

## ARTICLES FOR 4-27-17 ROUNDUP

### **FORMER US ATTORNEY ALICIA LIMTIACO NAMED HOPE AND HEALING CHAIRWOMAN**

Written by Janela Carrera

Alicia Limtiaco is the former US Attorney for Guam and was also a former Guam Attorney General.

Guam - Hope and Healing Guam has announced that former US Attorney Alicia Limtiaco will be the program's new chairperson of their Board of Evaluators.

Hope and Healing Guam is a non-profit agency created to offer counseling services and compensation to victims of clergy sexual abuse. The executive director, Attorney Michael Caspino, was hired by the Archdiocese of Agana which is also funding the program. Caspino says initial seed money for the project is \$1 million.

Caspino said that in their search for a chairperson, Limtiaco's name continued to pop up. Although Limtiaco has an extensive legal background, having served as Guam Attorney General and US Attorney, Caspino notes that Limtiaco was chosen not necessarily for her legal background but for her character and integrity.

In addition, Caspino said he spoke with Attorneys David Lujan and Kevin Fowler whose clients are suing the Archdiocese of Agana for civil claims of sexual abuse, and he says both seemed receptive of Limtiaco's designation. Caspino also intends to speak with Attorney Anthony Perez who has also filed lawsuits against the church on behalf of his clients.

With "dozens and dozens" of calls being made into the Hope and Healing hotline since it was opened a few days earlier, Caspino says the archdiocese is in the process of liquidating some of its assets as the \$1 million in seed money clearly will not cover all the funds needed to cover their expenses. Caspino did not identify which assets are in the process of being liquidated but he did say that there is a "list."

There are currently 53 pending lawsuits against the church from victims and survivors who have filed claims against the church, the Boy Scouts of America and various clergy members past and present. A majority of those lawsuits were filed by Attorney Lujan's clients with each plaintiff seeking either \$5 million or \$10 million in damages each.

Attorney Fowler and Attorney Perez also have a handful of clients that have filed suit against the archdiocese, however those plaintiffs have not listed an specific amount they are seeking in damages.

Both Caspino and Limtiaco emphasized that the goal of Hope and Healing Guam is to provide support and counseling for victims of sexual abuse and that each victim will have the discretion of moving forward with litigation regardless of their involvement in Hope and Healing Guam.

Hope and Healing Guam will be introducing a separate Board of Incorporators on Tuesday made up of three members. The remaining six members of the Board of Evaluators will be announced at a later date.

## **STATE ASSERTS OWNERSHIP TO DISPUTED PORTIONS OF THE KNIK RIVER**

(Anchorage, AK) – Today, the State of Alaska filed suit against the United States to assert ownership of the land underlying portions of the Knik River. After failed attempts to have the federal government recognize the State's ownership of the bed of this river, the State felt it had no option but to take the matter to court.

“This case is an important step towards clarifying ownership and access rights for the Knik River,” said Attorney General Jahna Lindemuth. “I would have preferred to avoid litigation, but the federal government refused to recognize the State’s rights to these lands and waters. We are hoping that filing litigation will spur the federal government to quickly overturn its prior decision.”

Under the U.S. Constitution as well as federal law, the State of Alaska gained ownership to the beds of navigable or tidally-influenced water on the date of statehood. The only exceptions are waters expressly withdrawn by the federal government prior to statehood or waters determined to be “non-navigable.” The federal Bureau of Land Management (BLM) has previously issued a decision finding the disputed portion of the Knik non-navigable, and is currently reconsidering this determination. The State asserts that the disputed portion is navigable and is bringing the quiet title action to clear the cloud cast on its rights and title.

For more information on the case, please contact Assistant Attorney General Jessie Alloway at 269-5100.

