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Alaska Facts and Figures

2024 Drug Overdose Mortality Update (Updated 12/08/2025)

Purpose

Drug poisonings (overdoses) are a significant contributor to injury mortality in Alaska and the United States. Overdose deaths in Alaska have increased greatly over the past decade and represent an ongoing public health concern. This report is designed to provide the public with an update on recent developments in overdose surveillance and prevention activities through 2024.

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 2015 and 2024. Overdoses are identified using the International Classification of Disease, 10th 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 were further categorized using multiple contributing causes of death (defined as all other causes in the train of morbid events) analysis to identify the specific types of illicit drugs involved. 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 certain drugs not able to be identified using ICD-10 codes. This includes fentanyl and its analogues (acetylfentanyl, butyrfentanyl, carfentanil, etc.) and methamphetamine, which are classified as sub-categories of other synthetic narcotics (T404) and psychostimulants (T436), respectively. Tabulations of overdose deaths by drug type are not mutually exclusive and a single overdose can be counted in multiple drug categories. Multidrug overdoses and the top fatal drug combinations were 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 population are calculated using estimates from the Alaska Department of Labor and Workforce Development.[1] Rates are age-adjusted by U.S. Standard Year 2000 Population levels, when necessary, 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.

[1] Alaska Department of Labor and Workforce Development, Research and Analysis. Alaska Population Estimates.

Results

Overdose Summary

- Between 2015 and 2024, 1,973 drug overdose deaths have occurred in Alaska. Approximately 90% of overdose deaths were unintentional, 6% were suicide, and 4% were other intents (homicide or undetermined). In 2024:
  - Overdose deaths decreased by 5% compared to the year prior (2023: 357 deaths, 2024: 339).[2]
  - The overdose death rate was 45.6 deaths per 100,000, compared to 49.3 in 2023.
- By sex, men typically experienced higher overdose death rates than women. In 2024:
  - The overdose death rate for men was 58.4 deaths per 100,000, compared to 59.1 in 2023.
  - The overdose death rate for women was 32.0 deaths per 100,000, compared to 38.7 in 2023.
- By race, American Indian/Alaska Native (AI/AN) people typically experienced higher overdose death rates than other groups. In 2024:
  - The overdose death rate for American Indian/Alaska Native (AI/AN) people was 101.9 deaths per 100,000, compared to 114.6 in 2023.
  - The overdose death rate for Black people was 91.7 deaths per 100,000, compared to 83.9 in 2023.
  - The overdose death rate for multiple race people was 70.0 deaths per 100,000, compared to 76.0 in 2023.
  - The overdose death rate for White people was 29.1 deaths per 100,000, compared to 34.1 in 2023.
  - The overdose death rates for Asian and Native Hawaiian or Other Pacific Islander (Asian/PI) people and Hispanic people (of any race) were not statistically reliable.
- By age, people between 25-54 years typically experienced higher overdose death rates than other ages. In 2024:
  - The overdose death rate for 35-44 years was 90.6 deaths per 100,000, compared to 109.7 in 2023.
  - The overdose death rate for 45-54 years was 77.4 deaths per 100,000, compared to 81.6 in 2023.
  - The overdose death rate for 25-34 years was 70.7 deaths per 100,000, compared to 70.3 in 2023.
- By region, Anchorage typically experienced the state's highest overdose death rates. In 2024:
  - The overdose death rate for Anchorage was 74.0 deaths per 100,000, compared to 79.8 in 2023.
  - The overdose death rate for the Mat-Su region was 47.8 deaths per 100,000, compared to 32.2 in 2023.
  - The overdose death rate for the Southeast region was 32.1 deaths per 100,000, compared to 40.0 in 2023.
  - The overdose death rates for the Gulf Coast, Interior, Northern, and Southwest regions were not statistically reliable.

[2] Note: Descriptive observations have not been tested for statistical significance. Differences may be due to random chance.

