



# Alaska's Opioid Response 2021-2022

REPORT TO LEGISLATURE

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## Purpose

This report highlights the work and the results of Alaska's opioid response from October 1, 2021, through September 30, 2022. It meets the requirements of AS 17.20.085(d) to provide an annual report to the Legislature describing activities and expenditures related to Substance Abuse and Mental Health Services Administration (SAMHSA) grants, Naloxone distribution and the opioid epidemic.

## Introduction and Background

Drug overdoses are a significant contributor to mortality in Alaska and represent an ongoing public health concern. Deaths by overdose have been increasing annually since 2018. In 2021, Alaska experienced the largest percent increase in overdose deaths of any state in the United States.<sup>1</sup> Between 2020—2021, drug overdose death rates increased for most drug categories, resulting in a 74% increase in the overall drug overdose death rate. The primary driver of the opioid epidemic today is illicit fentanyl, a synthetic opioid that is up to 50 times more potent than heroin.<sup>2</sup> The largest increases were seen in overdose deaths involving illicitly manufactured fentanyl and methamphetamine (a psychostimulant), increasing 150% and 148%, respectively. In 2021, individuals at comparatively higher risk of dying from a drug overdose included men, American Indian/Alaska Native people, young adults, and those residing in the Anchorage Public Health Region.

There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

Multidrug use can be a significant driver of overdose mortality due to the physiological effects on the cardiovascular and respiratory systems when mixing categories of substances. Of the 778 total overdose deaths that occurred between 2017–2021, 58% involved drugs from more than one narcotic, sedative, or psychotropic category, including 34% that involved drugs from three or more categories.

In addition to the significant loss in life, the costs of this epidemic cannot be underestimated. A recent report authored by the Commission on Combating Synthetic Opioid Trafficking estimated that drug overdoses are costing the United States approximately \$1 trillion annually.<sup>3</sup> In Alaska, treating conditions and diseases associated with Opioid Use Disorder cost \$12 million in hospital-related medical costs, while the Alaska Department of Public Safety reported \$5.1 million in departmental costs across 746 opioid-related incidents.<sup>4</sup>

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<sup>1</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

<sup>2</sup> Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Fentanyl Facts," webpage, last reviewed August 18, 2022.

<sup>3</sup> Commission on Combating Synthetic Opioid Trafficking. Final Report (2022). Posted on RAND.org on February 08, 2022. Found here: [https://www.rand.org/pubs/external\\_publications/EP68838.html](https://www.rand.org/pubs/external_publications/EP68838.html)

<sup>4</sup> The Economic Costs of Drug Misuse in Alaska—2019 Update. McKinley Research.

## Alaska Opioid Response Infrastructure

The Department of Health's Office of Substance Misuse and Addiction Prevention (OSMAP) within the Division of Public Health developed the [Statewide Opioid Action Plan](#) based on recommendations from the Alaska Opioid Policy Task Force (AOPTF). The five-year plan was developed with broad input from multiple agencies and community partners. This plan provides a template for communities and all Alaskans to follow moving forward.

## Opioid Settlement

In February 2022, states reached final agreements with Janssen/Johnson & Johnson (J&J), a manufacturer of prescription opioids, and three major pharmaceutical distributors: Amerisource Bergen, Cardinal Health and McKesson. J&J will pay a maximum of \$5 billion over no more than nine years and the distributors will pay a maximum of \$21 billion over 18 years. Funds were calculated for distribution among states according to a formula that considered the extent of the harm and the population of the state. States who signed onto the global settlement agreement early, along with their political subdivisions, qualified for an incentive that provides the most money the fastest. Alaska and its nine political subdivisions (populations of 10,000 or more: Anchorage, Mat-Su Borough, Fairbanks North Star Borough, Kenai Borough, Juneau, Fairbanks, Ketchikan, Kodiak, Wasilla) all agreed to sign on in time to qualify. This means Alaska will receive \$12.5 million in 2022. In total over 18 years, Alaska will receive \$58,566,779. For at least this first year, the default settlement terms were agreed upon, which means 15% (\$1,877,088) directly goes to the political subdivisions, with the remaining 85% (\$10,636,837) to be managed by the State. The State plan is to direct the 85% into an Abatement Account which will be used to distribute funds throughout the entire state.

The settlement agreement dictated that each settling state designate an Opioid Settlement Remediation Advisory Committee to provide input and recommendations regarding remediation spending from that settling state's Abatement Account fund. Alaska Administrative Order No. 324, issued October 2, 2021 established the Governor's Advisory Council on Opioid Remediation (GACOR).