## **IN PUSH TO END DEMAND THAT DRIVES SEX TRAFFICKING, AG HEALEY PARTNERS WITH LOCAL LAW ENFORCEMENT TO CHARGE SEX BUYERS**

AG’s Efforts Part of a National Initiative to Reduce Demand, Raise Awareness about Sexual Exploitation

BOSTON – As part of a national initiative aimed at reducing demand for commercial sex and raising awareness about the exploitation of victims in human trafficking, Attorney General Maura Healey has partnered with local law enforcement across the state to charge sex buyers.

Since March, the AG’s Office and the Massachusetts State Police’s Human Trafficking Unit worked with local law enforcement in Barnstable, Cambridge, Northampton and Springfield to arrest a total of 29 individuals in connection with attempting to purchase commercial sex during sting operations.

“We know that demand for commercial sex is the driving force behind sex trafficking,” said AG Healey. “We hope that this initiative raises awareness that human trafficking is not a victimless

crime. It is the exploitation of human beings. We will continue to work with local law enforcement to end the victimization of vulnerable people and put an end to these crimes.”

“Massachusetts law enforcement agencies know that to stop sex trafficking, we have to stop sex buyers,” said Dhakir Warren, the Director of Network Learning and Engagement at Demand Abolition. “No buyers means no business. AG Healey’s leadership in this fight to end this exploitative industry is critical to our success in the Commonwealth. The partnership with law enforcement departments and the AG’s office mirrors the way our CEASE (Cities Empowered Against Sexual Exploitation) Network coordinates with cities throughout the country. Together, we are developing innovative tactics to identify and arrest buyers who harm society’s most vulnerable.”

“The pain, trauma, and degradation of human trafficking is happening in our communities in Massachusetts,” said Lisa Goldblatt Grace, Co-Founder & Director of My Life My Choice. “Survivors here are incredibly lucky to have a champion in AG Healey—someone who is dogged in her determination to make a difference and who understands that we must target the buyers to create real systemic change.”

“We can’t address sex trafficking without working to end prostitution,” said Cherie Jimenez, Founder of The EVA Center. “We can do this by heightening demand efforts and ensuring exit services for all who need them.”

These operations are a part of the National John Suppression Initiative (NJSI), an annual series of stings conducted by law enforcement across the country, aimed at reducing demand for commercial sex and raising awareness about the exploitation of individuals that occurs in human trafficking. Since its inception in 2011, participating law enforcement agencies from across the country have arrested more than 6,500 sex buyers and traffickers.

In December, Boston’s CEASE Network held a kickoff and training event to encourage Massachusetts law enforcement partners to reduce sex buying within their jurisdictions by participating in the NJSI.

The local operations were conducted by the MSP’s Human Trafficking Unit in conjunction with Barnstable, Cambridge, Northampton, and Springfield Police Departments.

“We are proud of the results of this collaborative initiative with the Attorney General’s Office, our law enforcement partners, and the assistance provided by the Special Investigations Unit of the Cambridge Police Department,” said Deputy Superintendent Steven DeMarco of the Cambridge Police Department. “We recognize that human trafficking is a serious crime and has no borders. Hopefully this initiative and others we support in the future will raise proper awareness of the social harm it has in our communities. We will continue to take the necessary enforcement action, advocate on this issue and encourage the public to be vigilant about reporting any related activity in the future.”

“The Northampton Police Department greatly appreciates the commitment being made by the Attorney General’s Office to combat the many faces of sex trafficking within the Commonwealth,

and the assistance they provide to the victims in these types of crimes,” said Detective Lieutenant Alan Borowski of the Northampton Police Department. “We as an agency will continue to support any efforts to remove sex buyers from our community and the get the victims in these cases the help and services that they deserve.”

“The Springfield Police Department always prides itself on cooperating with different law enforcement agencies,” said Sergeant John Delaney of the Springfield Police Department. “The teamwork on this initiative was second to none. Attempting to end human and sex trafficking is a high priority with this Department. We will continue to work diligently on these crimes.”

According to research done by Demand Abolition, which used accounts from survivors, law enforcement, and online search data, sex buyers often look for purchasing opportunities during business hours or using company equipment.

