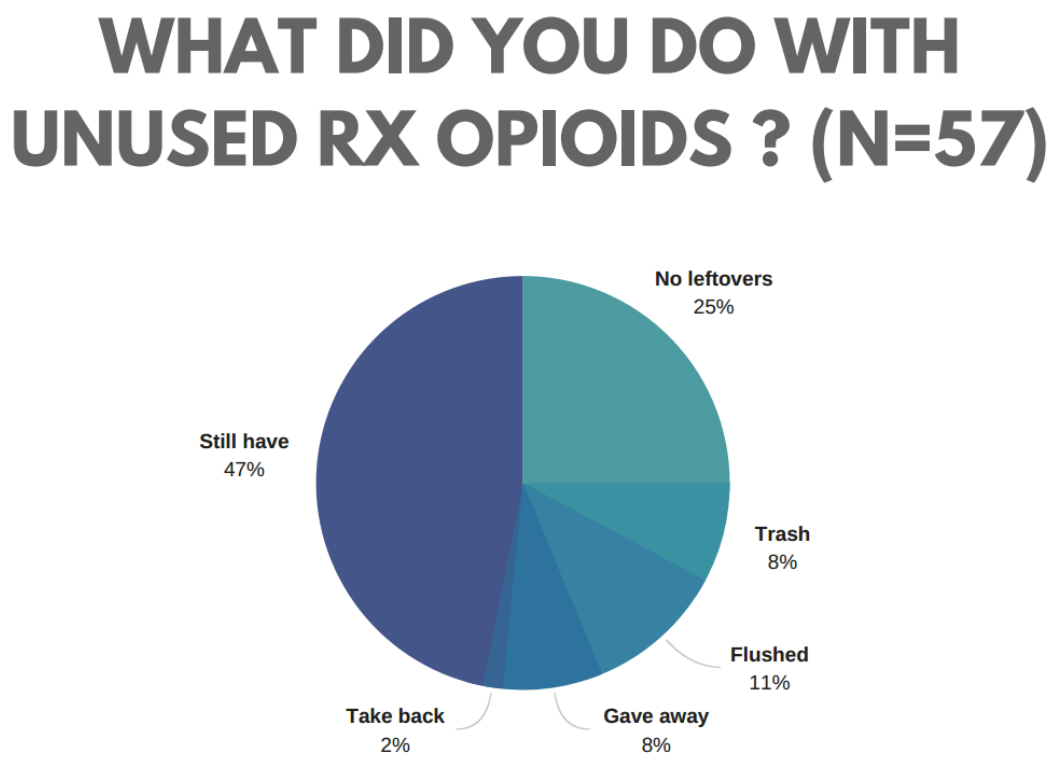
Obtaining Heroin
When asked how current users or people they knew obtained heroin in Anchorage, the majority responded with either a dealer or the street. Other responses included from friends, strangers, and, in a few instances, family members.

Safe Storage

A theme emerged from interviews with key informants that many people do not throw away unused prescription medication. Stockpiling of unused drugs “for another day” is a common practice throughout Anchorage.

From a citywide survey, nearly half (47%) of all community members reported that they still have their unused prescription opioids. A quarter of respondents reported that they did not have any medication remaining so did not have to dispose of them. However, that leaves a remaining 29% of respondents that disposed of them either by throwing them in the trash (8%), flushing them down a toilet (11%), bringing them to a “take back” (2%), and the remainder gave them away (8%).

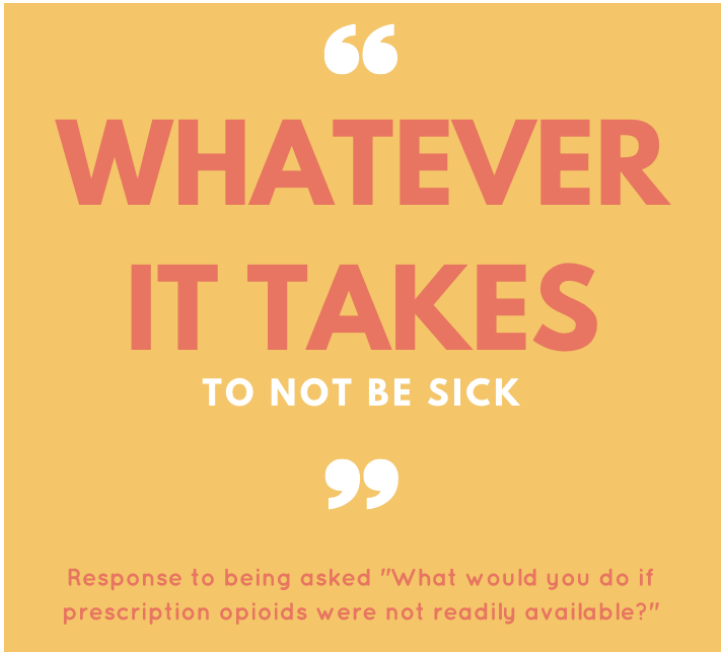
Figure 14 Summary of What People do With Excess Prescription Opioids



Data provided by PFS DETAL. Survey of 212 Anchorage residents aged 18-27.

Current misusers of prescription opioids who participated in the surveys at 4's, discussed what safe storage means to them. The majority of respondents indicated that they needed to be in a safe or lockbox. A few individuals also indicated that they should not tell anyone that they have a prescription for opioids.

When asked what they would do if prescription opioids were unavailable, most respondents said they would move to heroin, another drug, or continue to search for opioids until they could find them. A small number of survey respondents indicated that they would enter detox or try to stop using prescription opioids all together.



Many active heroin users are also misusers of prescription opioids. When asked what they would do if prescription opioids were securely stored, most said they would seek other

drugs. Several pointed out that they would do anything to avoid experiencing withdrawal. A small number said they would detox and get clean.

Interviews with key informants found that adults were also not likely to be deterred if opioids were simply unavailable. Many, including people in opioid recovery, said that if they were addicted and opioids were not available they would simply "find something else to use" (Key Informant, January 2017). Open-ended surveys with active users reinforced this message, that someone with an addiction will do "whatever it takes to not be sick."

In the Adult Perceptions of Anchorage Youth (APAY) a survey initiated by HVHC and with Dr. Marny Rivera at the University of Alaska Anchorage as the principal investigator, adults in Anchorage were asked questions about prescription drugs in their home and youth access to their prescription drugs. Seventy-four percent of adults in Anchorage indicated that they have prescription drugs in the home. While most Anchorage adults have prescription drugs in the home fifty-five percent indicated that children in the home do not know prescription drugs are in the home and another six percent did not know whether children in the home knew there were prescription drugs. The majority of adults (87%) agreed that it is necessary for parents or guardians to take steps to keep children and youth from having access to prescription drugs in the home.

Adults in Anchorage were also asked about several steps that could be taken to reduce youth access to prescription drugs in the home. Less than half of the adults engaged in any of the four activities they were asked about. The most common techniques used by adults in Anchorage for reducing youth access to prescription drugs included hiding the pills (49%) and keeping track of the number of pills (48%). The least common techniques used by adults for reducing youth access to prescription drugs included keeping the pills with them when they leave home (21%) and locking the pills up (35%). "Other" methods for preventing youth access to prescription drugs suggested by survey respondents included educating youth about prescription drug use, making prescription drugs inaccessible to youth, and discarding prescription drugs as soon as the prescription has expired.

A cross-tabulation analysis of Adult Perceptions of Anchorage Youth survey data showed that parents (of 12-24 year olds) were significantly less likely than other adults in Anchorage to take various steps to reduce youth access to prescription drugs in the home. Fifty-two percent of adults hide prescription medications while only 40% of parents did. Whereas 35.6% of adults reported that they lock up their pills, only 26.2% of parents did. Twenty-three percent of adults reported that they kept their prescription medications with them while only 14% of parents did (HVHC data).

How Youth Access Prescription Opioids

Youth who participated in the Prime For Life evaluation survey report accessing prescription opioids from a friend, taking them from a family member and paying someone for them.

Several mentioned getting them at school. The two most common responses were taking them from a family member and giving someone money for them.

Community perception was gathered on drug use and misuse. HVHC's members surveyed 100 community members in 2015 by asking opened ended questions. Questions asked included "How do you think young people are accessing prescription drugs in our community?" The survey found that answers to the question, confirm our assumption that youth are obtaining them from someone they know, especially friends and family members. The most frequently recorded answer was parents' home followed by friends, then followed by parents, siblings, family, and acquaintances in general.

Drug Take-Back Events

Prescription Drug Take-Back efforts have occurred in Anchorage with leadership provided by HVHC. The Anchorage DEA is an active participant in the HVHC's Drug Take Back committee. The prescription take back efforts throughout Alaska have resulted in a significant amount of safe disposal of drugs. HVHC and AIPC staff recently met with DEA staff and HVHC's Take Back work group. There is renewed interest and commitment to conducting Take Back events. The next one will be in late April, followed by a fall event. Take Back efforts are a powerful awareness raising tool, and will help elevate community recognition of the problem as well as readiness to plan and implement prevention strategies.

Table 10 Amount of Drugs Collected Through Anchorage Drug Take Back Events

Event date	*Amount of drugs collected in pounds*
September 25, 2010	1336.00
April 30, 2011	1603.60
October 29, 2011	1877.66
April 28, 2012	2722.41
September 29, 2012	1838.00
April 2013	3931.00
Fall 2013	2763.00

Community Factors that Contribute to Retail Availability

Opioid Use Initiation

Half of the adult survey participants who are actively misusing prescriptions opioids indicated that they began using prescription opioids to get high. The other half responded that use began after receiving a prescription from a doctor for post-surgery pain, a sports injury or an emergency room visit or from a dentist.

How did you start taking opioids?	
	n
Recreational Use	24
Surgery	12
Sports Injury	6
Medical Care	4
Emergency Room	4
Dentist	3

From Use to Misuse

Responses to the question "At what point do you think using prescription opioids, beyond medical recommendations, becomes dangerous?" were varied. Many survey respondents indicated that taking prescription opioids at any point beyond medical recommendations is dangerous. Other respondents referenced dependency as the point at which it becomes dangerous. Taking prescription opioids when not in pain or using them recreationally were also indicated as dangerous.

Misusing Prescription

Common responses for reasons for misusing prescription opioids were enjoying or wanting to experience the high, increased tolerance to prescription opioids, prescribed dosage not being adequate for pain, experiencing persistent pain, and the experience of physical withdrawal symptoms. A few respondents also indicated a traumatic experience as catalyst or underlying reason for abusing prescription opioids.

Lack of Mandatory Prescription Drug Monitoring Program

Voluntary PDMP participation allows unsupervised over prescribing. In a recent conversation, it was reported that doctors are sometimes persuaded to prescribe more than the standard of care amount to help a patient avoid paying the co-pay twice if they need a refill.

Key informants stressed that prescribers may be in the challenging position of not knowing how much prescription opioids a patient is taking, especially if they are seeking multiple prescriptions from different doctors.

Hospital "Satisfaction Scores"

Key informant interviews also revealed that "hospital satisfaction scores" drive many prescribers. The Hospital Consumer Assessment of Healthcare Providers and Systems survey, or HCAHPS, was the first national, standardized, and publically reported survey of patients' perspectives on hospital care. These scores were first used in 2006 by the Centers for Medicare and Medicaid Services (Adams, Bledsoe, & Armstrong, 2016).

The HCAHPS scores are designed to measure patient perceptions of hospital experience as one surrogate for hospital quality. Based on patient satisfaction, many have speculated that higher scores occur with patients that are more satisfied with the hospital's treatment of their levels of pain. Focus centers around:

> *HCAHPS Question 14: "How often did the hospital or provider do everything in their power to control your pain?"* (Centers for Medicare and Medicaid Services, 2016).

Many physicians see their patient satisfaction scores in patient surveys decrease as a result of changes in their prescribing practices, which affect compensation and promotions. The quickest solution to treat pain is with prescription opioids. Some feel this culture has contributed to today's challenges with opioid addiction, and that prescribers may over-prescribe to patients by dosage and duration.

Pain as a Fifth Vital Sign Culture

Key informant interviews with pharmacists and prescribers linked today's epidemic with what they call, "pain as a fifth vital sign" culture. The Joint Commission and Agency for Healthcare Research and Quality promoted the medical practice that no patient should experience pain. (Adams, Bledsoe, & Armstrong, 2016). Prescribers have to trust their patients and prescribe according to the pain; however they may not know when a patient is addicted or breaks trust, putting the prescriber in the unwitting position of supporting dangerous behaviors.

> *"We live in a society of instant fixes, and nobody think's it's OK to experience pain and discomfort from time to time, and that's not true. It's OK to have these feelings and to feel them. I'm just not sure what the answer is, but we have to start doing something different than what we have been doing." (Key Informant, February 2017)*

Alternative or Non-Drug Treatment

Key informant interviews with pharmacists and prescribers stressed that there are alternatives to prescribing opioid medication that potential patients have the right to be educated on before receiving prescription opioids. Various other treatments were raised, including massage therapy, physical therapy or eastern medicines, such as acupuncture.

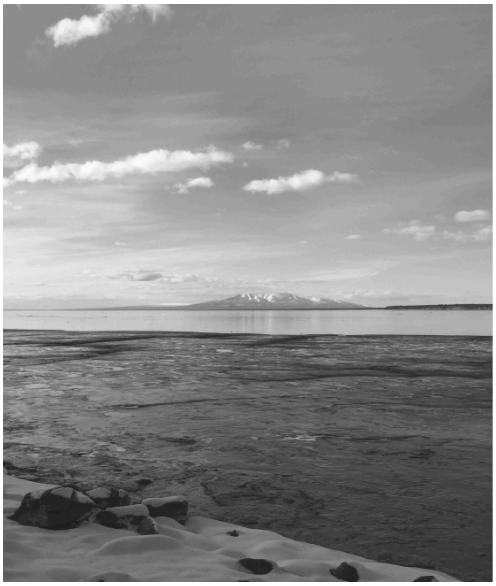
Some key informants also pointed to the use of non-steroidal anti-inflammatory drugs (NSAIDs) rather than prescription opioids. These NSAIDs are a class of drugs that provides analgesic and antipyretic effects, and in higher doses also provide anti-inflammatory effects. These may include Ibuprofen, aspirin, and more. Many community members agree they would like to see prescribers look at other alternatives before prescribing drugs at high-risk for addiction.

> *"I would like to see more natural methods of treatment, physical therapy, ice or heat treatment, diet and exercise therapy, and education for people. […] Focus on the younger generation to grow and build a healthier generation of people who understand the body and how important what you put in affects what you get out." (Key Informant, January 2017)*

Perceptions for Risk of Harm

Based on open-ended surveys of current users, approximately 60% of young adults view trying prescription opioids once or twice as risky. Eighty-seven percent of those surveyed also perceive regularly misusing opioids as physically or otherwise harmful.

Roughly 85% of young adults view trying heroin as risky. Approximately 90% of those surveyed also view using heroin once or twice a week as posing a great physical harm to an individual.



RX TO OVERUSE

- Seeking high
- Increased tolerance
- Rx inadequate for pain
- Persistent pain
- Experiencing withdrawal
- Trauma

Based on our key informant interviews, there is a varying range of when people believe danger exists in taking prescription opioids. Among people in recovery from opioid addiction, some felt risk exists as soon as an opioid prescription is written, while others feel it is only dangerous when a person uses the prescription beyond the doctor's orders.

> *"The first time a person takes medication not as directed they cross a line and become their own doctor, as if they know how much to take, which is dangerous because they don't." (Key Informant, January 2017)*

Interviews with people in recovery for opioid and heroin addiction shared similar stories that though the risks are great, many feel knowing the risks would not deter use. Many felt that the drug use was treating a symptom of trauma, despair, or other life challenges. Many also felt that, "People think it won't happen to them" (Key Informant, January 2017).

Perception of risk of harm among Anchorage high school students

The YRBS asks students about their perception of risk of harm from use of prescription drugs without a prescription. Over 80% of students in Anchorage think there is a moderate or greater risk of harm from use of prescription drugs without a prescription. When assessed by sex, a greater percentage of female students (85.5%) believe there is a moderate or greater risk of

harm as compared to males (79.2%). Compared to Alaska Native students and students of Other Races, a greater percentage of white students perceive a moderate or greater risk of harm from prescription drug misuse. Between 82% and 84% of 10th, 11th, and 12th grade students perceive the risk of harm from prescription drug misuse as moderate or great. In comparison, 79.5% of 9th grade students perceive a moderate or greater risk of harm. A greater percentage (85.4%) of students with mostly A's and B's perceive the risk of harm from prescription drug misuse as moderate or great than students with mostly C's, D's, and F's (74.6%). Low grades should not automatically be assumed to mean that the youth are less intelligent or have always been low achieving students.

Trends in perception match trends in lifetime and 30-day prescription drug misuse.

Table 11 Perception of risk of harm from prescription drug misuse as moderate or greater (%)

	Perception of Risk	
	Moderate or Greater	Great
Alaska Total	78.7	54.4
Anchorage Total	82.2	55.8
Sex		
Male	79.2	53.5
Female	85.5	58.2
Race/Ethnicity		
White (Non-Hispanic, Single Race Only)	88.9	61.2
Alaska Native	77.8	50.2
Other Races/Refused/Missing/Unknown	75.2	50.9
Grade		
9th Grade	79.5	52.3
10th Grade	83.2	58.4
11th Grade	84.0	54.2
12th Grade	82.6	58.4
Academic Grades		
Mostly As and Bs	85.4	59.0
Mostly Cs, Ds, and Fs	74.6	48.1

Our key informant interviews revealed a theme that people think doctor's prescriptions are safe, especially youth who may not have the education around addiction brain chemistry and are misinformed. Youth believe in stereotypes that "addicts" or "heroin users" are junkies and not someone they know. Since opioids are not illegal but prescribed by a doctor that lends to the misperception that prescription opioids are not dangerous.

"There is a perception that those who abuse opioid prescriptions are losers, ill-educated, unhygienic, cannot hold a job, overall bad person rather than 'regular person just like you and I.'" (Key Informant, February 2017)

Many key informants also cited younger people becoming introduced to opioids through sports injuries in middle to high school. Many also cited that youth may be introduced to opioids as "party drugs" and may not know what pills they are exposed to.

Perception of risk of harm among young adults in Anchorage

The YASUS contained several questions to the perception of risk of harm of opioid and heroin use. Table 13 and Table 14 contain data pertaining to perception of risk from misusing opioids once or twice and perception of risk of harm from regular misuse of opioids. Respondents ranked the level of risk on a scale where 1 = no risk and 6 = great risk. Table 13 shows that the majority of survey participants indicated there being some level of risk to misusing opioids once or twice.

Table 12 Perception of risk of harm from trying to misuse opioids once or twice

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 No Risk	13	6.1	3	10.0	4	3.1	6	11.8
2	25	11.8	2	6.7	18	13.7	5	9.8
3	43	20.3	9	30.0	27	20.6	7	13.7
4	30	14.2	4	13.3	22	16.8	4	7.8
5	40	18.9	4	13.3	27	20.6	9	17.6
6 Great Risk	60	28.3	8	26.7	33	25.2	19	37.3

Note. Table created using data from Hanson, B. L. & Barnett, J. D. (2016)

Table 12 shows that just over half (54.7%) of young adults aged 18-27 that were surveyed found that the regular misuse of opioids once or twice a risk posed a great risk.

Table 13 Perception of risk of harm from regular misuse of opioids once or twice a week

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 No Risk	10	4.7	4	13.3	1	0.8	5	9.8
2	4	1.9	0	0.0	3	2.3	1	2.0
3	12	5.7	2	6.7	5	3.8	5	9.8
4	22	10.4	3	10.0	12	9.2	7	13.7
5	47	22.2	4	13.3	30	22.9	13	25.5
6 Great Risk	116	54.7	17	56.7	80	61.1	19	37.3

Note. Table created using data from Hanson, B. L. & Barnett, J. D. (2016)

Table 14 and Table 15 show data from the YASUS on young adults in Anchorage perception of risk from trying heroin once or twice and from regularly using heroin. When compared to data for misusing opioids once or twice, a much greater percentage of adults identify using heroin once or twice as posing a great risk. Similarly, a higher percentage of young adults identify regularly using heroin once or twice a week as posing a great risk compared to the same question for opioid misuse.

Table 14 Perception of risk of harm from trying heroin once or twice

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 No Risk	9	4.2	3	10.0	4	3.1	6	11.8
2	8	3.8	2	6.7	18	13.7	5	9.8
3	10	4.7	9	30.0	27	20.6	7	13.7
4	22	10.4	4	13.3	22	16.8	4	7.8
5	31	14.6	4	13.3	27	20.6	9	17.6
6 Great Risk	131	61.8	8	26.7	33	25.2	19	37.3

Note. Table created using data from Hanson, B. L. & Barnett, J. D. (2016)

Table 15 Perception of risk of harm from regularly using heroin once or twice per week

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 No Risk	7	3.3	3	10.0	1	0.8	3	5.9
2	5	2.4	1	3.3	2	1.5	2	3.9
3	5	2.4	0	0.0	3	2.3	2	3.9
4	10	4.7	1	3.3	4	3.1	5	9.8
5	24	11.3	3	10.	15	11.5	6	11.8
6 Great Risk	160	75.5	22	73.3	106	80.9	32	62.7

Note. Table created using data from Hanson, B. L. & Barnett, J. D. (2016)

Student perception of parental attitudes

Across all student groups, between 86% and 92% of students felt that their parents consider prescription drug misuse as wrong or very wrong.

Table 16 Student perception that parents consider prescription drug misuse as wrong or very wrong (%)

	Perception of Parental Attitudes		
	Estimate	95% Confidence Interval	
Alaska Total	91.1%	88.9	92.9
Anchorage Total	90.3	88.0	92.2
Sex			
Male	89.5	86.4	92.0
Female	91.1	88.0	93.4
Race/Ethnicity			
White (Non-Hispanic, Single Race Only)	94.6	92.4	96.2
Alaska Native	86.0	79.1	90.9
Other Races/Refused/Missing/Unknown	86.3	81.5	90.0
Grade			
9th Grade	89.2	84.2	92.8
10th Grade	89.9	84.0	93.7
11th Grade	90.6	86.6	93.5
12th Grade	91.6	87.0	94.7
Academic Grades			
Mostly As and Bs	91.9	89.6	93.7
Mostly Cs, Ds, and Fs	87.0	81.9	90.8

Harm Reduction

Stigma

There are misperceptions about who uses heroin, and this creates a stigma. Stigma may cause individuals to not to seek help for themselves, and for others to not recognize the need for help in friends and family members. However, heroin addiction crosses all ethnic and racial lines.

Legislation

The Opioid OD Drugs Dispensing; Immunity Act became law in Alaska on March 15, 2016. Opioid/heroin use and overdose has caught the attention of local politicians. In 2015, Alaska State Senator Johnny Ellis, representing Downtown Anchorage, Fairview, Mountain View, and Airport Heights, introduced Senate Bill 23 to make Narcan more widely available. This will be an invaluable tool for decreasing overdose deaths by increasing access to Naloxone and immunity for prescribing, providing, or administering opioid overdose drugs. Raising awareness of the new law, and reducing stigma that some may feel asking for a prescription for Naloxone are ripe opportunities for the Anchorage coalitions.

Medical Community

There were 28 physicians in Anchorage certified to treat opioid dependence with buprenorphine as of January 6, 2016. Buprenorphine is an opioid partial agonist. It relieves opioid withdrawal symptoms. Initially, certified buprenorphine physicians can only have 30 active patients at a time. After 1 year, they can apply for an increase to 100 patients. There is an increasing number of trainings being provided in Anchorage for prescribers to become certified to prescribe buprenorphine.

Needle Exchange Program

Anchorage has one needle exchange program at Four A's. Needle exchange programs are an effective way to reduce consequences of needle sharing, such as Hepatitis C and HIV. During the 2016 calendar year, participants came to the needle exchange program 21,316 times. Four A's distributed 438,578 syringes and collected and incinerated 523,245 syringes.

Given the increase in cases of people infected with the Hepatitis C virus both nationally and locally in Anchorage, many national efforts include expanding syringe exchange programs as well as expanding efforts to allow access to sterile syringe supplies.

Lack of Medically Monitored Detox Beds

Anchorage has only 13 medically monitored detox beds at Ernie Turner. Generally, drug treatment programs require that a person has detoxed prior to admission. Medically monitored detox is the safest way to stop using heroin. People with addictions can hit an extreme low, generating a desire to quit using and seek treatment. It is critical that this option be available immediately. In Anchorage, the wait is often 30 or more days until a bed is available. This creates a situation where someone seeking recovery services may continue using, and when their name pops up on a list for an available bed, the moment of desiring help has passed.

One challenge our key informant interviews revealed was that a person needs to be sober in order to enter a detox or treatment program. That can be a major barrier for people to receive the treatment they need. Many stressed that immediate action needs to be taken as soon as a person is willing to seek help. Otherwise, the window of opportunity may quickly close, especially if a person is denied from a program, insurance challenges the coverage, or childcare cannot be secured.

Many key informants raised the need for more community resources to support a comprehensive treatment center, including detox beds, a hospital, in-patient recovery services, job and life skills coaching, and courses to teach independence. Unfortunately, there was also an acknowledgement at the lack of resources and leadership to move this forward.

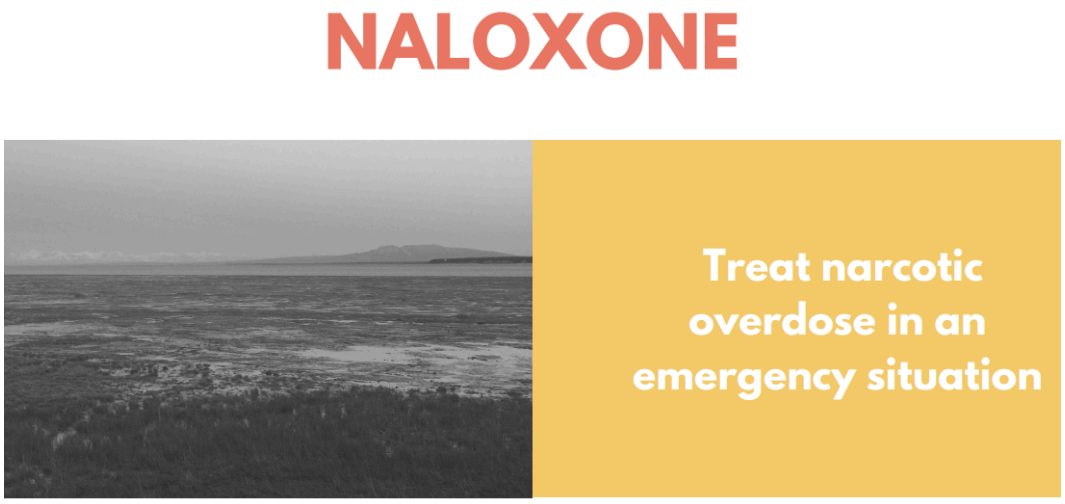
Access to Naloxone

Key informants spoke highly of the need for more access to Naloxone, sometimes known as Narcan. Many recommended distributing them throughout the community.

