# Alaska Department of Health
## Division of Public Health

**Health Analytics and Vital Records Section**
healthanalytics@alaska.gov
**Office of Substance Misuse and Addiction Prevention**
osmap@alaska.gov


# Alaska Facts and Figures

## 2023 Drug Overdose Mortality Update (October 24th, 2024)

### 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 2023.

### 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 2014 and 2023. 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 2014 and 2023, 1,757 drug overdose deaths have occurred in Alaska. Approximately 89% of overdose deaths were unintentional, 7% were suicide, and 5% were other intents (homicide or undetermined). In 2023:
  - Overdose deaths rose by 44.5% compared to the year prior (2022: 247 deaths, 2023: 357).[2]
  - The overdose death rate was 49.5 deaths per 100,000, compared to 33.7 in 2022.
- By sex, men typically experienced higher overdose death rates than women since 2019. In 2023:
  - The overdose death rate for men was 59.3 deaths per 100,000, compared to 42.2 in 2022.
  - The overdose death rate for women was 38.8 deaths per 100,000, compared to 24.6 in 2022.
- By race, American Indian/Alaska Native (AI/AN) people typically experienced higher overdose death rates than other groups since 2019. In 2023:
  - The overdose death rate for AI/AN people was 114.6 deaths per 100,000, compared to 79.3 in 2022.
  - The overdose death rate for Black people was 84.6 deaths per 100,000. The rate in 2022 was not reliable.
  - The overdose death rate for multiple race people was 72.3 deaths per 100,000, compared to 74.4 in 2022.
  - The overdose death rate for White people was 34.2 deaths per 100,000, compared to 24.5 in 2022.
  - The overdose death rates for Asian/Pacific Islander (PI) people and Hispanic people (of any race) were not reliable.
- By age, people between 25-54 years typically experienced higher overdose death rates than other ages since 2019. In 2023:
  - The overdose death rate for 35-44 years was 110.0 deaths per 100,000, compared to 66.3 in 2022.
  - The overdose death rate for 45-54 years was 81.8 deaths per 100,000, compared to 54.8 in 2022.
  - The overdose death rate for 25-34 years was 70.5 deaths per 100,000, compared to 54.5 in 2022.
- By region, Anchorage typically experienced the state's highest overdose death rates since 2019. In 2023:
  - The overdose death rate for Anchorage was 79.9 deaths per 100,000, compared to 48.2 in 2022.
  - The overdose death rate for the Southeast region was 40.1 deaths per 100,000, compared to 28.3 in 2022.
  - The overdose death rate for the Gulf Coast region was 26.6 deaths per 100,000. The rate in 2022 was not 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 (2014-2023)*

