

MINUTES

Substance Abuse Prevention Interim Study

Senator Jim White, Chair

Representative Mike Stevens, Vice Chair



**Third Meeting, 2016 Interim
Wednesday, August 17, 2016**

**LCR 1 – State Capitol
Pierre, SD**

The third meeting of the Substance Abuse Prevention Interim Study Committee was called to order by Senator Jim White, Chair, at 10:30 a.m. (CDT) on August 17, 2016, in LCR 1 of the State Capitol, Pierre, South Dakota.

A quorum was determined by the following members answering the roll call: Senator Jim White, Chair; Representative Mike Stevens, Vice Chair; Senators Jim Bradford, Brock Greenfield, Jeff Monroe, and Craig Tieszen; Representatives Jim Bolin, Steven Haugaard, and Tona Rozum. Representatives Kristin Conzet and Steven McCleerey were excused.

Staff members present included Roxanne Hammond, Senior Legislative Attorney; Denice Houlette, Senior Fiscal Analyst; Jessica LaMie, Research Analyst; and Rena Ortbahn, Legislative Secretary.

NOTE: For purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council office. This meeting was web cast live. The archived web cast is available at the LRC web site at <http://sdlegislature.gov>.

Approval of Minutes and Opening Remarks

SENATOR MONROE MOVED, SECONDED BY REPRESENTATIVE STEVENS, TO APPROVE THE MINUTES OF THE JULY 12, 2016 MEETING. The motion prevailed unanimously on a voice vote.

Senator Jim White said following today's presenters, the committee will be looking at potential legislation regarding methamphetamine and opioid abuse. He does not want to committee to overlap any efforts by the Governor's Office. Committee members offered opening comments.

Methamphetamine and the Reservations—The Challenges of a State and Federal Approach

Mr. Tim Purdon, Partner, Robins Kaplan LLP, and former United States Attorney for North Dakota, shared his experience working with thirteen Indian reservations in North Dakota from 2010-2015. He described a three-legged stool approach of fighting drug problems on the reservation: law enforcement efforts, combined with crime prevention, and support for the criminal offender's re-entry to reservation communities.

Mr. Purdon pointed out that tribal sovereignty limits what the South Dakota Legislature can do in regards to law enforcement on the reservations; and 200 years' experience has proven we cannot arrest our way out of problems. The North Dakota corrections budget doubled in just a few years and its federal prison budget is expanding, which is not fiscally sustainable.

Mr. Purdon suggested South Dakota legislators can make an impact through support of evidence-based programs, such as those described at the US Department of Justice website “crimeprevention.gov”.

Mr. Purdon mentioned South Dakota legislators could impact reentry programs, as 95% of inmates will someday get out of prison. If they are coming back to a reservation, there are basically zero reentry services – often no job, no AA program, no support, no options but to go back to their former life and most likely reoffending. He believes many of these offenders, if provided with support and a job, might not return to prison.

Responding to committee questions, Mr. Purdon expects it likely the federal government would fund a pilot program involving the tribes and state working together. He added that North Dakota has partnered with the Council of State Governments.

He said North Dakota has seen a spike in prescription drug addictions and overdoses. Although the North Dakota Attorney General’s office has focused on the drug cartels and prescription drug monitoring, he thinks the answer lies more with the treatment. While North Dakota does have a clinic to treat opiate addicts, communities often don’t want a methadone clinic on the corner.

Senator Jim Bradford doubts the effectiveness of current reentry programs. He said probation and parole agents are overloaded with caseloads and the majority of reentry money is with administration rather than closer to those who need it. He believes recovery programs are where accomplishments can be made. He said there is a need for housing, jobs, and good supervision. Mr. Purdon agreed there are problems with reentry programs, referring to halfway houses located far away from the offender’s home.

Presentation by Good Earth Television

Ms. Candace Mugerud, Kat Communications, explained that many times mental health conditions predate drug addiction. Drug addiction is a form of self-medication people use to deal with these preexisting mental health problem. She said if good mental health programs are available to people, they are less likely to end up with a drug addiction problem.

Kat Communications, as a social marketing agency, broadcasts Good Health TV in 100 Indian locations throughout nation. Good Health TV is a Native American health cable network, featuring short public service videos that specifically target destructive behaviors and focus on positive messages for good health. The videos aim to entertain, engage, educate, and finally empower the viewer to take charge of their own health. Ms. Mugerud stated that surveys at locations where GoodHealth TV broadcasts indicate that 79% are watching, 71% have learned new information, and 61% are prompted to seek new information ([Document #1](#) and [#2](#)).

