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## Alaska Facts and Figures

### 2022 Drug Overdose Mortality Update (September 2023)

#### Background

Drug poisonings (overdoses) are a significant contributor to mortality in Alaska and represent an ongoing public health concern. This report is designed to provide an update on the current state of Alaska drug overdose mortality through 2022.

#### Methods

The Alaska Health Analytics and Vital Records Section's Electronic Vital Records System was queried for Alaska resident or non-resident certificates of death occurring in-state between 2013 and 2022. Overdoses are identified using the International Classification of Disease, 10<sup>th</sup> Revision (ICD-10) codes for unintentional (X40-X44), suicide (X60-X64), homicide (X85), or undetermined intent (Y10-Y14) overdoses. Deaths are tabulated based on the decedent's underlying cause of death (defined as the condition or injury that initiated the train of morbid events leading directly to death). Deaths due to alcohol-poisoning or drug-related traumatic injuries such as motor vehicle accidents are not included.

Overdose deaths are further categorized by the multiple contributing causes of death (defined as all other causes in the train of morbid events) to identify specific types of illicit drugs. This includes selected ICD-10 codes for narcotic and psychodysleptic (hallucinogen) drugs ("narcotics": T400-T409), antiepileptic, sedative-hypnotic and antiparkinsonism drugs ("sedatives": T420-T428) and psychotropic drugs, not elsewhere classified ("psychotropics": T430-T439). The literal text of the cause of death, other significant conditions, and injury description fields are also analyzed to identify additional drugs not directly captured using ICD-10 codes. This includes fentanyl or its analogues and methamphetamine, which are classified as sub-categories of other synthetic narcotic (T404) and psychostimulant (T436) drugs, respectively. Tabulations of overdose deaths by drug type are not mutually exclusive and a single overdose involving multiple drugs can be counted in multiple drug categories. Multidrug overdoses and the top fatal drug combinations are also examined.

Data are stratified by the demographic and regional characteristics of the decedent, including sex, race, ethnicity, age, and Public Health Region where the death occurred. Death rates per 100,000 are calculated using population estimates from the Alaska Department of Labor and Workforce Development.<sup>1</sup> Rates are age-adjusted by U.S. Standard Year 2000 Population levels, when possible, to correct for natural differences in the age distribution of the population. Results have not been tested for statistical significance and are subject to change.

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<sup>1</sup> [Alaska Department of Labor and Workforce Development, Research and Analysis. Alaska Population Estimates.](#)

Results

Overdose Summary

- 1,506 drug overdose deaths have occurred in Alaska between 2013 and 2022 (an average of about 151 deaths per year).
  - In 2022, there were 247 overdose deaths, down from 255 in 2021.
  - In 2022, the overdose death rate was 33.5 deaths per 100,000, down from 35.1 in 2021.
- By sex, men typically experience higher overdose death rates than women.
  - In 2022, the overdose death rate for men was 42.4 deaths per 100,000, compared to 24.1 for women.
- By race/ethnicity, American Indian/Alaska Native (AI/AN) and Multiple race people typically experience higher overdose death rates than other groups.
  - In 2022, the overdose death rate for AI/AN people was 78.2 deaths per 100,000, compared to 75.0 in 2021.
  - In 2022, the overdose death rate for Multiple race people was 72.2 deaths per 100,000, compared to 74.5 in 2021.
  - In 2022, the overdose death rate for White people was 24.5 deaths per 100,000, compared to 27.3 in 2021.
  - In 2022, Black, Asian/Pacific Islander, and Hispanic (of any race) people experienced fewer than 20 overdose deaths, making rate estimates statistically unreliable.
- By age, people aged 25 to 54 years old typically experience the highest rates of overdose death.
  - In 2022, the overdose death rate was highest among people aged 35 to 44 years old, at 64.7 deaths per 100,000.
- By place of death, Anchorage had the state’s highest overdose death rate in 2022, at 48.0 deaths per 100,000, down from 49.0 in 2021.