In Boston, it’s estimated that more than 20,000 ads selling people for sex are posted online every month, with each ad receiving an average of 52 responses, according to research by Demand Abolition. There are over 9,000 searches for sex buying opportunities happening in Boston each day.

AG Healey has made combatting human trafficking a priority of her office. The AG’s dedicated Human Trafficking Division focuses on policy, prevention and prosecution and includes a team of specialized prosecutors, victim advocates and Massachusetts State Police troopers who handle high impact, multi-jurisdictional human trafficking investigations and prosecutions across the state. The division also works closely with other state, federal and local agencies and NGOs in the development of policy initiatives and training programs.

Through the Human Trafficking Division, the AG’s Office has charged more than 30 individuals in connection with human trafficking since the law went into effect in 2012.

The AG’s Office indicted a Boston man in March on charges of human trafficking, rape and witness intimidation in connection with supplying multiple women with drugs and trafficking them for commercial sex in communities across the state.

In February, the AG’s Office indicted four individuals in connection with trafficking women at ‘massage parlors’ in Western Massachusetts after law enforcement dismantled the criminal operations in a major multistate law enforcement takedown in December.

Also in February, two New Hampshire women were charged in connection with trafficking women for commercial sex in Massachusetts communities through an online “escort” service.

The AG’s Office continues to work with local authorities, Demand Abolition, and CEASE Network to reduce the demand of sex purchasing by criminalizing buyers and providing support services to those who are trafficked.

This initiative was led by the AG’s Human Trafficking Division, including Division Chief Elizabeth K. Keeley, Deputy Division Chief Jennifer Snook, and Assistant Attorney General

Jeffrey Bourgeois, as well as Amy Karangekis, Deputy Regional Chief of the AG's Western Massachusetts Office, Assistant Attorney General Elizabeth Vasiliades, of the AG's Western Massachusetts Office and Criminal Bureau and Assistant Attorney General Eric Haskell, of the AG's Criminal Bureau. Also involved in this initiative were Massachusetts State Police assigned to the AG's Office, the AG's Digital Evidence Lab, and the Barnstable, Cambridge, Northampton and Springfield Police Departments.

## **ATTORNEY GENERAL TIM FOX ANNOUNCES “AID MONTANA” AN INITIATIVE TO COMBAT SUBSTANCE ABUSE IN MONTANA**

Montana Attorney General Tim Fox announced at a press conference Wednesday “Aid Montana: Addressing the Impact of Drugs,” an initiative led by his office to develop a comprehensive strategic plan for addressing substance abuse in Montana.

Speaking on the steps of the State Capitol, Fox said, “Aid Montana will be a comprehensive approach to addressing Montana’s substance abuse problem. While law enforcement will certainly be one method of addressing substance abuse in Montana, it certainly isn’t the only approach. Treatment, education and coordination efforts are critical if we are to get ahead of this problem, and will be central components to our strategy.”

Over the summer, Attorney General Fox will partner with the Montana Healthcare Foundation to hold six listening sessions across the state to hear real life experiences of individuals affected by substance abuse. At these listening sessions, Fox hopes to hear a variety of stories, including those from people who’ve been affected by drugs in their homes; businesses owners who’ve had their work place affected by substance abuse; healthcare and social work professionals who see the effects of drugs on a daily basis; and community leaders who want to find public policy solutions to address this problem.

“It is our goal to have our strategic plan completed before the 2019 legislative session,” Fox said. “We want to present a “roadmap” to lawmakers that outlines what needs to be done at the legislative level to efficiently and effectively combat this problem. Whether it be shifting resources to find where they are most effective, or changing laws to better reflect the reality of the problem, we want policymakers to have a clear understanding of what needs to be done.”