Ms. Mugerud said GoodHealth TV puts their money into communicating visually. She showed the committee a short video entitled “Sad Sack Jack”. In cartoon form, a child tells his friend he is being hurt at home, they go to an adult who doesn’t believe them, they then go to another adult who is able to help. Ms. Mugerud said GoodHealth TV can be made available to any school with an internet connection. Along with the educational videos, it broadcasts culturally-reflective community-connected programming, displays local weather, and provides community announcements and national news headlines.

Ms. Harriet Howe, Kat Communications, was formerly a teacher in the McLaughlin School District within the Standing Rock Reservation. Realizing there were no positive Indian role models on television, GoodHealth TV was brought into the school district through a grant. Ms. Howe said Kat staff helped the high school students produce videos on “Branding” and “Cutting” problems, which students said they face. Ms. Howe presented the branding video. To be accepted by her group, a young lady allows herself to be branded with a knife that has been heated on an electric stove top. Ms. Howe said the first week after this video was shown to the students, one of the children told her teacher that the child’s uncle wanted her branded. All of a sudden kids were opening up and teachers had the responsibility to be advocates. Ms. Howe said the school loved the GoodHealth TV programs, but their grant writer left and they couldn’t find funding to continue it ([Document #3](#)).

Ms. Muggerud explained Kat funding includes federal grants, subscription-based services, and selling air time. In South Dakota, the program is in all the tribal and urban health facilities, but not in any schools.

To provide programming to the schools, Ms. Muggerud said the most direct method would be a \$4000 annual subscription, and suggested that South Dakota could fund a pilot program.

Ms. Muggerud said the program, whenever possible, tries to focus on grades K-5. By junior high and high school, many students have made up their minds. The program lists are changed every month, and new programs offered every quarter. She said issues evolve and change, but sometimes programs are recycled.

Public and Committee Discussion on Methamphetamine Use on the Reservations

Ms. Diana Melvin, Parents Matter Coalition, Pierre, said substance abuse is a multi-pronged issue and prevention can’t start too early. She presented community survey information concerning alcohol access and abuse and bullying explaining data supports evidence-based prevention programs. However, after counties address law enforcement and corrections needs, often there is nothing left over for prevention ([Document #4](#), [#5](#), and [#6](#)).

Ms. Joyce Glenn, Michael Glenn Memorial Coalition, White River, said her coalition formed following the death of her son in an alcohol-related car crash eight years ago. The coalition focuses on health and wellness, and prevention of alcohol, drug, and tobacco use in the White River schools, of which 90% are enrolled tribal members. The coalition receives grants from the South Dakota Department of Social Services and Department of Health, and has tremendous support from the community and school district.

Ms. Glenn said her coalition has tirelessly worked to reduce the use of alcohol, tobacco, marijuana, and other drugs in the schools. Student surveys validate that drug use in all areas has gone down from a 2011 baseline ([Document #7](#)). She believes alcohol and tobacco are gateway drugs leading to the use of marijuana and then Methamphetamine and other drug use.

Concluding, Ms. Glenn said teachers don’t have time for prevention, they have to get test scores up. However, until students deal with mental health issues and issues at home, their test scores are not going to rise. She has seen success in White River and said it is possible.

Ms. Trish Jorgensen, Lifeline Connections, Rapid City, said after being drug addicted for thirty-five years she finally recovered after a year's treatment in a Teen Challenge program in Chattanooga, Tennessee. She has opened a non-residential teen center in Rapid City with several small groups within the city. The goal is to be accredited as a Teen Challenge program within two years. Her program collaborates with all the agencies and churches they can. She said churches through mercy, grace, and love can have an impact. She said Teen Challenge has an 86% success rate for those who are one to two years out.

Ms. Jorgensen said Lifeline Connections is a non-profit, twelve-step, faith-based program mainly funded through donations. It is court-approved and relatively inexpensive. It works with states' attorneys; if the attorney or court sees some potential for rehabilitation, an offender can be sentenced to a Teen Challenge program versus prison, a cost saving to the state. Teen Challenge is for all ages and can be successfully completed within 12 to 16 months. Meth addicts, she said, would benefit most from a medical facility Teen Challenge program.

Senator Brock Greenfield thanked Ms. Jorgenson for bringing to the discussion a faith-based program; and requested any further statistics she could provide, ideally from a five-year look back.

Representative Mike Stevens explained with drug sentencing guidelines, federal judges don't have the discretion to send an offender to Teen Challenge. A certain amount of drugs mandates jail for a certain amount of time. He said with Senate Bill 70, South Dakota has an advantage.