Interviews with key informants also uncovered that there is misinformation about the use of Naloxone. Many people did not know that medical care after its use must be sought.

Some also felt that Naloxone is good, but it does not treat the root of the problem. Some key informants also had warnings regarding Naloxone. Some felt that offering Naloxone may enable users to ignore consequences of overdosing and continue using. Without adequate detox or treatment facilities, a person in recovery after overdosing and using Naloxone may end up in the same situation. One key informant called it a "very vicious cycle."

Out of the 50 4A's survey participants who are current users of opioids, just over half (n =29) had some knowledge about Naloxone or had heard of it. From the 25 participants that were asked about how long Naloxone remains effective after being administered, none of the participants correctly identified that it lasts roughly 30 minutes. Responses varied from a few minutes to over a month. Many respondents did not answer the question or wrote "Don't Know."



When asked where Naloxone should be distributed, many respondents indicated that it should be available at the needle exchanges. Other suggestions included in vending machines, at low cost over the counter, for free at clinics, at all doctor's offices, and in Emergency Rooms.

Other Community Factors

Coordinated Apolitical Advocacy

Anchorage has a strong and dedicated field of people interested in reducing drug use and consequences. While there are multiple factors that encourage use and abuse, there are even greater opportunities to discourage them. What has been lacking is a centralized, apolitical and

staffed force to gather the stakeholders. This was echoed at the Alaska Health Summit during the session discussing the heroin and opioid issues in February 2016.

Involvement of Schools

In December 2015, South Anchorage High School Principal Dr. Kersten Johnson-Struempler wrote a letter to parents titled "Prescription Drugs: Please talk to your student." In the letter, Dr. Johnson-Struempler shed light on the growing issue of illegal prescription drug use at South Anchorage High School and urged parents to speak with their children about prescription drug use and monitor their own medications.

Improved Access to Data

There is a need to improve data collection regarding prescription opioid and heroin use. This should include increasing the number of toxicology tests done for violent death victims, in motor vehicle crashes and to reinstate surveillance of poisoning in the trauma registry. This will provide more thorough data to fully understand the severity of the heroin and opioid problems and assist with defining baselines from which to measure change.

Growing Community Awareness Through the Local Media

In recent years, there has been a growing national discussion around the increase of opioid and heroin overdoses and related deaths in the United States. The Alaska Dispatch News has been covering the rise in opioid and heroin overdoses and deaths and the online conversations on these articles reflect the community's concern, level of awareness, and personal connections to the issue. Several high profile fatalities related to opioid/heroin use have captured the local media and public's attention. A list of local news stories is detailed in Appendix G.

Community Norms and Perceptions

Community norms are a factor that discourages risk behaviors. Alaska's Strategies to Prevent Underage Drinking states that "Individuals and communities must model positive behaviors in order to prevent future generations from developing substance use disorders. Things as simple as dining together as a family create positive norms for youth." HVHC and AYDC/AIPC actively partner promoting healthy norms in Anchorage. Research locally and nationally supports the concept that family support, monitoring and communication have an impact on youth alcohol behaviors. Anchorage School District YRBS analysis showed youth talking to their parents nearly every day about school is a significant protective factor for 30-day use and binge use of alcohol.

Other factors that are correlated with decreased substance abuse by Anchorage youth include: Parent and role model behavior and community norms that discourage substance use, School, home, and community environments that discourage both substance use and alcohol advertising, Individuals and communities that model positive behaviors, family support, monitoring and communication and strong cultural identity and support.

Insufficient Coordinated Efforts to Address the Problem

There are quite a few organizations in Anchorage with an interest in the opioid and heroin problem. However, they lack the leadership in collaborative involvement. The newly formed Anchorage Opioid Taskforce will also be a strong partner in the community.

Synthetic Opioids

Our key informants also noted national trends are being felt within Anchorage, noting three waves: 1) opioid painkillers, 2) heroin use, and 3) synthetic opioids. Synthetic opioids are more potent, such as fentanyl, which is 50-100 times more potent than morphine. As the prevalence of synthetic opioids becomes more mainstream, there may be more overdoses and deaths.

Community Readiness Assessment

HVHC and AIPC held two group key informant interviews to determine the community readiness in Anchorage to address non-medical use of prescription opioids for 12-17 year olds, and the non-medical use of prescription opioids and heroin use in 18-25 year olds. Group interviews followed the Tri-Ethnic Community Readiness Assessment model, developed by Colorado State University.

A total of 8 individuals were interviewed in the group regarding 12-17 year olds, and 11 individuals were interviewed in the group regarding the 18-25 year olds. The total of 19 key informants joined our two group interviews representing the following community sectors: youth-serving organizations, military, law enforcement, clinical services, medical services, youth, parents, Native American, people in recovery, Hispanic, Alaska Native, faith, and non-profit communities.

The Tri-Ethnic Center for Prevention Research's model of Community Readiness for Community Change measures five key dimensions: 1) Community knowledge of the issues (how much does the community know about the issues?); 2) Community knowledge of efforts (How much does the community know about current prevention programs and activities?); 3) Community climate (What is the community's attitude toward addressing the issues?); 4) Leadership (What is he leadership's attitude toward addressing the issue?); and 5) Resources (What are the resources being used or that could be used to address the issue?).

Every key informant scored each community readiness dimension, and then the scores were averaged for each dimension of readiness for the two issues (non-medical prescription opioid use for 12-17 year olds, and non-medical prescription opioid and heroin use for 18-25 year olds). The scores for each dimension were then averaged to arrive at an "overall" community readiness score for each issue.

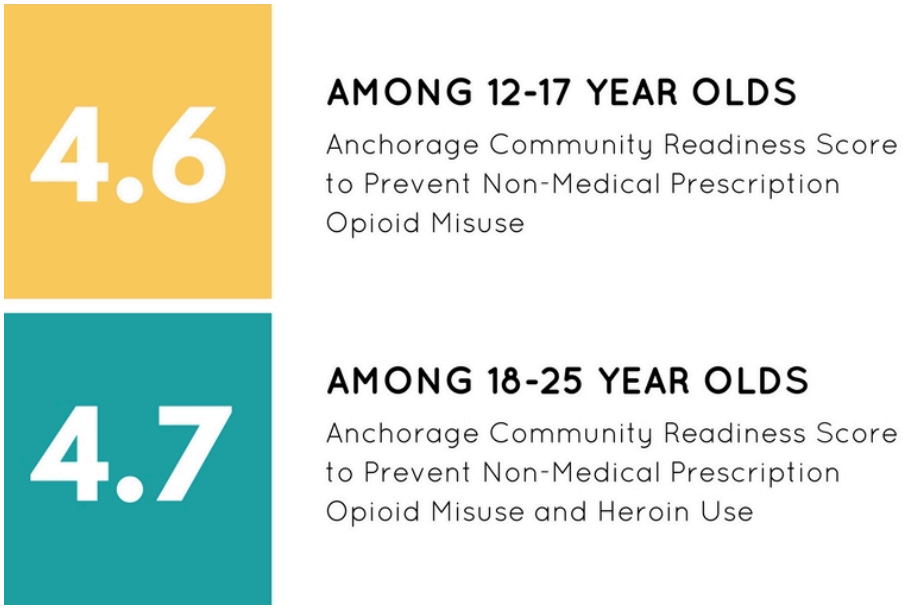
Table 17 Stages of Community Readiness Scale

Stage of Readiness	Score
No Awareness	1
Denial/Resistance	2
Vague Awareness	3
Preplanning	4
Preparation	5
Initiation	6

Stabilization	7
Confirmation/Expansion	8
High Level of Community Ownership	9

Based on the Tri-Ethnic Community Readiness Assessment model, the overall community readiness score for prescription opioid misuse prevention for ages 12-17 was 4.6 (on a scale of 1 to 9). This indicates a level of community readiness that is above "Stage 4: Preplanning," meaning there is some concern and acknowledgement of concern of the problem and stigma around the issue, but little known of the issue or of local efforts, and that there are limited resources to further the efforts.

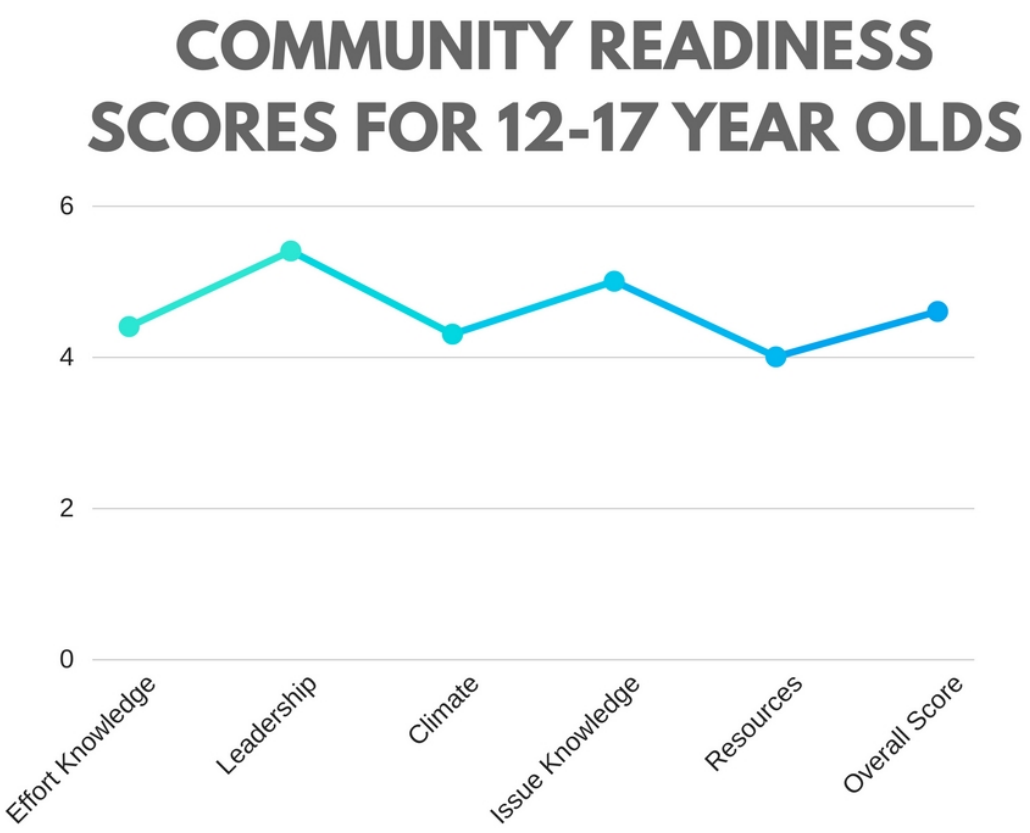
The overall community readiness score for prescription opioid misuse and heroin use prevention for ages 18-25 was 4.7. This also indicates a level of community readiness that is above "Stage 4: Preplanning," meaning there is some concern and acknowledgement of concern but little known of the issue or of local efforts, and that there are limited resources to further the efforts.



Both community readiness scores for both age groups are on the higher end of the Stage 4 scale, nearing “Stage 5: Preparation,” which would indicate that most community members have heard of local efforts, leadership actively supports continuing and improving current efforts, there is basic knowledge about the issues, and there are some resources identified to further efforts.

The overall community readiness scores are illustrated in the following figures, as well as a brief narrative describing some of the findings based on community sectors.

Figure 15 Community Readiness Scores for Non-Medical Prescription Opioid Misuse among 12-17 Year-Olds in Anchorage (2017)



Community Readiness Scores varied based on sector. For the key informants discussing non-medical prescription opioid use for 12-17 year-olds, overall community readiness scores ranged from 3.3 to 5.4 across sectors. The military and non-profit community had some of the lowest readiness scores overall at 3.6 and 3.3 respectively. The clinical and medical service sectors had the highest readiness scores for leadership at 7.5 and 7 respectively. The Native American youth representative's leadership readiness score was 9; however, there may be limitations based on having only one representative from this and other sectors.

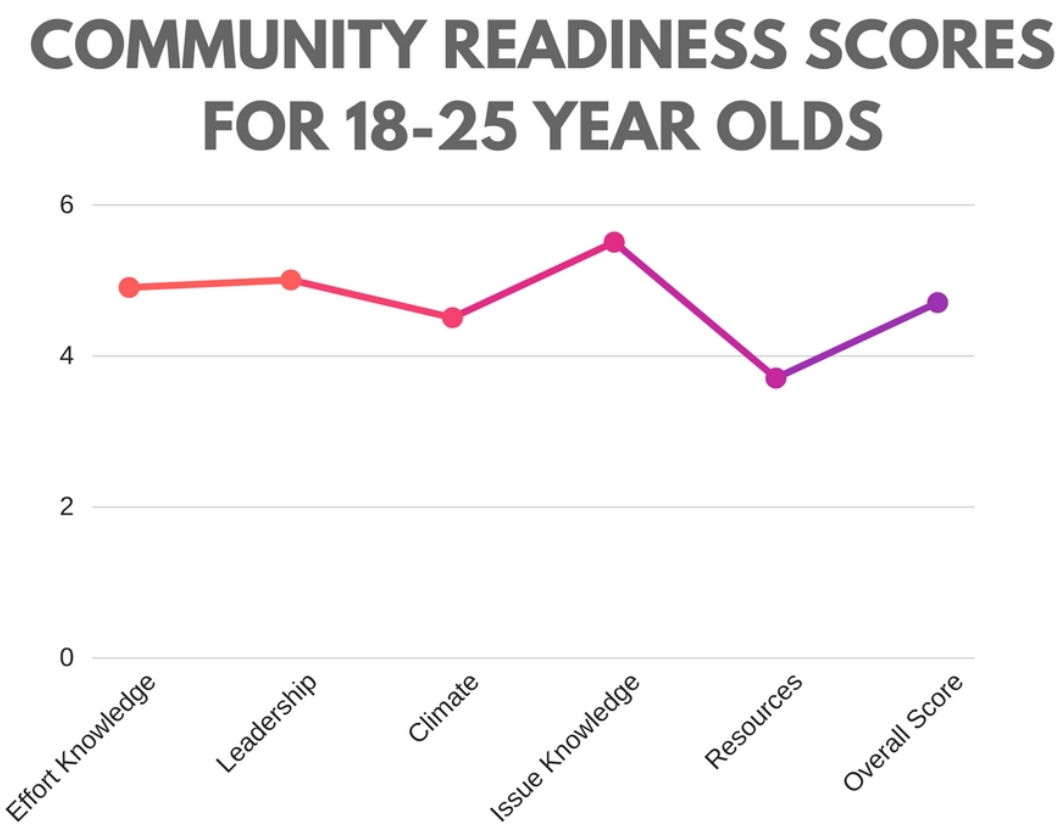
> *"I do see advocates on this issue, but having advocates and community member leadership are two different things. Folks would say they support expanded efforts, but whether you have the people to make the movement towards a solution is also two different things." (Key Informant, April 6, 2017)*

Additional policy related questions were asked regarding prevention efforts around alternative treatment to prescription opioids, safe storage and disposal of prescription opioids, and social stigma. The sectors with the lowest community readiness scores for these policy proposals were the clinical and youth-serving organizations with scores of 2.7 and 3.7 respectively. Both

the military and medical sectors had the highest community readiness scores for these policies at scores of 6 and 5.7 respectively.

> *"If something happens close to you, you want to work on solving it, but you get burned out when you realize how big the issues are before you get to the solution. A lot of times community members know there is a problem, but there's still that social stigma not only on users but also on family and friends." (Key Informant, April 6, 2017)*

Figure 16 Community Readiness Scores for Non-Medical Prescription Opioid Misuse and Heroin Use among 18-25 Year-Olds in Anchorage (2017)



Community Readiness Scores varied based on sector. For the key informants discussing non-medical prescription opioid use and heroin use for 18-25 year-olds, overall community readiness scores ranged from 3 to 5.8 across sectors. The Alaska Native and Hispanic recovery service provider communities had some of the lowest readiness scores overall at 3 and 3.4 respectively. The law enforcement (score 5.8), clinical (score 5.4), and Native American Youth (score 5.4) had the highest overall community readiness scores.

> *"In Anchorage the population is in a lot of survival mode because of drinking and drugs. These issues impact families so much, but knowing about resources is difficult. It's hard to even admit there is a problem, especially for grandparents that are raising the grandkids. Lots of families have secretive problems. There is lots of healing to do. […] There are lots of programs, but to know you already need to be looking for help so you generally have to be in a lot of trouble to begin with. If you're not in trouble people don't tend to know about it." (Key Informant, April 6, 2017)*

Additional policy related questions were asked regarding prevention efforts around alternative treatment to prescription opioids, safe storage and disposal of prescription opioids, social stigma for opioid and heroin use, and needle exchanges. The sectors with the lowest community readiness scores for these policy proposals were the medical and Alaska Native communities with scores of 4.4 and 4.2 respectively. The clinical (score 8.8), Native American Youth (score 8.6), and law enforcement (score 8) had the highest community readiness scores for these policies. These overall scores are rather high for the community and may be due to the selection of key informants who have extensive experience and networking into prevention efforts.

> "The military is very reactive and not proactive. It's all commander-dependent. There are a few commanders that are vocal about this, and we have a lot of resources are available, but they're not used unless there is a problem. […] If you have a prescription, no one will think twice about it or make that big of a deal about it. But until someone gets in trouble, that's when it becomes an issue." (Key Informant, April 6, 2017)

Through the group key informant interviews, themes arose around leadership and community members, including various organizations, understanding and taking action on opioid and heroin use. However, a lack of resources and enough funding to expand existing resources was raised as a common barrier.

Through the group key informant interviews, there were themes that arose around cultural responsiveness. Generally, the Alaska Native and Hispanic populations scored lower community readiness scores. Many of these challenges centered on social stigma holding families back from seeking support services. There is also a language barrier that may exist in education efforts on the dangers of prescription opioid addiction, especially from the medical field to the Hispanic community.

Many of the themes from the group key informant interviews reinforced the priority community factors prioritized from community members. These themes from the group interviews are summarized below.

Figure 17 Summary of themes from Community Readiness Assessment group interviews (2017)

Intermediate Variable	Priority Community Factors	Comments from Community Readiness Assessment meetings	"Youth" Group (n=8)	Percent	"Young Adult" Group (n=11)	Percent
Retail Availability						
	Alternative pain management not commonly discussed with patient		6	75	4	36
		Alternative forms of pain control may cost more than opioids due to insurers.				
		Not many people know what alternative pain control is, especially youth.				
		Maybe alternative or non-drug opioids should be preferences in treatment.				
		Doctors tend to offer prescription opioids as the first line of pain treatment.				
	Inadequate patient/parent education at time of initial prescription		2	25	6	55
		Families often seek information or programs after they are severely impacted by addiction and its consequences.				
		There is no standard warning to give to patients.				
		Very few prescribers or pharmacies have pain agreements with patients explicitly stating proper medication use.				
		The military community and culture tends to accept use of prescription opioids without question.				
		Language may also be a barrier in communicating information about prescription opioids.				
	Lack of Prescription Drug Monitoring (PDMP) participation		6	75	9	82
		The Alaska Native Medical Hospital and Southcentral Foundation led community on prescription drug monitoring and pain contracts.				
		There are too few efforts to combat prescription opioid misuse.				
		The Governor is leading efforts and has offered bills to address prescription drug monitoring efforts.				
Social Availability						
	Secure storage and safe disposal		4	50	7	64
		There are overall too few efforts to combat opioid and heroin use, and too few resources to support existing efforts.				
		Pharmacies or providers seem to be unwilling to take back all prescription drugs.				
		Families want to play their part to make a difference, but they may not know the best practices for safe storage.				

		Community members, including the military, do not tend to throw away prescription drugs.			
	Social circle	2	25	2	18
		Grandparents raising grandchildren do not have accurate information on opioids, and may not use proper storage or teach best behaviors.			
		Military structure offers reactive, rather than proactive, punishment of behavior.			
Perception of Risk					
	Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur	8	100	11	100
		There is vast misinformation about opioid addiction in youth.			
		There is a lack of understanding that misuse of prescription opioids may lead to heroin use.			
		There is a misconception that doctors can tell who will be at risk for misuse and abuse.			
		People believe in stereotypes of families so believe youth may or may not tend to misuse prescription opioids.			
	Opioids are prescribed from a doctor and presumed to be safe. There is less stigma surrounding opioid use than other drugs such as heroin	4	50	2	18
		People believe there are fewer risks in prescribed medication.			
		Treating pain as a vital sign has led to over-prescribing, and patients now request it.			
		There is more potential for conversations around stigma for 12-17 year-olds, but may be harder for 18-25 year-olds.			
	Not understanding the vast consequences of using and misusing	8	100	10	91
		Most youth-service workers do not know how to address opioid addiction in youth.			
		There is misinformation about who can become addicted to misusing prescription opioids.			
		Leadership in the community are not activated unless the consequences of addiction impact their lives directly.			
Harm Reduction					
	Access to needle exchange	N/A		1	9
		There is a lack of understanding of how a needle exchange addresses heroin addiction.			
	De-stigmatize addiction	4	50	3	27
		Families are still secretive when addiction is impacting them. Stigma can hold them back from seeking support services.			

		There is a racial issue that some people of color might be at a disadvantage or receiving treatment.				
		Stigma is prevalent and different in various cultures.				
	Lack of coping skills		1	13	0	0
		Alternative treatment could involve discussing other pain management skills with patients.				

Perception of the Problem in the Community

The YASUS asked survey respondents about their perception of the problem of prescription opioid misuse and heroin use in the community. The following two tables are the results for these perceptions of the problem questions for Anchorage residents. The question was asked as a scale with one reflecting that the individual found it to be a not a problem at all, and six to be a very large problem. The tables show results of the scores for all Anchorage residents, Alaska Native respondents only, White respondents, and respondents of all other races.

Table 18 Perception of prescription opioid misuse problem in community

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 Not a problem at all	26	12.3%	3	10.0	13	9.9	10	19.6
2	26	12.3%	4	13.3	18	13.7	4	7.8
3	51	24.1%	11	36.7	29	22.1	11	21.6
4	37	17.5%	4	13.3	25	19.1	8	15.7
5	28	13.2%	4	13.3	18	13.7	6	11.8
6 A very large problem	41	19.3%	3	3.3	27	20.6	11	21.6

Table 19 Perception of heroin problem in community

	Total		Alaska Native		White		All Other Races	
	N	%	*N*	%	*N*	%	*N*	%
1 Not a problem at all	31	14.6	3	10.0	18	13.7	10	19.6
2	28	13.2	7	23.3	17	13.0	4	7.8
3	42	19.8	6	20.0	25	19.1	11	21.6
4	25	11.8	1	3.3	18	13.7	6	11.8
5	30	14.2	7	23.3	19	14.5	4	7.8
6 A very large problem	53	25.0	5	16.7	33	25.2	15	29.4

Knowledge of the Issue

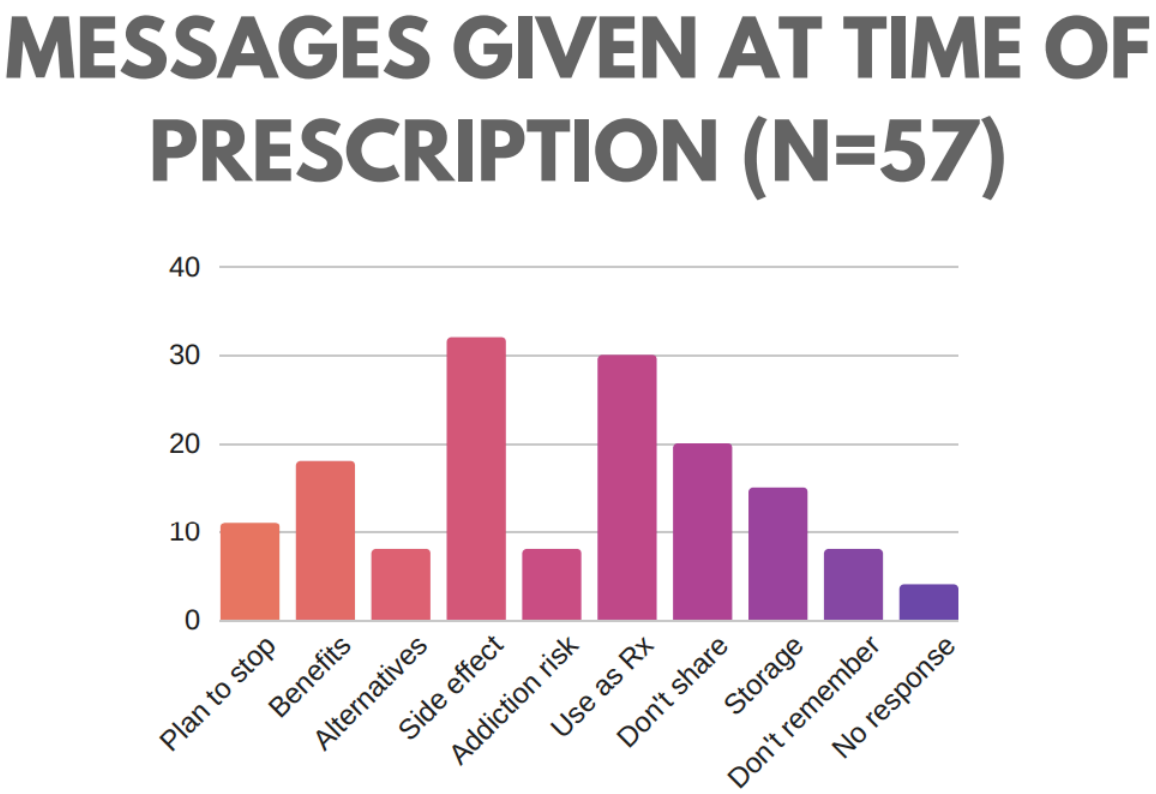
The Adult Telephone Survey of opioid misuse/abuse and heroin use in Anchorage asked adults about their knowledge of opioid use among youth age 12-17, young adults age 18-25, and heroin use among young adults age 18-25. The results for those three questions from the survey can be seen in the table below.