## **MEDICATION-ASSISTED TREATMENT IMPROVES OUTCOMES FOR PATIENTS WITH OPIOID USE DISORDER**

### **Overview**

Opioid overdoses cause one death every 20 minutes.<sup>1</sup> Medication-assisted treatment (MAT)—a combination of psychosocial therapy and U.S. Food and Drug Administration-approved medication—is the most effective intervention to treat opioid use disorder (OUD) and is more effective than either behavioral interventions or medication alone.<sup>2</sup> MAT significantly reduces illicit opioid use compared with nondrug approaches,<sup>3</sup> and increased access to these therapies can reduce overdose fatalities.<sup>4</sup> However, MAT is often unavailable to those in need of it because of inadequate funding for treatment programs and a lack of qualified providers who can deliver these therapies.<sup>5</sup>

## Background

OUD is a chronic brain disease caused by the recurrent use of opioids, including prescription drugs, such as oxycodone and hydrocodone, and illicit substances such as heroin. OUD includes dysfunction of the brain reward system, motivation, memory, and related circuitry and is reflected in individuals “pathologically pursuing reward and/or relief by substance use and other behaviors.”<sup>6</sup> As with other chronic relapsing conditions, the clinical course of OUD includes periods of exacerbation and remission, but the patient is never disease-free.<sup>7</sup>

## What is MAT?

MAT pairs nondrug therapies, such as counseling or cognitive behavioral therapy, with an FDA-approved medication to treat OUD. These drugs—methadone, buprenorphine, and naltrexone—are available in various product formulations and doses. Each medication differs in the way it works to relieve symptoms of opioid withdrawal and/or block the euphoric effects of the drugs. Consistent with the approach used for other chronic diseases such as diabetes, treatment plans for OUD are patient specific and created with input from the patient, the prescriber, and other members of the health care team. This dual approach to OUD treatment is supported by medical and behavioral health groups, including the American Society of Addiction Medicine and the National Council for Behavioral Health, patient advocate groups, and federal entities including the White House Office of National Drug Control Policy and the U.S. surgeon general.<sup>8</sup>

Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery.

Michael Botticelli, director, national drug control policy

## Psychosocial treatment

Psychosocial treatment, also known as behavioral health treatment, is recommended in conjunction with all drug therapies for OUD. Patients receiving psychosocial treatment have better outcomes than patients who do not.<sup>9</sup> Common therapeutic goals of psychosocial treatment are to:

Modify underlying behaviors that may lead patients to misuse opioids.

Encourage patients to adhere to their prescribed medications.

Treat any other existing psychiatric disorders.<sup>10</sup> Psychosocial treatment begins with an assessment of a patient’s psychosocial needs and the development of a patient-specific treatment plan. Treatment may include one or more of the following:

Individual or group counseling.

Connection to family support systems, including family therapy.

Referrals to community-based services.

Contingency management—an evidence-based intervention that provides tangible rewards (often vouchers to exchange for retail goods and services) for positive behaviors such as abstaining from opioids.

Mutual help programs, such as the Narcotics Anonymous 12-step facilitation therapy, may also be offered as an ancillary service.<sup>11</sup>

FDA-approved medications

Methadone, buprenorphine, and naltrexone are the only FDA-approved medications to treat OUD. Under federal regulations for methadone treatment, the drug must be administered daily in a certified opioid treatment program (OTP).<sup>12</sup> In accordance with federal law, buprenorphine may be prescribed on a weekly or monthly basis for at-home use, but clinicians must apply for waivers to be able to prescribe these drugs.<sup>13</sup> In contrast, naltrexone can be prescribed by any clinician authorized to dispense medications. These three treatment options have different mechanisms of action. The drug effects—in addition to patient-specific factors, such as response to past treatment—guide therapy selection. These factors are highlighted in Table 1.

## OPIOD TREATMENT PROGRAM

An OTP is a facility where patients can take medications under the supervision of staff and receive other care services. These programs are regulated and certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and can exist in a number of care settings, including intensive outpatient, residential, and hospital settings. An OTP is the only venue where patients can receive methadone for the treatment of OUD.<sup>14</sup>

## BUPRENORPHINE WAIVERS

Clinicians who wish to prescribe buprenorphine for the treatment of OUD must qualify for a waiver under the Drug Addiction Treatment Act of 2000. Prescribers who do not have advanced credentials in addiction psychiatry or addiction medicine must complete eight hours of training, available online or in person. Once approved by SAMHSA, prescribers may treat a designated number of patients with approved buprenorphine products in any outpatient practice setting.<sup>15</sup> Mechanisms of action

Receptors, which are found on human cells, are places where a drug or substance made by the body binds to either cause or block an effect. Methadone and buprenorphine are opioid agonists, meaning they activate or occupy the mu-opioid receptor, the same one activated by heroin.