Figure 1. Overdose Deaths by Year (2015-2024)

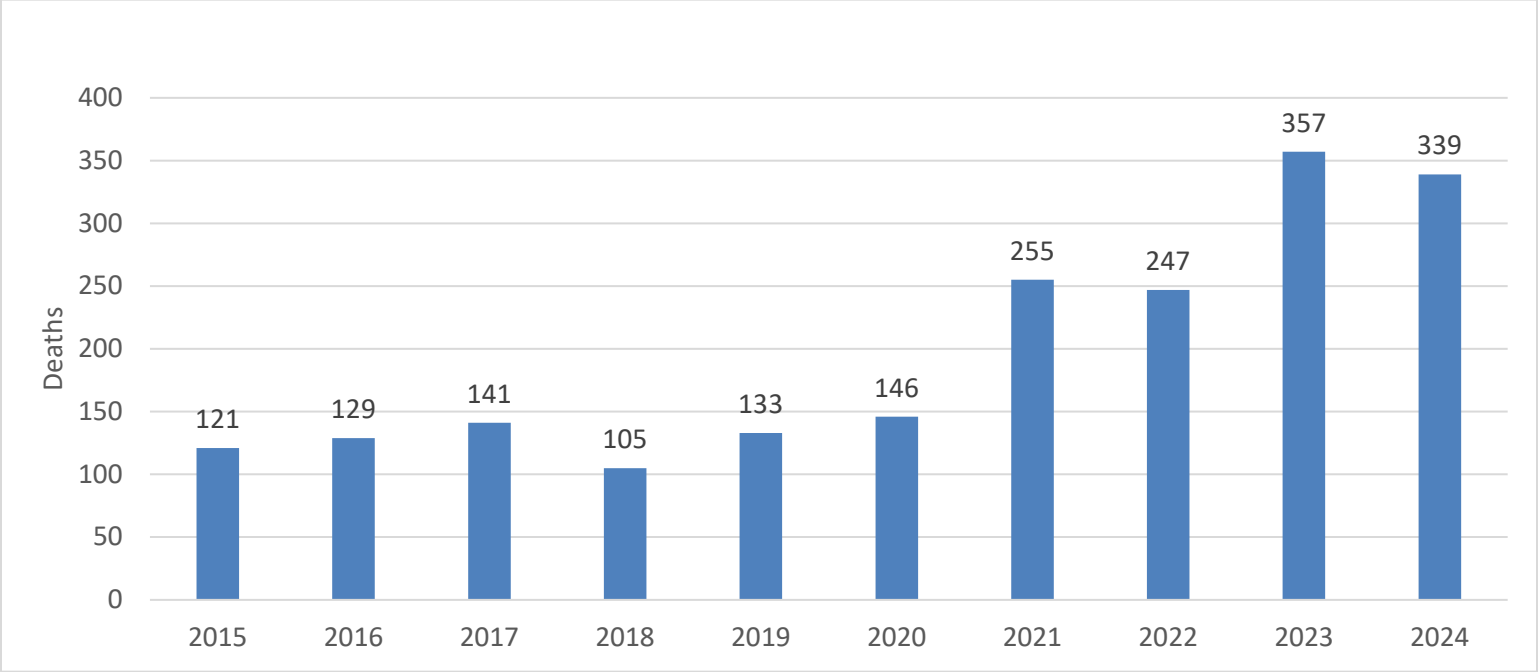


Figure 2. Overdose Deaths by Intent (2015-2024)