Table 20 Percentage of Anchorage Adults Knowledgeable about Opioid Abuse and Heroin Use (*n* = 382)

Knowledge about opioid abuse among kids 12-17	
Very knowledgeable	10%
Knowledgeable	10%
Somewhat knowledgeable	31%
Not knowledgeable	46%
Don't know	3%
Refused	0%
Knowledge about opioid abuse among young adults 18-25	
Very knowledgeable	17%
Knowledgeable	13%
Somewhat knowledgeable	36%
Not knowledgeable	32%
Don't know	2%
Refused	0%
Knowledge about heroin use among young adults 18-25	
Very knowledgeable	18%
Knowledgeable	11%
Somewhat knowledgeable	31%
Not knowledgeable	39%
Don't know	1%
Refused	0%

It is also clear that people are not given adequate information at the time of receiving an opioid prescription, including creating a plan to stop, alternatives, and risk of addiction. Based on a survey of Anchorage residents, the summary is displayed in Figure 18.

Figure 18 Summary of Messages From Prescribers to Patients at Time of Prescription



Data provided by PFS DETAL. Survey of 212 Anchorage residents aged 18-27.

Concern of Prescription Opioid Misuse and Heroin Use

The Adult Telephone Survey of opioid misuse/abuse and heroin use in Anchorage asked adults about their level of concern of opioid use among kids age 12-17, young adults age 18-25, and heroin use among young adults age 18-25. The results for these three questions are shown in the table below.

Table 21 Percentage of Anchorage Adults Concerned about Opioid Abuse and Heroin Use (*n* = 382)

Concern about opioid abuse among kids 12-17	
Very Concerned	63%
Concerned	15%
Somewhat concerned	15%
Not concerned	4%
Don't know	1%
Refused	0%
Concern about opioid abuse among young adults 18-25	
Very Concerned	57%
Concerned	16%

Somewhat concerned	18%
Not concerned	7%
Don't know	1%
Refused	0%
Concern about heroin use among young adults 18-25	
Very Concerned	63%
Concerned	16%
Somewhat concerned	13%
Not concerned	6%
Don't know	1%
Refused	0%

Knowledge of Efforts to Address Issues

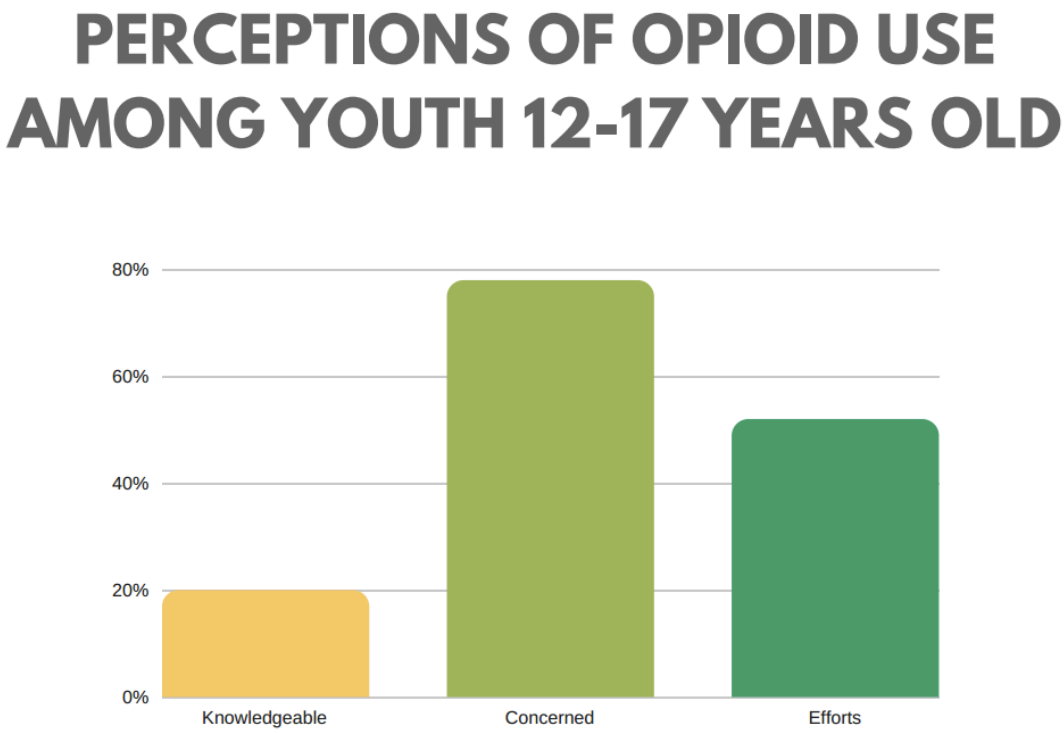
The Adult Telephone Survey of opioid misuse/abuse and heroin use in Anchorage asked adults about their knowledge of efforts in the community to address opioid use among kids age 12-17, young adults age 18-25, and heroin use among young adults age 18-25.

Table 22 Percentage of Anchorage Adults Knowledgeable about Efforts in Community to Address Opioid Abuse and Heroin Use (*n* = 382)

Efforts in community to address opioid use among kids 12-17	
A lot	15%
Some	37%
A little	19%
Nothing	11%
Don't know	16%
Refused	1%
Efforts in community to address opioid use among young adults 18-25	
A lot	16%
Some	35%
A little	24%
Nothing	10%
Don't know	15%
Refused	0%
Efforts in community to address opioid use among young adults 18-25	
A lot	19%
Some	32%
A little	21%
Nothing	14%
Don't know	15%
Refused	0%

Overall, community members who were concerned or very concerned regarding youth ages 12-17 misuse of prescription opioids was 78%. However, their knowledge of community efforts and the issue were lower. People who felt they had “a lot” or “some” knowledge of efforts was 52% of respondents. Their knowledge of the issue itself was lower still at 20%.

Figure 19 Summary of Perceptions of Opioid Use Among Youth 12-17 Years-Olds



Data collected by Hays Research Group LLC for AIPC. N-382.

Overall, community members who were concerned or very concerned for young adults ages 18-25 misuse of prescription opioids was 73%. However, their knowledge of community efforts and the issue were lower. People who felt they had “a lot” or “some” knowledge of efforts was 51% of respondents. Their knowledge of the issue itself was at 30%.

Overall, community members who were concerned or very concerned regarding young adults ages 18-25 for heroin use was at 79%. However, their knowledge of community efforts and the issue were lower. People who felt they had “a lot” or “some” knowledge of efforts was 51% of respondents. Their knowledge of the issue itself was lower still at 29%.

Figure 20 Summary of Perceptions of Opioid Use Among 18-24 Years Old

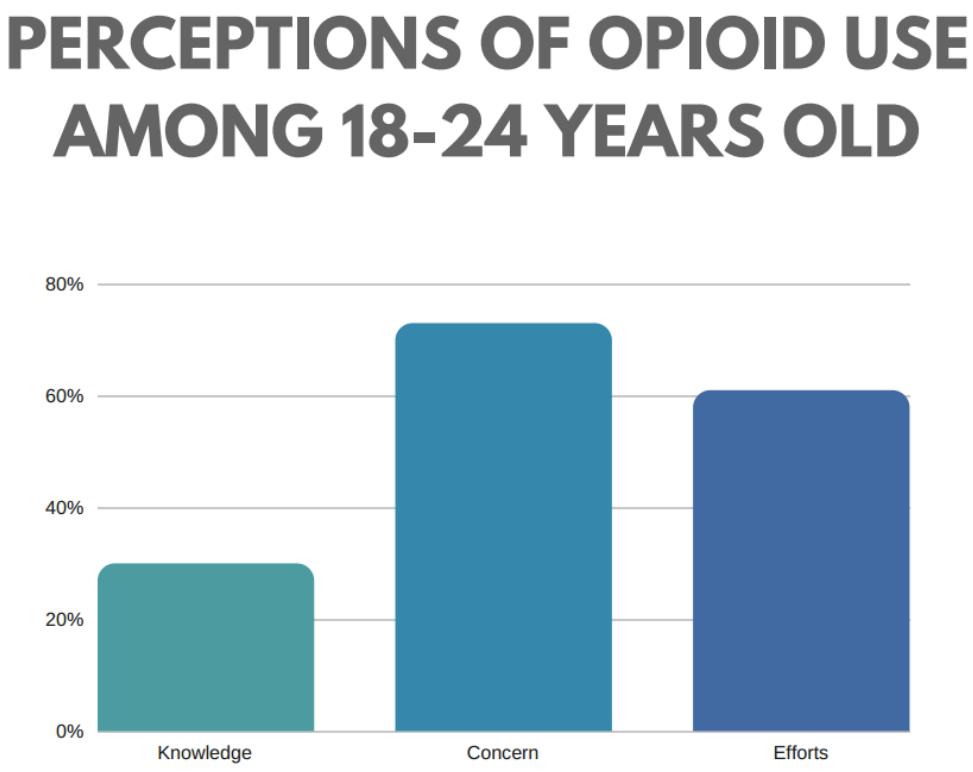


Figure 21 Summary of Perceptions of Heroin Use Among Youth 18-24 Years Old

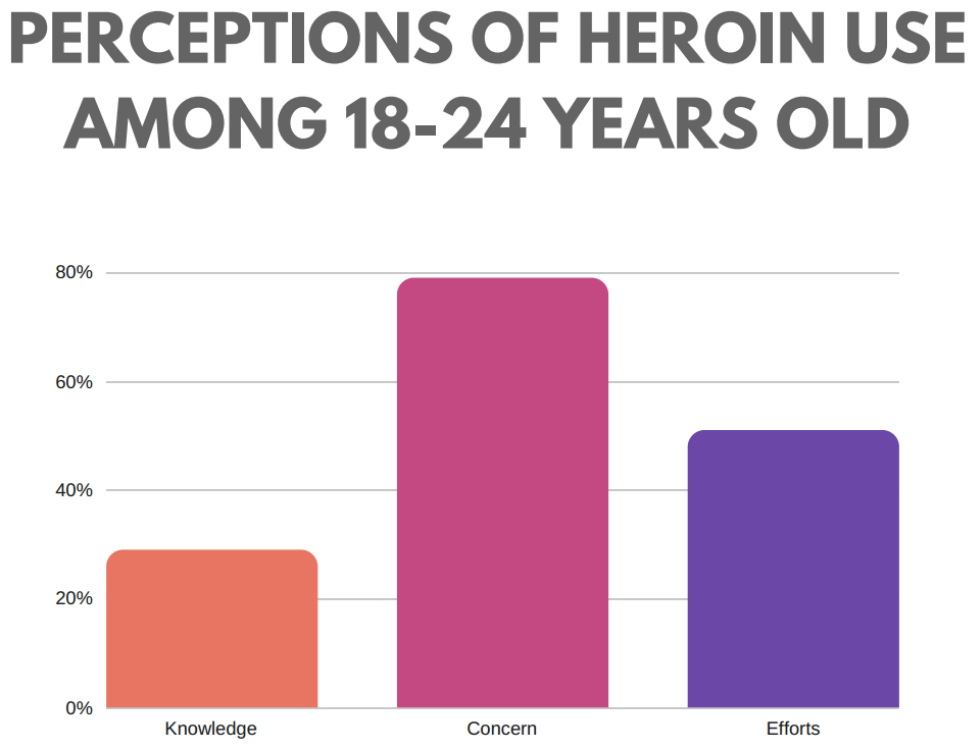


Figure 20 and 21 data collected by Hays Research Group LLC for AIPC. N-382.

The combination of high levels of concern, but lower levels of knowledge of efforts and knowledge of issue were themes throughout all primary data collection, including in key informant interviews.

> *"When we went down this path we didn't know where to go or who to turn to for help. […] Once your kid is in crisis it's assumed it's because you are a bad parent and that's just not the case. This can happen to anyone. Parents need to know the warning signs because they can be so easily hidden and explained away." (Key Informant, February 2017)*

Community Resource Assessment

A three-tiered resource assessment was conducted. First, current NMUPO and heroin users were asked what resources are available in Anchorage addressing both prevention and treatment. Treatment questions were included knowing that successful treatment will lead to fewer users, overdoses and other harmful consequences. Users were also asked what resources they wish were available. Secondly, an assessment was conducted of resources that could provide assistance with the intervening variables provided by the State. The list of potential partners is provided as Appendix D and E. Appendix F lines out which resources are available to address each of the proscribed intervening variables. Finally, an assessment of available treatment resources in Anchorage was provided.

User perceptions of available and needed resources

Survey participants who are actively misusing opioids and/or using heroin were asked about the resources available for those who want help with opioid addiction. Responses included both general and specific resources. General resources included treatment, detox, counseling, hotlines, rehab, clinics, hospitals, family and friends, and churches. More specific resources named included the Ernie Turner Center, the methadone clinic, Suboxone, Vivitrol, Narcotics Anonymous and Alcoholics Anonymous, and the Salvation Army Clitheroe Center.

Several respondents pointed out inadequacies with the resource options in Anchorage. Criticisms included that there aren't enough resources, that resources can be expensive, that there are often waitlists, and that there is a lack of empathy for those experiencing opioid addiction.

After being asked about resources currently available, survey participants were asked about resources that they wished were available. Some of the more frequent responses included greater access to methadone and Suboxone. There were also pleas for more detox centers and rehabs with shorter waitlists. A few respondents also wished for harm reduction resources such as more needle exchanges locations and supervised injection sites.

Resources available to address intervening variables:

Opioid Availability

Social and Retail Availability of Prescription Opioids are inextricably linked. A reduction in retail availability will necessarily reduce social access. Anchorage has a number of agencies and individuals who are well poised to help reduce retail availability through education to patients seeking pain relief, physicians about alternatives to opioids to reduce pain as well as improvements to the AKPDMD. The list of resources includes people who work or volunteer in opioid misuse prevention as well as prescribers and pharmacists. See Appendices D, E, and F.

Currently participation in the Alaskan Prescription Drug Monitoring Program is voluntary. Key informants described the broad range of levels in which prescribers and pharmacists are participating. Currently, only 22% of statewide potential professionals are registered. However, implementation of SB 74 will result in positive changes. The Bill is scheduled to roll out with a series of mandates over the next few years. As components become compulsory, retail access to prescription opioids will decrease.

Once opioids are prescribed they have the potential to become socially available. Anchorage has two year-round medication drop locations at Providence Pharmacy and Alaska Native Tribal Health Consortium. Additionally, HVHC in conjunction with multiple partners including the DEA host two National Prescription Drug Take-Back Days in April and October. This is an opportunity for people to safely dispose of prescription medication. In addition to Take-Back events, safe storage is another method of reducing social availability. HVHC is distributing “pillpods” to raise awareness of safe storage of all medication.

Heroin Availability

Reducing heroin availability is primarily a law enforcement function. Law enforcement in Anchorage has continually increased the amount of heroin confiscated each year and is fully onboard to continue to do so. However, reducing availability of heroin is not a cure-all for the ultimate goals of reducing morbidity and mortality associated with heroin.

Most active heroin users said that if heroin were not available they would switch to another drug. Simply reducing access is not a viable stand-alone option. A complementary community level approach is the reduction of the desire for heroin. Half of current heroin users said they began using opioids with a legitimate prescription for pain. They then progressed to using heroin when prescription opioids became unaffordable or inaccessible. Reducing the desire for heroin can start with reducing initial retail availability of prescription opioids.

Perception of Risk and Harm Reduction

Resources for increasing the perception of the risk of both prescription opioids and heroin and reducing harm from use come from many of the same places. Appendices D, E, and F describe multiple organizations and individuals who are resources for these issues. They fit into two categories. The first falls into the primary prevention scope. These are prescribers who can educate potential users about the true risks of musing opioids for pain, as well as providing improved information about what constitutes appropriate use and how to taper off. The

second category is those organizations and individuals who can help with harm reduction. This includes providing access to and information regarding Narcan, clean needles and referrals and information about treatment options and resources.

Reducing stigma regarding addiction and increasing willingness to seek help are two more efforts the above-listed resources can assist with providing. Additional resources for these endeavors include the news media, who have covered the opioid issues with several articles a month for the past two years.

Community strengths, gaps, assets, and weaknesses

Partners in Anchorage have a long history of working together on substance abuse issues. This includes treatment providers, members of multiple coalitions, youth serving organizations, and the Anchorage School District. Some relationships that are in the development phase include medical professionals not involved in treatment services and law enforcement. Most collaborative substance abuse efforts have been geared towards underage drinking. In underage drinking prevention efforts, law enforcement was a key partner. The new direction of opioid misuse and heroin use prevention can work to re-invigorate relationships from prior collaborative efforts. As with all collaborative work, relationships are the key starting point. Anchorage is a relatively small community, and many of the necessary relationships are well formed. A final strength, that is also a weakness, is that Anchorage now has several groups working on this issue. Work towards planning and developing strategies will provide an opportunity for the various partners and coalitions to come together and strategically use their strengths moving forward.

VI. Prioritization

Prioritization Process

AIPC and HVHC coordinated two prioritization meetings with members of the HVHC leadership team, as well as members of the HVHC coalition as a whole and general community members.

On March 8, 2017, the HVHC leadership team met for two hours to name and prioritize community factors related to NMUPO and heroin use based on local primary and secondary data shared with them. To start the process, AIPC staff presented data related to NMUPO and heroin use to the leadership team. The leadership team then broke out into groups based on their interest in four intervening variables: retail availability, social availability, perception of risk, and harm reduction. The DBH required coalitions to consider retail availability, social availability, and perception of risk. HVHC and AIPC included harm reduction as an intervening variable based on the community's efforts around Narcan distribution and feedback from NMUPO and heroin users.

Through small group discussions, the groups brainstormed a list of community factors contributing to each of the four intervening variables. AIPC used the Community Factor

Prioritization worksheet provided by the DBH to guide and frame this process. After brainstorming community factors, the groups were asked to place factors on a chart based on whether or not there was the potential for change on that factor, and the importance of that factor. AIPC staff facilitated each group through the process and was available to take notes and answer questions. A detailed protocol for the prioritization process, work sheets, and summaries are available in Appendix C.

At the conclusion of the first prioritization meeting, AIPC staff summarized the group's work. AIPC then met with HVHC to further interpret and organize the factors brainstormed and develop a list of community factors for each intervening variable. Below is the list of community factors developed at the first meeting.

Retail Availability

Community Factors

- Lack of knowledge of new pain management recommendations from the CDC
- Lack of Prescription Drug Monitoring Program (PDMP) participation
- Inadequate patient/parent education at time of initial prescription
- Alternative pain management not commonly discussed with patient
- Need for ongoing training for prescribers
- Inadequate patient screening for pain contracts or addiction risk
- Pharmaceutical pain management is cheaper than physical therapy

Social Availability

Community Factors

- Prescription drug stockpiles
- Giving away, trading, stealing, selling excess
- Social status of having pills
- Social circle
- Inadequate policing capacity and lack of enforcement consequences
- Drugs aren't stored securely
- Social host/ parent/caregiver enabling

Perceived Risk

Community Factors

- Opioids are prescribed from a doctor and presumed to be safe (even is misused)
- Less stigma around using opioids than heroin
- Trust that heroin is heroin and not cut with fentanyl, etc.
- Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur
- Not understanding vast consequences of using and misusing
- It won't happen to me
- Risk of mixing substances is misunderstood

Harm Reduction

Community Factors

- Access to and knowledge of Narcan/Naloxone
- Access to needle exchange
- Lack of community connectedness and bystander involvement
- Intervention available at the moment people decide they want to quit using
- Need to increase coping skills: Reduce need for quick fix of any ailments, and seeing opioids as cure all
- Need for ongoing post treatment/recovery services and opportunities
- De-stigmatize addiction
    - Perception that addiction is a moral issue
    - Perception that the drug use is only an issue for "them" not "us"
    - Increase help-seeking

The second prioritization meeting was open to all members of the HVHC coalition and stakeholders throughout the community. That meeting took place on March 28, 2017. At the second prioritization meeting, AIPC staff again presented data related to NMUPO and heroin use. AIPC staff then led the group through a prioritization process using the community factors brainstormed by the HVHC leadership team at the first prioritization meeting.

AIPC asked attendees to prioritize the variables based on their importance and changeability. AIPC placed several large graphs on the walls around the room for each of the intervening variables. The graphs were drawn with changeability on the x-axis and importance on the y-axis. Participants were given a set of colored and numbered post-it notes that corresponded with a community factor related to the intervening variables. Participants were asked to chart the community factors according to their level of importance and changeability using their colored and numbered post-it notes. At the conclusion of the meeting, AIPC collected the graphs to assess the group's input to further narrow the community factors. See Appendix C.

To assess the graphs and determine the factors of highest priority to the coalition, AIPC developed a method to assign numerical value to each factor's placement on the graphs. AIPC took photos of each graph and printed the graph on lined graph paper. AIPC then assigned numeric values to each hash mark of the graph both on the x-axis and y-axis. A score was calculated and given to each factor. The community factors were ranked for each of the four intervening variables. Once the factors were ranked, HVHC and AIPC met to select a highest priority community factors of focus for each of the intervening variables.

Based on the data and the coalition's input, the following community factors were prioritized for each intervening variable:

Retail Availability

Priority Community Factors

- Alternative pain management not commonly discussed with patient
- Inadequate patient/parent education at time of initial prescription
- Lack of Prescription Drug Monitoring (PDMP) participation

Social Availability

Priority Community Factors

- Secure storage and safe disposal
- Changes in social circle
- Safe Disposal

Perceived Risk

Priority Community Factors

- Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur
- Opioids are prescribed from a doctor and presumed to be safe. There is less stigma surrounding opioid use than other drugs such as heroin.
- Not understanding the vast consequences of using and misusing

Harm Reduction

Priority Community Factors

- Access to needle exchange
- De-stigmatize addiction
- Lack of coping skills

VII. Discussion and Recommendations

Through the data collection and prioritization processes, paths for making change have become clear. This however, does not mean it will be easy. The good news is there are many overlapping issues and potential solutions that will allow future prevention efforts to make greater impact.

Four key findings will assist with strategically moving forward.

- First, at least half of the current heroin users who responded to the surveys started using prescription opioids for pain. Of them, many were not aware of alternatives to prescription opioids, the risks of using opioids, nor the importance of tapering use.
- Second, misperceptions and stigma around addiction result in misuse leading to dependence, a disinclination to recognize when someone develops a problem and an unwillingness to seek help.
- Third, many people in Anchorage are unwilling to discard opioids and other unused medications.
- And finally, once a person develops an opioid dependence, there are methods to reduce risks that will reduce the consequences of use.

Reduce Retail Availability

Reducing retail availability of prescription opioids is one of the first steps to take to prevent both opioid and heroin addiction. This action will reduce the number of people who start using opioids not as prescribed, and who later may develop dependence.

The data show the community is ready to embark on multiple methods to make this happen. The medical profession, through new PDMP mandates, will receive more training regarding pain management and engage in more conservative prescribing practices. Increasing prospective patient awareness of both the risks of and alternatives to opioid use for pain management was recommended by the community to decrease initial demand for opioid prescriptions. Both of these actions will decrease prevalence of opioid dependence and have wide community support.

Reduce Stigma

In Anchorage there are stigmas and misperceptions regarding opioid addiction. These include perceptions that opioid addicts (both prescription and illicit opioids) are primarily homeless, live in poverty, and that it is an Alaska Native community problem. The data show that none of these are the case.

Opioid addiction reaches across cultures and socioeconomic levels. Addicts are also thought to be bad people who rob and steal to access drugs. While this can be true, what is often misunderstood is that many people addicted to opioids do not want to be addicted and do want help. The stigmas and misperceptions result in families not wanting to admit that a member has an addiction issue, and the subject is hushed and hidden. Members of the community showed readiness to begin confronting the stigmas surrounding addiction, and believe it is an important step towards reducing the harms of NUMPO and heroin use.

Increase Safe Disposal

Many people in Anchorage expressed an unwillingness to discard prescription drugs, including opioids when a course of treatment has ended. For those who are willing to do so, the Drug Take-Back events are a valuable service. The events can also serve as an opportunity to raise awareness of the risks of stockpiling drugs.

For those unwilling to discard drugs, safe storage is critical. Users recommended several options. First, don't let anyone know about having the prescription in the first place. Second, lock the drugs in a safe, just like you would a gun.

NMUPO and heroin users described the degrees to which they will go to access their next high. These include stealing drugs from family and friends. The power of addiction and the horrors of withdrawal lead these actions. Safe storage will reduce social availability of prescription opioids. For some, this will help reduce nonprescription use of prescription opioids. This is not a cure-all. It is important to note that people that use heroin and misuse prescription opioids have a strong proclivity to switch to a different drug if one becomes unavailable.

Reduce Harm

Finally, an often mentioned and much needed resource is increased access to in- and out-patient detox and treatment options. Because this grant will not solve those issues, harm reduction for users was recognized as important. Harm reduction comes in various flavors.

One form of harm reduction is the increased access to and knowledge about Naloxone (Narcan). Most current heroin users were not familiar with Naloxone. Of those who were familiar with it, many did not have accurate understandings about how long it works for and the need for medical attention after one receives it. There were also concerns that Naloxone can lead to pushing the limits for a high. These are important considerations for the planning phase.

Another harm reduction effort includes access to the Alaskan AIDS Assistance Association's (Four A's) syringe exchange. Some people were confused by how this helps. Syringe exchanges serve several functions. One, clean needles protect against many blood borne diseases and infections, like Hepatitis C. Second, and at least as important, the needle exchange is a trusted place where many users go to get information about treatment, Narcan, HIV/AIDS and more. A final harm reduction idea is to improve coping skills, social and emotional skills, and life skills. These are longer-term recommendations but will eventually help to reduce the need for immediate relief of both physical and emotional pain through drugs.


THANK YOU
Anchorage!

VIII. Works Cited

Adams, J., Bledsoe, G., & Armstrong, J. (2016). Are Pain Management Questions in Patient Satisfaction Surveys Driving the Opioid Epidemic? *American Journal of Public Health* .

