



# Southern Kenai Peninsula Opioid Task Force

## Opioid Task Force Monthly Meeting

Wednesday, July 22<sup>nd</sup>, 11:00am-12:30pm

Join Zoom Meeting

<https://us02web.zoom.us/j/120396610>

Meeting ID: 120 396 610

One tap mobile 1-346-248-7799

*Our vision: A community free of opioid and substance misuse*

*Our mission: Fostering a connected community by empowering and engaging all individuals to create local solutions for opioid and substance misuse*

## Attendees

## Agenda

1. Quick Intro to Zoom, Introductions & Check Ins: Stephanie Stillwell, Ted Wiard, Annette Hubbard, Colleen Ackerman, Sally Wills, Annie Wiard, Bonita Banks, Elana Habib, Ginny Espenshade, Hannah Gustafson, Ingrid Harrald, Jane Beck, Jim Hamilton, Kayla Franklin, Kim Novak, Kathleen Totemoff, L.J. Barrett, Nate Brisbois, Nona Safra, Paul Seaton, Sarah Spencer, Zoe Dixon, Casey Brewer, Shari Conner, Meg Lilienthal, Rob Wiard, Pamela Baltzer
2. Community Updates
3. Presentation by Dr. Reverend Ted Wiard, LPCC, CGC, Author, Founder & Executive Director of Golden Willow Retreat: Loss & Grief, Addiction & Recovery and the Parallels during COVID. Great to “be back” in Alaska. Hosting FREE grief groups four nights/week (virtually) more info at Golden Willow Retreat webpage (this is a drop in group for ages 15 and up). Working with Vista Vi Taos (SP?) and Women’s Trauma Center to put a workshop on (Ted is one of a handful of speakers). [Ted’s Book available via Amazon](#) and/or via Annie and Rob locally. These are important topics as we are seeing increases in suicides, burnout, etc. during this stressful time. Spends a lot of time working in grief, loss, and trauma in rural northern New Mexico. Loss is so similar to addiction in early phases (recovery from loss if called grief) parallel process to recovery from addiction. Via Betty Ford worked to bridge the parallel between the two. Lost brother, wife, children and mother-in-law (all of these losses led to pursuing education pursuits into healing and transformational psychology). Follows Kubler Ross foundation around grief. Usually in grief moving from known to unknown, but in COVID-19 we are moving from unknown to unknown. Grief phases: Denial (insulation); Anger (protest); Bargaining (shoulda, coulda, woulda); Depression (can be situational, not necessary clinical (exhaustion of prior phases); Acceptance (acknowledgment of a fact, nothing more). Ted’s plus two: Unknown (healing, consciousness, etc.); Relocation (moving from physical to metaphysical and/or moving from past to present). Loss is a death of the known. Grief is redefining a situation. When we have a loss we have what is similar to a traumatic brain energy. Drop out of frontal lobe and into limbic system (fight, flight, freeze, fornicate, feast). Addiction lives in survival part of the brain, Nancy Reagan

“Just say no” campaign came from frontal lobe. Didn’t work, because that’s not where addiction lives. In recovery more time is spent in frontal lobe. Whenever there is a loss, brain starts to shut down, drops into limbic system. Recovery is parallel with grief process (e.g. becoming aware, realizing life in unmanageable, turning will over to a higher power, etc.). Prefrontal cortex and limbic system don’t speak with one another. There is an emotional regression in both grief and addiction. Going from pre-contemplative to contemplative to action. COVID-19 intersection: we are all in a place of trauma or grief (not one in the same). Trauma lives in amygdala; grief lives in prefrontal cortex. We are now six months in and seeing compassion fatigue, emotional fatigue, vicarious trauma, etc. Believes that victimization must be claimed in order to enable power to heal.

- i. Part of the work is doing personal care. Self-care is good, self-indulgence doesn’t do us well.
- ii. Once tended to self then reach out to others. Electronic way of connecting isn’t feeding our “normal” connection receptors.

Q. Do you have an infographic on this process? A. Yes (Stephanie to email this out soon!)

There is also a Ted Wiard YouTube page that someone (not Ted) has created. (Will be sent out soon!)