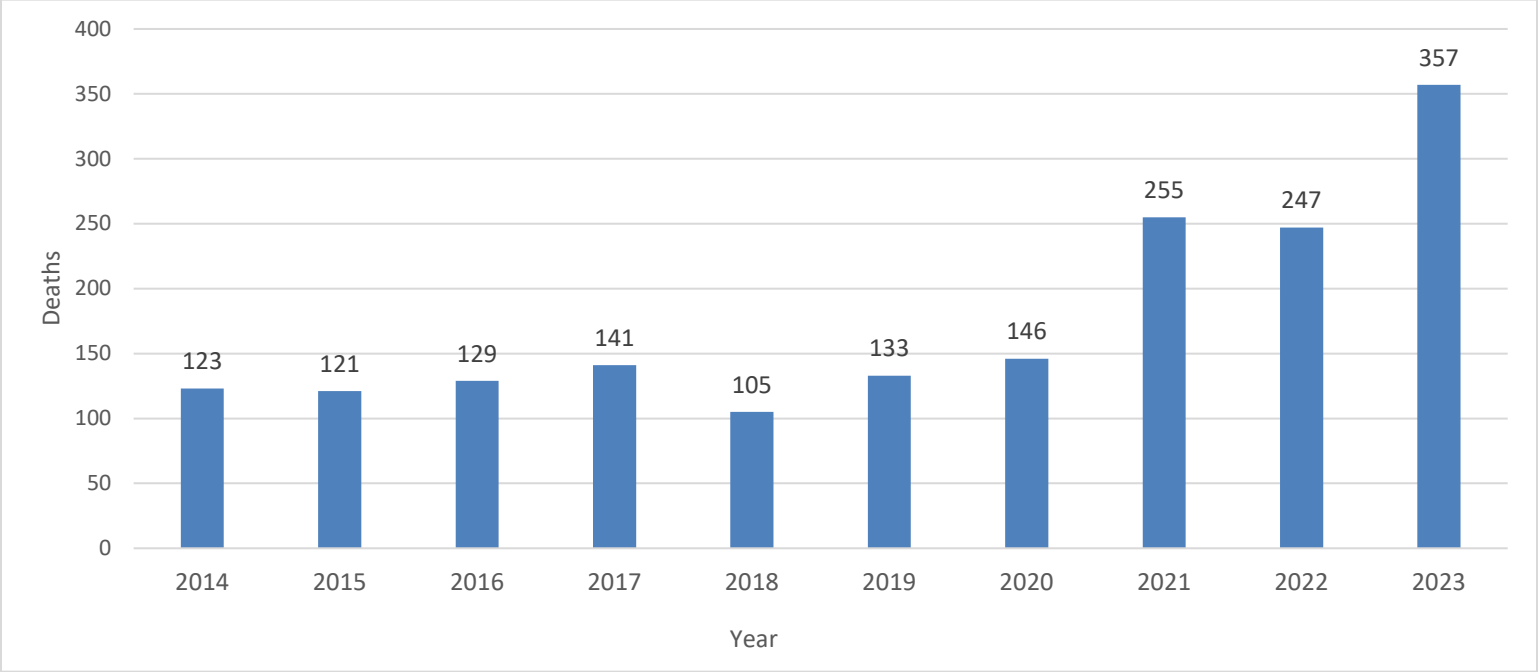



*Figure 2. Overdose Deaths by Intent (2014-2023)*

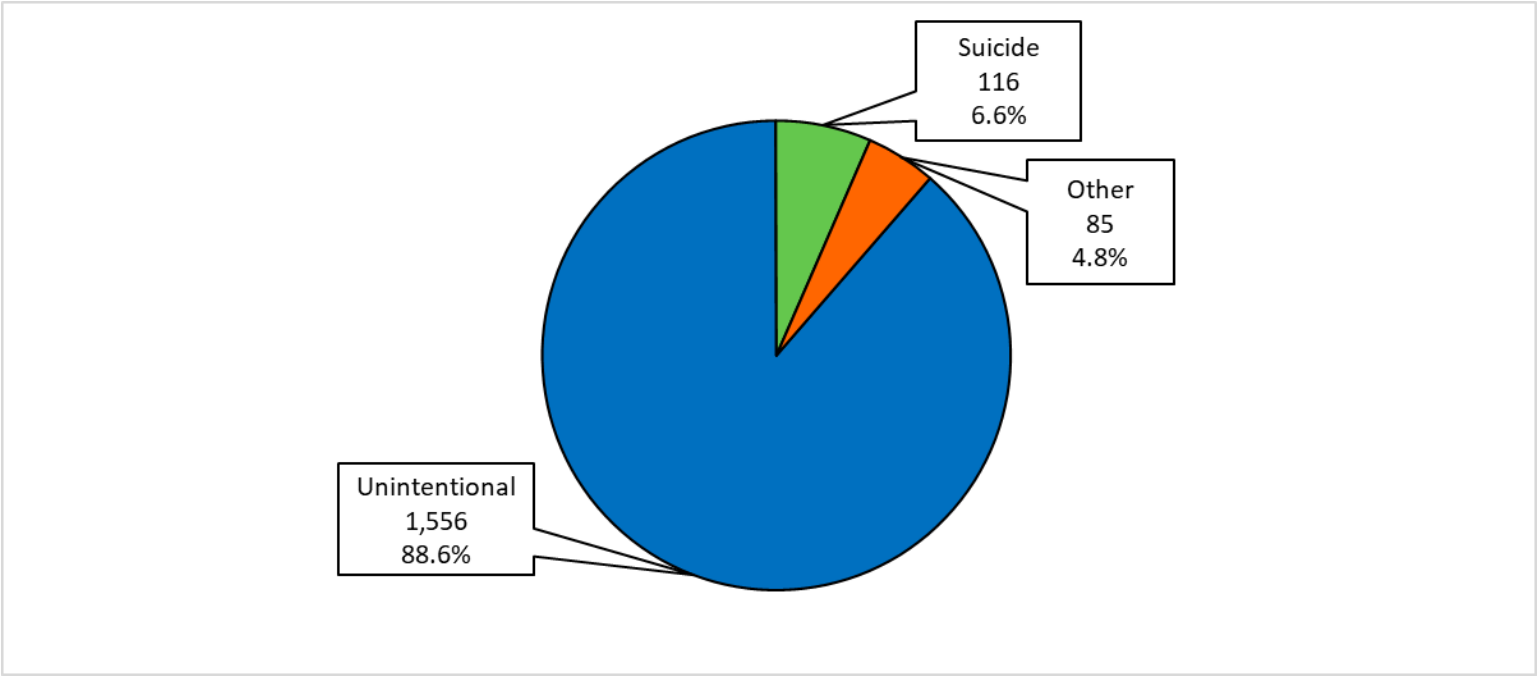



*Table 1. Overdose Deaths by Year and Intent (2014-2023)*

| Underlying Cause | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Unintentional | 101 | 105 | 106 | 119 | 91 | 110 | 127 | 238 | 228 | 331 | 1,556 |
| Suicide | 16 | 9 | 13 | 16 | 6 | 15 | 10 | 9 | 8 | 14 | 116 |
| Other | 6 | 7 | 10 | 6 | 8 | 8 | 9 | 8 | 11 | 12 | 85 |
| **All Drug Overdose** | **123** | **121** | **129** | **141** | **105** | **133** | **146** | **255** | **247** | **357** | **1,757** |

*Table 2. Overdose Deaths (Rates) by Sex (2019-2023)[1]*

| Sex | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Male | 93 (24.4) | 94 (24.7) | 160 (42.1) | 161 (42.2) | 225 (59.3) |
| Female | 40 (11.3) | 52 (14.9) | 95 (27.6) | 86 (24.6) | 132 (38.8) |

*Table 3. Overdose Deaths (Rates) by Race and Ethnicity (2019-2023)[1]*

| Race and Ethnicity | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| White (Alone) | 76 (15.1) | 77 (15.6) | 133 (27.2) | 123 (24.5) | 170 (34.2) |
| Black (Alone) | 6 (22.6*) | 10 (35.5*) | 6 (21.5*) | 8 (29.5*) | 23 (84.6) |
| AI/AN (Alone) | 33 (32.0) | 38 (36.3) | 80 (75.9) | 82 (79.3) | 119 (114.6) |
| Asian/PI (Alone) | 3 (**) | 1 (**) | 2 (**) | 0 (NA) | 5 (**) |
| Multiple Races | 14 (33.5*) | 13 (34.1*) | 32 (76.5) | 32 (74.4) | 31 (72.3) |
| Hispanic (Of Any Race) | 1 (**) | 4 (**) | 6 (11.7*) | 12 (22.9*) | 19 (37.4*) |