Alaska Coalition on Housing and Homelessness. (2014). *AHAR Reports.* Retrieved April 9, 2015, from Alaska Coalition on Housing and Homelessness: http://www.alaskahousing-homeless.org/sites/default/files/AHAR%202014%20Anchorage.pdf

Alaska Department of Health and Social Services. (2016, August 26). *Increase in Hepatitis C Cases among Young Adults - Alaska 2011-2015.* Retrieved January 14, 2017, from State of Alaska Epidemiology Bulletin No. 19: http://www.epi.alaska.gov/bulletins/docs/b2016_19.pdf

Alaska Department of Health and Social Services. (2016b, February 5). *Increase in Neonatal Abstinence Syndrome, Alaska 2001-2015.* Retrieved January 14, 2017, from State of Alaska Epidemiology Bulletin No. 5: http://www.epi.alaska.gov/bulletins/docs/b2016_05.pdf

Alaska Department of health and Social Services. (2017, February 22). *Neonatal Abstinence Syndrome among Medicaid-Eligible Births - Alaska 2004-2015.* Retrieved February 23, 2017, from State of Alaska Epidemiology Bulletin No. 5: http://www.epi.alaska.gov/bulletins/docs/b2017_05.pdf

Alaska Division of Behavioral Health. (2012). *Risk and Protective Factors for Adolescent Substance Use (and other problem behavior).* Retrieved January 25, 2015, from http://dhss.alaska.gov/dbh/documents/Prevention/programs/spfsig/pdfs/Risk_Protective_Factors.pdf

Alaska Highway Safety Office. (2008). *2008 DRE Results by Drug Category.* Retrieved April 15, 2017, from http://www.dot.alaska.gov/stwdplng/hwysafety/assets/pdf/DRE_Evals.pdf

Alaska Highway Safety Office. (2009). *2009 Tox Results.* Retrieved April 19, 2016, from http://www.dot.state.ak.us/stwdplng/hwysafety/assets/pdf/2009_tox_results.pdf

Alaska Mental Health Trust Authority. (2013). *Alaska Scorecard: Key Issues Impacting Alaska Mental Health Trust Beneficiaries*. Retrieved January 26, 2016, from State of Alaska: Department of Health & Social Services.: http://www.dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard/default.aspx

Alaska State Troopers. (2015). *2015 Annual Drug Report.* Alaska Bureau of Investigatioins Statewide Drug Enforcement Unit.

Allen-Young, C. (2014, February 27). *Study Calls Anchorage Schools America's Most Diverse High Schools*. Retrieved April 6, 2015, from KTUU Channel 2 News: http://www.ktuu.com/news/news/study-calls-east-bartlett-west-americas-most-diverse-high-schools/24725354

Anchorage Collaborative Coalitions. (2016). *Community Behavioral Health Assessment Report, Anchorage Youth & Young Adults.* Anchorage.

Anchorage Convention & Visitors Bureau. (n.d.). *Anchorage Weather*. Retrieved April 7, 2015, from Visit Anchorage Alaska: http://www.anchorage.net/plan-your-trip/weather/

Anchorage Economic Development Corporation. (2013). *2012 Anchorage Indicators.* Retrieved April 10, 2015, from Municipality of Anchorage Community Planning and Development: http://www.muni.org/Departments/OCPD/Planning/Publications/Documents/Full Indicators Report.pdf

Anchorage Economic Development Corporation. (2017). *2016 Anchorage, Alaska Cost of Living Index.* Retrieved February 6, 2017, from https://aedcweb.com/wp-content/uploads/2017/01/2016-COLI-Data-Report_FINAL.pdf

Anchorage Economic Development Corporation. (2017c). *2017 Anchorage Economic Forecast Report.* Retrieved March 15, 2017, from http://aedcweb.com/wp-content/uploads/2017/02/2017-AEDC-Economic-Forecast-Report_Sponsored-by-BP_2.pdf

Anchorage Economic Development Corporation. (2017b). *Anchorage Demographic Report.* Retrieved 6 2017, April, from http://aedcweb.com/planning/planning-demographics/

Anchorage Economic Development Corporation. (2012). *Planning Division Publications, Studies, Adopted Plans*. Retrieved April 15, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/Departments/OCPD/Planning/Publications/Documents/Full%20Indicators%20Report.pdf

Anchorage Federation of Community Councils. (2014). *About Us*. Retrieved April 9, 2015, from Anchorage Federation of Community Councils: http://communitycouncils.org/servlet/content/1548.html

Anchorage Neighborhood Health Center. (2014). *2013 Annual Report.* Retrieved April 10, 2015, from Anchorage Neighborhood Health Center: http://anhc.org/wp-content/uploads/2014/05/2013_Annual_Report_WEB-v.21.pdf

Anchorage School District. (2015). *About ASD.* Retrieved January 25, 2016, from Anchorage School District: http://www.asdk12.org/aboutasd/

Anchorage Youth Court. (2015). *What is Anchorage Youth Court*. Retrieved April 10, 2015, from Anchorage Youth Court: http://www.anchorageyouthcourt.org/intro_to_ayc.html

Centers for Medicare and Medicaid Services. (2016). *The HCAHPS survey, pain management, and opioid misuse, The CMS perspective: clarifying facts, myths and approaches.* Retrieved February 23, 2017, from http://www.qualityreportingcenter.com/wp-content/uploads/2016/01/IQR-VBP_HCAHPS-and-Pain-Management_20160128_vFINAL508.pdf

Cook Inlet Historical Society. (n.d.). *Anchorage History*. Retrieved April 6, 2015, from Cook Inlet History: http://www.cookinlethistory.org/anchorage-history.html

Eaton, D. (2012, May 8). *Anchorage Kids Use YouTube to Stand Up to Bullying*. Retrieved January 26, 2015, from Alaska Public Media: http://www.alaskapublic.org/2012/05/08/anchorage-kids-use-youtube-to-stand-up-to-bullying/

Four A's. (2017). *Frequently Asked Questions (FAQs) Aboput the Four A's Syringe Access Program (FASAP).* Retrieved April 7, 2017, from http://www.alaskanaids.org/index.php/prevention/faqs

Fried, N. (2014, July). *Alaska's Cost of Living.* Retrieved April 7, 2015, from State of Alaska Department of Labor and Workforce Development Research and Analysis: http://laborstats.alaska.gov/

Hanlon, T. (2014, March 27). *Alaska Dispatch News*. Retrieved April 10, 2015, from Alaska Dispatch News: http://www.adn.com/article/20140327/study-health-care-prices-alaska-top-nations-cities

Hanson, B., & Barnett, J. (2016). *Alaska Young Adult Substance Use Survey.* University of Alaska, Anchorage, Center for Behavioral Health research and Services. unpublished.

Heath, K., Garcia, G., Hanson, B., Rivera, M., Hedwig, T., Moras, R., et al. (2015). *Growing Up Anchorage: Anchorage youth and young adult behavioral health and wellness assessment.* University of Alaska Anchorage: Center for Human Development.

Hull-Jilly, D., & Casto, L. (2011). *State epidemiologic profile on substance use, abuse and dependency: Revised August 2011.* Juneau, AK: Section of Prevention and Early Intervention Services, Division of Behavioral Health, Alaska Department of Health and Social Services.

Hull-Jilly, D., Frasene, T., Gebru, B., & Boegli, K. (2015). *State of Alaska Epidemiology Bulletin: Health Impacts of Heroin Use in alaska.* State of Alaska, Department of Health and Social Services: Division of Public Health, Section of Epidemiology.

Hunsinger, E., & Sandberg, E. (2013, September). *Research and Analysis.* Retrieved April 7, 2015, from State of Alaska Department of Labor and Workforce Development: http://labor.alaska.gov/research/trends/sep13art1.pdf

Interfaith Council of Anchorage. (n.d.). *Welcome*. Retrieved April 10, 2015, from Interfaith Council of Anchorage: http://www.interfaithanchorage.org/Interfaith_Council/Welcome.html

Joint Base Elmendorf-Richardson. (n.d.). *Welcome*. Retrieved January 25, 2016, from The Official Web Site of Joint Base Elmendorf-Richardson.

McClure, C., & Monfreda, K. (2015). *Crime in Alaska 2015.* State of Alaska, Department of Public Safety.

McClure, C., & Monfreda, K. (2014). *Uniform Crime Reporting Program.* State of Alaska, Department of Public Safety.

McCoy, K. (2013, April 6). *Alaska Dispatch News*. Retrieved January 25, 2016, from Alaska Dispatch News: http://www.adn.com/article/20130406/hometown-u-data-show-mountain-view-most-diverse-neighborhood-america

Mizrahi, J. L. (2015). *Resources.* Retrieved April 10, 2015, from RespectAbility USA: http://respectabilityusa.com/Resources/By State/Alaska and Jobs for PwDs.pdf

Municipality of Anchorage. (2015). *AnchorRIDES Quick Reference Guide.* Retrieved April 9, 2015, from Municipality of Anchorage Transit: AnchorRides:

http://www.muni.org/Departments/transit/AnchorRides/Documents/AnchorRIDES%20Quick%20Reference%20Guide%20v10-2013.pdf

Municipality of Anchorage. (2015). *APD Crisis Intervention Team*. Retrieved April 10, 2015, from The Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/departments/Pages/default.aspx

Municipality of Anchorage. (2015). *Assembly: Community Councils*. Retrieved April 10, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/Departments/Assembly/Pages/CommunityCouncils.aspx

Municipality of Anchorage. (n.d.). *History*. Retrieved April 6, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/FastFacts/Pages/History.aspx

Municipality of Anchorage. (2015). *History*. Retrieved April 6, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/FastFacts/Pages/History.aspx

Municipality of Anchorage. (n.d.). *History*. Retrieved January 2016, 2016, from Official Web Site of the Municipality of Anchorage: http://www.muni.org/FastFacts/Pages/History.aspx

Municipality of Anchorage. (2015). *Municipal Departments, Divisions, and Offices*. Retrieved April 9, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/departments/Pages/default.aspx

Municipality of Anchorage. (2015). *Municipality of Anchorage Transit: Share A Ride*. Retrieved April 9, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/Departments/transit/ShareARide/Pages/default.aspx

Municipality of Anchorage. (2015). *People Mover: Reasons to Ride*. Retrieved April 9, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/Departments/transit/PeopleMover/Pages/ReasonstoRide.aspx

Municipality of Anchorage. (2015). *Public Safety*. Retrieved April 9, 2015, from Official Web Site of the Municipality of Anchorage, Alaska: http://www.muni.org/departments/Pages/default.aspx

NAMI Anchorage. (n.d.). *Mental Health Community Resources*. Retrieved April 10, 2015, from NAMI Anchorage: http://www.namianchorage.org/

OECD. (2012). Sick on the Job?: Myths and realities about mental health and work. Paris, France: OECD Publishing.

Plested, B. A., Jumper-Thurman, P., & Edwards, R. W. (2015, February). Community Readiness Manual. Fort Collins, Colorado: The National Center for Community Readiness, Colorado State University.

Providence Medical Center. (2015). *Anchorage Community Health Needs Assessment.* Retrieved February 23, 2017, from http://alaska.providence.org/~/media/files/providence%20ak/pdfs/anchoragecommunityhealthneedsassessment2015.pdf

Read, E., & & Dickey, M. (2015). *Healthy Alaskans 2020.* Anchorage: State of Alaska.

State of Alaska. (2015). *Alaska Courts Directory*. Retrieved April 10, 2015, from Alaska Court System: http://courts.alaska.gov/courtdir.htm

State of Alaska. (2015). *Community and Regional Affairs*. Retrieved April 9, 2015, from Department of Commerce, Community, and Economic Development: https://www.commerce.alaska.gov/dcra/DCRAExternal/community/Details/2d5ef9f0-9855-4b68-9350-bc9d20e81807

State of Alaska. (2015). *Corporations, Business & Professional Licensing*. Retrieved April 7, 2015, from State of Alaska Department of Commerce, Community, and Economic Development: http://commerce.state.ak.us/CBP/Main/CBPLSearch.aspx?mode=BL

State of Alaska Department of Commerce, Community, and Economic Development. (n.d.). *Community and Regional Affairs*. Retrieved April 9, 2015, from Department of Commerce, Community, and Economic Development: https://www.commerce.alaska.gov/dcra/DCRAExternal/community/Details/2d5ef9f0-9855-4b68-9350-bc9d20e81807

State of Alaska. (2015). *DJJ Facilities*. Retrieved April 10, 2015, from State of Alaska Department of Health and Social Services, Division of Juvenille Justice: http://dhss.alaska.gov/djj/Pages/Facilities/facilities.aspx

State of Alaska. (2015). *Marriage and Divorce Rates for Anchorage.* Retrieved April 9, 2015, from State of Alaska Bureau of Vital Statistics: http://dhss.alaska.gov/dph/VitalStats/Documents/stats/marriage_divorce_statistics/Marriages_Divorces/frame.html

Strayer, H., Craig, J., Asay, E., Haakenson, A., & Provost, E. (2014). *Alaska Native Injury Atlas: An Update, Revised.* Alaska native Tribal Health Consortium Injury Prevention Program and Epidemiology Center, Anchorage.

Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved January 2016, from SAMHSA: http://www.samhsa.gov/spf

United States Census Bureau. (n.d.). *Anchorage Municipality, Alaska, Quick Facts*. Retrieved April 6, 2017, from https://www.census.gov/quickfacts/table/RHI805210/02020

United States Census Bureau. (n.d.). *Introduction to NAICS*. Retrieved April 9, 2015, from http://www.census.gov/eos/www/naics

United States Census Bureau. (2015, December 2). *State & County QuickFacts*. Retrieved January 2016, 2016, from United States Census Bureau: http://quickfacts.census.gov/qfd/states/02/02020.html

University of Alaska, Anchorage. (2017). *About UAA*. Retrieved 6 2017, January, from https://www.uaa.alaska.edu/about/

US Climate Data. (n.d.). *US Climate Data Anchorage Alaska*. Retrieved April 7, 2015, from US Climtae Data: http://www.usclimatedata.com/climate/anchorage/alaska/united-states/usak0012

Volunteers of America Alaska. (2017). *PRIME for Life*. Retrieved February 27, 2017, from Volunteers of America Alaska: Volunteers of America Alaska

IX. Appendices

APPENDIX A – Summary of Key Informant Interviews

Summary of Key Informant Interviews based on sector responses.

Key Informant - Opioid Recovery Community		
	1. What drugs do you think of when you hear about prescription opioids?	Both individuals identified higher potent pain medications as prescription opioids.
	2. At what point do you think the using opioids beyond the medical recommendation is dangerous?	The individuals differed in their responses. One individual felt any time an opioid prescription is written the risk exists, while the other individual felt it is at the point when the person begin to use the prescribed drug outside the doctor's orders
	3. How did you start taking prescription opioids? What led to your use beyond recommendations? Thinking about other people you know, how did they start and what led to their use beyond recommendations?	Both individuals referenced how the drugs made them feel as the reason for using them beyond what the doctor prescribed, such as the relief from chronic pain.
	4. How do (did) you, or people you know obtain prescription opioids?	Most get opioids from doctor, some forged prescriptions, stole, or borrowed/bought from a friend.
	5. What consequences have you seen from opioid use beyond recommendations? Did you know about these consequences before you started using?	Both referenced death. "Becoming lost in life addicted."

	6. How likely do you think it is that people who use opioids beyond recommendation will face these consequences? And which ones might have persuaded you to not start using?	It depends with opioids because there are other non-lethal uses for them. People think it won't happen to them.
	7. What other things that could have prevented or intervened?	Both are unsure. One thought "maybe" a mother or father figure.
	8. What are safe ways to store opioids and how likely would you be to use them?	Locked up. Use them as directed.
	9. What would you have done if opioids weren't readily available?	If using for pain, use alternatives like tramadol or ibuprofen. If addicted, likely find something else to use.
	10. What resources are there for people who want help with opioid addiction?	Both said treatment centers, but one acknowledged you have to be sober to enter but that doesn't make sense.
	11. What resources do you wish were available? Tell me what you know about Naloxone, sometimes know as Narcan? How do you think it could be distributed to make it more readily available?	Distribute Narcan through soup kitchens or homeless shelters. Comprehensive treatment center with detox, hospital, recovery, job/life skills, to be independent again.
	12. Is there anything you'd like to add?	Narcan may enable users to continue using. Once Narcan saves you, there's no detox or treatment, so the "very vicious cycle" continues.
Key Informant - Heroin Recovery Community		
	1. Tell me about how you started using heroin? Thinking about other people you know, how did they start?	One was already using opioids. One started smoking heroin, then IV, then with other drugs (cocaine).

	2. How do (did) you, or people you know obtain heroin?	From other people, including drug dealers.
	3. What consequences have you seen from heroin use? Did you know about these consequences before you started using?	After addiction, become homeless, jobless, lose family, and may include jail, sexual exploitation, or death. Did not know consequences beforehand.
	4. How likely do you think it is that people who use heroin will face these consequences? And which ones might have persuaded you to not start using?	It's just a matter of time. Knowing the consequences may not deter use, "it won't be me" or will use other drugs.
	5. What other things that could have prevented or intervened?	Doctors not prescribe opioids. People have to make a decision to quit; have to treat their illness (maybe life challenges) in a healthy way instead of drugs.
	6. What would you have done if heroin wasn't readily available?	Use another drug.
	7. What resources are there for people who want help with heroin use?	Narcotics Anonymous or Alcoholics Anonymous (12 step program)
	8. What resources do you wish were available?	Comprehensive detox, hospital, treatment (drug-free) center that teaches life skills.
	9. Tell me what you know about Naloxone, sometimes know as Narcan? How do you think it could be distributed to make it more readily available?	Naloxone save lives but make sure medical care is sought. Distribute from needle exchange and homeless shelters.

	10. Do you know of community programs that offer detox or treatment programs?	Few, must be sober to enter.
	11. Where do you get information about heroin use or recovery?	Alcoholics Anonymous or Volunteers of America.
	12. Is there anything you'd like to add?	(no response)
Key Informant - Parents		
	1. At what point do you think the misuse of prescription opioids is dangerous?	Prescription medicine that is not prescribed to them, or if it is they're not following doctor's orders.
	2. What are some of the risks or consequences of associated with misusing opioids that you have seen? How likely is it that someone misusing opioids will suffer these consequences?	Family, health, and future all impacted from addiction. Consequences are highly likely to occur.
	3. How or what causes people in Anchorage to begin taking prescription opioids? What happens that ends up leading to addiction?	For youth, sports injuries, peer pressure, and get drugs from families. Kids with mental health issues may use opioids to self-medicate (anxiety), then build tolerance, and may become addicted. Parents may be naive and not lock up drugs. Kids often do not know the long-term consequences of taking prescription opioids.
	4. Had your doctor or pharmacist discussed the risks of addiction with you?	Doctors did not share the risks of prescription opioid addiction, and when the youth was in crisis over it the doctor's office did not help. Doctors need to know where to send people for treatment.
	5. For people who are misusing opioids, how do you think they obtain them? What do you think could be done to limit this access?	Demographics may lead to more opioid prescriptions. This person's experience is with white middle-class families where doctors may more freely prescribe opioids to private insurance.

	6. What are safe ways to store opioids?	Count pills and lock them out of reach of children. Educate parents and children on alternative ways to manage pain and proper use of prescription drugs.
	7. What would you be willing to do to limit access to prescription opioids? (storage, drop off, pill pod)	Lock opioids up, have more drug take-back events.
	8. Did you know where to find support and services for your child? What supports do you wish were available to you, and to your child?	No, we did not know. Commercials to advertise local help. Eliminate the stigma of drug use, don't be afraid to talk to your kids about drugs. Parents should learn warning signs.
	9. Tell me what you know about Naloxone, sometimes know as Narcan? How do you think it could be distributed to make it more readily available?	(no responses)
	10. What thoughts or messages would you like to share with other parents?	Share your story to become part of the solution. Work together to educate our community and our kids to learn to accept different ways to deal with pain management or ways to feel better.
Key Informant Treatment Providers		
	1. What does it mean, to the medical profession, to misuse prescription opioids?	To get high, leads to addiction and overdose, repeated ER visits. Some doctors get it and offer alternative treatment, others just keep prescribing.
	2. How concerned are you about opioid misuse in Anchorage? What about heroin? What is it about opioid misuse and heroin use that concerns you?	All are very concerned. Opioid use may lead to heroin use, which is cheaper, or another drug. Need more enforcement to police street dealers.

	3. Tell me about stories you hear about how people started using opioids misusing opioids, and started using heroin. (sports injuries, start to get high…)	Sports injuries. Work injury that leads to prescription, then heroin is cheaper.Pain doctor.Closing Palmer Correctional Facility meant people could not receive treatment, then dealers targeted them again.
	4. What risks do your clients perceive with misusing opioids? What about heroin? (addiction, death, losing kids, jobs, homelessness…)	Youth clients don't care about risks, just about getting a high. Clients don't see the risks until it's too late. It can be losing kids to OCS or homelessness. Hospitals receive higher funding based on "satisfaction scores" if prescribing opioids over prolonged periods.
	5. With your patients, what do you think could have been done to prevent their initial use and eventual addiction? What information might have caused them to hesitate before starting?	Prevention education helps, including high schools. Peer intervention would be key. Hospital database that flags repeat visits, so they can be educated.
	6. What would help after treatment to keep them from using again?	Continuing Care groups, structured sober support groups. Build up resiliency. Learning basic life skills (job), healthier habits and hobbies.
	7. Who are the people most affected by opioid misuse? Heroin?	Teens, young adults and middle age adults. Especially 18-25 or 20-30 year olds.
	8. What trends are you seeing with prescription opioid and heroin use in Anchorage?	Both opioid and heroin use rising. Doctor shopping for pills. Heroin is cheaper. People masking their addictions.

	9. What can you recommend to address the opioid misuse problem in Anchorage? Heroin?	Train teens to intervene with peers. Get rid of "patient satisfaction score" pain contracts. Better education, affordable and accessible detox and rehab.
	10. Is there anything else you'd like to add?	Education and support system in place.ER's treat addiction and have facility to transport patient to immediately.
Key Informant - Pharmacists and Prescribers		
	1. What does it mean, to the medical profession, to misuse prescription opioids?	Prescriber has to trust their patient and prescribe according to the pain. Use beyond medical recommendations. Or providing opioids to someone whom they were not prescribed.
	2. How concerned are you about opioid misuse in Anchorage? What about heroin? What is it about opioid misuse and heroin use that concerns you?	Yes, concerned. Prescribers may not know how much a patient is taking. If prescriber has to help patient using heroin, they have to go to them often in a dangerous environment. Public safety. Negative effects on family.
	3. How do you think most people in Anchorage obtain prescription opioids that are misusing them?	From someone else. False prescriptions, over prescribing, pharmacy robberies, or purchasing from someone who obtained them in that way.
	4. From what you've seen, what do you think causes people to start misusing prescription opioids? How about using Heroin?	Teens lack knowledge and think of it as party drug. Misuse of opioids may lead to heroin use. Recreational use. self-medication, overuse with poor oversight of practitioner, unrealistic expectation of pain control, poor awareness of alternatives, not following after care plan (physical therapy).

	5. What risks do your clients perceive with misusing opioids? What about heroin?	Heroin users may mark which vein for medical professionals to use. Patients don't share sense of risk. Either unconcerned, unaware, or benefit outweighs risks. Patients underappreciate risk.
	6. What was the likelihood you think people think they are at risk of becoming addicted to opioids? Heroin?	Not sure.Low for opiates, high for heroin.
	7. Who are the people most affected by opioid misuse? Heroin?	Community suffers most through economics and perception of safety. User is most affected, then immediate family and friends, then community.
	8. What trends are you seeing with prescription opioid and heroin use in Anchorage?	Shooting up morphine, taking Dilaudid. Hospitals advertise when they're out of Dilaudid to minimize seekers. Heroin and opioid use on the rise in overdose/deaths. Increased provider awareness, but no change in prescribing or prescription volume. Possible greater sense of patient demand for opioids.
	9. What can you recommend to address the opioid misuse problem in Anchorage? Heroin?	Tracking system for prescribers. Use NSAID's before opioids. (non-steroidal anti-inflammatory drugs)
	10. Is there anything else you'd like to add?	Education for kids.
Key Informant Law Enforcement		

	1. In your experience, how are people obtaining prescription opioids? What about heroin?	People get opioids from legitimate prescriptions, maybe buying or stealing from friends/family. Then addiction and heroin use might follow. Youth tend to use more marijuana and smoke with Xanax, than opioids or heroin. For heroin, from a drug dealer, a friend, family member, or using/sharing heroin.
	2. What are some of the consequences you are seeing from opioid misuse in Anchorage? What about heroin?	Higher property crime, overdose deaths, dysfunctional families, jail time, loss of job, divorce/separation, loss of trust, financial burden, loss of child custody, poor judgment, violent crimes, stealing, domestic violence. For both. Heroin and fentanyl lead to more overdoses. Youth don't know long-term consequences.
	3. What are you hearing about how people start misusing prescription opioids? Heroin?	Doctors over-prescribed by dosage or duration. Keep excess medication for future use to self medicate, thinking it's "safe."Opioid addicts may turn to heroin since it's cheaper and easier to find.Kids in single parent, low-income families, with mental health or trauma issues tend to more likely lead to full habit or addiction.Start by managing pain, then build a tolerance, and not realize they're addicted until it's too late.
	4. What trends are you seeing with prescription opioid misuse in Anchorage? Heroin use?	Prescription pad theft and the diversion of pharmaceutical opioids. Use of the mail service to order opioids and heroin. Youth are getting less prescriptions written for themselves now, so tend to take from others. Parents naive that child would use pills. Higher potency heroin is available so people are overdosing more easily. Fentanyl mixed with heroin.