Figure 1. Overdose Deaths by Year (2013-2022)

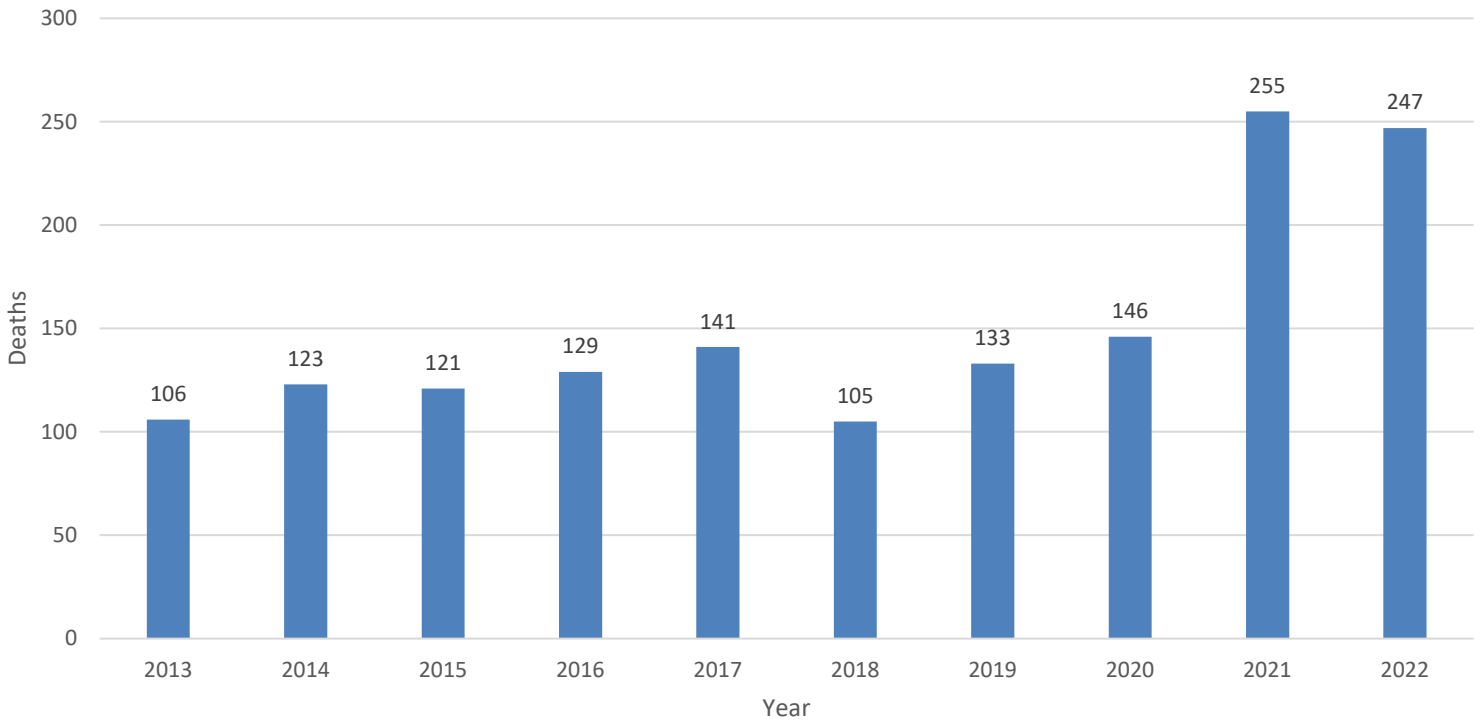


Table 1. Overdose Deaths by Year (2013-2022)

Underlying Cause	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Drug Overdose	106	123	121	129	141	105	133	146	255	247	1,506

Note: Drug poisoning (overdose) underlying cause of death ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14.

## 2022 Drug Overdose Mortality Update

Table 2. Overdose Deaths (Rates) by Sex (2018-2022)<sup>1</sup>

Sex	2018	2019	2020	2021	2022
Male	60 (15.1)	93 (24.4)	94 (25.1)	160 (42.7)	161 (42.4)
Female	45 (12.7)	40 (11.3)	52 (14.7)	95 (27.0)	86 (24.1)

Table 3. Overdose Deaths (Rates) by Race/Ethnicity (2018-2022)<sup>1</sup>

Race/Ethnicity	2018	2019	2020	2021	2022
White	65 (12.2)	76 (15.1)	77 (15.7)	133 (27.3)	123 (24.5)
Black	6 (19.8*)	6 (22.6*)	10 (36.1*)	6 (21.7*)	8 (29.7*)
AI/AN	19 (20.1*)	33 (32.0)	38 (36.0)	80 (75.0)	82 (78.2)
Asian/PI	0 (NA)	3 (**)	1 (**)	2 (**)	0 (NA)
Multiple	14 (34.3*)	14 (33.5*)	13 (33.3*)	32 (74.5)	32 (72.2)
Hispanic (Any Race)	3 (**)	1 (**)	4 (**)	6 (10.9*)	12 (21.7*)