The Governor's Advisory Council on Opioid Remediation consists of nine voting members:

- Director of Public Health or the director's designee, who will serve as the Chair.
- Commissioner of the Department of Revenue or the designee.
- Chair of the Mental Health Trust Authority or the designee.
- Representative of the leadership of an organization that monitors health policy issues at the federal and state levels that affect Alaska Native people or designee.
- Five members who are local government officials that collectively represent Alaska's geographically, economically and demographically diverse municipalities.
- Two non-voting ex-officio members to be appointed by the Speaker of the House.
- Two non-voting ex-officio members to be appointed by the Senate President.

Since December 2021 GACOR has met monthly, learning about the various partners in Alaska and hearing from individuals with lived experience. Based off the prior meetings, in June 2022, the council drafted a list of recommendations, Recommendations for the Use of Janssen/Johnson & Johnson (J&J) and Distributors National Opioid Settlement Funds. The draft recommendations report was publicly noticed September 2022. The Council will reconcile public comments with the draft report and finalize in October and submit the report to the Department of Health Commissioner, November 2022 for consideration.

## Statewide Opioid Action Plan

### Vision

Alaskans who live healthier lives reside in communities more resilient to substance misuse and other related issues.

### Mission

Save lives now and work to prevent future opioid and substance misuse.

### Opioid Response: Goals, Objectives, Strategies, and Actions

Alaskans have unique perspectives, cultures, experiences, and expertise related to the opioid crisis. Statewide community outreach produced six overarching goals:

- GOAL 1:** Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction
- GOAL 2:** Alaskans communicate, coordinate, and cooperate on substance misuse efforts
- GOAL 3:** Alaskans reduce the risks of substance misuse and addiction
- GOAL 4:** Alaskans experience fewer problems associated with drug use
- GOAL 5:** Alaskans have timely access to the screening, referral, and treatment services
- GOAL 6:** Alaskans build communities of recovery across Alaska

### Updating and Distributing the Plan

The Alaska Statewide Opioid Action Plan, available at [www.opioids.alaska.gov](http://www.opioids.alaska.gov), will be reviewed annually, revised as needed, and distributed to state agencies. A new plan, focused more broadly on polysubstance use is under development with a completion date of 2023.

### GOAL 1: Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction

People who experience stigma regarding their drug use are less likely to seek treatment, and this results in economic, social, and medical costs. Addressing stigma at the individual, family, community, and provider level is an important step to ensuring that people with addictions receive the treatment and support they need.

Several strategies were identified to meet this goal and activities are underway.

As experts and leaders in the field of mental health and addiction, the Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA) worked to address trauma, increase understanding and community capacity to address substance misuse, and to prioritize prevention efforts for those Alaskans most at-risk for addiction and mental health illnesses. During inter-governmental and stakeholder meetings, staff from AMHB/ABADA gave voice to the connection that trauma has with substance misuse and mental illnesses, and staff worked to ensure that the connection between trauma and substance misuse was incorporated into resources that are provided by the Department of Health, Division of Behavioral Health, Department of Family and Community Services, Office of Children's Services, and the Department of Education and Early Development. Examples of resources include Alaska's Careline, the 988 Suicide and Crisis Lifeline, and reports published in

partnership with Alaska's Department of Education and Early Development titled "Mental Health Supports [in Alaska Schools](#)" .

Training in caring compassionately and competently can reduce stigma and change norms surrounding addiction for people working in healthcare, specifically, staff in emergency departments such as physicians, nurses, and physician assistants. The Division of Public Health funded the Alaska Training Cooperative which trained approximately 600 first responders on motivational interviewing, Mental Health First Aid, suicide prevention, secondary trauma and staff burnout, and trauma-informed care.

The Division of Public Health supports two home-based visiting programs to integrate substance misuse intervention into their program. Cook Inlet Tribal Council (CITC) and Alaska Family Services (AFS) are building capacity of staff and infrastructure of programs to conduct misuse and harm prevention; and implement harm prevention, access to screening, referral, and linkage to care; and access to recovery activities. In addition to building capacity among staff and providers to address stigma with over 20 staff trained, these programs have provided over 60 Alaska families with critical resources available to them and their loved ones.

To encourage people to reach out for addiction help and get on the path to recovery, it is important to reduce the stigma surrounding their situation. To support this, the Division of Behavioral health developed and implemented a statewide anti-stigma campaign in collaboration with the health department's public information team. The campaign – [End Stigma. Find Treatment. Begin Healing.](#) – was implemented to provide tools and education to reduce the stigma associated with individuals with substance use disorder. This campaign included updating the [Opioids in Alaska](#) website, promoting access to treatment, online education, bus ads, instructional videos on how to administer Naloxone and how to use fentanyl test strips, testimonials from parents that lost their child to overdose, and testimonials from those with lived experience of substance use recovery.