Methadone is a full agonist. By fully occupying the mu-opioid receptor, methadone lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of other opioid drugs. Unlike heroin and other misused opioid agonists, methadone is longer lasting, usually 24 to 36 hours, preventing the frequent peaks and valleys associated with drug-seeking behavior.<sup>16</sup> No optimal length of treatment with methadone has been established; however, 12 months is considered a minimum for methadone maintenance.<sup>17</sup>

Buprenorphine is a partial agonist, meaning it does not completely bind to the mu-opioid receptor. As a result, buprenorphine has a ceiling effect, meaning that its effects will plateau and will not increase even with repeated dosing. Buprenorphine does not produce euphoria and does not have some of the dangerous side effects associated with other opioids.<sup>18</sup> The optimal duration of treatment is unknown, and decisions to discontinue treatment with buprenorphine are patient-specific. Once this decision is made, the process of safely tapering the buprenorphine dose often spans many months.<sup>19</sup>

Naltrexone is an opioid antagonist, meaning that it covers, rather than activates, the mu-opioid receptor, effectively blocking the effects of opioids if they are used. Opioid antagonists do not

produce any euphoric effects, so no physical dependence is associated with their use.<sup>20</sup> Opioid antagonists are recommended for relapse prevention and for abstinence-based treatment, not for withdrawal management.

## **CHEROKEE NATION SUES OPIOID WHOLESALERS, RETAILERS FOR ABUSE**

By TIM TALLEY, Associated Press

OKLAHOMA CITY (AP) — The Cherokee Nation sued distributors and retailers of opioid medications on Thursday, alleging the companies have contributed to "an epidemic of prescription opioid abuse" within the tribe and have not done enough to prevent tribal members from acquiring illegally prescribed opioid painkillers.

The lawsuit alleges that six distribution and pharmacy companies have created conditions in which "vast amounts of opioids have flowed freely from manufacturers to abusers and drug dealers" within the 14 northeastern Oklahoma counties that comprise the Cherokee Nation.

The tribe argues the companies regularly turn a "blind eye" to opioid prescriptions that would require further investigation before pills are dispensed. The lawsuit also alleges the companies have pursued profits instead of trying to reduce opioid-related addiction that has taken the lives of hundreds of Cherokee citizens and cost the tribe hundreds of millions of dollars in health care costs.

"Defendants have created an environment in which drug diversion can flourish," the lawsuit states.

The lawsuit, filed in the Cherokee Nation District Court, names as defendants distributors AmerisourceBergen, Cardinal Health Inc. and McKesson Corp., and pharmacies CVS Health, Walgreens Boots Alliance Inc. and Wal-Mart Stores Inc.

AmerisourceBergen spokesman Gabriel Weissman released a statement saying the company stops the shipment of orders it believes are suspicious.

"The issue of opioid abuse is a complex one that spans the full health care spectrum, including manufacturers, wholesalers, insurers, prescribers, pharmacists and regulatory and enforcement agencies," Weissman said.

Cardinal Health said in a statement that it will defend itself against the allegations and believes the lawsuit does not advance "the hard work needed to solve the opioid abuse crisis - an epidemic driven by addiction, demand and the diversion of medications for illegitimate use."

CVS Health said it has stringent policies and procedures to determine whether a controlled substance prescription was issued for a legitimate medical purpose before a pharmacist fills it. Walgreens said it does not comment on pending legislation.

Wal-Mart and McKesson did not immediately respond to requests for comment.