Q. How does fear fit into this? Fear and uncertainty and lack of control? A. Fear is a huge trigger in recovery. FEAR (face everything and recover OR fuck everything and run)... Fear is huge part of this, activates pain body (go to the limbic). Awareness of fear is a sign that something doesn’t feel safe. Right now in a world of fear, looking for someone to blame, some way to escape.

Q. What kind of recommendations do you have for intervention (from prescribing practices to overdose reversal to social/emotional learning at the time of response)? Recently, I've been thinking about how funeral homes may be a place for intervention. Have you seen some unconventional ideas like this? Ideally, how do we get to people who recently experienced loss? Also, would you say that the loss in terms of a death can have the same neurological pain as a relationship loss?

A. Works with a funeral director locally, was the beginning of grief group. As a prevention measure for suicide and relapse. Fortunate to have unconventional funeral director and behavioral health director. Working to figure out how to support healing in this time (via zoom, etc.). Death of relationship is a great loss and has similar grief process. Intervention portion of question is a six-hour talk in and of itself ☺ A hot topic before COVID.

Q. Have missionaries in villages across Alaska where trauma and grief is very prevalent, could you be open to a one-on-one conversation?

A. Yes, get contact info (connecting Ted and Jim) offline.

Comment: testament to OTF and Parent Support group, ten active participants with six children now in recovery. Stepping out of isolation (shame and fear) is as huge as recovery process.

Q. Speak to living in trauma, either current (youth in unsafe home) and/or historical trauma?

A. Look up genomes, finally there is science on inherited nature of trauma! Continue to offer safe space, planting seeds to allow movement from limbic system to prefrontal cortex where healing is possible. When working with youth also working with attachment disorder. Healing attachment disorder starts to address the disease of addiction.

Q. Could you elaborate on the special relationship between parents and their children and how recovery of either resets that relationship?

A. Addiction is not an individual disease, it is a family disease, community disease, universal disease... When someone enters recovery, psychological contract needs to be rewritten. A lot of family work has to be done. Recovery is not an individual process.

Community updates: CICADA MAT grant allows for case management to begin prior to assessment, have a MAT group coping with anger group, parent/family group (all on hold at the moment) looking to partner with a local provider re: medication component (was working with Dr. Hahn, but she is moving to the valley). Per Sarah, NTC can possibly meet need in interim so folks don't fall through cracks. Currently hiring. Interest in telemedicine/MAT/IHS treatment Sarah will be offering a webinar in August. With school starting up, be extra aware and attentive to community (kids, teens, parents) re: fear and the unknown. Fentanyl is showing up in community, seeing a lot of overdoses, NTC has fentanyl testing strips and a ton of Narcan, (let Annette know if you need either!). Exchange has a FB page now.

<https://www.facebook.com/homersyringexchange/> Still convening first and third Tuesday of every month, modified because of COVID-19, just became a nonprofit – YAY! YHDP application submitted, should hear back this week. Goal of hiring Full-time youth navigator and summer supplement to fill gaps related to youth homelessness in the community. Suicide ride is coming up on August 8 (Nate has more information) on this. Josh Harrington as POC, this is a second time event! Set Free open house is this Saturday at 2pm. Vitamin D levels and DOD/Military study showed low levels in suicides.

4. Work Group Updates:
  - a. Prevention Work Group
  - b. Treatment Work Group
  - c. Community Outreach Work Group: Did not convene
  - d. Policy Work Group: Did not convene
5. Closing thoughts and next steps

**Next Meeting Dates:**

Opioid Task Force Meeting Wednesday, August 26, 11-12:30pm

**Work Group Meetings:**

**Treatment Work Group: Every 2<sup>nd</sup> Thursday 10am-11:30am**

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Join Zoom Meeting <https://us02web.zoom.us/j/842363956>

Meeting ID: 842 363 956 One tap mobile: +1-346-248-7799

**Prevention Work Group: Every 3<sup>rd</sup> Wednesday 11:30am-1:00pm**

Join Zoom Meeting <https://us02web.zoom.us/j/110238305>

Meeting ID: 110 238 305 One tap mobile: +1-669-900-9128

**Community Outreach Work Group: Every 3<sup>rd</sup> Thursday 11:00-12:00pm**

Join Zoom Meeting <https://us02web.zoom.us/j/814453871>

Meeting ID: 814 453 871 One tap mobile: +1-669-900-9128