*Table 4. Overdose Deaths (Rates) by Age (2019-2023)[129]*

| Age | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| <5 Years | 1 (**) | 0 (NA) | 0 (NA) | 1 (**) | 2 (**) |
| 5-14 Years | 0 (NA) | 0 (NA) | 0 (NA) | 0 (NA) | 0 (NA) |
| 15-24 Years | 7 (7.5*) | 18 (18.6*) | 27 (27.4) | 16 (16.3*) | 27 (27.2) |
| 25-34 Years | 46 (41.0) | 33 (29.5) | 72 (66.1) | 58 (54.5) | 75 (70.5) |
| 35-44 Years | 34 (35.0) | 36 (36.6) | 57 (56.5) | 68 (66.3) | 115 (110.0) |
| 45-54 Years | 19 (22.2*) | 29 (34.2) | 54 (65.5) | 45 (54.8) | 67 (81.8) |
| 55-64 Years | 17 (17.4*) | 24 (25.1) | 32 (34.3) | 43 (47.0) | 51 (58.1) |
| 65-74 Years | 7 (11.3*) | 5 (**) | 10 (14.4*) | 14 (19.4*) | 19 (25.9*) |
| 75-84 Years | 2 (**) | 1 (**) | 3 (**) | 1 (**) | 1 (**) |
| 85+ Years | 0 (NA) | 0 (NA) | 0 (NA) | 1 (**) | 0 (NA) |

*Table 5. Overdose Deaths (Rates) by Region (2019-2023)[1]*

| Region | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Anchorage | 57 (19.3) | 90 (31.1) | 142 (49.1) | 142 (48.2) | 230 (79.9) |
| Gulf Coast | 16 (18.8*) | 12 (12.6*) | 30 (39.6) | 16 (18.0*) | 22 (26.6) |
| Interior | 22 (19.3) | 10 (8.1*) | 20 (16.4) | 24 (23.6) | 27 (25.1) |
| Mat-Su | 15 (15.0*) | 20 (18.7) | 28 (25.3) | 32 (29.2) | 37 (32.3) |
| Northern | 5 (**) | 3 (**) | 3 (**) | 4 (**) | 3 (**) |
| Southeast | 11 (15.3*) | 7 (10.6*) | 24 (34.9) | 20 (28.3) | 29 (40.1) |
| Southwest | 7 (16.9*) | 4 (**) | 8 (20.1*) | 9 (21.1*) | 9 (23.0*) |
| **Statewide** | **133 (18.1)** | **146 (20.0)** | **255 (35.2)** | **247 (33.7)** | **357 (49.5)** |

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.