Mr. James Crawford, Director, Sisseton Wahpeton Housing Authority, said his program oversees 660 rental units. There is zero tolerance of illegal drugs in these units. The units are swabbed for Methamphetamine when a tenant moves in and moves out. Initially, 84 out of 87 units tested positive, but this year less than 50% did.

Mr. Crawford said the Housing Authority works with programs such as "The First Thousand Days" for mothers and infants; the South Dakota native co-ownership coalition to create home ownership opportunities; state and federal law enforcement agencies to come in and just clean up, and with Dakota Pride for reentry. The Housing Authority is looking at funding dollars to expand inventory. They have a waiting list of about 400 people. Overcrowding and a shortage of inventory add to the challenges.

Steve Emery, Secretary, Department of Tribal Relations, said his program is working with reservations, the highway patrol, and the FBI as to how to work together to address problems. He said the Sisseton patrol program has been very successful at reentry, in that out of 100 released from prison, only one went back. His office is working to try to emulate the program in the Rosebud Sioux tribe.

Ms. Paula Wilkinson Smith, Lifeways Director, Rapid City, said Lifeways is an intensive evidence-based, school-based, early identification, intervention, prevention, and counseling program striving to turn kids around before they are addicted. The program is provided in Rapid City and Custer middle and high schools. It partners with the schools for funding, and its counselors work to get the education to the students. She pointed out 94% of students who completed the Lifeways Intensive Prevention program did not reoffend after one year ([Document #8](#) and [#9](#)).

Responding to questions, Ms. Wilkinson Smith explained the program's statistics and said the key thing is that kids are drinking to cope. The survey results are for those who reported use and they are struggling with the survey as they need parent permission. She said by high school, students have expanded their choice in drugs. She said by 2019, if their federal grant is eliminated, they will be out of business.

Public and Committee Discussion on Opioid Abuse

Senator White said the issue of opioid abuse includes young adults stealing opiates from home, and the overprescribing of C2 pain relievers such as oxycodone, which are the most addictive and most sought over. He said it is time for the committee to look at constructive ways of controlling opioid prescriptions. The pharmacists have a prescription drug web site that doctors can use to see if prescription has been filled before. It is available, but time means money and it often doesn't get used.

Senator Jeff Monroe stated for various reasons, many pharmacists are either not on the electronic system or not using it. So, if a person knows the system they could have a prescription refilled several times before anyone knew as it wasn't entered. He said there needs to be a system that works for prescriptions the same way a driver's license follows the driver.

Representative Steven Haugeard said the committee might want to consider legislation on the handling of expired drugs.

Ms. Margaret Hansen, Executive Director, South Dakota Board of Medical and Osteopathic Examiners (via telephone), explained the board's proposed rules setting forth standards for medical records when a physician prescribes controlled substances for the treatment of chronic non-cancer pain ([Document # 10](#)). She said the rule was developed using model documents and is a positive step to help providers.

Ms. Hansen said the data base is meant to keep track of patients and their prescription use. Pharmacists log in the prescriptions as they come in and prescribing doctors have an account to which they could log in and see what prescriptions have been filled by a patient. Her board is not in charge of the data base and potential prescribers, per 20:47:07:01(4), are not required to participate.

Representative Stevens indicated that one organization should be in charge of the data. He questions how effective the program can be when not everyone is part of the system. He asks what the purpose of the record is if we can't get people to comply, and how do we prevent dangerous drug use if we don't monitor.

Senator Monroe guesses they'd be lucky to get 70% of potential users using the system. He thinks this rule just looks like more record keeping rather than preventing a person from illegally obtaining drugs.

Senator White said today he is hearing the need to have a better of control of the data being collected. Ms. Hansen said the state Board of Pharmacy maintains the data, she wasn't sure if they monitor it. Senator White thought it would be more effective if the board of licensing does the monitoring.

Senator Craig Tieszen said the committee needs to know the current status of data base, how valuable the data base is, whether we want this data base to be accessed, and how much access we need to require.

Representative Tona Rozum said the purpose of this committee is prevention. Senator Greenfield agreed, he said the committee would be better off focusing its efforts on other two legs of the stool.

Ms. Hansen said this rule will go to a public meeting and it is a step in the right direction. Many prescribers want to do the right thing. She doesn't think its implementation will require any more paperwork than is presently being done. She said they have worked closely with the medical association and are trying to get the word out to pharmacists as to why the board wants it put into administrative rules.

Ms. Kelly Rumpza, Watertown Healthy Youth Coalition, said for 19 years the prevention-based coalition has been addressing behaviors and choices that affect Watertown youth's health ([Documents #11](#) and [#12](#)). Awareness, education, and consequences are an important part of program. She said data shows that over the years alcohol, tobacco, and marijuana use has been declining. She said not many youths just jump in and start using Methamphetamine without first using alcohol or marijuana, but over time accessibility and perceptions change. She is slowly seeing an increase in prescription drug use; the coalition is working with clinics and hospitals to address the problem.