The lawsuit seeks to make the companies accountable for creating an oversupply of the drugs, said special counsel Richard Fields, an attorney for the tribe in Washington, D.C.

"We're hoping that this case and others like it will put a focus on the supply is too great," Fields said.

## **ATTORNEY GENERAL XAVIER BECERRA: WALGREENS SETTLES \$9.8 MILLION WHISTLEBLOWER CASE**

SACRAMENTO – Attorney General Xavier Becerra today announced a \$9.8 million settlement with Walgreens, one of the largest drugstore chains in the United States. The settlement involved allegations that Walgreens failed to adhere fully to requirements imposed by California law for the dispensing of certain prescriptions drugs under Medi-Cal. The settlement is the result of lawsuits filed by whistleblowers and investigated and resolved by federal and state prosecutors. The lawsuits alleged that for more than five years, Walgreens falsely certified that it had complied with diagnosis-related requirements for the lawful dispensing of prescriptions to Medi-Cal patients.

"Californians expect that pharmacies dispensing prescription drugs will do so in a safe and lawful manner," said Attorney General Becerra. "It is a violation of the public trust when pharmacies seek payment from the Medi-Cal program while knowingly violating state law."

Through the Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA), the Attorney General's office regularly works with whistleblowers and law enforcement agencies to investigate and prosecute fraud perpetrated on the Medi-Cal program. False claims lawsuits pursued by the Attorney General in the last two years have recovered tens of millions of dollars from some of the nation's largest pharmaceutical companies for allegations of improper marketing, falsifying reports to inflate prices, and other wrongful practices.

Members of the public who have information concerning Medi-Cal fraud or elder abuse in nursing homes or other residential care facilities are urged to call BMFEA's hotline at (800) 722-0432 or visit the Attorney General's website at <https://oag.ca.gov/> to file a complaint.

"I want to thank Deputy Attorneys General Bernice Yew and Emmanuel Salazar, Supervising Deputy Attorneys General Vincent DiCarlo and Nicholas Paul, Investigative Auditor Marilyn Meixner, and special agents and legal support staff of the Bureau of Medi-Cal Fraud and Elder Abuse and the California Department of Health Care Services for their collaborative efforts to protect the people of our State in this case," said Attorney General Becerra. Additionally, the BMFEA team worked closely with the U.S. Attorney's Office for the Eastern District of California to investigate and settle these claims.

The claims settled by this agreement are allegations only, and there has been no determination of liability.

## **AG KILMARTIN ANNOUNCES SETTLEMENT IN PRINCIPLE BETWEEN STATE OF RHODE ISLAND AND U.S. DEPARTMENT OF JUSTICE OVER R.I. DEPARTMENT OF CORRECTIONS TESTING PROCESS**

Attorney General Peter F. Kilmartin today announced that the State of Rhode Island has reached a settlement in principle with the U.S. Department of Justice over allegations of unintentional discrimination by the R.I. Department of Corrections (DOC) in the testing process for correctional officer candidates due to the DOC entrance exams having an adverse impact on African-American and Hispanic candidates.

Filed in 2014, the lawsuit sought damages that include job offers and back pay for individuals who did not meet the qualifications for the years 2000 – 2013.

The settlement in principle, which was reached after mediation overseen by U.S. District Court Magistrate Lincoln D. Almond, is subject to approval by the U.S. District Court.

While a settlement in principle has been reached by the parties, the details are being finalized and will be presented to the Court for review and approval.

"This settlement, once finalized and approved by the Court, resolves a significant legal and financial issue for the State, and allows the Department of Corrections to move forward with confidence in its hiring process," said Attorney General Peter Kilmartin, whose office represented the State and the DOC in the litigation.

The settlement in principle will allow for the DOC to move forward with its current selection process, which is underway, without the cloud of this litigation.

"I commend the attorneys who worked on behalf of the State in this case, specifically Assistant Attorney General Neil F.X. Kelly and Special Assistant Attorney General Ariele Yaffe," added Attorney General Kilmartin.