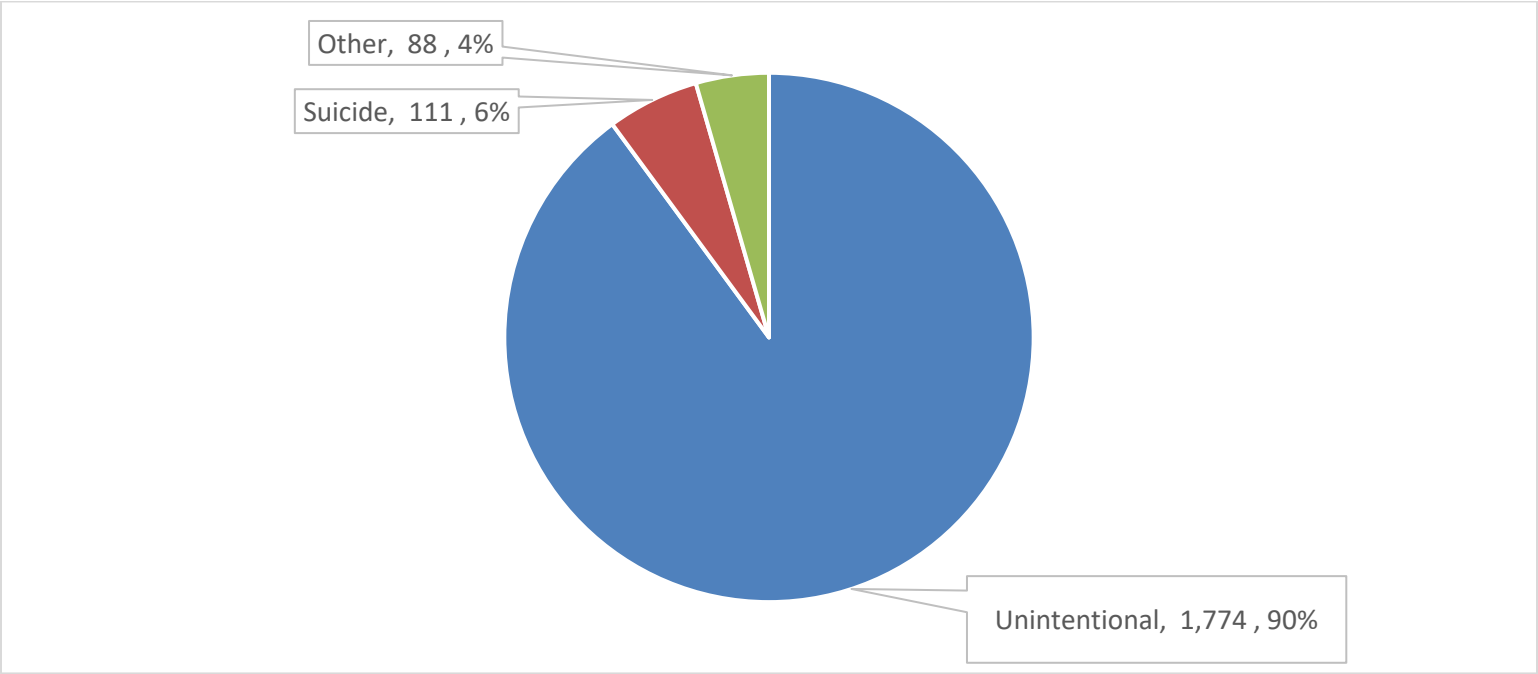


Table 1. Overdose Deaths by Year and Intent (2015-2024)

Underlying Cause	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Unintentional	105	106	119	91	110	127	238	228	331	319	**1,774**
Suicide	9	13	16	6	15	10	9	8	14	11	**111**
Other	7	10	6	8	8	9	8	11	12	9	**88**
All Drug Overdose	**121**	**129**	**141**	**105**	**133**	**146**	**255**	**247**	**357**	**339**	**1,973**

Table 2. Overdose Deaths (Rates) by Sex (2020-2024)[1]

Sex	2020	2021	2022	2023	2024
Male	94 (24.7)	160 (42.1)	161 (42.2)	225 (59.1)	226 (58.4)
Female	52 (14.9)	95 (27.6)	86 (24.6)	132 (38.7)	113 (32.0)

Table 3. Overdose Deaths (Rates) by Race and Ethnicity (2020-2024)[1]

Race and Ethnicity	2020	2021	2022	2023	2024
White (Alone)	77 (15.6)	133 (27.2)	123 (24.5)	170 (34.1)	150 (29.1)
Black (Alone)	10 (35.5*)	6 (21.5*)	8 (29.5*)	23 (83.9)	26 (91.7)
AI/AN (Alone)	38 (36.3)	80 (75.9)	82 (79.5)	119 (114.6)	107 (101.9)
Asian/PI (Alone)	1 (**)	2 (**)	0 (NA)	5 (**)	11 (16.8*)
Multiple Races	13 (34.1*)	32 (76.5)	32 (74.5)	32 (76.0)	31 (70.0)
Hispanic (Of Any Race)	4 (**)	6 (11.7*)	12 (23.0*)	19 (37.1*)	17 (31.9*)

Table 4. Overdose Deaths (Rates) by Age (2020-2024)[1]