	5. What are people in your profession doing to combat the heroin/opioid problem in Anchorage? What would you like to see change?	DEA's 360 strategy: 1. Law Enforcement action against heroin traffickers. 2. Diversion Control a) Enforcement actions against DEA registrants which include doctors, pharmacists, veterinarians and nurses operating outside the law. b) Long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies and practitioners to come up with reasonable safeguards against the dangers of opioid treatment and addiction. 3. Community Outreach Support youth on "front-end" in probation (not institutionalized) to do "Seven Challenges" substance abuse program, and Prime for Life. Job urinalysis, awareness, prevention & treatment, education.
	6. What other recommends do you have on how to address the opioid misuse problem in Anchorage? Heroin?	Treat opioid use as an epidemic. State put into practice reasonable measures to curtail the use by providers. Educate the public, including in schools. Retain effective penalties for those that possess and distribute heroin.
	7. What challenges do you see to making those things happen?	Challenges include State rules surrounding SB91 in relation to heroin or opioid distribution and penalties. State database in the limiting of opioid prescriptions in quantity and duration. Youth with cognitive delays have trouble understanding the long-term consequences of opioid use and cannot make the best decisions for themselves. Parents using drugs models that behavior, and if OCS gets involved the cycle continues. Funding for treatment, law enforcement, prevention, coalitions, social workers, therapists, public health, etc. Community buy-in to support people in recovery.
Key Informant - Key Community Members		

	1. How do most people in Anchorage view using prescriptions opioids to get high? What about heroin?	Pill form or injecting. There is a perception that those who abuse opioid prescriptions are losers, ill-educated, unhygienic, cannot hold a job, overall bad person rather than "regular person just like you and I." Increases crime and safety concerns. Although both are bad, opioid abuse is more "forgivable / overlooked" than heroin. Prescription drugs are addictive especially when used in a manner not consistent with the labeling or used someone other than the patient. Based on the news, heroin use seems to be on the rise.
	2. How do you think most people obtain prescription opioids? What about heroin?	Multiple visits to medical facilities like the doctors office & ER to obtain opioid prescription.Give it away or sell to/from family/friendsBuying from drug dealers."Black market" for opioids and heroin. Can be brought in from other states.Youth get from peers in school, parent's medicine cabinets, stealing other people's prescriptions.
	3. What are some of the consequences you are seeing from opioid misuse in Anchorage? What about heroin?	Higher Crime rates and safety concerns. Overdoses Taking resources away from APD and AFD. Addiction & dependency. Quick-paying jobs, like serving to prostitution, to buy more drugs. Increase of deceptive behavior like lying and stealing. Unhealthy weight loss in heroin users. Opened syringes in public parks and parking lots.

	4. What causes people to start misusing prescription opioids? Heroin?	Pain management. Lack of knowledge of addiction when beginning opioid use. Depression. Other Drug use. Economic/Financial impacts such as losing a job or house. Curiosity - learning from users/dealers in high-risk areas, rather than safer education. Compulsive drug seeking for heroin. Heroin can be cut/mixed with other drugs/poisons or white substances such as sugar, starch or powered milk, causing more danger.
	5. What trends are you seeing with prescription opioid misuse and heroin use in Anchorage?	Epidemic is regularly in the news. It's "not in the dark" anymore. Used syringes left in public areas.I feel that use is increasing. Opioid misuse is common amongst teens and young adults. According to news stories many Heroin addicts started with Opioid misuse.
	6. What are people in your profession doing to combat the heroin/opioid problem in Anchorage? What would you like to see change?	Coming together to brainstorm solutions & strategies. Making the community aware of the level of seriousness, and that everyone has the potential to become an addict. My profession does not combat this problem. We tie in facts about drugs to nicotine while promoting drug-free society. I would like to see more education from schools & parents to kids on the importance of following doctors orders with prescription meds. Offering preventative measures/ services, treatment services and transition to independence services among other services to adolescents and adults.

	7. What do you recommend to address the opioid misuse problem in Anchorage? Heroin?	Community awareness and education, in the general community and the school district. More and better resources for those in need of help. Education/awareness, talking about it openly, address that there is a problem, not to stereotype it as low SES people only. Reduce stigma. Sharing knowledge with those closest to us. Helping others deal with the pressures of life with alternative positive, healthy ways, like exercising and volunteering. Medical help for those suffering with mental illness and substance abuse such as anxiety, depression & post-traumatic stress disorder. People use when life is not working out. Help intervene by helping set healthy priorities, including balanced diets.
	8. What are challenges to what you'd like to see happening?	People will seek a high, and addicts have to want to quit. Education may not be enough. Low or lack of city/state budget. Not enough professionals in the field.Drug lords are dangerous people and may kill when people interfere with their business. (Something can be done about this if we all join efforts)Parent using while their children are in recovery and are using around them. (Children with poor support system.)
Key Informant - Media		

	1. How do most people in Anchorage view using prescriptions opioids to get high? What about heroin?	Generally people view using opioids in a negative way or as dangerous. May start with opioid prescription or recreationally leading to addiction; then maybe into heroin use. Need to see abuse as an illness rather than judging. Most people know opioids are dangerous. Parents know more now, but we don't know who is newly getting addicted. In Juneau, the whole class of 2007 had rampant addiction. Kenai has high heroin use. Community has more sympathy for heroin users than other drugs because we all know someone. Heroin is public health crisis now, which has racial undertones.
	2. How do you think most people obtain prescription opioids? What about heroin?	DoctorsThe Street, or black market, and easily in Town Square Park. Drugs are easy to get in halfway houses or corrections system.Pill mills - how many in Anc? People get heroin from a network of low-level dealers connected to CA and WA States. Even moms with kids in withdrawal will sometimes go buy heroin to help lessen their kids' withdrawal symptoms.
	3. What are some of the consequences you are seeing from opioid misuse in Anchorage? What about heroin?	Lose custody of kids to OCS. If parents trying to get clean, dealing with OCS makes that harder. Babies born addicted, then OCS. Death Loss of Job. It's not a problem of awareness. People know the risks.

	4. What causes people to start misusing prescription opioids? Heroin?	Heroin is cheaper, and there is a community built around drug use. People are self-medicating around traumas in their lives. People are self-treating other trauma, aimlessness, depression, etc., that leads to heroin and opioid use. Give people more options, like job corps.
	5. What trends are you seeing with prescription opioid misuse and heroin use in Anchorage?	Jay Butler said there are three waves: 1. Prescription painkillers, 2. Heroin, 3. Synthetic drugs (like Fentanyl). "We need more detox" is too simplistic. Replacement therapy is more effective (vivitrol, methadone, soboxone). Methadone has worked for some people, but there is a stigma.
	6. What are people in your profession doing to combat the heroin/opioid problem in Anchorage? What would you like to see change?	In the media we're not doing enough solutions reporting. Reporting personal stories can reduce stigma. The Anchorage Press has done some good in-depth reporting. Now it's recognized as a national problem because of race and economics. This is a topic of interest to editors. Things that work, not what is broken is the angle we prefer. But, our readers tend to like the tragedies that people can relate to, more than the solutions stories.
	7. What do you recommend to address the opioid misuse problem in Anchorage? Heroin?	More needle exchanges, like Four A's. Treating this problem like a public health crisis. Criminal Justice Reform for the long-term impact. More resources for treatment. Like an immediate help/action center or an emergency mental health center or crisis number. Change in public perception of those using as bad people; it's not a moral issue. Prevention measures, such as giving 17-25 year olds alternatives to make their lives better, to care for them and build their self-worth's. Have real people share their story.

	8. What are challenges to what you'd like to see happening?	Not enough treatment options that work, like Partners Reentry System. Support for addicts that are in jails, more training for guards and more resources to withdrawals. Treat withdrawals like emergency, opportunity to intervene. Restrict availability of drugs to those in Halfway Houses by increasing the quality of guards. Naloxone. Good but doesn't get at the root. Awareness. People know drugs are bad. Ads, radios, etc. don't work. Young people consume media better and are savvier than those ads.
Key Informant - Additional Key Community Members		
	1. How do most people in Anchorage view using prescriptions opioids to get high? What about heroin?	People think doctor's prescriptions are safe. May lead to chronic addiction, and possibly going to the street for heroin.People think heroin users are junkies or rock stars and not someone they know, but now they're learning neighbors or housewife down the street are "pill popping" to get high.They view opioids as easy to get since they're not illegal and are prescribed by a doctor. Heroin is illegal because the government says so.
	2. How do you think most people obtain prescription opioids? What about heroin?	"Doctor hop" to get opioid prescriptions. (There needs to be some mechanism to stop prescription abuse.) People start with prescriptions for legitimate pain. Buy or steal from people they know have prescriptions. Hurt themselves purposely in order to go to the ER and get a couple day's supply. People are buying heroin on the streets from drug dealers.

	3. What are some of the consequences you are seeing from opioid misuse in Anchorage? What about heroin?	Domestic violence Children in need of aid due to abuse or neglect. Petty crimes to support their habit. Overcrowded jails. Over use of and full ERs/Hospitals. Lack of enough treatment facilities. Poor health of those addicted. Death. Heartbreak. Average middle class people with opioid addictions. It's cheaper to get heroin, so more use it.
	4. What causes people to start misusing prescription opioids? Heroin?	Pain from workers' compensation injuries, car accident injuries, etc. Prescription opioids might lead people to turn to the street for illegal heroin. It feels good/like the feeling. It becomes a way to cope with things like depression, frustration, anger, trauma, etc. Over-prescribed opioid medication. Heroin - because it is cheaper and easier to obtain than a prescription med.

	5. What trends are you seeing with prescription opioid misuse and heroin use in Anchorage?	The people using sent to jail, so more people in prisons. Over-use of ER and Police. Increase of overdoses. Increase of child abuse & neglect. Younger people using and getting hooked; like athletes, good students, & middle school-ers. Rural communities exposed at an earlier age. Using is considered cool by performers & entertainers, they call it "lean" or "sizzurp" which is codeine I think mixed with juice or pop. Influences younger people. Heroin not as popular with mainstream entertainers. Increased in transfer of STD HIV/AIDS through unprotected sex and needle sharing.
	6. What are people in your profession doing to combat the heroin/opioid problem in Anchorage? What would you like to see change?	Most prefer addicts to be put back out on the street (from jail) because they perceive nothing wrong is being done. Promote longer jail sentences with mandatory drug rehabilitation programs while in jail. People are more aware of warning signs of drug abuse. Prescribers aren't so quick to give opioid prescriptions.Discussed opening a treatment center but logistically it is not possible due to lack of funding. Consider natural methods of treatment; physical therapy, ice or heat treatment, diet and exercise therapy, and education for people. Focus on the younger generation to grow and build a healthier generation.Limit the number of pills prescribed at a time. Meds should be distributed by dose through a third party. People being prescribed should be held accountable and told of consequences. They should also be tested to have pills in their system to ensure they are

	7. What do you recommend to address the opioid misuse problem in Anchorage? Heroin?	More police on the street. Stiffer penalties for repeat offenders; 2nd offense for selling/using any opioid or heroin, sent to jail for the rest of your life. Get to the root of why people use through therapy & treatment that is affordable and easy to access. More detox beds and treatment. Consider other pain treatments before opioid use. Limit amount prescribed. Education on treating the body better at an early age to avoid pain later in life. "Take care of the old person you are going to become."
	8. What are challenges to what you'd like to see happening?	Shut down the court system's "revolving door" problem with the same people in and out of the jail system for the same crimes.Money/ResourcesAnchorage municipality leadership to be active in finding solution. Getting local agencies to campaign for funds; such as Alaska Native Corporations in villages. Doctors to stop over-prescribing Hold patients accountable to using medication responsibly, and using safe storage, like locking them up and not selling them.Parents and families model better, healthier, and substance-free lifestyles to youth, especially Alaska Native youth.

APPENDIX B – Summary of Community Readiness Assessment

Healthy Voices Healthy Choices Community Readiness Assessment
Partnerships for Success: Opioid and Heroin Prevention

Non-medical prescription opioid and heroin use for 18-25 year-olds

Purpose (for interviewer to read)

Thank you for joining the Healthy Voices Healthy Choices coalition today for our community readiness assessment interviews. We are conducting a needs assessment for Anchorage to prevent and reduce the non-medical use of prescription opioids and heroin for 18-25 year-olds, as well as the non-medical use of prescription opioids for 12-17 year-olds.

The purpose for today's survey is to better understand the level of community readiness in preventing non-medical use of prescription opioids and heroin in Anchorage. This model of assessment uses key informant interviews with stakeholders who are knowledgeable and represent various sectors in the community. You have been invited to participate because you represent an important community sector and are also knowledgeable about the issue, community, and resources.

I will ask a series of questions on five areas: 1) community knowledge, 2) leadership, 3) community climate, 4) knowledge about the issue, and 5) resources for efforts.

Today, when I refer to "the issue," I am referring to:

> **Today's "Issue**:" the non-medical use of prescription opioids and heroin for 18-25 year-olds in Anchorage.

Let's get started!

Introductions

Inclusion activity: talk to a partner and share your story of how you've gotten to where you are now (2 minutes) while your partner listens. Then your partner will give you feedback on what you learned about them. Repeat and switch so the other partner for sharing and listening.

Community Readiness Interview Questions

Community Knowledge

1. Everyone score the community level of community concern for their sector.
2. Are there efforts in Anchorage that address issue?
3. Can you briefly describe each of these?
4. About how many community members are aware of each of the following aspects of the efforts? (None, a few, some, many, or most)
    a. Have heard of efforts?

    b. Can name efforts?
    c. Know the purpose of efforts?
    d. Know who the efforts are for?
    e. Know how the efforts work (e.g. activities or how they're implemented)?
    f. Know the effectiveness of the efforts?
5. Based on that, why do you think your community members have this amount of knowledge?
6. Are there misconceptions or incorrect information among community members about the current efforts.
7. Is anyone in the community trying to get something started to address the issues? Can you tell me about that?

Leadership

1. Everyone score the community level of community concern for their sector. Explain.
2. How much of a priority is addressing this issue to leadership? Can you explain why you say this?
3. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address issue. Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list. How many leaders…
    a. At least passively support efforts without necessarily being active in that support?
    b. Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
    c. Support allocating resources to fund community efforts?
    d. Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
    e. Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?
4. Does the leadership support expanded efforts in the community to address issue?
5. How much of a priority is addressing this issue to leadership? Can you explain why you say this?

Community Climate

1. Everyone score the community level of community concern for their sector. Explain.
2. How much of a priority is addressing this issue to community members? Can you explain your answer?
3. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address issue. Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list. How many community members…

    a. At least passively support community efforts without being active in that support?
    b. Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
    c. Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
    d. Are willing to pay more (for example, in taxes) to help fund community efforts?
4. About how many community members would support expanding efforts in the community to address issue? Would you say none, a few, some, many or most? If more how might they show this support?

Knowledge About the Issue

1. Everyone score the community level of knowledge for their sector. Explain.
2. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to the issue? (Nothing, a little, some or a lot)
    a. issue, in general
    b. the signs and symptoms
    c. the causes
    d. the consequences
    e. how much issue occurs locally
    f. what can be done to prevent or treat issue
    g. the effects of issue on family and friends?
3. What are the misconceptions among community members about the issue?

Resources for Efforts

1. Everyone score the community level of knowledge for their sector. Explain.
2. How are current efforts funded? Is this funding likely to continue into the future?
3. I'm now going to read you a list of resources that could be used to address issue in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address issue?
    a. Volunteers?
    b. Financial donations from organizations and/or businesses?
    c. Grant funding?
    d. Experts?
    e. Space?
4. Would community members and leadership support using these resources to address issue? Please explain.
5. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing issue in your community?
    a. Seeking volunteers for current or future efforts to address issue in the community.

b. Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
c. Writing grant proposals to obtain funding to address issue in the community.
d. Training community members to become experts.
e. Recruiting experts to the community.

6. Are you aware of any proposals or action plans that have been submitted for funding to address issue in community?

Additional Policy-Related Questions:

For your sector…

1. How ready is your community with promoting alternatives to opioid use?
2. How ready do you think Anchorage is to start storing properly in a safe and discarding once they're expired or no longer needed?
3. What do you think the level of readiness are people ready to start talking about stigma for opioids?
4. What do you think the level of readiness are people ready to start talking about stigma for heroin?
5. How willing do you think your sector is to thinking the needle exchange is a good idea?

Healthy Voices Healthy Choices Community Readiness Assessment
Partnerships for Success: Opioid and Heroin Prevention

Non-medical prescription opioid use for 12-17 year-olds

Purpose (for interviewer to read)

Thank you for joining the Healthy Voices Healthy Choices coalition today for our community readiness assessment interviews. We are conducting a needs assessment for Anchorage to prevent and reduce the non-medical use of prescription opioids for 12-17 year-olds, as well as the non-medical use of prescription opioids and heroin for 18-25 year-olds.

The purpose for today's survey is to better understand the level of community readiness in preventing non-medical use of prescription opioids and heroin in Anchorage. This model of assessment uses key informant interviews with stakeholders who are knowledgeable and represent various sectors in the community. You have been invited to participate because you represent an important community sector and are also knowledgeable about the issue, community, and resources.

I will ask a series of questions on five areas: 1) community knowledge, 2) leadership, 3) community climate, 4) knowledge about the issue, and 5) resources for efforts.

Today, when I refer to "the issue," I am referring to:

> **Today's "Issue**:" the non-medical use of prescription opioids for 12-17 year-olds in Anchorage.

Let's get started!

Introductions

Inclusion activity: talk to a partner and share your story of how you've gotten to where you are now (2 minutes) while your partner listens. Then your partner will give you feedback on what you learned about them. Switch so the other

Community Readiness Interview Questions

Community Knowledge

1. Everyone score the community level of community concern for their sector.
2. Are there efforts in Anchorage that address issue?
3. Can you briefly describe each of these?
4. About how many community members are aware of each of the following aspects of the efforts? (None, a few, some, many, or most)
    a. Have heard of efforts?
    b. Can name efforts?

    c. Know the purpose of efforts?
    d. Know who the efforts are for?
    e. Know how the efforts work (e.g. activities or how they're implemented)?
    f. Know the effectiveness of the efforts?
5. Based on that, why do you think your community members have this amount of knowledge?
6. Are there misconceptions or incorrect information among community members about the current efforts.
7. Is anyone in the community trying to get something started to address the issues? Can you tell me about that?

Leadership

1. Everyone score the community level of community concern for their sector. Explain.
2. How much of a priority is addressing this issue to leadership? Can you explain why you say this?
3. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address issue. Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list. How many leaders…
    a. At least passively support efforts without necessarily being active in that support?
    b. Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?
    c. Support allocating resources to fund community efforts?
    d. Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
    e. Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?
4. Does the leadership support expanded efforts in the community to address issue?
5. How much of a priority is addressing this issue to leadership? Can you explain why you say this?

Community Climate

1. Everyone score the community level of community concern for their sector. Explain.
2. How much of a priority is addressing this issue to community members? Can you explain your answer?
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    b. Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?
    c. Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)
    d. Are willing to pay more (for example, in taxes) to help fund community efforts?
4. About how many community members would support expanding efforts in the community to address issue? Would you say none, a few, some, many or most? If more How might they show this support?

Knowledge About the Issue

1. Everyone score the community level of knowledge for their sector. Explain.
2. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to the issue? (Nothing, a little, some or a lot)
    a. issue, in general
    b. the signs and symptoms
    c. the causes
    d. the consequences
    e. how much issue occurs locally
    f. what can be done to prevent or treat issue
    g. the effects of issue on family and friends?
3. What are the misconceptions among community members about the issue?

Resources for Efforts

1. Everyone score the community level of knowledge for their sector. Explain.
2. How are current efforts funded? Is this funding likely to continue into the future?
3. I'm now going to read you a list of resources that could be used to address issue in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address issue?
    a. Volunteers?
    b. Financial donations from organizations and/or businesses?
    c. Grant funding?
    d. Experts?
    e. Space?
4. Would community members and leadership support using these resources to address issue? Please explain.
5. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing issue in your community?
    a. Seeking volunteers for current or future efforts to address issue in the community.

b. Soliciting donations from businesses or other organizations to fund current or expanded community efforts.
c. Writing grant proposals to obtain funding to address issue in the community.
d. Training community members to become experts.
e. Recruiting experts to the community.

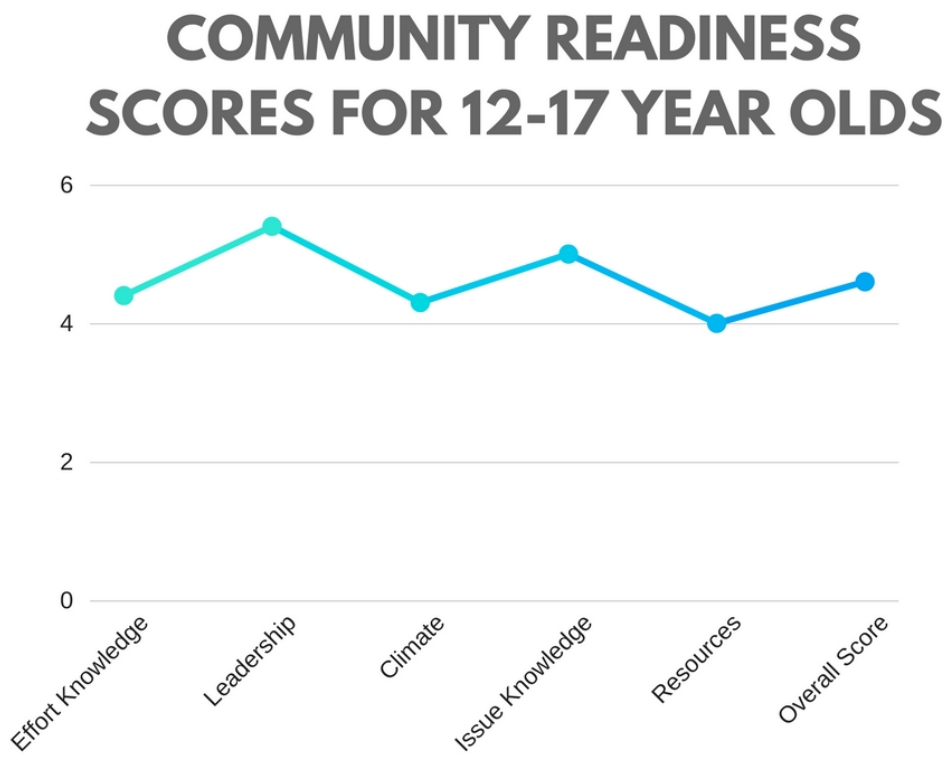
6. Are you aware of any proposals or action plans that have been submitted for funding to address issue in community?

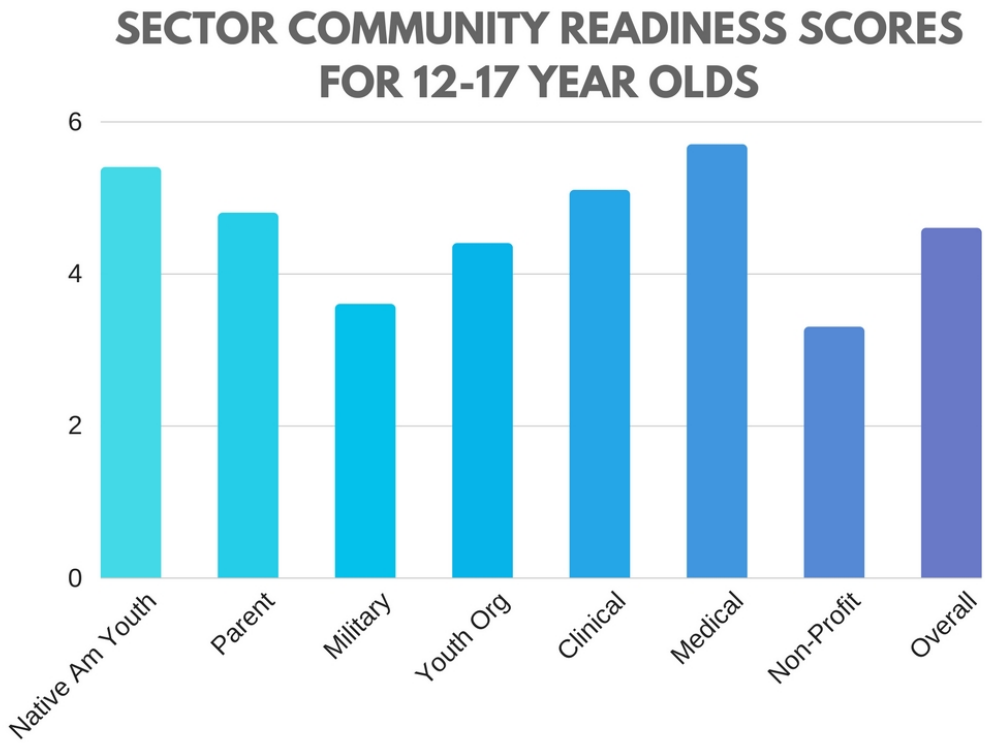
Additional Policy-Related Questions:

For your sector…

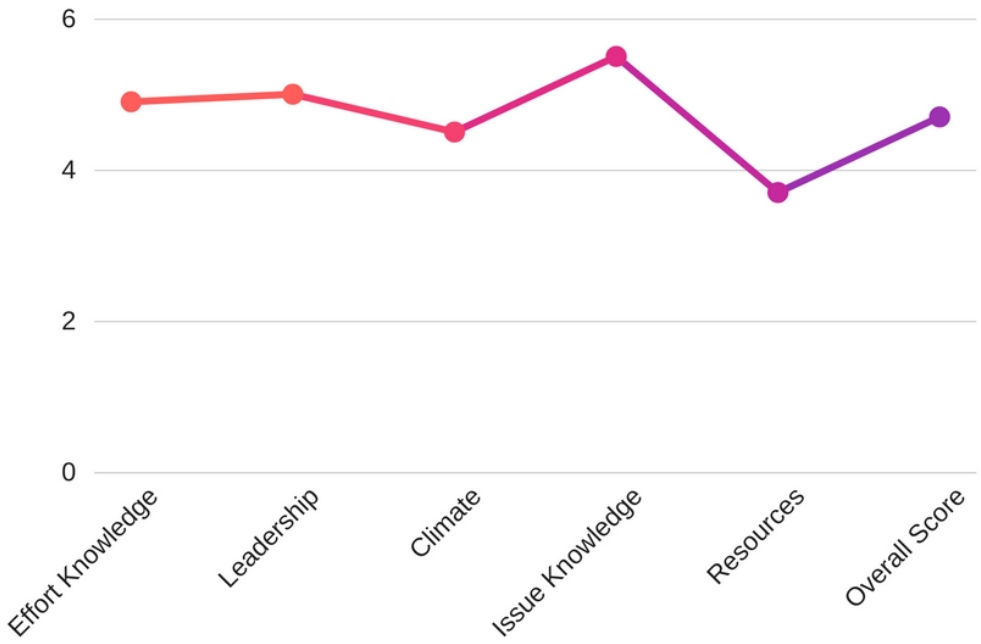
1. How ready is Anchorage to hear about alternatives to pain medication? Changing the perception of instant gratification.
2. How ready do you think Anchorage is to start storing properly in a safe or discarding once they're expired or no longer needed?
3. What do you think the level of readiness are people ready to start talking about stigma?