## GOAL 2: Alaskans communicate, coordinate, and cooperate on substance misuse efforts

Success in addressing substance misuse hinges on continued and expanded communication, coordination, and cooperation across state agencies and partners involved in the opioid response.



*OSMAP Epidemiologist, Jessica Filley shares information and data to the public during a webinar in April focused on the dangers of fentanyl.*

In response to this goal, strengthened connections have been established across departments, goals, and grants, yielding new opportunities, and most importantly, leveraging the State's ability to effectively address opioids and substance misuse. These partnerships are creating efficient and consistent statewide messaging on opioids. Cross-agency information and expertise has produced the [Opioids in Alaska](#) website full of resources; webinars and bulletins to

help inform Alaskans about the dangers of fentanyl and how to test for fentanyl in drugs; TV and radio PSAs promoting health literacy around the effectiveness of non-opioid pain management and risks of dependence; public-facing data dissemination platforms such as Alaska's Drug Overdose Mortality Briefs found on the Section of Health Analytics and Vital Records [website](#), and [Opioid Data Dashboard](#); and [resources for workplaces](#) to address substance misuse among their employees.

The Department of Education and Early Development and the Department of Health through a partnership have created the Office of School Health and Safety. Experts from this office assisted in creating and distributing the [Alaska Health Warning concerning illegal fentanyl](#). The office is able to quickly reach school administrators, teachers and school nurses via its extensive communication network.

The Department of Health, Office of Substance Misuse and Addiction Prevention, in partnership with local communities and opioid working group members are facilitating community meetings to build upon the Statewide Opioid Action Plan and broaden the focus to address polysubstance misuse. To date, three community cafes have occurred in Mat-Su, Anchorage, and in Fairbanks. Additional cafes are planned to include rural and urban concerns. These events highlighted a strong community desire to support efforts that address substance misuse, overdose, and substance use disorders. Significant feedback was gathered on what polysubstance misuse looks like in Mat-Su, Anchorage, and Fairbanks, the factors unique to the communities that influence these issues, as well as existing efforts to address them. Community Cafes are planned in several rural communities to capture the rural perspective on substance misuse. Feedback was also gathered on where the state can capitalize on strategies outlined in the current Statewide Opioid Action Plan.

### GOAL 3: Alaskans reduce the risks of substance misuse and addiction

Risk of opioid misuse can be reduced by promoting evidence-based opioid dispensing policies and responsible prescribing practices among healthcare providers. The Department of Health provided trainings through Project Extension for Community Healthcare Outcomes (ECHO) clinics on best practices and case presentations by community clinicians and the general public for discussion and recommendations. During 2021-2022, ECHOs have occurred monthly and featured a variety of national and local speakers on the topics of opioid overdose, stimulant misuse, and prevention. The ECHO's have reached over 100 clinicians and interested community members.

In 2022, the Department of Health, Division of Health Care Services enacted a pilot program with Alaska chiropractors for the purposes of offering a different modality of treatment and reducing reliance on prescription opioids for pain relief. Chiropractic Care to Prevent and Reduce Opioid Misuse for all Alaskans Provider Agreement enrolls eligible patients who are either on opioids or at risk for starting opioids to increase access and reduce barriers to non-opioid alternatives to pain management and explore reimbursement models.

Equally important to lessening the risks of substance misuse and addiction is reducing the public's access to controlled substances and decreasing the importation of illicit drugs into Alaska's communities. These efforts can require complex, long-term coordination with federal partners. Alaska's Department of Public Safety was instrumental in working with law enforcement agencies statewide to conduct several activities aimed at combating drug trafficking leading to distribution. In 2022, during the months of January, February, and March, the statewide Alaska High Intensity Drug Trafficking Area initiative, including the Alaska State Troopers, seized 1,906 pills containing fentanyl and 1,244 grams of fentanyl.

During all of 2021 the statewide drug initiative, including the Alaska State Troopers, seized 7,310 pills containing fentanyl and approximately 612 grams of fentanyl.