Age	2020	2021	2022	2023	2024
<5 Years	0 (NA)	0 (NA)	1 (**)	2 (**)	2 (**)
5-14 Years	0 (NA)	0 (NA)	0 (NA)	0 (NA)	0 (NA)
15-24 Years	18 (18.6*)	27 (27.4)	16 (16.3*)	27 (27.1)	16 (16.0*)
25-34 Years	33 (29.5)	72 (66.0)	58 (54.5)	75 (70.3)	74 (70.7)
35-44 Years	36 (36.6)	57 (56.4)	68 (66.3)	115 (109.7)	97 (90.6)
45-54 Years	29 (34.2)	54 (65.4)	45 (54.8)	67 (81.6)	64 (77.4)
55-64 Years	24 (25.1)	32 (34.3)	43 (47.0)	51 (58.0)	56 (65.0)
65-74 Years	5 (**)	10 (14.4*)	14 (19.4*)	19 (25.9*)	29 (38.5)
75-84 Years	1 (**)	3 (**)	1 (**)	1 (**)	1 (**)
85+ Years	0 (NA)	0 (NA)	1 (**)	0 (NA)	0 (NA)

Table 5. Overdose Deaths (Rates) by Region (2020-2024)[1]

Region	2020	2021	2022	2023	2024
Anchorage	90 (31.1)	142 (49.1)	142 (48.2)	230 (79.8)	218 (74.0)
Gulf Coast	12 (12.6*)	30 (39.5)	16 (18.0*)	22 (26.6)	18 (19.4*)
Interior	10 (8.1*)	20 (16.3)	24 (23.6)	27 (24.9)	13 (12.8*)
Mat-Su	20 (18.7)	28 (25.2)	32 (29.2)	37 (32.2)	55 (47.8)
Northern	3 (**)	3 (**)	4 (**)	3 (**)	5 (**)
Southeast	7 (10.6*)	24 (34.9)	20 (28.2)	29 (40.0)	22 (32.1)
Southwest	4 (**)	8 (20.1*)	9 (21.1*)	9 (22.9*)	8 (17.8*)
Statewide	**146 (20.0)**	**255 (35.2)**	**247 (33.7)**	**357 (49.3)**	**339 (45.6)**

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.

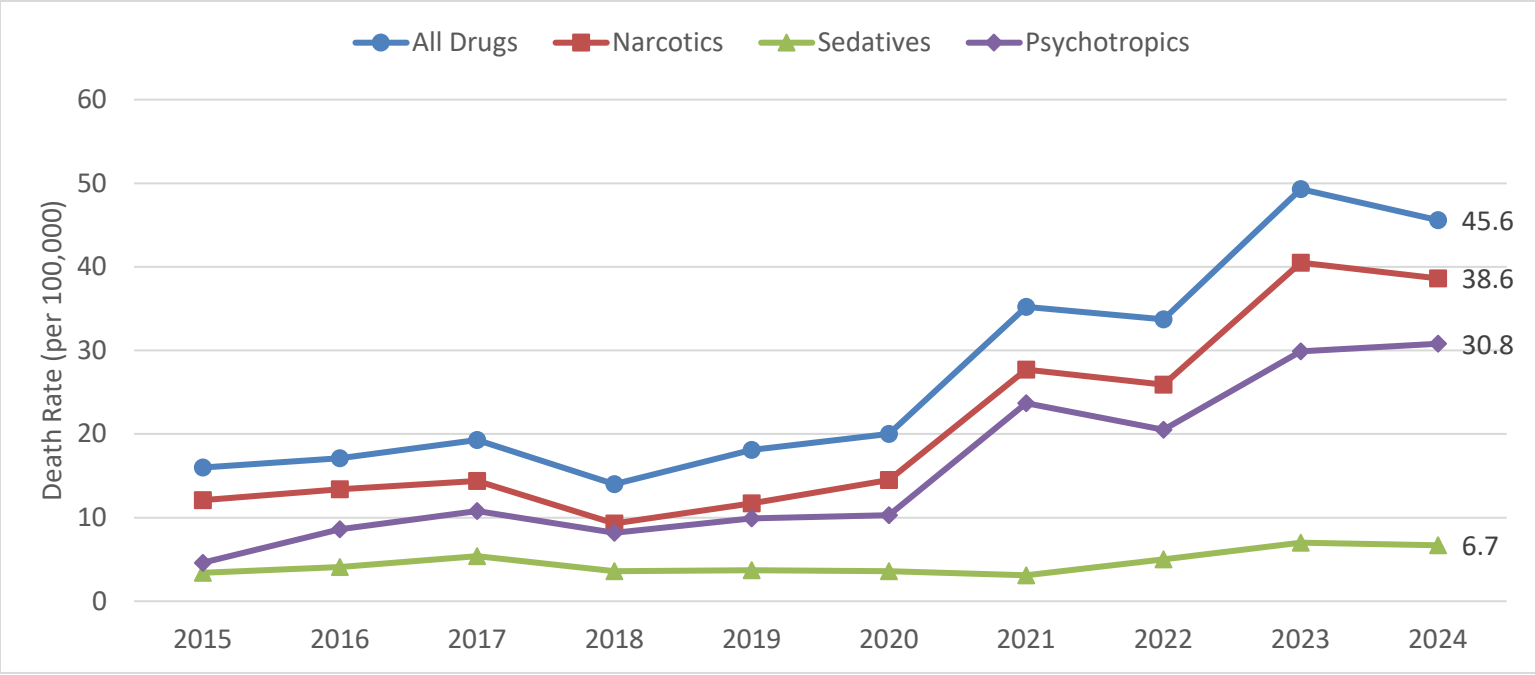
* Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