Summary of Community Readiness Assessment Scores

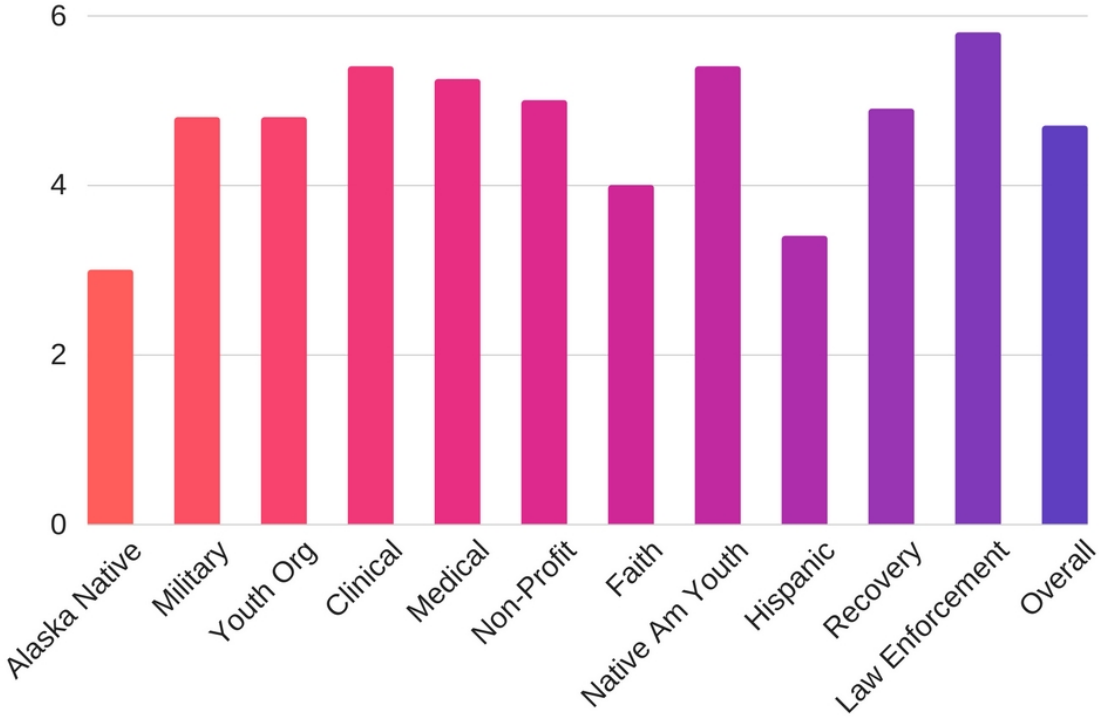




COMMUNITY READINESS SCORES FOR 18-25 YEAR OLDS



SECTOR COMMUNITY READINESS SCORES FOR 18-25 YEAR OLDS



Summary of themes from Community Readiness Assessment group interviews

Intermediate Variable	Priority Community Factors	Comments from Community Readiness Assessment meetings	"Youth" Group (n=8)	Percent	"Young Adult" Group (n=11)	Percent
Retail Availability						
	Alternative pain management not commonly discussed with patient		6	75	4	36
		Alternative forms of pain control may cost more than opioids due to insurers.				
		Not many people know what alternative pain control is, especially youth.				
		Maybe alternative or non-drug opioids should be preferences in treatment.				
		Doctors tend to offer prescription opioids as the first line of pain treatment.				
	Inadequate patient/parent education at time of initial prescription		2	25	6	55
		Families often seek information or programs after they are severely impacted by addiction and its consequences.				
		There is no standard warning to give to patients.				
		Very few prescribers or pharmacies have pain agreements with patients explicitly stating proper medication use.				
		The military community and culture tends to accept use of prescription opioids without question.				
		Language may also be a barrier in communicating information about prescription opioids.				
	Lack of Prescription Drug Monitoring (PDMP) participation		6	75	9	82
		The Alaska Native Medical Hospital and Southcentral Foundation led community on prescription drug monitoring and pain contracts.				
		There are too few efforts to combat prescription opioid misuse.				
		The Governor is leading efforts and has offered bills to address prescription drug monitoring efforts.				
Social Availability						
	Secure storage and safe disposal		4	50	7	64
		There are overall too few efforts to combat opioid and heroin use, and too few resources to support existing efforts.				
		Pharmacies or providers seem to be unwilling to take back all prescription drugs.				
		Families want to play their part to make a difference, but they may not know the best practices for safe storage.				
		Community members, including the military, do not tend to throw away prescription drugs.				
	Social circle		2	25	2	18

		Grandparents raising grandchildren do not have accurate information on opioids, and may not use proper storage or teach best behaviors.				
		Military structure offers reactive, rather than proactive, punishment of behavior.				
Perception of Risk						
	Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur		8	100	11	100
		There is vast misinformation about opioid addiction in youth.				
		There is a lack of understanding that misuse of prescription opioids may lead to heroin use.				
		There is a misconception that doctors can tell who will be at risk for misuse and abuse.				
		People believe in stereotypes of families so believe youth may or may not tend to misuse prescription opioids.				
	Opioids are prescribed from a doctor and presumed to be safe. There is less stigma surrounding opioid use than other drugs such as heroin		4	50	2	18
		People believe there are fewer risks in prescribed medication.				
		Treating pain as a vital sign has led to over-prescribing, and patients now request it.				
		There is more potential for conversations around stigma for 12-17 year-olds, but may be harder for 18-25 year-olds.				
	Not understanding the vast consequences of using and misusing		8	100	10	91
		Most youth-service workers do not know how to address opioid addiction in youth.				
		There is misinformation about who can become addicted to misusing prescription opioids.				
		Leadership in the community are not activated unless the consequences of addiction impact their lives directly.				
Harm Reduction						
	Access to needle exchange		N/A		1	9
		There is a lack of understanding of how a needle exchange addresses heroin addiction.				
	De-stigmatize addiction		4	50	3	27
		Families are still secretive when addiction is impacting them. Stigma can hold them back from seeking support services.				
		There is a racial issue that some people of color might be at a disadvantage or receiving treatment.				
		Stigma is prevalent and different in various cultures.				
	Lack of coping skills		1	13	0	0
		Alternative treatment could involve discussing other pain management skills with patients.				

APPENDIX C –Community Prioritization Process

Community Prioritization Meeting Protocol

Partnerships for Success – Opioid and Heroin Prevention

Healthy Voices Healthy Choices

COMMUNITY FACTORS

We're looking to find what factors in our community lead to trends around opioid and heroin use. For example, if there are few disposal sites for prescription opioids, it can make it easier for someone to get their hands on them who was not prescribed to use them. We'll discuss some of the trends we've seen in Anchorage based on local data, surveys, interviews, and local media, and we'll identify what factors may lead to those trends.

Then we will see what community factors we come up with and prioritize them in how important they are and how much we could change them with new programs going forward.

PRIORITIZATION

Criteria to prioritize other community factors:

Now that we have an idea of community factors that lead to trends of opioid and heroin use in Anchorage, we need to prioritize what factors we want to address going forward.

We should prioritize and select community factors that are high in both *importance* and *changeability:*

- **Importance**
  - If the factor changed, how much of a difference will it make on the problem?
    - Example: If doctors change the way they prescribe (vs) Storage
  - Does the community factor impact other behavioral health issues or other identified problems for opioid and heroin use?
- **Changeability**
  - Does the community have the capacity—the readiness, resources, and funding—to change a particular community factor?
  - Can change occur in a reasonable time frame? (within next two years?)
  - Can the change be sustained over time?

WORKSHEET DIRECTIONS

Community Factors - Step 1 Directions: In a small group, brainstorm some of community factors that influence prescription opioid and heroin use and consequences in the following areas. We will then discuss this as a large group before moving to Step 2.

Prioritization - Step 2 Directions: Fill in this chart placing community factors from Step 1 based on the criteria of changeability and importance, and taking other considerations into account. Factors that land in the "high importance and high changeability" quadrant will likely have most priority for our work going forward.

Community Factor Prioritization – Group Worksheet

Organization/Member: _____

Step 1:

Step 2:

RETAIL AVAILABILITY	High Changeability	Low Changeability
High Importance		
Low Importance		

Community Factor Prioritization – Group Worksheet

Organization/Member: _____

Step 1:

Step 2:

RETAIL AVAILABILITY	High Changeability	Low Changeability
High Importance		
Low Importance		

Community Factor Prioritization – Group Worksheet

Organization/Member: _____

Step 1:

Step 2:

Perceived Harm Risk	High Changeability	Low Changeability
High Importance		
Low Importance		

Community Factor Prioritization – Group Worksheet

Organization/Member: _____

Step 1:

Step 2:

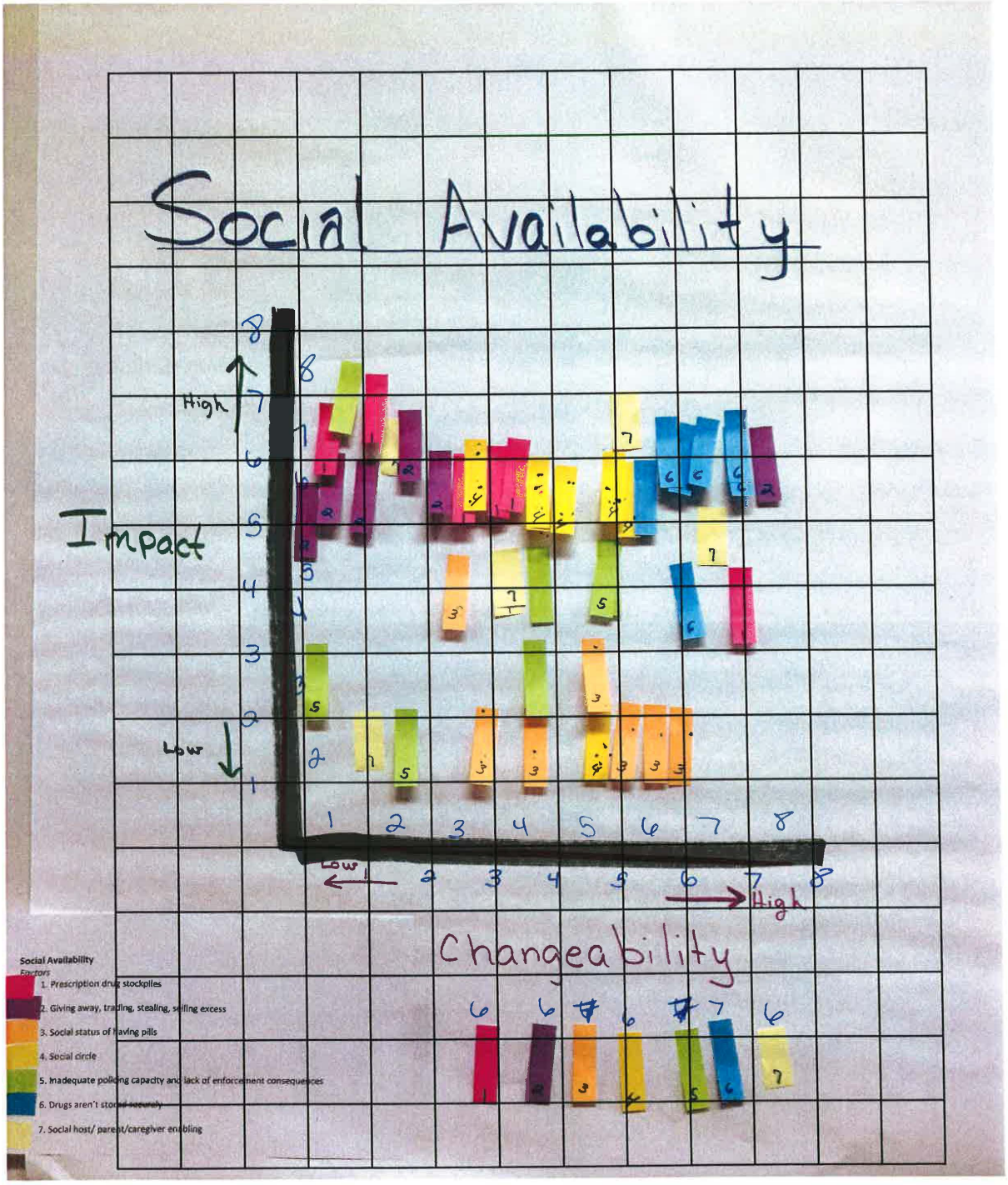
Harm Reduction	High Changeability	Low Changeability
High Importance		
Low Importance		

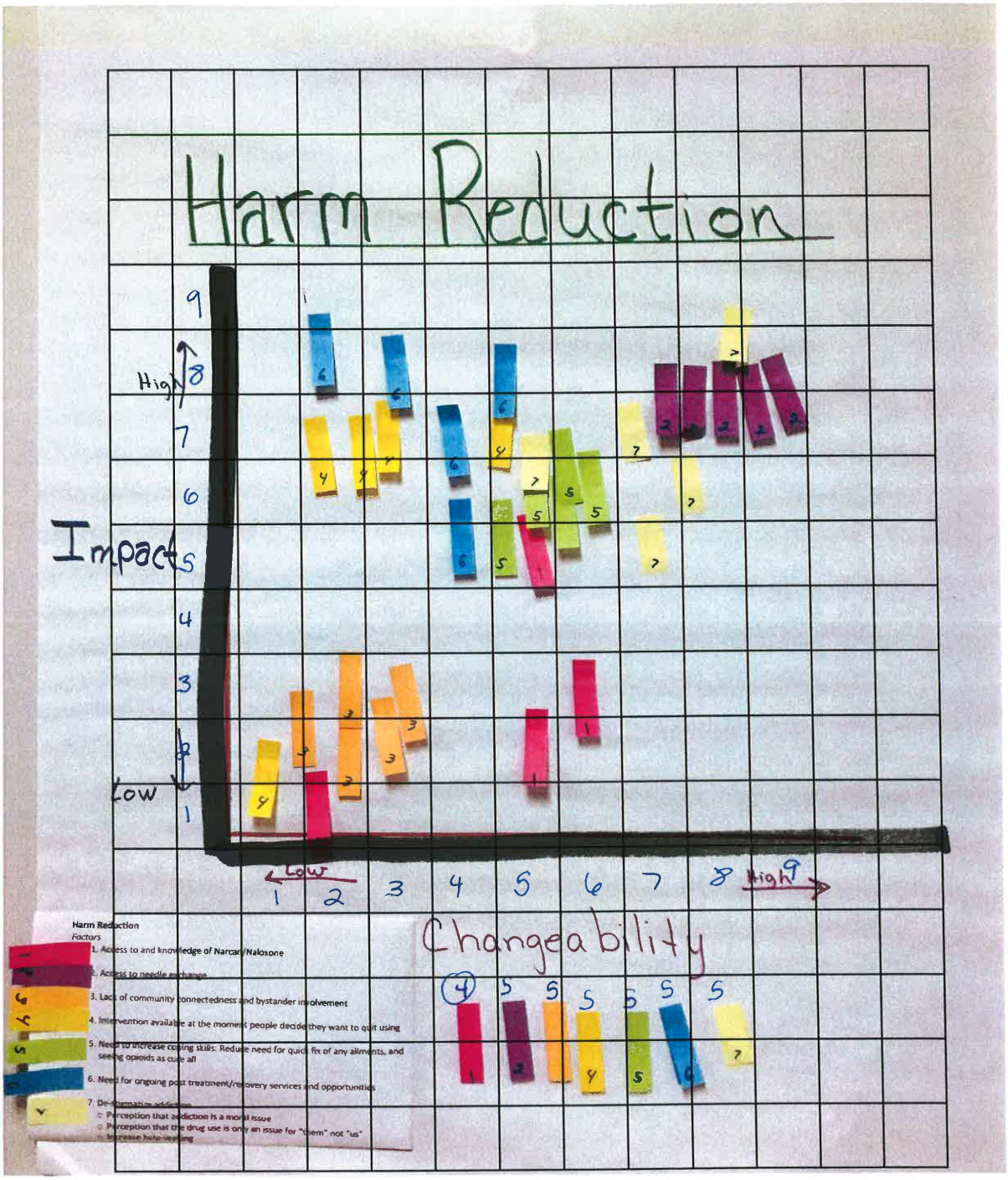
Community factors from round 1 of HVHC community prioritization meetings

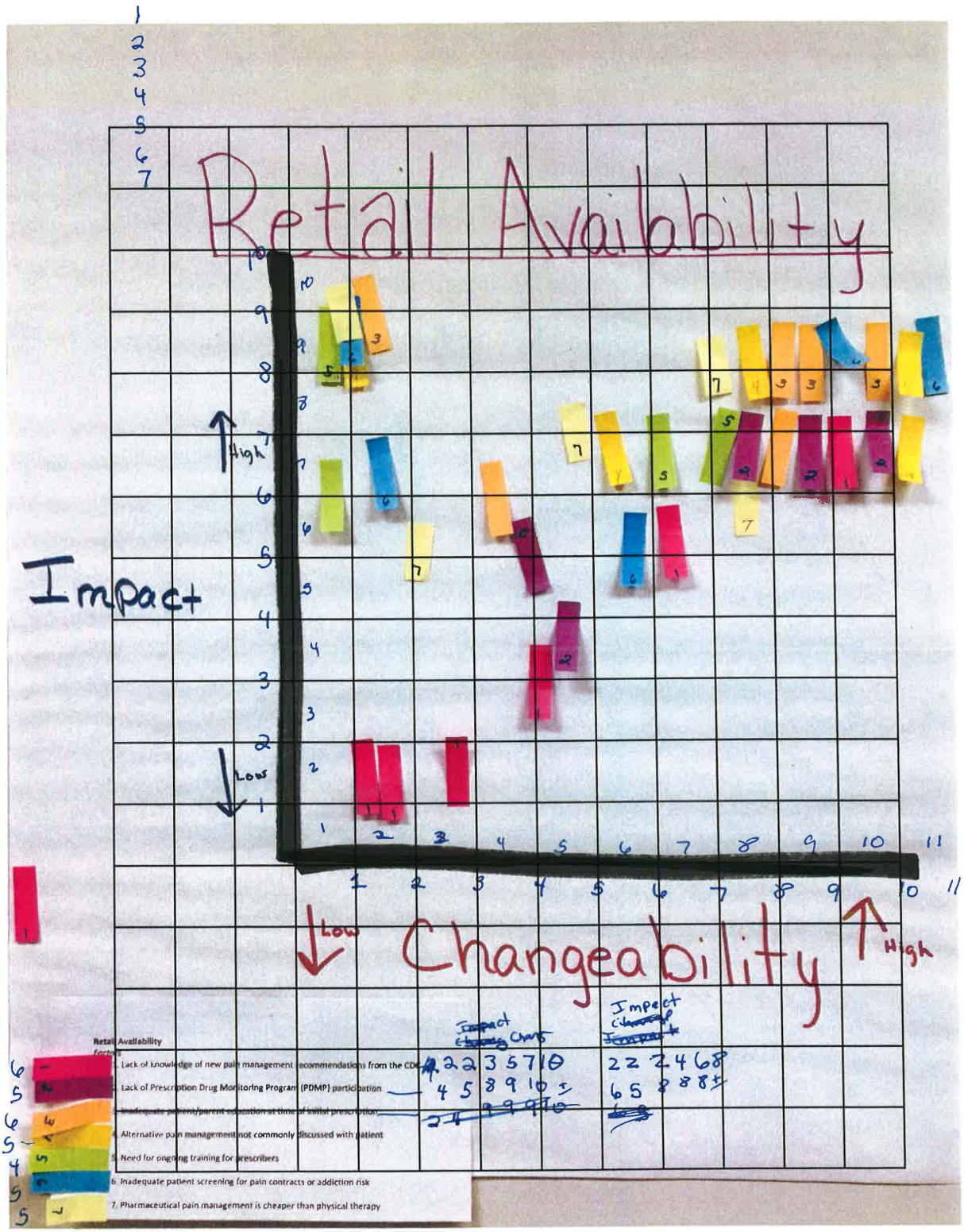
The HVHC coalition held a series of two community prioritization meetings. Below are the results of the first community prioritization meeting of possible community factors. These community factors were refined further at the second community prioritization meeting.

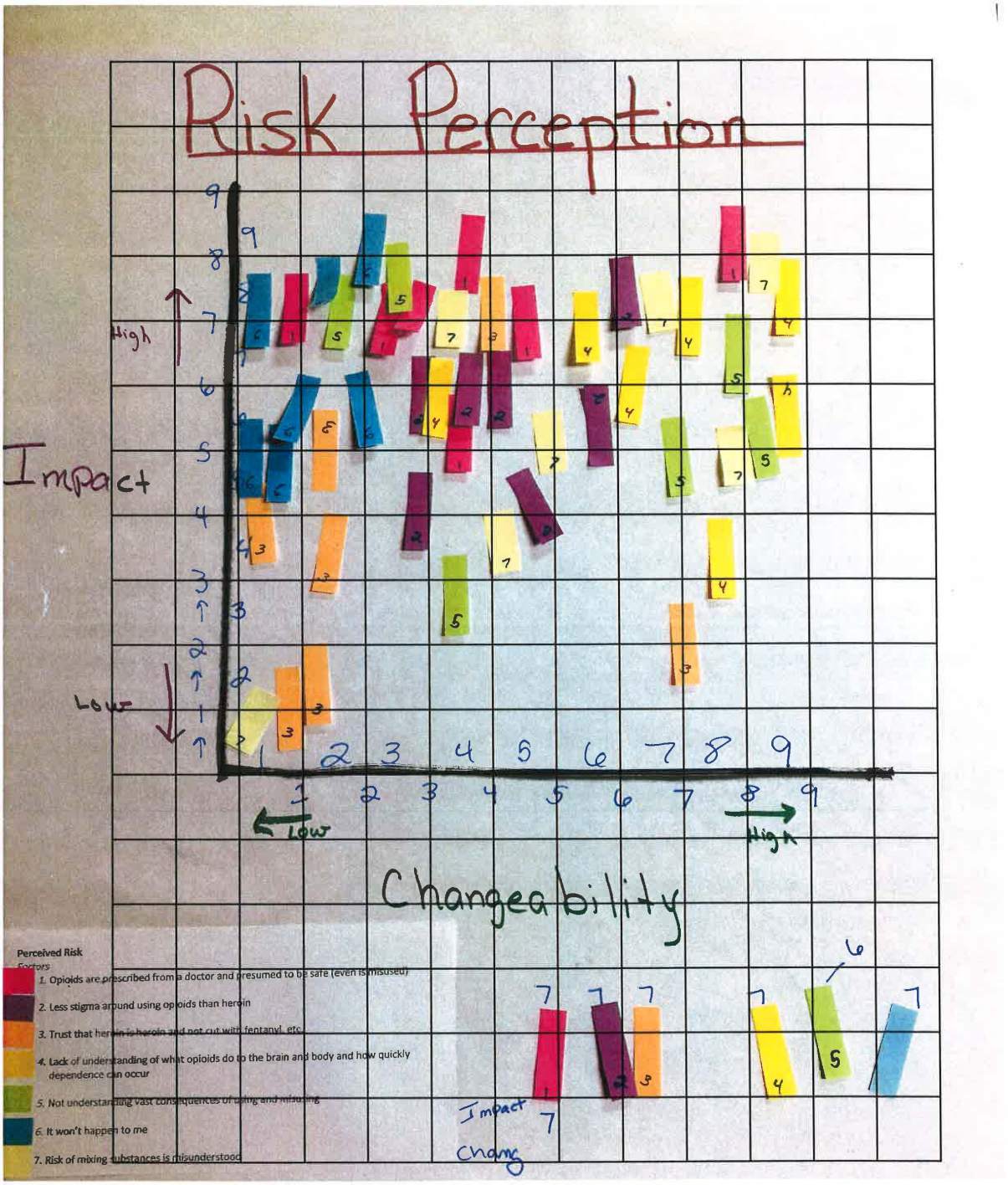
Intermediate Variable	Priority Community Factors
Retail Availability	
	1. Lack of knowledge of new pain management recommendations from the CDC
	2. Lack of Prescription Drug Monitoring Program (PDMP) participation
	3. Inadequate patient/parent education at time of initial prescription
	4. Alternative pain management not commonly discussed with patient
	5. Need for ongoing training for prescribers
	6. Inadequate patient screening for pain contracts or addiction risk
	7. Pharmaceutical pain management is cheaper than physical therapy
Social Availability	
	1. Prescription drug stockpiles
	2. Giving away, trading, stealing, selling excess
	3. Social status of having pills
	4. Social circle
	5. Inadequate policing capacity and lack of enforcement consequences
	6. Drugs aren't stored securely
	7. Social host/ parent/caregiver enabling
Perception of Risk	
	1. Opioids are prescribed from a doctor and presumed to be safe (even is misused)
	2. Less stigma around using opioids than heroin
	3. Trust that heroin is heroin and not cut with fentanyl, etc.
	4. Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur
	5. Not understanding vast consequences of using and misusing
	6. It won't happen to me
	7. Risk of mixing substances is misunderstood
Harm Reduction	

	1. Access to and knowledge of Narcan/Naloxone
	2. Access to needle exchange
	3. Lack of community connectedness and bystander involvement
	4. Intervention available at the moment people decide they want to quit using
	5. Need to increase coping skills: Reduce need for quick fix of any ailments, and seeing opioids as cure all
	6. Need for ongoing post treatment/recovery services and opportunities
	7. De-stigmatize addiction
	o Perception that addiction is a moral issue
	o Perception that the drug use is only an issue for “them” not “us”
	o Increase help-seeking


Social Availability
High
Impact
Low
1 2 3 4 5 6 7 8
Low
High
Changeability
Social Availability
Factors
1. Prescription drug stockpiles
2. Giving away, trading, stealing, selling excess
3. Social status of having pills
4. Social circle
5. Inadequate policing capacity and lack of enforcement consequences
6. Drugs aren't stored securely
7. Social host/ parent/caregiver enabling


Harm Reduction
Impact
High
Low
Changeability
Low
High
Harm Reduction
Factors
1. Access to and knowledge of Narcan/Naloxone
2. Access to needle exchange
3. Lack of community connectedness and bystander involvement
4. Intervention available at the moment people decide they want to quit using
5. Need to increase coping skills: Reduce need for quick fix of any ailments, and seeing opioids as cure all
6. Need for ongoing post treatment/recovery services and opportunities
7. De-[illegible] addiction
Perception that addiction is a moral issue
Perception that the drug use is only an issue for "them" not "us"
Increase hate-stopping


Retail Availability
Impact
High
Low
Low
Changeability
High
Retail Availability
1. Lack of knowledge of new pain management recommendations from the CDC
2. Lack of Prescription Drug Monitoring Program (PDMP) participation
3. Inadequate patient/parent education at time of initial prescription
4. Alternative pain management not commonly discussed with patient
5. Need for ongoing training for prescribers
6. Inadequate patient screening for pain contracts or addiction risk
7. Pharmaceutical pain management is cheaper than physical therapy


Risk Perception
Impact
High
Low
Low
High
Changeability
Perceived Risk
Factors:
1. Opioids are prescribed from a doctor and presumed to be safe (even is misused)
2. Less stigma around using opioids than heroin
3. Trust that heroin is heroin and not cut with fentanyl, etc.
4. Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur
5. Not understanding vast consequences of using and misusing
6. It won't happen to me
7. Risk of mixing substances is misunderstood
Impact
Chang

Final priority community factors

The HVHC coalition held a series of two community prioritization meetings. Below are the final determinations of the priority community factors.