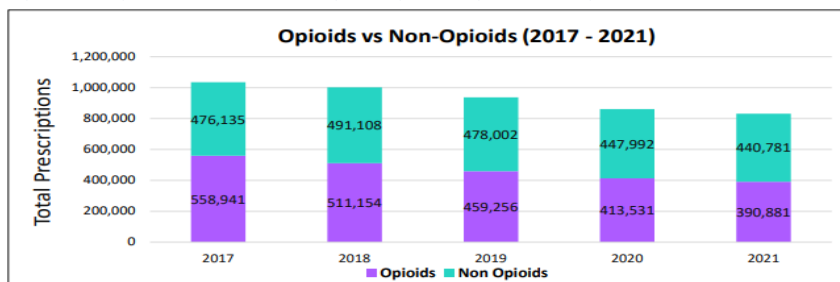
The Department of Commerce, Community and Economic Development facilitates the Prescription Drug Monitoring Program (PDMP), a system for monitoring Schedule II-IV controlled substances dispensed throughout the state. The PDMP supports prescribers in ongoing efforts to encourage judicious and safe prescribing practices while providing a tool to determine if referral to a treatment program is appropriate, contributing directly to improved health outcomes. Since mandatory use went into effect in July 2017, the fatal overdose rates from prescription medication in Alaska declined until cases started to increase in 2020 due to illegally manufactured opioids and other illicit substances. Overall, prescribing of controlled substances rates decreased by 19.7% since 2017 (Figure 1) and opioid prescribing decreased by 30% (Figure 2) (AK PDMP-2022 Legislative Report).

Figure 1: Trends in prescribing from 2017 to 2021 of all federally-schedule drugs reported to the Prescription Drug Monitoring Program (PDMP).

Total Prescriptions Dispensed									
2017		2018		2019		2020		2021	
1,035,076		1,002,262		937,258		861,523		831,662	
54% opioids	46% non-opioids	51% opioids	49% non-opioids	49% opioids	51% non-opioids	48% opioids	52% non-opioids	47% opioids	53% non-opioids

State Opioid Response (SOR) federal funding was used to improve the PDMP to purchase an advanced analytics and compliance module that will allow for real time email notifications, analysis of concerning prescribing or dispensing, and allow prescribers to view their compliance reviewing a patient’s prescription prior to prescribing federally scheduled substances. A full-time investigator dedicated to reviewing PDMP violations was hired, and work has begun on a plan to meet with providers around the state to provide education on the PDMP. Between October 1, 2021, and September 30, 2022, forty-seven prescription misuse cases have been investigated and/or resolved with 10 cases remaining active status.

Figure 2 Opioid versus non-opioid prescriptions dispensed over time. Total opioid prescriptions



(n = 558,941 in 2017 vs. 390,881

#### GOAL 4: Alaskans experience fewer problems associated with drug use

Reducing the number and severity of problems Alaskans experience because of drug use hinges on providing trusted information to appropriate and receptive audiences. The Alaska Mental Health Trust and The McDowell Group's *Summary of the economic costs of substance use disorders in Alaska 2019*



*update* states “Productivity loss due to deaths where substance misuse was the primary cause totaled approximately \$559 million in Alaska in 2018.” Preventing overdose and overdose deaths saves the state funding in lost lifetime earnings.<sup>5</sup>

Syringe exchange programs reduce the risks associated with used needles, including the spread of infectious disease, while providing a safe environment for sharing information about available services or the risks of newly emerging street drugs. Needle-sharing among people who inject drugs (PWIDs) facilitates transmission of diseases such as Human Immunodeficiency Virus (HIV) and hepatitis C virus. The Department of Health, HIV/Sexually Transmitted Disease (STD) program continuously addresses these risks among Alaska’s People Who Inject Drugs (PWID) population. Alaska Aids Assistance Association (4As) distributes free syringes and other harm reduction materials in Anchorage and via a mobile unit in the Mat Su. The Interior Aids Association distributes harm reduction materials in interior Alaska.

One of the most immediately successful life-saving strategies of the opioid response has been making Naloxone readily available to anyone who may have contact with family, friends, peers who use opioids (prescription or illegal). Project HOPE (Harm reduction, Opioid Prevention, and Education) works with community organizations to distribute Naloxone, a life-saving opioid overdose reversal medication, in our Heroin/Opioid Overdose Rescue Kits, throughout Alaska.

Since 2017, 131 organizations have partnered with Project HOPE as “Overdose Response Programs”. Since 2017, with the help of our partners and volunteer groups Project HOPE has been able to assemble and distribute more than 57,000 opioid overdose response kits containing Naloxone nasal spray. Between 2021 and 2022 over 15,000 kits were distributed. In 2022, Project Hope began ordering 8 mg doses of Naloxone dosage, instead of 4 mg, to help meet the increased potency of illegal fentanyl. These creative and collaborative efforts include the distribution of 25,000 fentanyl test strips which are used to test if a drug has fentanyl in it. Fentanyl is a major contributor to fatal and nonfatal overdoses in the U.S.<sup>6</sup> and Alaska.