Table 4. Overdose Deaths (Rates) by Age (2018-2022)<sup>1</sup>

Age	2018	2019	2020	2021	2022
<5 Years	0 (NA)	1 (**)	0 (NA)	0 (NA)	1 (**)
5-14 Years	0 (NA)	0 (NA)	0 (NA)	0 (NA)	0 (NA)
15-24 Years	10 (10.5*)	7 (7.5*)	18 (19.4*)	27 (28.9)	16 (17.2*)
25-34 Years	22 (19.5)	46 (41.0)	33 (29.6)	72 (65.7)	58 (54.2)
35-44 Years	23 (24.1)	34 (35.0)	36 (36.1)	57 (55.1)	68 (64.7)
45-54 Years	23 (26.0)	19 (22.2*)	29 (34.3)	54 (65.1)	45 (54.5)
55-64 Years	24 (24.3)	17 (17.4*)	24 (25.1)	32 (34.1)	43 (46.8)
65-74 Years	3 (**)	7 (11.3*)	5 (**)	10 (14.7*)	14 (19.8*)
75-84 Years	0 (NA)	2 (**)	1 (**)	3 (**)	1 (**)
85+ Years	0 (NA)	0 (NA)	0 (NA)	0 (NA)	1 (**)

Table 5. Overdose Deaths (Rates) by Region (2018-2022)<sup>1</sup>

Region	2018	2019	2020	2021	2022
Anchorage	51 (16.5)	57 (19.3)	90 (31.2)	142 (49.0)	142 (48.0)
Gulf Coast	15 (17.7*)	16 (18.8*)	12 (12.7*)	30 (40.0)	16 (18.0*)
Interior	12 (10.3*)	22 (19.3)	10 (8.3*)	20 (16.6)	24 (23.1)
Mat-Su	15 (14.1*)	15 (15.0*)	20 (18.9)	28 (25.4)	32 (29.2)
Northern	1 (**)	5 (**)	3 (**)	3 (**)	4 (**)
Southeast	7 (9.0*)	11 (15.3*)	7 (10.6*)	24 (34.6)	20 (27.7)
Southwest	4 (**)	7 (16.9*)	4 (**)	8 (20.5*)	9 (21.4*)
<b>Statewide</b>	105 (14.0)	133 (18.1)	146 (20.1)	255 (35.1)	247 (33.5)

Note: Drug poisoning (overdose) underlying cause of death ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14.

1. Death rate per 100,000 population. Age-adjusted by U.S. Year 2000 Standard Populations for Sex, Race/Ethnicity, and Region.

\* Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

\*\* Rates based on fewer than 6 events are not reported.

*Overdoses by Drug*

- 886 total drug overdose deaths occurred in Alaska between 2018 and 2022.
- 633 overdose deaths involving opioids occurred in Alaska between 2018 and 2022 (an average of about 127 deaths per year).
  - In 2022, there were 185 opioid overdose deaths, down from 198 in 2021.
  - In 2022, the opioid overdose death rate was 24.9 deaths per 100,000, down from 27.3 in 2021.
  - In 2022, other synthetic narcotics, a category that includes illicit synthetic opioids such as fentanyl and its analogues, were involved in 156 deaths, up from 150 in 2021.
- 480 overdose deaths involving psychostimulants, a category that includes illicit methamphetamine, occurred in Alaska between 2018 and 2022 (an average of about 96 deaths per year).
  - In 2022, there were 140 psychostimulant overdose deaths, down from 160 in 2021.
  - In 2022, the psychostimulant overdose death rate was 19.1 deaths per 100,000, down from 22.2 in 2021.