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

Overdoses by Drugs Involved

- Between 2020 and 2024, approximately 80% of drug overdose deaths involved narcotic drugs, 62% involved psychotropic drugs, and 14% involved sedative drugs (drugs involved are not mutually exclusive). In 2024:
  - The narcotics death rate was 38.6 deaths per 100,000, up from 12.1 in 2015 (a 219% increase).
  - The psychotropics death rate was 30.8 deaths per 100,000, up from 4.6 in 2015 (a 567% increase).
  - The sedatives death rate was 6.7 deaths per 100,000, up from 3.4 in 2015 (a 197% increase).
- Between 2020 and 2024, 1,047 overdose deaths involved opioid drugs (a narcotics sub-category that includes synthetic narcotics such as fentanyl and its analogues). On average, about 209 people overdose on opioids each year. In 2024:
  - There were 276 opioid overdose deaths, compared to 286 in 2023.
  - The opioid overdose death rate was 37.6 deaths per 100,000, compared to 39.7 in 2023.
- Between 2020 and 2024, 767 overdose deaths involved psychostimulant drugs (a psychotropics sub-category that includes methamphetamine). On average, about 153 people overdose on psychostimulants each year. In 2024:
  - There were 202 psychostimulant overdose deaths, compared to 198 in 2023.
  - The psychostimulant overdose death rate was 27.7 deaths per 100,000, compared to 27.2 in 2023.

Figure 3. Overdose Death Rates by Drug (2015-2024)[1]



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

Table 6. Overdose Death Rates by Drug (2015-2024)[1]

Drug	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Drug Overdose	**16.0**	**17.1**	**19.3**	**14.0**	**18.1**	**20.0**	**35.2**	**33.7**	**49.3**	**45.6**
Narcotics	12.1	13.4	14.4	9.3	11.7	14.5	27.7	25.9	40.5	38.6
Sedatives	3.4	4.1	5.4	3.6	3.7	3.6	3.1	5.0	7.0	6.7
Psychotropics	4.6	8.6	10.8	8.2	9.9	10.3	23.7	20.5	29.9	30.8

Table 7. Narcotics Overdose Deaths (Rates) by Drug (2020-2024)[1]

Drug (ICD-10 Code)	2020	2021	2022	2023	2024
Total Drug Overdose	**146 (20.0)**	**255 (35.2)**	**247 (33.7)**	**357 (49.3)**	**339 (45.6)**
Narcotics (T400-T409)	107 (14.5)	201 (27.7)	191 (25.9)	292 (40.5)	284 (38.6)
Opioids (T400-T404, T406)	102 (13.8)	198 (27.4)	185 (25.0)	286 (39.7)	276 (37.6)
Heroin (T401)	31 (4.3)	66 (9.2)	40 (5.5)	16 (2.1*)	5 (**)
Analgesic Opioids (T402-T404)	88 (11.9)	179 (24.8)	179 (24.2)	283 (39.3)	274 (37.3)
Analgesic Opi., Excl. Other Synth. (T402-T403)	44 (5.7)	81 (11.1)	55 (7.5)	47 (6.3)	41 (5.7)
Other Opioids (T402)	37 (4.7)	74 (10.2)	49 (6.7)	34 (4.6)	28 (3.8)
Methadone (T403)	8 (1.1*)	12 (1.6*)	10 (1.2*)	14 (1.9*)	14 (2.0*)
Other Synth. Narcotics (T404)	61 (8.5)	150 (21.0)	156 (21.1)	270 (37.8)	255 (34.6)
Fentanyl (T404 + Fentanyl Or Analogue)	58 (8.1)	145 (20.3)	151 (20.4)	265 (37.1)	247 (33.6)
Other And Unspec. Narcotics (T406)	23 (3.0)	15 (2.0*)	20 (2.6)	3 (**)	1 (**)
Non-Opioids (T405, 407-409)	21 (2.9)	13 (1.5*)	22 (3.1)	31 (4.1)	33 (4.3)
Cocaine (T405)	21 (2.9)	11 (1.3*)	21 (2.9)	31 (4.1)	31 (4.0)