Project HOPE also distributes public access Opioid Emergency Kit wall mount boxes in locations such as Valley Public Health Center and Bristol Bay Health Corporation, intended for an Automatic External Defibrillator (AED) like deployment. The boxes contain the 8 mg Naloxone, training materials, and safety equipment.

Project HOPE works with various Law Enforcement and other First Responders (Fire, Emergency Medical Services (EMS)) agencies across the state to train and equip their personnel to carry and administer Naloxone. Project HOPE works with the Alaska Department of Corrections to make Naloxone accessible to those returning to their communities after incarceration.

*Table 1: Project Hope currently has 131 Overdose Response Program (ORP) Partners in 43 Communities*

<i>across Alaska: Community</i>	<b># ORPs</b>	<i>Community</i>	<b># ORPs</b>
Anchorage	46	Kodiak	5
Aniak	1	Kotzebue	1

<sup>5</sup> The Economic Costs of Drug Misuse in Alaska—2019 Update. McKinley Research.

<sup>6</sup> Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. *MMWR Morb Mortal Wkly Rep* 2020;69:290–297.

Barrow	2	Mat-Su	5
Bethel	3	Metlakatla	1
Big Lake	1	NakNek	1
Chickaloon	1	Ninilchick	1
Cooper Landing	1	Nome	3
Copper River	1	Palmer	2
Cordova	3	Petersburg	1
Craig	3	Seward	3
Delta Junction	1	Sitka	2
Denali Park	1	Skagway	1
Dillingham	3	Soldotna	5
Eagle River	2	Talkeetna	1
Fairbanks	9	Tok	1
Fort Yukon	1	Utqiagvik	1
Glennallen	1	Valdez	1
Haines	1	Wasilla	4
Homer	6	Willow	1
Juneau	15	Wrangell	1
Kenai	3	Yakutat	1
Ketchikan	11		

*Naloxone: Build kits. Build communities. Keep people alive. Project HOPE.*



The Alaska Department of Health, Section of Public Health Nursing launched a new statewide initiative, Project Gabe, in partnership with Alaskan industries, to provide Opioid Emergency Response boxes in workplaces. Project Gabe works to decrease substance misuse stigma and increase the availability of Naloxone (opioid reversal agent) across Alaska. The project's first step this year is to partner closely with the seafood industry, including: processors, fishing vessels, city docks and harbors, as well as other industry workforce locations. Project Gabe is named after the son of a public health nurse who lost his life to opioids. During the summer of 2022 over 90 Opioid Emergency Response boxes have been installed in worksites across Southeast.



Wall mounted rescue kit



Inside the box



Silver Bay Seafoods  
Sitka, Alaska



Sitka Sound Seafoods  
Sitka, Alaska

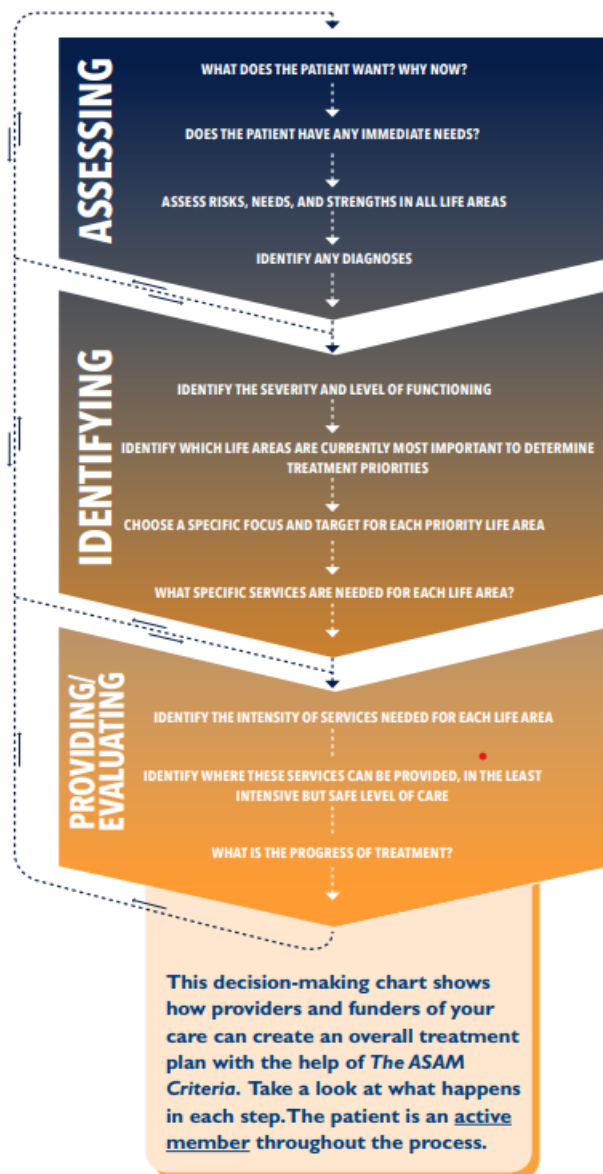
In 2020, the Division of Public Health implemented the Drug Overdose Death Review (DODR) Program to assess overdose deaths to strengthen or improve evidence-based interventions to reduce risk factors for overdose, address service gaps, and provide recommendations and inform strategies to prevent