*Table 6. Narcotics Overdose Deaths (Rates) by Drug (2018-2022)<sup>1</sup>*

<b>Drug (ICD-10 Code)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Total Narcotics (T400-T409)</b>	72 (9.3)	88 (11.7)	107 (14.5)	201 (27.6)	191 (25.8)
Opioids (T400-T404, T406)	65 (8.4)	83 (11.0)	102 (13.9)	198 (27.3)	185 (24.9)
Heroin (T401)	28 (3.7)	45 (6.0)	31 (4.3)	66 (9.1)	40 (5.5)
Analgesic Opioids (T402-T404)	46 (5.9)	60 (7.8)	88 (12.0)	179 (24.8)	179 (24.1)
Analgesics Excl. Other Synth. (T402-T403)	37 (4.8)	46 (6.0)	44 (5.7)	81 (11.1)	55 (7.4)
Other Opioids (T402)	33 (4.3)	41 (5.3)	37 (4.7)	74 (10.1)	49 (6.6)
Methadone (T403)	9 (1.2*)	9 (1.2*)	8 (1.1*)	12 (1.6*)	10 (1.2*)
Other Synthetic Narcotics (T404)	16 (2.0*)	23 (3.2)	61 (8.6)	150 (21.0)	156 (21.0)
Fentanyl (T404 + Fentanyl Or Analogue)	9 (1.1*)	15 (2.2*)	58 (8.2)	145 (20.3)	151 (20.3)
Other And Unspecified Narcotics (T406)	22 (2.9)	24 (3.0)	23 (3.0)	15 (2.0*)	20 (2.6)
Non-Opioids (T405, 407-409)	11 (1.4*)	7 (0.9*)	21 (2.9)	13 (1.5*)	22 (3.1)
Cocaine (T405)	10 (1.3*)	7 (0.9*)	21 (2.9)	11 (1.3*)	21 (2.9)
Cannabis (Derivatives) (T407)	1 (**)	0 (NA)	0 (NA)	2 (**)	1 (**)

*Table 7. Sedatives Overdose Deaths (Rates) by Drug (2018-2022)<sup>1</sup>*

<b>Drug (ICD-10 Code)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Total Sedatives (T420-T428)</b>	<b>26 (3.6)</b>	<b>26 (3.7)</b>	<b>26 (3.6)</b>	<b>22 (3.1)</b>	<b>36 (5.0)</b>
Benzodiazepines (T424)	24 (3.2)	18 (2.6*)	20 (2.8)	13 (1.8*)	30 (4.2)

*Table 8. Psychotropics Overdose Deaths (Rates) by Drug (2018-2022)<sup>1</sup>*

<b>Drug (ICD-10 Code)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Total Psychotropics (T430-T439)</b>	<b>59 (8.2)</b>	<b>74 (9.9)</b>	<b>75 (10.3)</b>	<b>170 (23.6)</b>	<b>149 (20.4)</b>
Antidepressants (T430-T432)	11 (1.7*)	11 (1.6*)	10 (1.3*)	13 (1.9*)	14 (2.0*)
Antipsychotics (T433-T435)	5 (**)	2 (**)	4 (**)	6 (0.9*)	6 (0.9*)
Psychostimulants (T436)	49 (6.7)	64 (8.6)	67 (9.3)	160 (22.2)	140 (19.1)
Methamphetamine (T436 + Meth.)	44 (6.0)	59 (7.8)	62 (8.6)	155 (21.5)	127 (17.3)

Note: Drug categories are not mutually exclusive. A single overdose death involving multiple drugs can be counted in multiple categories.

1. Death rate per 100,000 population. Age-adjusted by U.S. Year 2000 Standard Population.

\* Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

\*\* Rates based on fewer than 6 events are not reported.

Overdoses by Drug - Trends

- Total drug overdose death rates increased greatly between 2020 and 2021 but declined slightly in 2022.
  - In 2022, the overdose death rate was 33.5 deaths per 100,000, up from 14.2 in 2013.
  - Increases in overdose death rates since 2018 appear to be driven largely by increases in narcotics, including synthetic opioids such as fentanyl, and psychotropic drugs, including psychostimulants such as methamphetamine.
  - Sedative drug overdose rates have been lower and relatively stable over time but increased slightly in 2022.