Intermediate Variable	Priority Community Factors
Retail Availability	
	Alternative pain management not commonly discussed with patient
	Inadequate patient/parent education at time of initial prescription
	Lack of Prescription Drug Monitoring (PDMP) participation
Social Availability	
	Secure storage and safe disposal
	Social circle
Perception of Risk	
	Lack of understanding of what opioids do to the brain and body and how quickly dependence can occur
	Opioids are prescribed from a doctor and presumed to be safe. There is less stigma surrounding opioid use than other drugs such as heroin
	Not understanding the vast consequences of using and misusing
Harm Reduction	
	Access to needle exchange
	De-stigmatize addiction
	Lack of coping skills

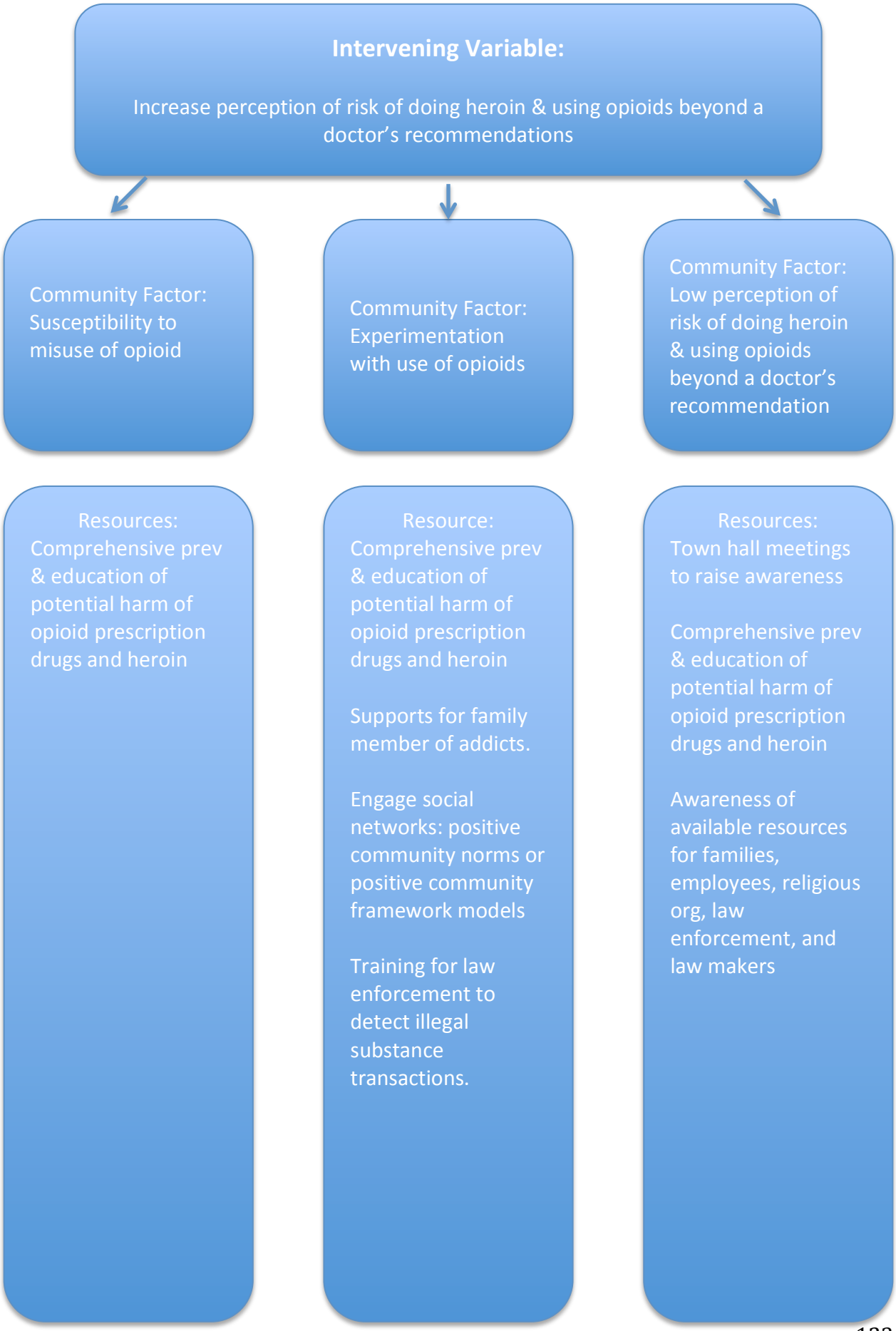
APPENDIX D – Community Resource Assessment

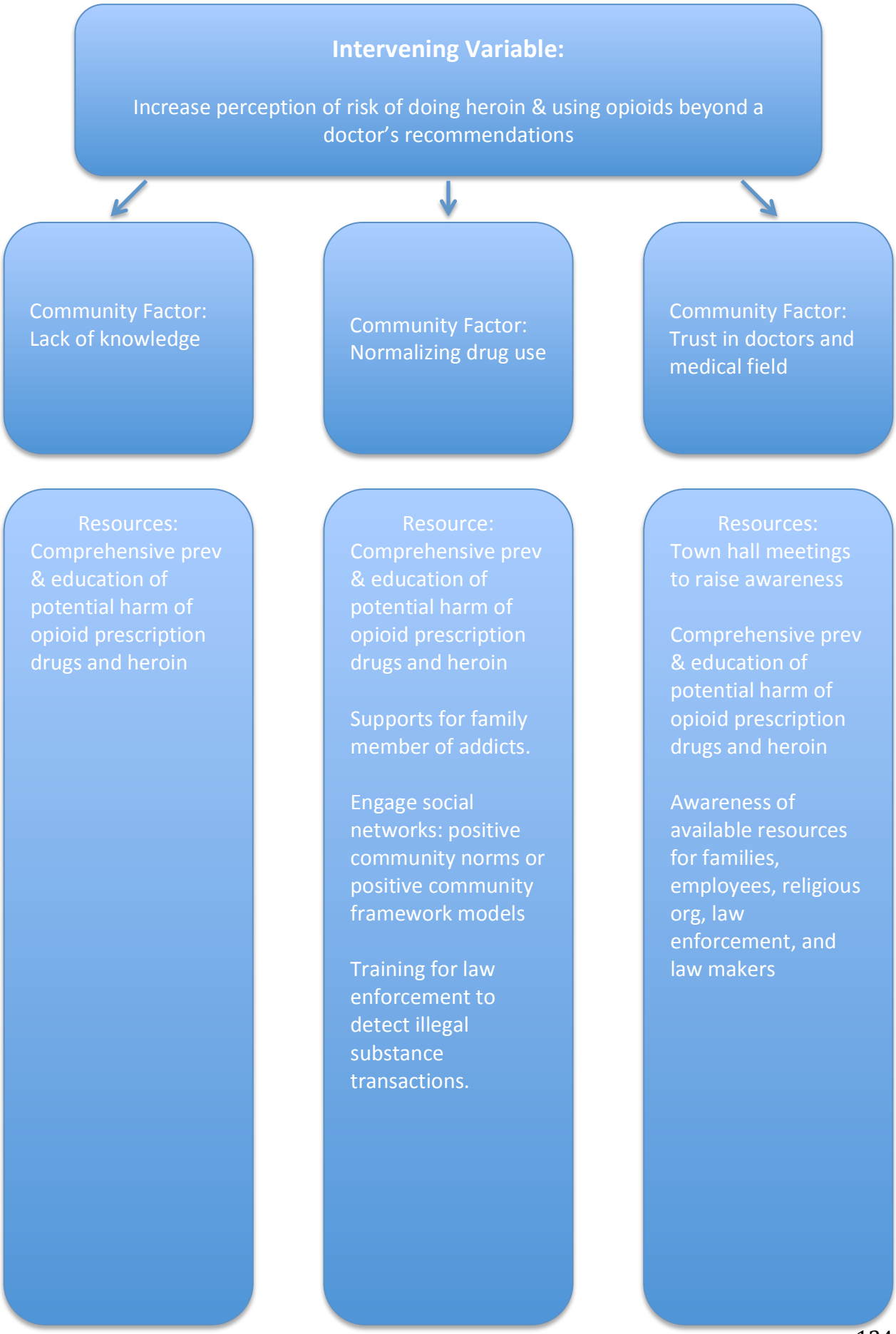
Intervening Variable:

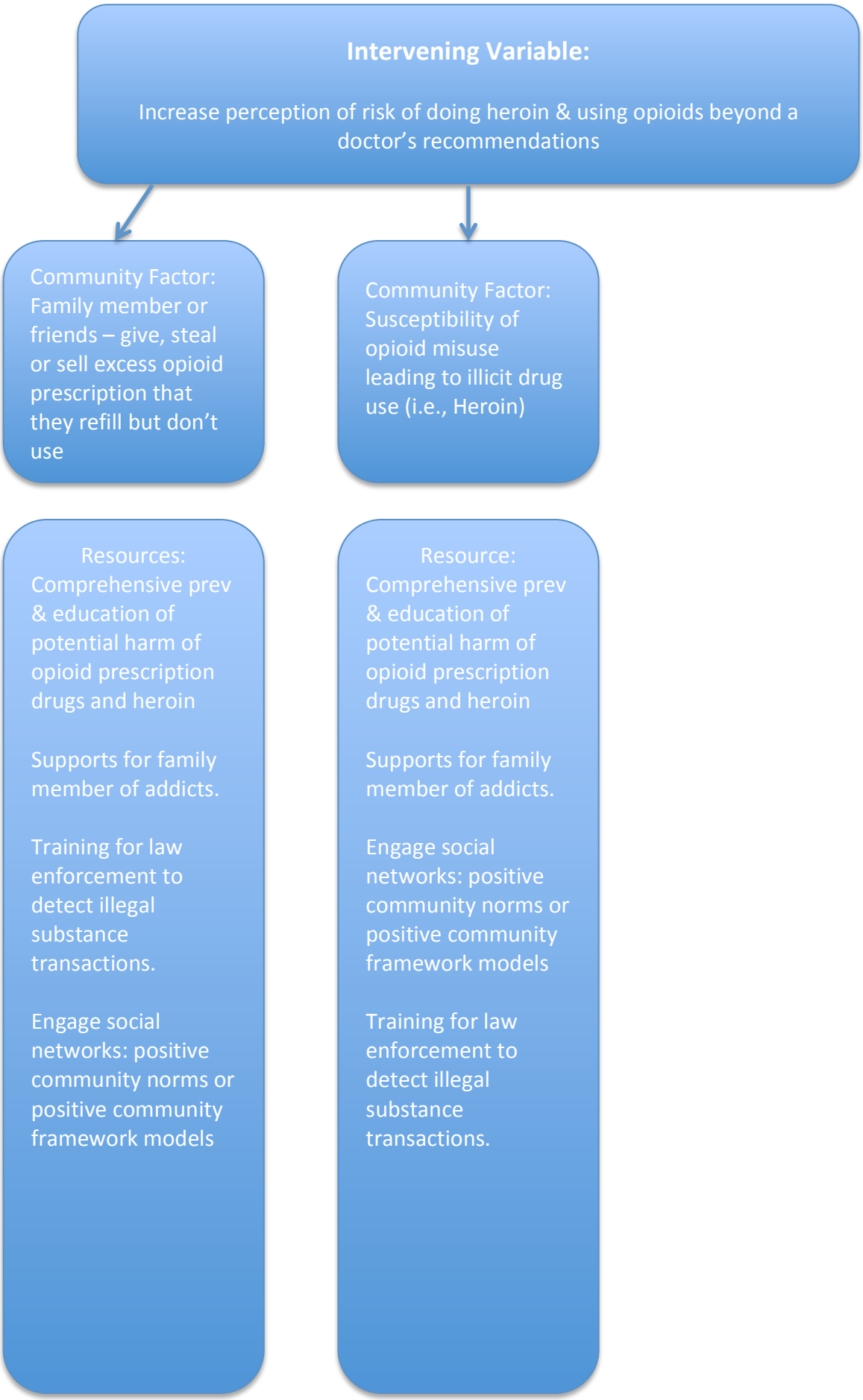
Decrease social and retail availability of prescription opioids

Community Factor: Lack of Active Prescription Drug Monitoring Program	Community Factor: Medication Disposal Program Location	Community Factor: Over-prescription of opioids from local providers
Resources: Adults and Prescribing Doctors trained to identify & refer individuals at risk. Funding dedicated to support opioid prevention efforts. People who work or volunteer in opioid prevention Prevention training & education offered Specialized programs to discourage use by pregnant women. Town hall meetings to raise awareness.	Resources: Medication Disposal Program M-F 8:30 – 6 p.m. Sat 9 am – 5 p.m. 3300 Providence Dr., Suite 101 (B Tower – Entrance #4) National Prescription Drug Take-Back Day, April 29, 2017 – 10 am – 2 pm Find location at https://www.deadiversion.usdoj.gov/drug_disposal/takeback/	Resources: Routine screening at primary care visits to identify at-risk children & adults. Specialized programs to discourage use by pregnant women. Care coordination & patient navigation services for people who receive painkillers. Town hall meetings to raise awareness. Database of prescriptions for medical providers & pharmacists (Southcentral Foundation & Geneva Woods Clinic) Methadone Clinic


Intervening Variable:
Decrease social availability of heroin
Community Factor: Lack of community understanding of the scope of heroin abuse problem
Community Factor: Experimentation with heroin use
Community Factor: Continuous care for recovery
Resources: Town hall meetings to raise awareness
Comprehensive prev & education of potential harm of opioid prescription drugs
Awareness of available resources for families, employees, religious org, law enforcement, and law makers
Resources: Prevention programs regarding substance abuse.
Low levels of parental approval of heroin use.
Education or proper information - effects of drug use.
Awareness of available resources for families, employees, religious org, law enforcement, and law makers
Programs & policies implemented, within community, to address opioid prevention.
Resources: Social and life skills treatment
Medically assisted treatment
Detox
Treatment for co-occurring disorders, i.e. mental health and addiction
Drug Court(s)
AA, NA, and Alanon
Faith based (non-AA/NA) treatment programs


Intervening Variable:
Increase perception of risk of doing heroin & using opioids beyond a doctor's recommendations
Community Factor: Susceptibility to misuse of opioid
Community Factor: Experimentation with use of opioids
Community Factor: Low perception of risk of doing heroin & using opioids beyond a doctor's recommendation
Resources: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Resource: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Supports for family member of addicts.
Engage social networks: positive community norms or positive community framework models
Training for law enforcement to detect illegal substance transactions.
Resources: Town hall meetings to raise awareness
Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Awareness of available resources for families, employees, religious org, law enforcement, and law makers


Intervening Variable:
Increase perception of risk of doing heroin & using opioids beyond a doctor's recommendations
Community Factor: Lack of knowledge
Community Factor: Normalizing drug use
Community Factor: Trust in doctors and medical field
Resources: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Resource: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Supports for family member of addicts.
Engage social networks: positive community norms or positive community framework models
Training for law enforcement to detect illegal substance transactions.
Resources: Town hall meetings to raise awareness
Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Awareness of available resources for families, employees, religious org, law enforcement, and law makers


Intervening Variable:
Increase perception of risk of doing heroin & using opioids beyond a doctor's recommendations
Community Factor: Family member or friends – give, steal or sell excess opioid prescription that they refill but don't use
Community Factor: Susceptibility of opioid misuse leading to illicit drug use (i.e., Heroin)
Resources: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Supports for family member of addicts.
Training for law enforcement to detect illegal substance transactions.
Engage social networks: positive community norms or positive community framework models
Resource: Comprehensive prev & education of potential harm of opioid prescription drugs and heroin
Supports for family member of addicts.
Engage social networks: positive community norms or positive community framework models
Training for law enforcement to detect illegal substance transactions.

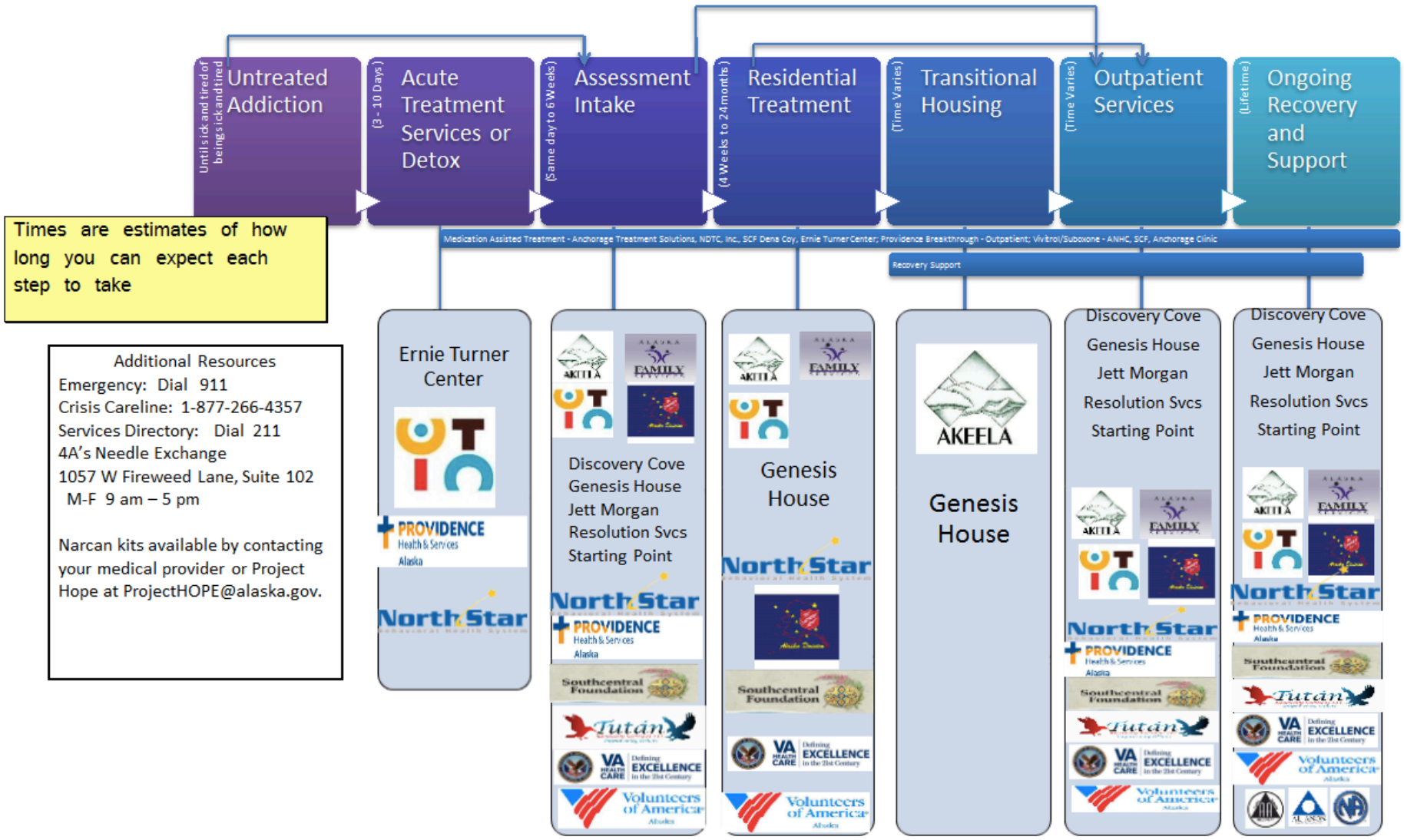
APPENDIX E – Community Resources Assessment List

1. AA of Alaska	272-2312	615 E 82nd ave, B-8
2. AEON	562-4606	4325 Laurel St, Suite 297A
3. Akeela	565-1200	360 W Benson Blvd
4. Alaska Native Tribal Health Consortium	729-354	4000 Ambassador Dr
5. Alaska Wisdom Recovery AKA Wisdom Traditions	562-4540	401 W International Road, Suite 127
6. Anchorage Methadone Clinic	866-369-5535	
7. Blais, Peggy	317-6704	pblais123@gmail.com
8. Charles, Tyrone	562-4606	talcharles@aol.com
9. Cook Inlet Council on Alcohol and Drug Abuse	771-9950	401 E Northern Lght
10. Cook Inlet Tribal Council	793-3200	3600 San Jeronimo Dr
11. Denali Cove Counseling Center	222-2436	1565 Bragaw St. Suite 201
12. Discovery Cove Recovery & Wellness Center	694-5550	16600 Centerfield Dr, #203
13. Durtschi, Shirley Dr.	317-6306	ltolli2112@aol.com
14. Genesis Recovery Svcs	243-5130	2825 W 42nd Ave
15. Igwacho, Peter Dr.	727-1324	igwachopeter@yahoo.com
16. Insight Therapy	677-8942	600 Cordova St, Suite 6
17. Jett Morgan Treatment Svcs	677-7709	
18. Narcotic Drug Treatment Center	276-6430	520 E 4th Ave, Suite 102
19. Nauska Counseling	277-1166	2509 Eide St, Suite 5
20. Nelson, Don LPC	229-5155	
21. North Star Behavioral Health	258-7575	2530 DeBarr Rd
22. Providence Breakthrough	212-6970	3760 Piper St, Suite 1108
23. RADACT	563-9202	3901 Old Seward Hwy, Suite 8
24. Rational Recovery	351-8249	308 G St, Suite 212

25. Recovery Alaska	333-6535	6401 E Northern Lights, Boulevard Room 207
26. Renew Your Mind	222-5464	123 E Fireweed Ln, Suit 212
27. Resolution Svcs	770-7769	401 E Northern Lights
28. Salvation Army	770-8821	1015 E 6th Ave & 8000 West End Road
29. Southcentral Foundation	729-5190	
30. Stephens, Kimberly	982-4040	georgiachief77@yahoo.com
31. The Delta Integrative Therapy	928-373-8488	239 W 4th Avenue
32. Tutan Recovery Services	563-0555	3001 Porcupine Drive
33. Vet Center	563-6966	
34. Veterans Admin.	257-4729	3001 C St
35. Volunteers of America, Alaska	279-9646	509 W 3rd Ave
36. Wright, Kelly	980-6648	www.kellywrightlcsw.com
37.		