She believes education awareness is important. Youth are going through their parent's medicine cabinets and either taking a prescription without knowing what it could do, or selling prescription drugs for the money. Many people don't know what to do with unused prescriptions - some communities have drop off places.

Committee Discussion on Potential Legislation

Senator White asked that the committee discuss potential legislation concerning opioids and Methamphetamine.

Senator Tieszen said first, the committee has been provided with information and survey results important to funding. Second, the committee has talked about the issue of access. He thinks it would be negligent not to look at reasonable ways to regulate what is in medicine cabinets. The legislature has put the prescription data base in place, now it should look at requiring prescribers to access the data base.

Representative Rozum noted that alcohol use has dropped over time, partly because of prevention education. She said the younger prevention education starts, the better; that somehow we must get into the schools while also involving the nonprofits and faith-based organizations.

Representative Jim Bolin said schools such as White River have a dilemma in that they feel real pressure to improve the test scores, while at the same time kids have genuine needs and are not getting proper training at home. Programs such as 4-H are being cut at the county level. He would like to see an increased percentage of the alcohol tax returned to counties to deal with law enforcement needs.

Representative Haugaard hopes the board of examiners institute their own continuing education requirements. He thinks Ritalin and Adderall use should be further investigated.

Senator White said it is important not to overlap with what the Governor or the Attorney General is doing. He thinks the website GoodHealth TV has a good impact and it's an alternative to look at. Representative

Haugaard said he has scanned through some GoodHealth TV videos, and the state might want to assist in funding for tribal schools as a pilot project and encourage remaining schools to do something similar.

Representative Bolin said even with jurisdictional issues, the tribes and state government could potentially collaborate on the specific issue of meth abuse.

Senator Tieszen said there is a compelling case for prevention. Prevention has to be paid for, federal funding is going away, and future funding is going to get worse instead of better. Representative Bolin agreed and suggested that some state trust fund money could be used for prevention programs.

Representative Haugaard suggested the state could explore facilitating the involvement of private organizations, nonprofits, and churches with prevention and long-term care programs.

Senator Bradford believes the best emphasis is recovery; it is a better use of money on hand. He said almost 90% of women in prison are mothers, if we help with their recovery we also help the children. He suggested the committee draft legislation to help or improve the state's recovery system. He would like to see the state provide a match to a tribal program, then put the ball in their court.

Ms. Roxanne Hammond presented information she had learned at the recent NCSL national conference as to what other states are doing in regards to opioids including: System innovation patient review programs targeting specific patients; Technological innovations such as making pills harder to crush and imbibe any other way; Practicing different pain innovations, amending insurance to include massages and chiropractic manipulations; Public education and legislation; and Pharmaceutical database tracking and health information exchanges to make sure doctors not prescribing multiple prescriptions. She wondered if the committee is interested in pursuing any of these areas.

Representative Haugaard said the pharmacy database is one area the committee could address. He thinks there are limitations on pain therapies, so maybe that is not an option. Senator Greenfield thinks we need a multifaceted approach because when enforcement is implemented, the underworld just changes the access and distribution route.

SENATOR GREENFIELD MOVED, SECONDED BY SENATOR BRADFORD, THAT THE COMMITTEE INITIATE POTENTIAL LEGISLATION ON THE 5TH (PHARMACEUTICAL DATA BASE TRACKING) ALTERNATIVE. The motion prevailed unanimously on a voice vote.

Senator White said he will do some more research on GoodHealth TV to see if it would be eligible for a pilot grant. In response to Representative Bolin, Senator White said he didn't see the committee looking into shifting a percentage of the alcohol tax from the state to the counties at this time.

REPRESENTATIVE HAUGAARD MOVED, SECONDED BY SENATOR GREENFIELD THAT LRC STAFF CONTACT THE ORGANIZATIONS PRESENTED TODAY TO DETERMINE ORGANIZATIONAL COSTS AND DRAFT LEGISLATION REQUESTING POSSIBLE APPROPRIATIONS THEREFOR. The motion prevailed. unanimously on a voice vote. Ms. Hammond said she can obtain the information by contacting state agencies.

Senator White said that after legislation is drafted the committee will discuss the drafts via a teleconference call, and then decide whether or not to hold another meeting.

Adjournment

REPRESENTATIVE STEVENS MOVED, SECONDED BY SENATOR MONROE, TO ADJOURN. The motion prevailed unanimously on a voice vote.

The committee adjourned at 4:00 p.m. (CDT)