Figure 2. Overdose Death Rates by Drug (2013-2022)<sup>1</sup>

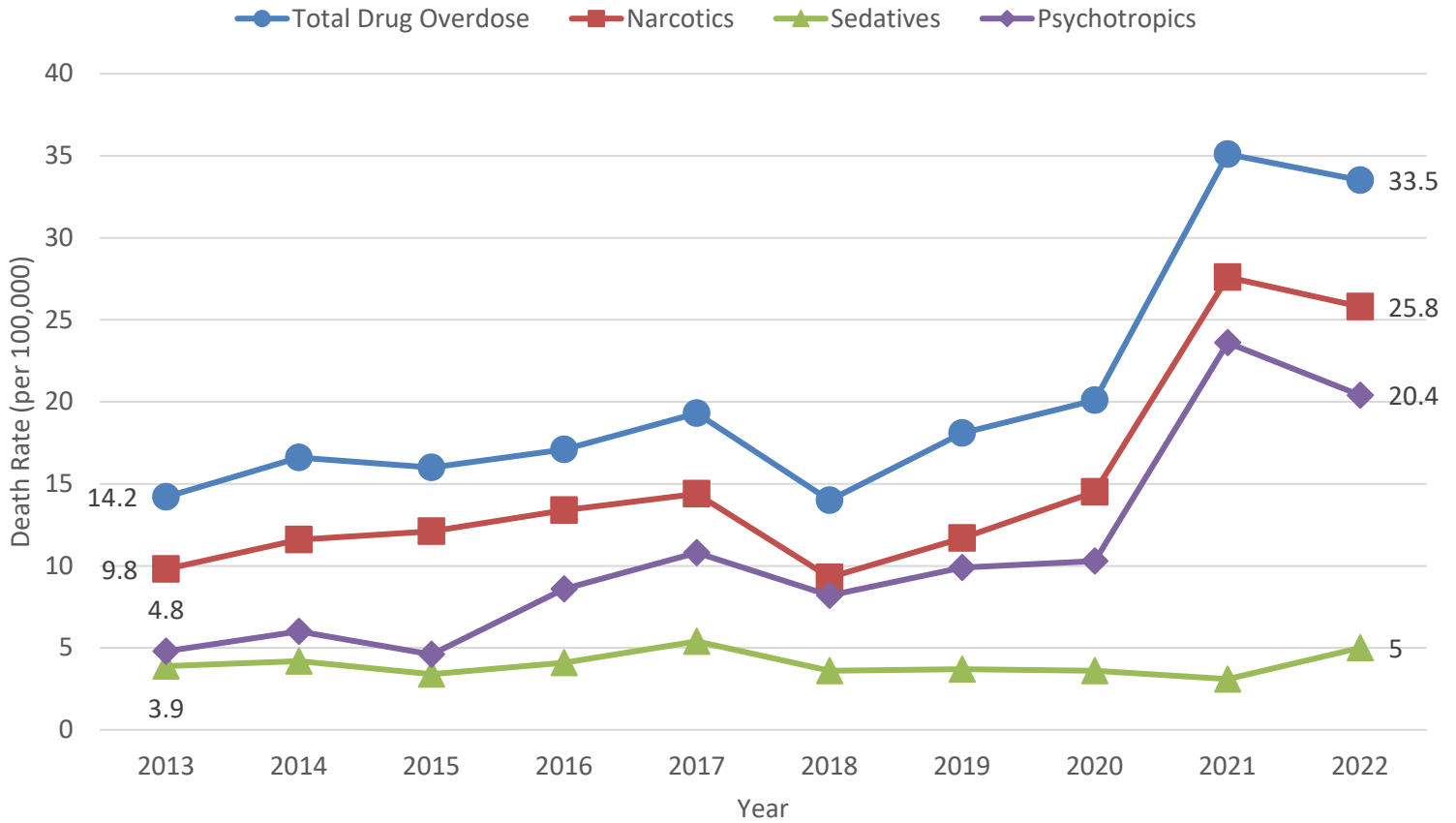


Table 9. Overdose Death Rates by Drug (2013-2022)<sup>1</sup>

Drug	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>Total Drug Overdose</b>	<b>14.2</b>	<b>16.6</b>	<b>16</b>	<b>17.1</b>	<b>19.3</b>	<b>14</b>	<b>18.1</b>	<b>20.2</b>	<b>35.1</b>	<b>33.5</b>
Narcotics	9.8	11.6	12.1	13.4	14.4	9.3	11.7	14.6	27.6	25.8
Sedatives	3.9	4.2	3.4	4.1	5.4	3.6	3.7	3.6	3.1	5
Psychotropics	4.8	6	4.6	8.6	10.8	8.2	9.9	10.4	23.6	20.4

Note: Drug categories are not mutually exclusive. A single overdose death involving multiple drugs can be counted in multiple categories.  
 1. Death rate per 100,000 population. Age-adjusted by U.S. Year 2000 Standard Population.