APPENDIX F – Anchorage Recovery Agencies

Akeela, Inc.	•Akeela House Recovery Center is a long-term, co-ed, adult residential program. Outpatient, Assessment Center, Transitional Housing and Medication assisted treatment
Alaska Family Services	•Assessment and Outpatient
Alaska Wisdom Traditions Counseling Svcs., LLC	•Outpatient, Intensive Outpatient Program, Continuing Care, and a Continuum of Care
Anchorage Treatment Solutions	•Medication assisted treatment; Methadone, Suboxone, and Buprenorphine (Subutex)
Cook Inlet Tribal Council	•Chanlyut - 2 year residential work-training and education for men facing addiction, homelessness, and/or reentering society after incarceration. Outpatient; Intensive Outpatient; Medical and Social Detox; Residential and Medication assisted treatment
Denali Cove Counseling Center	•Clinical counseling: assessment, outpatient treatment, substance abuse, and co-ocurring disorders
Discovery Cove	•Outpatient treatment, substance abuse assessment and Medication assisted treatment
Genesis Recovery Svcs	•Residential, Intensive Outpatient, Outpatient, Aftercare and Transitional Housing
Jett Morgan Treatment Svcs	•Assessment and Outpatient
North Star Behavioral Health	•Assessment and Residential
Providence Health & Svcs	•Assessment, Outpatient, Intensive Outpatient, Adolescent Residential and Medication assisted treatment
Resolution Svcs	•Assessment, Outpatient, Intensive Outpatient, and Medication assisted treatment
Salvation Army, Alaska	•Assessment, Residential, Outpatient, Intensive Outpatient, Aftercare, and Medication assisted treatment
Southcentral Foundation	•Assessment, Residential, Outpatient, Intensive Outpatient, Aftercare, and Medication asssited treatment
Starting Point, Inc.	•Assessment and Outpatient
Tutan Recovery Svcs	•Assessment, Outpatient, and Intensive Outpatient
U.S. Dept of Veterans Affairs	•Assessment, Residential, Outpatient, and Medication assisted treatment
Volunteers of America Alaska	•Adolescent Residential, Assessment, Outpatient and Intensive Outpatient


Until sick and tired of being sick and tired
Untreated Addiction
(3 - 10 Days)
Acute Treatment Services or Detox
(Same day to 6 Weeks)
Assessment Intake
(4 Weeks to 24 months)
Residential Treatment
(Time Varies)
Transitional Housing
(Time Varies)
Outpatient Services
(Lifetime)
Ongoing Recovery and Support
Medication Assisted Treatment - Anchorage Treatment Solutions, NDTC, Inc., SCF Dena Coy, Ernie Turner Center; Providence Breakthrough - Outpatient; Vivitrol/Suboxone - ANHC, SCF, Anchorage Clinic
Recovery Support
Times are estimates of how long you can expect each step to take
Additional Resources
Emergency: Dial 911
Crisis Careline: 1-877-266-4357
Services Directory: Dial 211
4A's Needle Exchange
1057 W Fireweed Lane, Suite 102
M-F 9 am – 5 pm
Narcan kits available by contacting your medical provider or Project Hope at ProjectHOPE@alaska.gov.
Ernie Turner Center
Discovery Cove
Genesis House
Jett Morgan
Resolution Svcs
Starting Point
Genesis House
AKEELA
Genesis House
Discovery Cove
Genesis House
Jett Morgan
Resolution Svcs
Starting Point
Discovery Cove
Genesis House
Jett Morgan
Resolution Svcs
Starting Point

APPENDIX G – Anchorage Media Coverage

Date	Source	Search Term	Title	Author	Link
16-Dec-16	Alaska Dispatch News		It can happen to anyone': Director of Bean's Cafe confronts son's suspected overdose death	Devin Kelly	https://www.adn.com/alaska-news/anchorage/2016/12/16/it-can-happen-to-anyone-director-of-beans-cafe-confronts-sons-suspected-overdose-death/
13-Nov-16	Alaska Dispatch News		Overdose deaths suggest emergence of deadly synthetic opioid 'pink' in Alaska	Michelle Theriault Boots	https://www.adn.com/alaska-news/2016/11/13/overdose-deaths-suggest-emergence-of-new-deadly-synthetic-opioid-pink-in-alaska/
26-Oct-16	Alaska Dispatch News		Drug that can halt heroin overdoses will soon be available in Alaska stores	Michelle Theriault Boots	https://www.adn.com/alaska-news/health/2016/10/25/why-you-cant-buy-the-anti-overdose-drug-narcan-without-a-prescription-yet-despite-alaskas-change-in-law/
24-Sep-16	Alaska Dispatch News		Is methadone an answer to Alaska's heroin crisis?	Michelle Theriault Boots	http://www.adn.com/alaska-news/health/2016/09/24/wednesday-morning-at-the-methadone-clinic/
7-Sep-16	KTUU	Heroin	Anchorage man wanted for robbery, probation violations arrested near Dillingham	KTUU Staff	http://www.ktuu.com/content/news/Anchorage-man-wanted-for-robbery-probation-violation-arrested-near-Dillingham-392640011.html
6-Sep-16	KTUU	Heroin	Days-long manhunt continues for suspected heroin dealer in Dillingham	Cameron Mackintosh	http://www.ktuu.com/content/news/Days-long-manhunt-continues-for-suspected-heroin-dealer-in-Dillingham-392452411.html

4-Sep-16	Alaska Dispatch News	Opioid	Could a soon-to-be-closed Alaska prison become a much-needed detox center?	Zaz Hollander	http://www.adn.com/alaska-news/mat-su/2016/09/04/could-a-soon-to-be-closed-alaska-prison-become-a-much-needed-detox-center/
1-Sep-16	KTUU	Heroin	Nearly $3 million in federal funds headed to Alaska to combat opioid crisis	Paula Dobbyn	http://www.ktuu.com/content/news/Nearly-3-million-in-federal-funds-headed-to-Alaska-to-combat-opioid-crisis-392048921.html
1-Sep-16	Alaska Dispatch News		Rates of hepatitis C among young people increase across Alaska	Tegan Hanlon	https://www.adn.com/alaska-news/health/2016/09/01/rates-of-hepatitis-c-among-young-people-increase-across-alaska/
5-Aug-16	Alaska Public Media	Heroin	Surgeon General visits Palmer to discuss opioid epidemic	Ellen Lockyer	http://www.alaskapublic.org/2016/08/05/surgeon-general-visits-palmer-to-discuss-opioid-epidemic/
5-Aug-16	Alaska Public Media	Heroin	Health officials address opioid abuse at Wellness Summit	Ellen Lockyer	http://www.alaskapublic.org/2016/08/05/health-officials-address-opioid-abust-at-wellness-summit/
4-Aug-16	Alaska Dispatch News	Heroin	Alaskans battling opioid epidemic get audience with U.S. surgeon general	Zaz Hollander	http://www.adn.com/alaska-news/2016/08/04/summit-gives-surgeon-general-alaskan-perspective-on-heroin-addiction/
4-Aug-16	Alaska Dispatch News	Opioid	Medical board rejects offer from pill doctor, reaffirms suspension	Alex DeMarban	http://www.adn.com/alaska-news/health/2016/08/04/medical-board-rejects-offer-from-pill-doctor-continues-license-suspension/
2-Aug-16	Alaska Dispatch News	Opioid	High-powered Mat-Su summit takes on Alaska's opioid epidemic	Zaz Hollander	http://www.adn.com/alaska-news/health/2016/08/02/high-powered-mat-su-summit-takes-on-alaskas-opioid-epidemic/
30-Jul-16	Alaska Dispatch News	Opioid	Summit gathers forces to fight addiction in Alaska	Sen. Dan Sullivan	http://www.adn.com/opinions/2016/07/30/summit-gathers-forces-to-fight-addiction-in-alaska/

29-Jul-16	Alaska Public Media	Heroin	Opioids in Alaska	Lori Townsend	http://www.alaskapublic.org/2016/07/29/opioids-in-alaska/
3-Jul-16	Alaska Dispatch News	Opioid	Witness an overdose? Call 911. It may save a life.	Jill Burke	http://www.adn.com/alaska-news/health/2016/07/03/witness-an-overdose-call-911-it-may-save-a-life/
27-Jun-16	Alaska Dispatch News	Heroin	APD: Woman found dead in Hillside may have been moved after heroin overdose	Chris Klint	http://www.adn.com/alaska-news/2016/06/27/apd-woman-found-dead-on-hillside-may-have-been-moved-after-heroin-overdose/
7-Jun-16	Alaska Dispatch News	Overdose	Inmate at Anchorage jail died of drug overdose, DOC says	Michelle Theriault Boots	http://www.adn.com/alaska-news/2016/06/07/inmate-at-anchorage-jail-died-of-drug-overdose-doc-says/
28-May-16	Alaska Dispatch News	Opioid	Massive failure at many levels caused Alaska opioid detox shutdowns	John C. Laux	http://www.adn.com/voices/commentary/2016/05/28/massive-failure-at-many-levels-caused-alaska-opioid-detox-shutdowns/
26-May-16	Alaska Dispatch News	Opioid	Angry parents protest anesthesiologist accused of over-prescribing opiates	Alax DeMarban	http://www.adn.com/alaska-news/health/2016/05/26/angry-parents-protest-anesthesiologist-accused-of-over-prescribing-opiates/
23-May-16	Alaska Dispatch News	Opioid	Medical board suspends license of doctor accused of running painkiller 'pill mill' clinic in Anchorage	Michelle Theriault Boots	http://www.adn.com/alaska-news/2016/05/23/medical-board-suspends-license-of-doctor-accused-of-running-painkiller-pill-mill-clinic-in-anchorage/
17-May-16	Alaska Dispatch News	Heroin	She died in the Anchorage jail detoxing from heroin. Her family wants answers	Zaz Hollander	http://www.adn.com/alaska-news/article/father-sues-doc-over-wasilla-womans-death-anchorage-jail-while-detoxing-1/2016/04/09/
17-May-16	Alaska Dispatch News	Heroin	Anchorage man gets 7 years for his role in cocaine, heroin trafficking	Chris Klint	http://www.adn.com/crime-justice/article/anchorage-heroin-cocaine-dealer-gets-7-years-federal-plea-deal/2016/04/18/

17-May-16	Alaska Dispatch News	Heroin	Troopers: Man arrested in airport drug bust brought $1M in heroin into Alaska	Chris Klint	http://www.adn.com/crime-justice/article/man-airport-drug-bust-allegedly-brought-1m-heroin-alaska/2016/04/19/
17-May-16	Alaska Dispatch News	Heroin	A wave of federal funding for addiction treatment is heading to Alaska	Erica Martinson	http://www.adn.com/health/article/new-help-arrives-alaskan-addiction-problems/2016/04/03/
17-May-16	Alaska Dispatch News	Opioid	New statewide task force will take on Alaska's opioid epidemic	Michelle Theriault Boots	http://www.adn.com/alaska-news/article/new-statewide-task-force-will-take-alaskas-opioid-epidemic/2016/04/26/
17-May-16	Alaska Dispatch News	Opioid	Are post-accident painkillers causing a star employee to make errors?	Lynne Curry	http://www.adn.com/business/article/are-post-accident-painkillers-causing-star-employee-make-errors/2016/04/05/
1-May-16	Alaska Dispatch News	Opioid	Alaska's two inpatient opiate detox centers suspend new admissions	Michelle Theriault Boots	http://www.adn.com/alaska-news/article/states-two-inpatient-detox-centers-suspend-new-admissions/2016/05/02/
25-Mar-16	Alaska Dispatch News	Heroin	Alaska's heroin death rate spikes, but prescription opioids take more lives	Zaz Hollander	http://www.adn.com/health/article/alaskas-heroin-associated-death-rate-spikes-still-dwarfed-fatal-pain-med-ods/2016/03/25/
9-Mar-16	Alaska Dispatch News	Opioid	Legislature passes bill expanding access to overdose antidote	Rashah McChesney	http://www.adn.com/health/article/legislature-passes-bill-expanding-access-overdose-drug/2016/03/09/
7-Mar-16	Alaska Dispatch News	Heroin	House passes bill easing access to heroin overdose meds	Nathaniel Herz	http://www.adn.com/politics/article/house-passes-bill-easing-access-heroin-overdose-meds/2016/03/07/
20-Jan-16	Alaska Dispatch News	Heroin	Texas man gets 7 years for bringing meth, heroin to Alaska	Alaska News	http://www.adn.com/crime-justice/article/texas-man-sentenced-7-years-drug-conspiracy-brougt-pounds-meth-heroin-

					alaska/2016/01/21/
5-Jan-16	Alaska Dispatch News	Overdose	Alaska Fred Meyer stores could start selling anti-overdose drug if Legislature acts	The Associated Press	http://www.adn.com/health/article/alaska-fred-meyer-stores-could-start-selling-anti-overdose-drug-if-legislature-acts/2016/01/05/
23-Dec-15	Alaska Dispatch News	Heroin	Package of heroin, pills found inside Anchorage jail inmate	Alaska News	http://www.adn.com/crime-justice/article/package-heroin-pills-found-inside-anchorage-jail-inmate/2015/12/23/
20-Nov-15	Alaska Public Media	Heroin	Combating heroin in Alaska	Zachariah Hughes	http://www.alaskapublic.org/2015/11/20/combating-heroin-in-alaska/
18-Nov-15	Alaska Dispatch News	Heroin	Fixing Alaska's heroin problem could start by giving arrested addicts better chance at recovery	Mike Dingman	http://www.adn.com/commentary/article/alaska-should-give-drug-addicts-better-chance-recovery-not-just-jail/2015/11/19/
17-Nov-15	Alaska Dispatch News	Heroin	Alaska needs Narcan to fight back the rise of heroin addiction	Elise Patkotak	http://www.adn.com/commentary/article/narcan-necessary-tool-alaska-fight-back-rise-heroin-addiction/2015/11/18/
14-Nov-15	Alaska Dispatch News	Heroin	With heroin overdoses rising, a call for wider access to the drug that can halt them	Michelle Theriault Boots	http://www.adn.com/health/article/heroin-overdoses-rise-alaska-call-broader-access-drug-can-halt-them/2015/11/15/
10-Nov-15	Alaska Dispatch News	Heroin	Heroin story underscores need for Alaska to treat addicts, not imprison them	Mike Dingman	http://www.adn.com/commentary/article/heroin-story-underscores-need-alaska-treat-addicts-not-imprison-them/2015/11/11/
17-Oct-15	Alaska Dispatch News	Heroin	Efforts to stamp out heroin and other drugs dominate AFN resolutions	Alex DeMarban	http://www.adn.com/afn-coverage/article/efforts-stamp-out-heroine-and-other-drugs-dominate-afn-resolutions/2015/10/18/
14-Oct-15	Alaska Public Media	Heroin	New drug reduces heroin cravings, may reduce	Anne Hillman	http://www.alaskapublic.org/2015/10/14/new-drug-reduces-heroin-cravings-may-reduce-recidivism/

			recidivism		
11-Oct-15	Alaska Dispatch News	Opioid	After years in a prescription painkiller fog, Alaska patient fights for new laws	Michelle Theriault Boots	http://www.adn.com/alaska-news/article/after-years-prescription-painkiller-fog-one-patient-fights-new-laws-regulating/2015/10/12/
9-Oct-15	Alaska Public Media	Heroin	Heroin addiction in Alaska	Evan Erickson	http://www.alaskapublic.org/2015/10/09/heroin-addiction-in-alaska/
26-Jul-15	Alaska Dispatch News	Heroin	Simple change can save Alaskan lives, reduce alarming toll of heroin	Sen. Ellis	http://www.adn.com/commentary/article/bill-would-save-alaskan-lives-cut-opiate-overdose-deaths/2015/07/27/
20-Jul-15	Alaska Dispatch News	Heroin	Anchorage couple sentenced for crimes tied to local meth and heroin sales	Jerzy Shedlock	http://www.adn.com/crime-justice/article/anchorage-couple-sentences-gun-drug-charges-tied-local-meth-and-heroin-sales/2015/07/21/
14-Jul-15	Alaska Dispatch News	Heroin	Public health officials find steep rise in Alaska heroin deaths, overdoses	Michelle Theriault Boots	http://www.adn.com/health/article/public-health-officials-find-steep-rise-alaska-heroin-deaths-hospitalizations/2015/07/15/
14-Jul-15	Alaska Public Media	Heroin	Report: Alaska Heroin Use is Skyrocketing	Annie Feidt	http://www.alaskapublic.org/2015/07/14/report-heroin-use-is-skyrocketing-in-alaska/
9-May-15	Alaska Dispatch News	Opioid	Recovering addict finds a friend in pharmacist who busted her	Marc Lester	http://www.adn.com/health/article/deb-and-cat/2015/05/10/
1-May-15	Alaska Public Media	Heroin	Heroin in Alaska	Lori Townsend	http://www.alaskapublic.org/2015/05/01/heroin-in-alaska/
14-Mar-15	Alaska Dispatch News	Heroin	Video: a beautiful mind lost to heroin addiction	None given	http://www.adn.com/multimedia/video/video-beautiful-mind-lost-heroin-addiction/2015/03/15/
12-Jan-15	Alaska Dispatch News	Heroin	Anchorage man gets 21 years for drug charges tied to heroin overdose	Jerzy Shedlock	http://www.adn.com/crime-justice/article/anchorage-man-gets-21-years-drug-charges-tied-heroin-overdose/2015/01/12/

17-Nov-14	Alaska Public Media	Heroin	East Anchorage Drug Bust Part of State-Wide Rise in Heroin, Cocaine, Meth	Zachariah Hughes	http://www.alaskapublic.org/2014/11/17/east-anchorage-drug-bust-part-of-state-wide-rise-in-heroin-cocaine-meth/
3-Nov-14	Alaska Dispatch News	Heroin	Anchorage man, 7 others charged with conspiring to distribute cocaine, meth and heroin	Jerzy Shedlock	http://www.adn.com/crime-justice/article/anchorage-man-7-others-charged-conspiring-distribute-nearly-100-pounds-cocaine-meth/2014/11/03/
30-Jul-14	Alaska Dispatch News	Opioid	State: Anchorage physician billed more than $1.1 million in fraudulent Medicaid payments	Laurel Andrews	http://www.adn.com/crime-justice/article/state-anchorage-physician-billed-more-11-million-fraudulent-medicaid-payments/2014/07/31/
21-Mar-14	Alaska Dispatch News	Heroin	Anchorage drug bust nets 30k in meth, heroin	Casey Grove	http://www.adn.com/crime-justice/article/anchorage-drug-bust-nets-30k-meth-heroin/2014/03/21/
23-Oct-13	Alaska Dispatch News	Heroin	Heroin sales lead to lengthy prison sentences for Alaskans	Jerzy Shedlock	http://www.adn.com/crime-justice/article/young-anchorage-men-receive-multi-year-sentences-heroin-sting/2013/10/24/
5-Aug-13	Alaska Dispatch News	Heroin	Anchorage heroin dealers convicted on federal drug, weapons charges		http://www.adn.com/crime-justice/article/anchorage-heroin-dealers-convicted-federal-drug-weapons-charges/2013/08/06/
15-Feb-13	Alaska Public Media	Heroin	Addiction: From Heroin to Workaholism	Kristin Spack	http://www.alaskapublic.org/2013/02/15/addiction-from-heroin-to-workaholism/
9-Jan-13	Alaska Dispatch News	Heroin	Four men charged in 'family-run' heroin, marijuana operation	Casey Grove	http://www.adn.com/crime-justice/article/four-men-charged-family-run-heroin-marijuana-operation/2013/01/09/
19-Oct-12	Alaska Public Media	Heroin	Mayor Sullivan Releases Revised Budget Proposal; Heroin on the Rise	Michael Carey	http://www.alaskapublic.org/2012/10/19/mayor-sullivan-releases-revised-budget-proposal-heroin-use-on-the-rise/
29-Dec-11	Alaska	Heroin	14-year-old	Casey Grove	http://www.adn.com/alaska-

	Dispatch News		injected with heroin dies		news/article/14-year-old-injected-heroin-dies/2011/12/29/
29-Dec-11	Alaska Public Media	Heroin	Girl Injected With Heroin Dies	Josh Edge	http://www.alaskapublic.org/2011/12/29/girl-injected-with-heroin-dies/
27-Dec-11	Alaska Dispatch News	Heroin	Alaska teen in 'dire' condition after heroin overdose	Rachel D'Oro	http://www.adn.com/alaska-news/article/alaska-teen-dire-condition-after-heroin-overdose/2011/12/28/
27-Dec-11	Alaska Public Media	Heroin	Man Faces Four Charges For Injecting Teen With Heroin	Len Anderson	http://www.alaskapublic.org/2011/12/27/man-faces-four-charges-for-injecting-teen-with-heroin/
25-Dec-11	Alaska Dispatch News	Heroin	Man accused of injecting heroin into girl who overdosed	Rosemary Shinohara	http://www.adn.com/alaska-news/article/man-accused-injecting-heroin-girl-who-overdosed/2011/12/25/
24-Aug-11	Alaska Dispatch News	Heroin	Anchorage heroin dealer slapped with lengthy prison sentence	Craig Medred	http://www.adn.com/anchorage/article/anchorage-heroin-dealer-slapped-lengthy-prison-sentence/2011/08/25/
20-May-11	Alaska Public Media	Heroin	Customs Officials Seize $1.2 Million Worth of Heroin	Josh Edge	http://www.alaskapublic.org/2011/05/20/customs-officials-seize-1-2-million-worth-of-heroin/
19-Jun-10	Alaska Dispatch News	Heroin	Hooked (Seven Part Series)	Julia O'Malley	http://www.adn.com/anchorage/article/heroins-grip/2010/06/19/
2-Nov-09	Alaska Public Media	Heroin	Heroin Use on the Increase in Anchorage	Patrick Yack	http://www.alaskapublic.org/2009/11/02/herion-use-on-the-increase-in-anchorage/
22-Feb-09	Alaska Dispatch News	Opioid	Efforts made to start statewide prescription-drug database	Zaz Hollander	http://www.adn.com/science/article/efforts-made-start-statewide-prescription-drug-database/2009/02/23/

APPENDIX H – PRIME For Life Survey

Class Site _____ Class dates _____ to _____

Volunteers of America, Alaska

PRIME FOR LIFE – Participant Evaluation

Note: This survey is anonymous (no one will be able to connect your answers with you). All comments help us understand our students and improve as instructors, so please give honest feedback. Thank you!

Instructor #1: Name _____Instructor #2: Name_____

1. Please rate the Instructor on the following items, using a scale of **1** (Not at all) through **10** (exceptionally so):

A) The instructor was knowledgeable and well prepared: Instructor #1) 1 2 3 4 5 6 7 8 9 10
Comments: Instructor #2) 1 2 3 4 5 6 7 8 9 10

B) The instructor taught the information and led the discussions without judging anyone. Instructor #1) 1 2 3 4 5 6 7 8 9 10
Instructor #2) 1 2 3 4 5 6 7 8 9 10
Comments:

C) The instructor responded well to questions: Instructor #1) 1 2 3 4 5 6 7 8 9 10
Comments: Instructor #2) 1 2 3 4 5 6 7 8 9 10

2. Please rate Prime for Life on the following questions (Check all that apply).

A) Which part of the course was most useful to you?

☐ Instructor ☐ Alcohol Information ☐ Tobacco Information
☐ Video's Information ☐ Marijuana Information ☐ Other Drug
☐ Book & Packet ☐ Rx Information ☐
Other_____

B) What, if anything, do you think you will do differently after taking this class?

☐ No change ☐ Wait till legal ☐ Stop using Marijuana
☐ Use less ☐ Stop using drugs ☐
Other_____
☐ Share information ☐ Stop using Alcohol ☐
Other_____

3. Starting age of use (if ever used):

Alcohol: Age of first use _____ **Marijuana:** Age of first use _____

Cigarettes: Age of first use _____ **Illegal Rx drugs:** Age of first use _____

4. Drug and alcohol sources:
Where do you usually get the ***alcohol*** you drink? (please check one)
€ **1:** I have not had any alcohol to drink

€ **2:** I bought it in a store, restaurant, bar, club, or at a public event such as a concert or sporting event

€ **3:** I gave someone else money to buy it for me

€ **4:** I took it from a family member

€ **5:** Someone under 21 gave it to me

€ **6:** A family member, over 21, gave it to me

€ **7:** Someone else, over 21, gave it to me

€ **8:** I got it some other way:_____

Where do you usually get the ***marijuana*** you have used? (please check one if you have used pot or weed)

€ **1:** Someone smoked it with or gave it to me

€ **2:** I bought it in a public building, such as a store, restaurant, bar, club, or sports arena

€ **3:** I bought it inside a school building

€ **4:** I bought it outside on school property

€ **5:** I bought it inside a home or apartment

€ **6:** I bought it outside in a public area, such as a parking lot, street or park

€ **7:** I got it some other way: _____

Where do you usually get the ***cigarettes*** you have smoked or ***tobacco*** you used (if you have used tobacco)?

1: I bought them/it in a store

2: I gave someone money to buy them/it for me

3: I took them/it from a family member

4: I got them/it some other way: _____

5: A family member, over 19, gave them/it to me

6: Some else, over 19, gave them/it to me

Where do you usually get ***Illegal (Rx) prescription drugs*** you have used (if you have used pills or pharmed)?

1: I gave someone money to buy them for me

2: I took them from a family member

3: I got them some other way: (Not from a doctor)_____

_____

4: A family member, over 19, gave them to me

5: Some else, over 19, gave them to me

APPENDIX I – Four A's Survey

Partnerships for Success

Survey Introduction

This survey was designed by folks at the Alaska Injury Prevention Center. We are working with the Healthy Voices, Healthy Choices coalition to learn about heroin use and opioid use beyond medical recommendations. Many of us have family members and friends who use opioids and heroin and we would like to figure out ways to eliminate overdose deaths. We will use the information you and others provide to begin to come up with solutions to these substance use issues in Anchorage. It is going to take input from you and other community members to begin to figure out how we can all work together towards solutions.

- We will be using what we learn from this survey to work towards figuring out how to reduce the opioid use beyond medical recommendations and heroin use in Anchorage.
- Everyone has different and valuable experiences and perspectives regarding prescription opioid and heroin use. This makes your insights and ideas very important.

Confidentiality and Privacy

- As you answer the questions, feel free to tell your own personal stories: or if you'd rather, you can refer to experiences of a friend or acquaintance.
- Your name will not be included in any reports associated with the information you provide.
- You may be assured of complete privacy.
- Some of the questions may be uncomfortable and trigger painful emotions. Please feel free to stop answering the questions at any time. Your participation is completely voluntary, and we will give you the incentive no matter how much information you fill out.
- If you have any questions you can ask 4A's staff for more information?
- Thanks for participating.

The first 15 questions are about using opioids beyond the recommendations of a physician. If you haven't done this, please skip to the second section that asks about heroin use.

1. What drugs do you think of when you hear about prescription opioids?

2. At what point do you think using prescription opioids, beyond medical recommendations, becomes dangerous?

3. How did you start taking opioids?
    - Prescription for a sports injury ____
    - Prescription from a dentist ____
    - Prescription after surgery ____
    - Prescription from the ER ____
    - Recreational use ____
    - Other
      _____
      _____

4. If you started with a prescription:
    - Why did you start using beyond the prescription recommendations?

    - Did the doctor:
        - warn you about the dangers of not following the prescription? ___ yes ___ no
        - suggest ideas other than opioids for pain relief? ___yes ___no
        - talk to you about tapering off your use? ___yes ___no
        - prescribe more pills than you really needed to deal with the pain?___yes ___no

5. How do you, or people you know obtain prescription opioids?

    ___ dealer
    ___ street
    ___ doctor
    ___ friends
    ___ steal from family
    ___ steal from strangers
    ___ Other _____

6. What consequences have you seen from using opioids beyond medical recommendations?

___loss of family
___loss of friends
___loss of job
___homelessness
___poor health
___loss of idea of normal life
___jail
___Other_____

7. Which of these consequences did you know about before you started using?

___loss of family
___loss of friends
___loss of job
___homelessness
___poor health
___loss of idea of normal life
___jail
___Other
_____

8. How likely do you think it is that people who use opioids beyond recommendation will face these consequences?
    - Which ones might have persuaded you to not start using?
9. What other things could have prevented your use?
10. What are safe ways to store opioids so that only the person with the prescription can access them?
11. What would you do if opioids weren't readily available?
12. What resources are there for people who want help with opioid addiction?
13. What resources do you wish were available?
14. Have you heard of Naloxone (sometimes known as Narcan)? ___ yes ___ no
    - If you have heard of it, how long do you think it lasts?
    - If someone gets Naloxone after OD'ing, do they still need to get medical help? ___ yes ___ no
    - How do you think it could be distributed to make it more readily available?
15. What advice do you have for someone who is thinking about taking prescription opioids beyond a prescription for the first time?

Heroin use Questions

1. How do you, or people you know obtain heroin in Anchorage?

___ dealer
___ street
___ doctor
___ friends
___ steal from family
___ steal from strangers
___ Other _____

2. What consequences have you seen from heroin use?

___loss of family
___loss of friends
___loss of job
___homelessness
___poor health
___loss of idea of normal life
___jail
___Other _____

3. Which of these consequences did you know about before you started using?

___loss of family
___loss of friends
___loss of job
___homelessness
___poor health
___loss of idea of normal life
___jail
___Other _____

4. How likely do you think it is that people who use heroin will face these consequences?

5. Which consequences might have persuaded you to not start using?

6. What other things that could have prevented your heroin use?

7. What would you do if heroin weren't readily available?

8. What resources are there for people who want help with heroin use?

9. What resources do you wish were available?

10. Have you heard of Naloxone (sometimes known as Narcan)? ___ yes ___ no
    - If you have heard of it, how long do you think it lasts? _____
    - If someone gets Naloxone after OD'ing, do they still need to get medical help? ___ yes ___ no
    - How do you think it could be distributed to make it more readily available?

11. Do you know of programs in Anchorage that offer detox or treatment programs?

12. Where do you get information about heroin use or recovery?

13. What advice would you like to give to someone who is thinking about using heroin for the first time?

Thank you again for taking the time to answer these questions. Your thoughts and advice will help make a difference.