Table 8. Sedatives Overdose Deaths (Rates) by Drug (2020-2024)[1]

Drug (ICD-10 Code)	2020	2021	2022	2023	2024
Total Sedatives (T420-T428)	**3.6**	**3.1**	**5.0**	**7.0**	**6.7**
Benzodiazepines (T424)	20 (2.8)	13 (1.8*)	30 (4.2)	35 (4.8)	16 (2.3*)

Table 9. Psychotropics Overdose Deaths (Rates) by Drug (2020-2024)[1]

Drug (ICD-10 Code)	2020	2021	2022	2023	2024
Total Psychotropics (T430-T439)	**75 (10.3)**	**170 (23.7)**	**149 (20.5)**	**219 (29.9)**	**225 (30.8)**
Antidepressants (T430-T432)	10 (1.3*)	13 (1.9*)	14 (2.0*)	28 (3.6)	29 (3.9)
Antipsychotics (T433-T435)	4 (**)	6 (0.9*)	6 (0.9*)	12 (1.6*)	24 (3.2)
Psychostimulants (T436)	67 (9.3)	160 (22.3)	140 (19.2)	198 (27.2)	202 (27.7)
Methamphetamine (T436 w/ Meth. Cited)	62 (8.6)	155 (21.6)	127 (17.5)	193 (26.4)	194 (26.5)

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.

Multidrug Overdoses

- Like previous years, in 2024 most overdose deaths (66.7%) involved more than one drug type (narcotic, sedative, or psychotropic) taken in combination. Note that death data do not indicate whether one drug was found in higher concentrations than another, or which drug was more responsible for triggering the overdose. This analysis only considers what drugs were present in the decedent's toxicology. Between 2020 and 2024:
  - 35.0% of overdose deaths involved only a single drug.
  - 35.7% involved two drugs.
  - 26.0% involved three or more drugs.
  - The most common lethal drug combination was other synthetic narcotics (T404) combined with psychostimulants with abuse potential (T436), which were involved in 36.3% of overdose deaths.

Table 10. Drug Overdose Deaths (Percentage) by Number of Drugs (2020-2024)

Drugs	2020	2021	2022	2023	2024	Total
One Drug	57	88	92	130	104	**471**
Two Drugs	36	69	77	138	160	**480**
Three or More Drugs	43	92	71	78	66	**350**
Other or Unspecified Drugs[1]	10	6	7	11	9	**43**
Total Drug Overdoses	**146**	**255**	**247**	**357**	**339**	**1,344**

Note: Multidrug overdose deaths with drug types in the following selected ICD-10 code ranges: T400-T409 for narcotic, T420-T428 for sedative, or T430-T439 for psychotropic drugs.

[1] Other or Unspecified include deaths with drug types outside the selected ICD-10 codes ranges or where no specific drug was identified or classified as the cause of death.

Table 11. Top Ten Multidrug Overdose Combinations by Deaths (2020-2024)

Rank	Drug A (ICD-10 Code)	Drug B (ICD-10 Code)	Deaths	% Total ODs
1	Other Synthetic Narcotics (T404)	Psychostimulants With Abuse Potential (T436)	488	36.3%
2	Other Opioids (T402)	Other Synthetic Narcotics (T404)	131	9.7%
3	Other Opioids (T402)	Psychostimulants With Abuse Potential (T436)	122	9.1%
4	Heroin (T401)	Psychostimulants With Abuse Potential (T436)	120	8.9%
5	Heroin (T401)	Other Synthetic Narcotics (T404)	97	7.2%
6	Cocaine (T405)	Other Synthetic Narcotics (T404)	79	5.9%
7	Benzodiazepines (T424)	Other Synthetic Narcotics (T404)	69	5.1%
8	Heroin (T401)	Other Opioids (T402)	54	4.0%
9	Benzodiazepines (T424)	Psychostimulants With Abuse Potential (T436)	49	3.6%
10	Heroin (T401)	Other And Unspecified Narcotics (T406)	48	3.6%

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 to the same rank.