*Multidrug Overdoses*

- Between 2018 and 2022, 37.2% of drug overdose deaths involved a single type of narcotic, sedative, or psychotropic drug, 26.0% involved two of these drug types simultaneously, and 32.3% involved three or more of these drugs types simultaneously.
- Between 2018 and 2022, other synthetic narcotics plus psychostimulants with abuse potential were the two most common lethal multidrug combinations, found in 23.3% of drug overdose deaths. This was followed by heroin plus psychostimulants with abuse potential found in 17.6% of deaths.

*Table 10. Drug Overdose Deaths (Percentage) by Number of Drugs (2018-2022)*

Drugs	2018	2019	2020	2021	2022	Total
One Drug	45 (42.9%)	48 (36.1%)	57 (39.0%)	88 (34.5%)	92 (37.2%)	<b>330 (37.2%)</b>
Two Drugs	19 (18.1%)	29 (21.8%)	36 (24.7%)	69 (27.1%)	77 (31.2%)	<b>230 (26.0%)</b>
Three or More Drugs	38 (36.2%)	42 (31.6%)	43 (29.5%)	92 (36.1%)	71 (28.7%)	<b>286 (32.3%)</b>
Other or Unspecified Drugs	3 (2.9%)	14 (10.5%)	10 (6.8%)	6 (2.4%)	7 (2.8%)	<b>40 (4.5%)</b>
<b>Total Drug Overdoses</b>	<b>105 (100.0%)</b>	<b>133 (100.0%)</b>	<b>146 (100.0%)</b>	<b>255 (100.0%)</b>	<b>247 (100.0%)</b>	<b>886 (100.0%)</b>

Note: Multidrug overdose deaths with drug types in selected ICD-10 code ranges for narcotic, sedative, or psychotropic drugs: T400-T409, T420-T428, T430-T439. Deaths with codes outside the selected range or where no drug was identified are classified as other or unspecified.

*Table 11. Top Ten Multidrug Overdose Combinations by Deaths (2018-2022)*

Rank	Drug A (ICD-10 Code)	Drug B (ICD-10 Code)	Deaths	% Total ODs (N=778)
1	Other Synthetic Narcotics (T404)	Psychostimulants With Abuse Potential (T436)	206	23.3%
2	Heroin (T401)	Psychostimulants With Abuse Potential (T436)	156	17.6%
3	Other Opioids (T402)	Psychostimulants With Abuse Potential (T436)	123	13.9%
4	Other Opioids (T402)	Other Synthetic Narcotics (T404)	106	12.0%
5	Heroin (T401)	Other Synthetic Narcotics (T404)	92	10.4%
6	Heroin (T401)	Other And Unspecified Narcotics (T406)	77	8.7%
6	Heroin (T401)	Other Opioids (T402)	77	8.7%
6	Other And Unspecified Narcotics (T406)	Psychostimulants With Abuse Potential (T436)	77	8.7%
7	Other And Unspecified Narcotics (T406)	Other Opioids (T402)	55	6.2%
8	Benzodiazepines (T424)	Other Opioids (T402)	45	5.1%
9	Benzodiazepines (T424)	Other Synthetic Narcotics (T404)	41	4.6%
9	Benzodiazepines (T424)	Psychostimulants With Abuse Potential (T436)	41	4.6%
10	Cocaine (T405)	Other Synthetic Narcotics (T404)	37	4.2%

Note: Multidrug overdoses with drug types in selected ICD-10 code ranges for narcotic, sedative, or psychotropic drugs: T400-T409, T420-T428, T430-T439. Drug A and B order is arbitrary and not indicative of each drug’s level of contribution to the overdose death. Deaths may involve more than two drugs. Table includes top ten most common combinations, with the ties assigned the same rank.