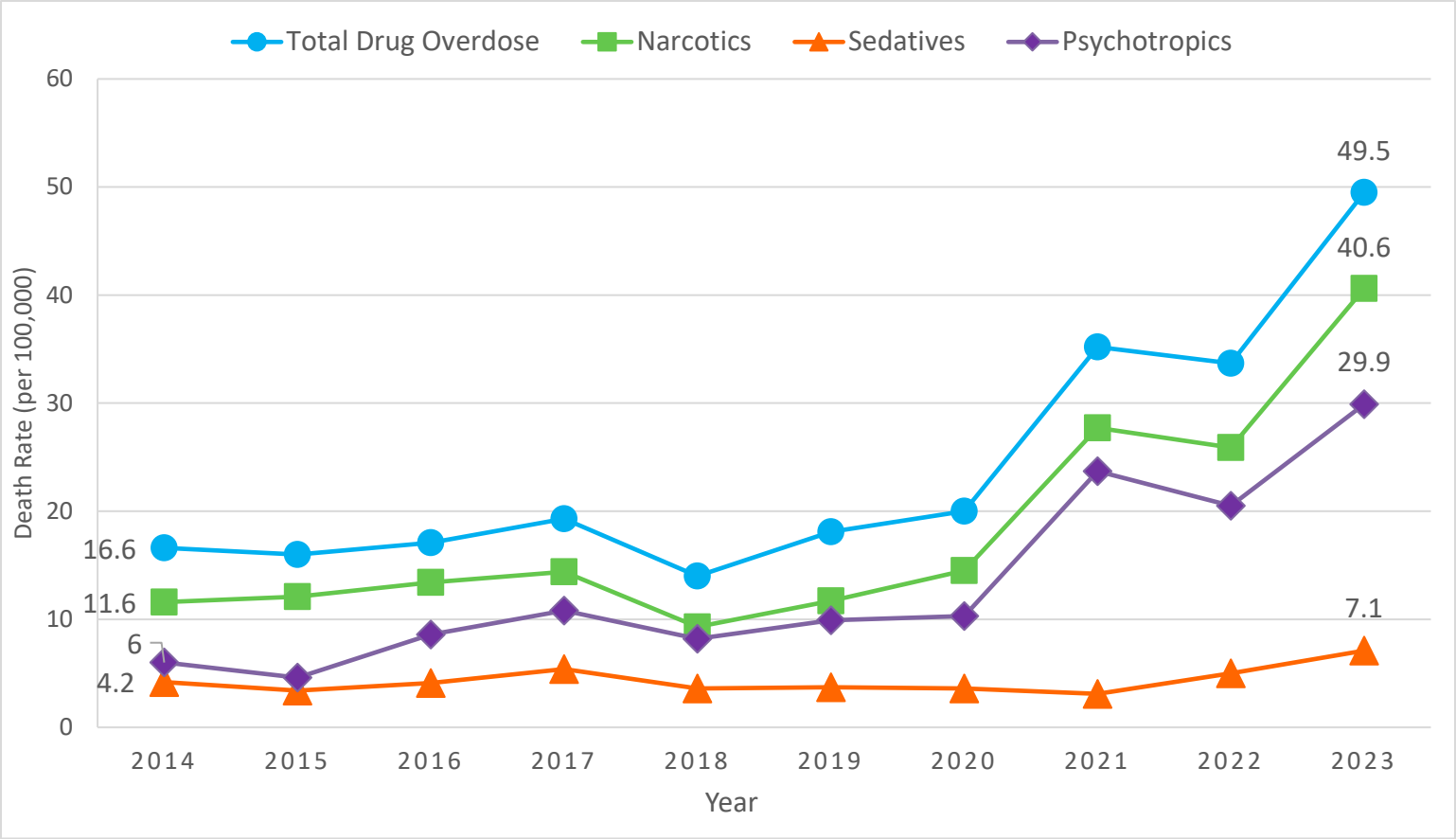
* Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

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

*Overdoses by Drugs Involved*

- Between 2019 and 2023, approximately 77% of drug overdose deaths involved narcotic drugs, 60% involved psychotropic drugs, and 14% involved sedative drugs (drugs involved are not mutually exclusive). In 2023:
  - The narcotics death rate was 40.6 deaths per 100,000, up from 11.6 in 2014 (a 250% increase).
  - The psychotropics death rate was 29.9 deaths per 100,000, up from 6.0 in 2014 (a 398% increase).
  - The sedatives death rate was 7.1 deaths per 100,000, up from 4.2 in 2014 (a 69% increase).
- Between 2019 and 2023, 854 overdose deaths involved opioid drugs (a narcotics sub-category that includes synthetic narcotics such as fentanyl and its analogues). On average, about 171 people overdose on opioids each year. In 2023:
  - There were 286 opioid overdose deaths, compared to 185 in 2022.
  - The opioid overdose death rate was 39.8 deaths per 100,000, compared to 25.0 in 2022.
- Between 2019 and 2023, 629 overdose deaths involved psychostimulant drugs (a psychotropics sub-category that includes methamphetamine). On average, about 126 people overdose on psychostimulants each year. In 2023:
  - There were 198 psychostimulant overdose deaths, compared to 140 in 2022.
  - The psychostimulant overdose death rate was 27.2 deaths per 100,000, compared to 19.2 in 2022.