future drug overdose deaths. With funds from the Department of Justice, Bureau of Justice Assistance, and in partnership with the Alaska National Guard Counterdrug Support Program, the division recruited over a dozen overdose fatality review members from the Department of Health with diverse backgrounds to conduct reviews which include examining medical examiner reports and hospital data about people who have died by overdose. The first comprehensive annual report is expected to be completed by April 2023.

## GOAL 5: Alaskans have timely access to the screening, referral, and treatment services

Alaska's success in addressing substance misuse necessitates that children, youth and adults have timely

*Example of an ASAM Criteria resource*



access to substance use disorder and mental health screening, referral, and treatment services. This includes expanding services so that individuals in communities outside of our larger cities of Anchorage and Fairbanks have access to treatment. In 2022, the Southeast Alaska Regional Health Consortium opened a new treatment facility, the first in the Southeast region to offer treatment options for individuals experiencing an opioid use disorder.

Effective screening for substance misuse of all Alaskans, particularly those at risk, provides an opportunity for prevention and early intervention. Federal State Opioid Response funds continued to support the Substance-Exposed Newborns Initiative (SENI) project in screening pregnant women for substance use at the time of the first prenatal visit with the Substance Exposed Newborn Initiative (SENI). The SENI nurse consultant trained and mentored two cohorts with a total of 40 staff.

Connecting individuals to treatment following a screening is one of the first steps of preventing overdose. One way to do this is through peer-support services. Peer support services offer an evidence-based approach to support people to not only access treatment but to maintain recovery. A key to successful delivery of peer supports includes appropriate education, certification, and funding. This year, State Opioid Response federal funding helped to expand Peer Support training and to implement the Peer Support certification process. In state fiscal year

2022, 82 individuals completed a Peer Support training and 10 trainings have been completed. At the end of state fiscal year 2022, 97 individuals had earned a peer support certification. Additionally, a peer support conference was held in June 2022, co-hosted by the Division of Behavioral Health and the Alaska Mental Health Trust Authority. The conference focused on Peer Professionals developing their roles, resources, and skills to apply in the workforce along with treatment alternatives that incorporate peers, for example peer respites and recovery housing. Recordings and resources can be found at <https://akpeersupportconference.com/>.

The Department of Health requires that all providers of behavioral health and substance use disorder providers follow the American Society of Addiction Medicine (ASAM) requirements, prior to participating in the 1115 Behavioral Health Medicaid Waiver demonstration. To support this effort, the state sponsored two ASAM Skill Building trainings and one ASAM Leadership Implementation training in 2022. The two-day Skills Building, application-focused training provided

The screenshot shows a search interface titled "Are you Seeking Substance Use or Mental Health Treatment?". Below the title, it states "Find help now with our state-vetted treatment providers. All searches are confidential." The search form includes fields for "Zip Code", "Distance" (with a "Select Value" dropdown), "Substances" (with a "Select One or More Values" dropdown), and "Treatment Type" (with a "One or More Values" dropdown). A "Search" button is located below these fields. Below the search bar, there is a search bar with the text "What level of substance use treatment do I need?" and a link for "Educational Resources". At the bottom, there are three lines of text: "If you or a loved one are experiencing suicidal thoughts, call the National Suicide Prevention Lifeline to get help today 1-800-273-8255", "If you or a loved one are experiencing a life-threatening emergency, call 911", and "Need help finding treatment? Call (833) 275-2043". The background of the interface features a blue gradient with a white line-art illustration of two hands shaking.