## Discussion

Drug overdoses are a significant contributor to mortality in Alaska and represent an ongoing public health concern. Between 2021–2022, drug overdose death rates in Alaska decreased for most drug categories, resulting in a 5% decrease in the overall drug overdose death rate. Despite this decrease, Alaska recorded its second highest drug overdose death rate in 2022. Of the drugs evaluated in the report, notable increases were seen in the number of overdose deaths involving fentanyl (a synthetic opioid) and benzodiazepines (a sedative), increasing 4% and 131%, respectively. The largest declines were seen in analgesic opioids (excluding synthetic opioids), heroin, and methamphetamine deaths (32%, 39%, and 18%, respectively). In 2022, individuals at comparatively higher risk of dying from drug overdose included men, American Indian/Alaska Native people, those aged 35-44 years old and those residing in the Anchorage Public Health Region. Multidrug use can be a significant driver of overdose mortality due to the physiological effects on the cardiovascular and respiratory systems when mixing different substances. Of all overdose deaths that occurred between 2018–2022, 58% involved drugs from more than one narcotic, sedative, or psychotropic drug category, including 32% that involved drugs from three or more drug categories.

These data are consistent with recent national findings of most overdose deaths involving more than one substance.<sup>2</sup> 2019 data across 24 states and Washington DC revealed that fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) were involved in nearly 85% of drug overdose deaths.<sup>3</sup> Nationally, overdose deaths are projected to have increased for the tenth straight year in 2022,<sup>4</sup> as fentanyl continues to be mixed with heroin, stimulants, and counterfeit pills.<sup>5</sup> In Alaska, fentanyl was involved in four out of five opioid overdose deaths, and many of these fentanyl-involved overdose deaths involved an additional substance, such as methamphetamine or heroin. The high potency of fentanyl combined with the tendency for mixing or co-use with other substances complicates intervention and treatment efforts.

In Alaska, the number of methamphetamine-related overdose deaths remains high, with 51% of all drug overdose deaths involving methamphetamine in 2022. The significant number of deaths involving psychostimulants warrants an increase in available and accessible stimulant use disorder treatment, and further analysis into risk and protective factors associated with stimulant misuse and addiction. Psychostimulants were involved in the top three overdose drug combinations (with synthetic narcotics (like fentanyl), heroin, and other opioids being the other substances) across 886 overdose deaths in the last five years. This suggests that harm reduction strategies should be integrated across multiple venues that include naloxone distribution to people who use stimulants, and multidrug use education on the lethality of combining substances.

Many State of Alaska (SOA) programs focus on prevention, treatment, and recovery strategies to counter drug overdose and related harms. Several initiatives specifically address fentanyl-involved overdose deaths. In 2022, SOA, through its Project HOPE<sup>6</sup> program located within the Department of Health (DOH), distributed nearly 30,000 kits of naloxone, a medication that has been demonstrated worldwide to reduce fatal overdose,<sup>7</sup> to community members. Currently, Project HOPE incorporates fentanyl test strips and other resources into each naloxone kit. In 2022, a new initiative called Project Gabe,<sup>8</sup> supported by Project HOPE and the Section of Public Health Nursing, was launched to provide opioid misuse awareness, education, and prevention resources (including naloxone) to the fishing industry; studies demonstrate employees in some occupational industries are at higher risk of being affected by the opioid epidemic. Project Gabe has since expanded distribution of materials and education to other industries and facilities across the state. Finally, the SOA developed several public service announcements, posters, health alerts, and educational webinars that can be found at <http://opioids.alaska.gov>.

<sup>2</sup> Hedegaard, H., Bastian, B., Trinidad, J., Warner, M. (2018). "Drugs most frequently involved in drug overdose deaths: United State, 2011-2016." *National Vital Statistics Reports*, 67(9). Retrieved 22 Aug 2019 from: [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_09-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_09-508.pdf).

<sup>3</sup> O'Donnell, J., Gladden, RM., Mattson, C., et al. (2020). "Vital signs: characteristics of drug overdose deaths involving opioids and stimulants – 24 states and the District of Columbia, January-June 2019". *MMWR Morbidity and Mortality Weekly Report*, 69(35): 1189-1197.

<sup>4</sup> Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Retrieved Sep 2023 from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>5</sup> Drug Enforcement Administration (DEA). "2020 National Drug Threat Assessment." Retrieved from: [https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment\\_WEB.pdf](https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf).

<sup>6</sup> Project Hope: <https://dhss.alaska.gov/health/osmap/Pages/hope.aspx>.

<sup>7</sup> Chimbar, L., & Moleta, Y. (2018). "Naloxone effectiveness: a systematic review." *Journal of Addictions Nursing*, 29(3): 161-171.