*Figure 3. Overdose Death Rates by Drug (2014-2023)[1]*




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

*Table 6. Overdose Death Rates by Drug (2014-2023)[1]*

| Drug | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Total Drug Overdose** | **16.6** | **16.0** | **17.1** | **19.3** | **14.0** | **18.1** | **20.0** | **35.2** | **33.7** | **49.5** |
| Narcotics | 11.6 | 12.1 | 13.4 | 14.4 | 9.3 | 11.7 | 14.5 | 27.7 | 25.9 | 40.6 |
| Sedatives | 4.2 | 3.4 | 4.1 | 5.4 | 3.6 | 3.7 | 3.6 | 3.1 | 5.0 | 7.1 |
| Psychotropics | 6.0 | 4.6 | 8.6 | 10.8 | 8.2 | 9.9 | 10.3 | 23.7 | 20.5 | 29.9 |

*Table 7. Narcotics Overdose Deaths (Rates) by Drug (2019-2023)[1]*

| Drug (ICD-10 Code) | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **Total Narcotics (T400-T409)** | **88 (11.7)** | **107 (14.5)** | **201 (27.7)** | **191 (25.9)** | **292 (40.6)** |
| Opioids (T400-T404, T406) | 83 (11.0) | 102 (13.8) | 198 (27.4) | 185 (25.0) | 286 (39.8) |
| Heroin (T401) | 45 (6.0) | 31 (4.3) | 66 (9.2) | 40 (5.5) | 16 (2.1*) |
| Analgesic Opioids (T402-T404) | 60 (7.8) | 88 (11.9) | 179 (24.9) | 179 (24.2) | 283 (39.4) |
| Analgesics Excl. Other Synth. (T402-T403) | 46 (6.0) | 44 (5.7) | 81 (11.1) | 55 (7.5) | 47 (6.3) |
| Other Opioids (T402) | 41 (5.3) | 37 (4.7) | 74 (10.2) | 49 (6.7) | 34 (4.6) |
| Methadone (T403) | 9 (1.2*) | 8 (1.1*) | 12 (1.6*) | 10 (1.2*) | 14 (1.9*) |
| Other Synthetic Narcotics (T404) | 23 (3.2) | 61 (8.5) | 150 (21.0) | 156 (21.1) | 270 (37.9) |
| Fentanyl (T404 w/ Fentanyl Or Analogue Cited) | 15 (2.2*) | 58 (8.1) | 145 (20.3) | 151 (20.4) | 265 (37.2) |
| Other And Unspecified Narcotics (T406) | 24 (3.0) | 23 (3.0) | 15 (2.0*) | 20 (2.6) | 3 (**) |
| Non-Opioids (T405, 407-409) | 7 (0.9*) | 21 (2.9) | 13 (1.5*) | 22 (3.1) | 31 (4.1) |
| Cocaine (T405) | 7 (0.9*) | 21 (2.9) | 11 (1.3*) | 21 (2.9) | 31 (4.1) |
| Cannabis (Derivatives) (T407) | 0 (NA) | 0 (NA) | 2 (**) | 1 (**) | 0 (NA) |

*Table 8. Sedatives Overdose Deaths (Rates) by Drug (2019-2023)[1]*

| Drug (ICD-10 Code) | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **Total Sedatives (T420-T428)** | **26 (3.7)** | **26 (3.6)** | **22 (3.1)** | **36 (5.0)** | **52 (7.1)** |
| Benzodiazepines (T424) | 18 (2.6*) | 20 (2.8) | 13 (1.8*) | 30 (4.2) | 35 (4.8) |

*Table 9. Psychotropics Overdose Deaths (Rates) by Drug (2019-2023)[1]*

| Drug (ICD-10 Code) | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| **Total Psychotropics (T430-T439)** | **74 (9.9)** | **75 (10.3)** | **170 (23.7)** | **149 (20.5)** | **219 (29.9)** |
| Antidepressants (T430-T432) | 11 (1.6*) | 10 (1.3*) | 13 (1.9*) | 14 (2.0*) | 28 (3.6) |
| Antipsychotics (T433-T435) | 2 (**) | 4 (**) | 6 (0.9*) | 6 (0.9*) | 12 (1.6*) |
| Psychostimulants (T436) | 64 (8.6) | 67 (9.3) | 160 (22.3) | 140 (19.2) | 198 (27.2) |
| Methamphetamine (T436 w/ Meth. Cited) | 59 (7.8) | 62 (8.6) | 155 (21.6) | 127 (17.5) | 193 (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 2023 most overdose deaths (59.3%) 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 2019 and 2023:
  - 36.5% of overdose deaths involved only a single drug.
  - 30.7% involved two drugs.
  - 28.6% 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 30.2% of overdose deaths.