*OpenBeds platform found at [www.treatmentconnection.com](http://www.treatmentconnection.com) connects people to treatment.*

participants with an in-depth look at the theoretical foundations of the ASAM Criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay, and transfer/discharge criteria. The three-day Leadership Implementation training emphasized processes and models for assessing the field, the equipment, and what needs to change to support the ASAM model within agencies. Implementation Leaders develop awareness about thoughtful planning, communication and appropriate system change strategies to drive implementation and sustainability, as well as coaching and supervising others on the ASAM Criteria. The first ASAM training occurred in January 2022 with a total of 32 participants, the second in March 2022 with a total of 11 participants, and the third in May 2022 with a total of 35 participants. A total of 29 unique agencies were represented between all three ASAM trainings and a total of 45 ASAM Criteria textbooks were distributed to participants.

The Department of Health co-sponsored the Association of Addiction Professionals Training Institute that occurred virtually over the course of two days in October 2021. There were over 100 attendees from across the state focused on opioid overdose and prevention and 27 continuing education units provided.

The passage of HB 172 during the 2022 legislative session allows patients to access additional levels of care for crisis stabilization and expands access by enabling designated subacute mental health facilities including crisis stabilization centers and crisis residential centers to facilitate 72-hour psychiatric evaluations under AS 47.30. It defines crisis care facility types and addresses who can deliver individuals to crisis facilities including those operating mobile crisis teams. The addition of case management,

coordination of care, and efforts to raise the quality of treatment for substance use disorders can yield short- to mid-term results, while the expansion of services, particularly evaluation and treatment beds are long-term goals.

From July 2021 through January 2022, Governor-appointed teams from four states—Alaska, Maryland, Tennessee and Virginia—were competitively selected through a request for application (RFA) process to engage in strategic planning to strengthen health and substance use treatment services for justice-involved populations on community supervision. The Alaska team, which was comprised of staff from the Division of Behavioral Health, identified the need to increase collaboration among state agencies, providers, treatment and recovery experts and the therapeutic court system. The team recognized that the unique and complex geographical, access, and coordination challenges required conversations among diverse groups of stakeholders that may require innovative partnerships among them in the future. To that end, the state team organized the Alaska Community Supervision Stakeholder Convening to Support Justice-Involved Individuals with Opioid Use Disorder, which took place in January 2022. The virtual gathering brought together over 30 participants from across Alaska including addiction medicine physicians, probation and parole board members, epidemiologists, clinical coordinators, state agencies, and community treatment and recovery experts. The convening featured two sessions with experts from Substance Abuse and Mental Health Services Administration (SAMHSA), treatment and recovery providers and advisors, and Medications for Opioid Use Disorder Treatment (MOUD) coordination. Participants engaged in robust discussion that highlighted existing challenges around the continuity of treatment, accessibility of treatments, especially in geographically remote areas, as well as the need for securing other basic needs for these individuals such as housing and employment. Despite the challenges that were raised, participants also identified several key areas where opportunities exist. These opportunities included leveraging non-profit assistance programs that can help smooth Medicaid coverage gaps, clinical champions that can advocate for system-wide improvements, and leaders from other states who have overcome similar challenges.

A contract with Open Beds/Treatment Connection provides a web-based platform where real-time information about residential bed and outpatient availability is accessed by referring entities, such as hospitals and other social service providers. Over 880 Alaskans used Treatment Connection to look for treatment options a total of 1,208 times. Of those sessions, 7 resulted in inquiries to providers about treatment using Treatment Connection. Additionally, 2 treatment providers used the provider facing system to refer their patients to treatment. As emergency response behavioral health integration models are implemented in Alaska, OpenBeds provides a platform for people struggling with mental health and substance use disorder issues to connect to treatment either through a provider or independently accessing the website. The Department of Health is continuing to explore the best opportunities and resources to provide an effective linkage to care.

The Office of Substance Misuse and Addiction Prevention has continued to provide funding and support in the form of grants to emergency responders and front-line behavioral health providers to integrate behavioral health services into emergency response in both urban and rural communities. The Restore Hope in Linkage to Care Collaboration federal grant program connects people at risk of overdose to substance use disorder treatment. State grant funding was distributed to Ketchikan Fire Department, South Tongass Fire Department, Anchor Point/Ninilchik Emergency Services, Capitol City Department (Juneau), and Cooper Landing Emergency Services. The results of this funding was 1,400 staff received

trainings. Emergency responders connected 144 people to mental health treatment and 34 people were referred to substance use disorder treatment.