<sup>8</sup> Project GABE: [https://dhss.alaska.gov/health/News/Documents/press/2022/DHSS\\_PressRelease\\_DPH\\_ProjectGabe\\_20220607.pdf](https://dhss.alaska.gov/health/News/Documents/press/2022/DHSS_PressRelease_DPH_ProjectGabe_20220607.pdf).

Engaging with people at high risk of overdose is key to preventing more deaths. A behavioral health crisis system-of-care connects people with the most appropriate resources from the onset of a behavioral health crisis through their recovery and follow up care. Mobile crisis teams operate in Anchorage, Mat-Su, Fairbanks, and Juneau to connect people experiencing a behavioral health crisis to treatment and other social services.<sup>9</sup> The 1115 Medicaid Waiver Services is also integral to these efforts as it incorporated reimbursement rates for an increased breadth of behavioral health agencies as well as for mobile outreach and crisis response services.

SOA DOH has also been working with tribal and academic partners to incorporate a variety of provider education trainings, and tools including Project ECHO, a collaborative model of education that makes specialty knowledge more accessible to healthcare providers across Alaska.<sup>10</sup> Improving awareness among providers of their existing practices is important to support the increase in training opportunities. The Alaska Medicaid Drug Utilization Program continues to promote evidence-based opioid prescribing and has resulted in a decrease in overall opioid prescribing within the Alaska Medicaid population. The SOA Department of Commerce, Community, and Economic Development facilitates the Prescription Drug Monitoring Program (PDMP),<sup>11</sup> a system that requires all providers to report prescriptions of opioids and benzodiazepines as well as other substances. During 2017–2022, the PDMP achieved a 60% increase in provider registration, a 35% decrease in reported opioids dispensed, and a 61% decrease in delinquent reporting.<sup>12</sup> The SOA DOH and Department of Corrections have broadened screening, referral, linkage to care, and treatment interventions with some of these efforts supported by the implementation of the 1115 waiver,<sup>13</sup> Alaska Prenatal Screening Program,<sup>14</sup> and Mental Health and Substance Use Block Grant programs.<sup>15</sup> Studies indicate mortality risk is lowered when people access methadone or buprenorphine treatment.<sup>16</sup>

Aside from these examples of the SOA's efforts, a variety of state, federal, and local organizations have conducted interventions across the spectrum of prevention, treatment, and recovery. To continue to see the impact in 2023, SOA and its partners will continue to work upstream, addressing social determinants of health,<sup>17</sup> Adverse Childhood Experiences,<sup>18</sup> availability of medication assisted treatment, and demographic disparities in overdose mortality.

### Evidence-Based Strategies to Reduce Drug Overdose Deaths

#### 1. Prevention:

- a. Educational campaigns.
- b. Interventions tailored to the community.
- c. Prescription drug monitoring programs.
- d. Opioid prescribing guidelines.
- e. Regulating promotion and marketing of opioids.
- f. Better mental health care.
- g. Opioid safe disposal locations.

#### 2. Harm Reduction:

- a. Availability of fentanyl test strips.

<sup>9</sup> Alaska Mental Health Trust Authority. Behavioral Health Crisis Response: <https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/crisis-continuum-of-care/>.

<sup>10</sup> Project ECHO: <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml>.

<sup>11</sup> <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx>.

<sup>12</sup> Alaska Department of Health. "Report to the Alaska Legislature: Alaska's Opioid Response 2022-2023". *To be published Fall 2023*.

<sup>13</sup> <https://health.alaska.gov/dbh/Pages/1115/default.aspx>.

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<sup>15</sup> Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/grants/block-grants>.

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- b. Naloxone access and training.
  - c. Syringe services programs.
  - d. Supervised injection sites.
3. Treatment:
  - a. Increase access to treatment, including through telehealth.
  - b. Medications for opioid use disorder.
  - c. Expand and diversify treatment workforce.
  - d. Improve health care workforce addiction training.
  - e. Reduce stigma for seeking care.
  - f. Access to culturally competent care.
  - g. Treatment alternatives to incarceration.
4. Recovery:
  - a. Employment opportunities for people in recovery.
  - b. Expanded access to recovery housing.
  - c. Peer counseling.
  - d. Intensive support to sustain recovery.
5. Data Collection
  - a. Promote timely collection of local data, including demographics.
  - b. Make real-time, disaggregated data available for identifying at-risk groups.
  - c. Use information gathered to inform effective, community tailored strategies.

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