Discussion

Drug overdoses are a significant contributor to mortality in Alaska and represent an ongoing public health concern. From 2023 to 2024, Alaska saw a 5% decline in overall overdose deaths, with most major drug categories showing decreases. This aligns with the national trend, where overdose death counts decreased by 27% in 2024.[3] Of the drugs evaluated in the report, notable decreases were seen in the number of overdose deaths involving fentanyl (7%), benzodiazepines (54%), and heroin (69%). In contrast, overdose deaths involving methamphetamine remained stable, increasing by only one death (from 193 deaths in 2023 to 194 deaths in 2024).

Despite these improvements, disparities persist. In 2024, men, American Indian/Alaska Native people, adults aged 35–44, and residents of the Anchorage Public Health Region were disproportionately affected. 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. From 2020 to 2024, nearly two-thirds (62%) of all overdose deaths involved more than one substance—most often combinations of narcotics, sedatives, or psychotropic drugs.

In Alaska, fentanyl remains the most lethal overdose drug in Alaska, contributing to 73% of overdose deaths in 2024. Most fentanyl-involved deaths also included another substance such as methamphetamine or another opioid. The high potency of fentanyl combined with the tendency for mixing or co-use with other substances can complicate intervention and treatment efforts. Methamphetamine continues to play a major role in overdose mortality, appearing in 57% of deaths in 2024. Over the past five years, psychostimulants, like methamphetamine, were involved in three of the top four overdose drug combinations (with synthetic narcotics (like fentanyl), heroin, and other opioids being the other substances).

The ways people use drugs are changing, creating new challenges for prevention and response. During 2020–2022, data from 27 states and Washington D.C. showed a 74% increase in the percentage of overdose deaths with evidence of smoking and a 29% decrease in the percentage with evidence of injection.[4]

The forms of illicit drugs also continue to change. In 2023, more than half of the illicit fentanyl seized by Alaska's High Intensity Drug Trafficking Area initiatives was in pill form; in 2024, powder fentanyl became the majority, with pills making up the remainder. That same year, Alaska recorded its largest volume of methamphetamine seized in five years, underscoring its continued presence in the drug supply.[5]

Adapting to these changes is essential for effective prevention and harm reduction. At the same time, widening health disparities and social determinants of health—such as income inequality—continue to compound inequities in overdose rates nationwide.[6]

The State of Alaska (SOA) continues to prioritize prevention, treatment, and recovery strategies to address drug overdose and related harms, with several initiatives specifically addressing fentanyl-involved overdose deaths. In 2024, SOA, through its Project HOPE[7] program within the Department of Health (DOH), distributed around 45,000 naloxone kits statewide. Naloxone is a medication that reverses opioid overdoses and has been shown to reduce fatalities worldwide.[8] Each kit includes fentanyl test strips and other harm reduction resources. To further expand access, approximately 700 wall-mounted naloxone boxes were distributed to partner facilities, including 500 installed in public schools. This effort aligns with House Bill 202, recently enacted in Alaska, which requires all public schools to stock naloxone and train staff on how to use it in opioid-related emergencies.[9]

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[3] Centers for Disease Control. National Center for Health Statistics. U.S. Overdose Deaths Decreased Almost 27% in 2024. 14 May 2025. https://www.cdc.gov/nchs/pressroom/releases/20250514.html.

[4] Tanz LJ, Gladden RM, Dinwiddie AT, et al. Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022. MMWR Morb Mortal Wkly Rep 2024;73:124–130. DOI: http://dx.doi.org/10.15585/mmwr.mm7306a2

[5] Alaska High Intensity Drug Trafficking Area (HIDTA). PMP. Accessed Sep 2025.

[6] Kariisa M, Davis NL, Kumar S, et al. Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020. MMWR Morb Mortal Wkly Rep 2022;71:940–947. DOI: http://dx.doi.org/10.15585/mmwr.mm7129e2.

[7] Project HOPE: https://health.alaska.gov/dph/Director/Pages/opioids/narcan.aspx.