On July 16, 2022, the 988-dialing code became the new three-digit number that connects people to the existing National Suicide Prevention Lifeline for calls (multiple languages), texting or chats (English only and available through the Lifeline's [website](#).) The Lifeline offers compassionate and accessible services for anyone having thoughts of suicide, experiencing mental health or substance use crises, and mental health-related distress. People can also dial 988 if they are worried about a loved one who may need crisis support. Alaskans who dial 988 from the 907 area code will be connected with the Alaska Careline, a member of the Lifeline and an in-state call center where trained counselors answer calls, chats, and texts.

### GOAL 6: Alaskans build communities of recovery across Alaska

Without supportive and resource-rich communities of recovery, Alaskans in recovery will be at increased risk for potential relapse. Those individuals reentering communities following incarceration or residential treatment programs, particularly those that only provide short-term “detox” without long-term management, are at particularly high risk for relapse and overdose. Strategies to build communities of recovery include working with employers to increase employment opportunities, exploring ways to reduce system barriers to employment, and increasing access to housing and other support services.

To meet this goal, the Department of Health coordinated with agencies and provided funding statewide to develop and enhance recovery and peer support services and provide housing and recovery support for people who are in transition from treatment and/or recovery housing into independent housing.

### Federal Funding

Funding was provided through at least seven different federal agencies and received by at least six different State of Alaska departments. This does not include funding directed towards tribal entities or other agencies outside of the State of Alaska.

*Table 2. Looking Back: Received federal funding for Alaska's opioid response*

Federal Entity	Approximate award to opioid related prevention activities-Total funding dates 10/1/18 to 9/30/22
Administration on Children, Youth and Families	\$1,157,640
Bureau of Justice Assistance	\$765,118
Centers for Disease Control and Prevention	\$16,423,962
Department of Justice	\$6,710,214
Office of National Drug Control Policy	\$7,916,250
Substance Abuse and Mental Health Services	\$63,484,962
US Department of Labor	\$1,263,194
<b>Grand Total</b>	<b>\$97,721,340</b>

Table 3. Highlights of the received and anticipated federal funding to the State of Alaska

Receiving DEPT	Funder	Grant	Total Amount	FFY	Focus
Public Safety	ONDCP	High Intensity Drug Trafficking Areas	\$2,541,250	FY 20- FY22	- Enhance and coordinate drug-control efforts among local, state, and Federal law enforcement agencies to eliminate or reduce drug trafficking and its harmful consequences in Alaska
Labor & Workforce Development	US Department of Labor	Opioid Crisis Intervention and Community Involvement Project	\$1,263,194	FY19- FY21	- Assist with career, training, and supportive services to new workforce entrants, with emphasis on at-risk youth and citizens returning from juvenile justice and corrections - Training to upskill for occupations addressing the opioid crisis
Education and Early Development	SAMHSA	Project AWARE	\$9,000,000	FY 21- FY26	- Increase access to and use of school- and community-based mental health services to meet the needs of more students - Increase the use of EBPs and other tools to improve student mental health outcomes - Build system infrastructure and capacity through interagency collaboration to increase sustainability of mental health services for students
Health	CDC	Overdose Data to Action	\$10,899,822	FY20- FY22	- Supports surveillance and prevention initiatives
Health	BJA	AK Public Safety and Public Health Drug Overdose Death Review Program	\$993,154	FY19- FY21	- Support public safety, behavioral health, and public health information-sharing partnerships.
Health	SAMHSA	Prescription Drug/Opioid Overdose-Related Deaths Prevention Initiative (PDO): Project HOPE	\$4,200,000	FY22- FY26	- Project HOPE—Harm-reduction, Overdose Prevention, Education - Train and certify Alaskans to administer Naloxone - Establish Naloxone distribution program - Buy and distribute Naloxone to first responders, Alaskans
Health	SAMHSA	State Opioid Response Grant	\$8,000,000	FY21- FY23	- Increases access to medication-assisted treatment and other treatment modes. - Supports prevention activities
Health	SAMHSA	Substance Abuse Prevention and Treatment Block Grant	\$5,519,877	FY22- FY24	- Supports overall prevention, treatment, and recovery initiatives

These are highlights of federal funding supporting the work listed above.



**In summary:**

Controlling the opioid epidemic requires an interdisciplinary, comprehensive, and cohesive approach deployed over a long period of time. The State of Alaska will continue to strengthen partnerships with federal, state, local and Tribal governments, the private and nonprofit sectors, faith-based organizations, communities, families, and individuals to address the conditions that lead to substance misuse. Given the negative economic costs and quality of life issues, it is important that strong attention be given to polysubstance misuse and addiction prevention, harm reduction, treatment, and recovery. This will support not only communities but Alaskans that receive and benefit from this funding. Where possible, programs will be locally driven, holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.