[8] Chimbar, L., & Moleta, Y. (2018). "Naloxone effectiveness: a systematic review." Journal of Addictions Nursing, 29(3): 161-171.

[9] https://www.akleg.gov/basis/Bill/Text/33?Hsid=HB0202A

Engaging with people at high risk of overdose is key to preventing more deaths. Alaska's behavioral health crisis system-of-care connects individuals to appropriate services from the onset of a behavioral health crisis through recovery and follow up care. Mobile crisis teams operate in Anchorage, Mat-Su, Fairbanks, Ketchikan and Juneau to connect people experiencing a behavioral health crisis to treatment and other social services.[10] The 1115 Medicaid Waiver supports these efforts by expanding reimbursement rates for an increased breadth of behavioral health agencies as well as for mobile outreach and crisis response services.

Strengthening Alaska's substance use disorder (SUD) system remains critical to reducing overdose deaths and supporting long-term recovery outcomes. In 2024, the Division of Behavioral Health (DBH) awarded approximately $53 million across 167 grants to 78 agencies to expand access to SUD and mental health services.[11] These funds supported a wide range of evidence-based initiatives, including medication-assisted treatment (MAT), recovery housing, therapeutic courts, and enhanced substance use screening. Special populations were also prioritized through initiatives such as the Medicaid waiver expansion, which extended postpartum coverage for women with substance use disorder.[12] Additional efforts focused on expanding the peer support workforce through training, certification programs, and a statewide Medications for Addiction Treatment (MAT) Conference.[13]

SOA DOH has also been working with tribal and academic partners to incorporate a variety of provider education trainings, and tools including academic detailing and Project ECHO, a collaborative model of education that makes specialty knowledge more accessible to healthcare providers across Alaska.[14] Strengthening provider awareness and participation in these training opportunities is key to improving the delivery of substance use and behavioral health services statewide.

The SOA Department of Commerce, Community, and Economic Development oversees the Prescription Drug Monitoring Program (PDMP),[15] a system that requires all providers to report prescriptions of opioids and benzodiazepines as well as other controlled substances. Currently, 99% of providers allowed to prescribe controlled substances are registered with the PDMP and 85% of providers now access the PDMP through their facility's Electronic Health Record system.[16] From 2020 to 2024, PDMP data showed a 19% decline in benzodiazepines dispensed and a 21% decline in opioids (excluding fentanyl and buprenorphine).[17]

Beyond these efforts, a variety of other state, federal, and local organizations conduct interventions across the spectrum of prevention, treatment, and recovery. To continue to see the impact in 2025, SOA and its partners will continue to work upstream and promote equity by addressing social determinants of health,[18] Adverse Childhood Experiences,[19] availability of medication assisted treatment, and demographic disparities in overdose mortality.

[10] https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/crisis-continuum-of-care/.
[11] DOH Fiscal Year 2025 Operating Grants: https://health.alaska.gov/media/zx0g5ghn/fy25-grant-book.pdf.
[12] Centers for Medicare and Medicaid Services. AK-24-0001: https://www.medicaid.gov/medicaid-spa/2024-02-23/159731.
[13] https://matconference.com/
[14] Project ECHO: https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml.
[15] https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx.
[16] Alaska Prescription Drug Monitoring Program: https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx.
[17] AK PDMP. Data accessed Sept 23 2025.
[18] Healthypeople.gov. https://health.gov/healthypeople/priority-areas/social-determinants-health.
[19] Hughes, K., Bellis, M., Hardcastle, K., Sethi, D., Butchart, A., … Dunne, M. (2017). "The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis." *The Lancet, Public Health, 2*(8): ee356-e366.

Resources for Alaskans

- Dial 988 for help with mental-health related distress, including thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Dial 911 for a medical emergency.

- Alaskans wanting to find treatment for substance misuse or addiction are encouraged to contact their primary care provider, mental health provider or call 1-800-662-4357 for help finding options.

- Naloxone is a lifesaving medicine used when an opioid overdose is suspected. It can be effective at reversing the signs of the overdose if used immediately. Alaskans can receive naloxone free of charge at a State of Alaska Public Health Center or through a State of Alaska Project HOPE naloxone program. Kits may also be ordered and mailed directly for free through the Alaska Native Tribal Health Consortium's iknowmine.org website.

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