*Table 10. Drug Overdose Deaths (Percentage) by Number of Drugs (2019-2023)*

| Drugs | 2019 | 2020 | 2021 | 2022 | 2023 | Total |
|---|---|---|---|---|---|---|
| One Drug | 48 (36.1%) | 57(39.0%) | 88 (34.5%) | 92 (37.2%) | 130 (36.4%) | **415 (36.5%)** |
| Two Drugs | 29 (21.8%) | 36 (24.7%) | 69 (27.1%) | 77 (31.2%) | 138 (38.7%) | **349 (30.7%)** |
| Three or More Drugs | 42 (31.6%) | 43 (29.5%) | 92 (36.1%) | 71 (28.7%) | 78 (21.8%) | **326 (28.6%)** |
| Other or Unspecified Drugs[1] | 14 (10.5%) | 10 (6.8%) | 6 (2.4%) | 7 (2.8%) | 11 (3.1%) | **48 (4.2%)** |
| **Total Drug Overdoses** | **133 (100%)** | **146 (100%)** | **255 (100%)** | **247 (100%)** | **357 (100%)** | **1,138 (100%)** |

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 (2019-2023)*

| 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) | 344 | 30.2% |
| 2 | Heroin (T401) | Psychostimulants With Abuse Potential (T436) | 151 | 13.3% |
| 3 | Other Opioids (T402) | Psychostimulants With Abuse Potential (T436) | 131 | 11.5% |
| 4 | Other Opioids (T402) | Other Synthetic Narcotics (T404) | 125 | 11.0% |
| 5 | Heroin (T401) | Other Synthetic Narcotics (T404) | 99 | 8.7% |
| 6 | Heroin (T401) | Other Opioids (T402) | 73 | 6.4% |
| 7 | Heroin (T401) | Other And Unspecified Narcotics (T406) | 68 | 6.0% |
| 8 | Other And Unspecified Narcotics (T406) | Psychostimulants With Abuse Potential (T436) | 65 | 5.7% |
| 9 | Benzodiazepines (T424) | Other Synthetic Narcotics (T404) | 63 | 5.5% |
| 10 | Cocaine (T405) | Other Synthetic Narcotics (T404) | 58 | 5.1% |

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 2022 and 2023, drug overdose death rates in Alaska increased considerably for most drug categories, resulting in a 47% increase in the overall drug overdose death rate. Due to this increase, Alaska recorded its highest ever drug overdose death rate in 2023. This runs counter to the national trend where overdose death rates decreased in 2023, for the first time since 2018.[3] Of the drugs evaluated in the report, notable increases were seen in the number of overdose deaths involving fentanyl (a synthetic opioid) and methamphetamine (a psychostimulant), increasing 75% and 51%, respectively. The largest declines were seen in heroin and other opioid deaths (e.g., oxycodone, hydrocodone, etc.), decreasing 60% and 31%, respectively. In 2023, 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 2019–2023, 59% involved two or more narcotic, sedative, or psychotropic drugs.

In Alaska, fentanyl was involved in 74% of drug overdose deaths in 2023 and many of these fentanyl-involved overdose deaths involved an additional substance, such as methamphetamine or other opioids. The high potency of fentanyl combined with the tendency for mixing or co-use with other substances can complicate intervention and treatment efforts. The number of methamphetamine-related overdose deaths also remains high, with 54% of all drug overdose deaths involving methamphetamine in 2023. Psychostimulants were involved in the top three overdose drug combinations (with synthetic narcotics (like fentanyl), heroin, and other opioids being the other substances) across 1,138 overdose deaths in the last five years.

The substance use landscape is evolving. During 2020–2022, data from across 27 states and Washington D.C. revealed the percentage of overdose deaths with evidence of smoking increased 74%, and the percentage with evidence of injection decreased 29%.[4] The forms of illicit drugs also continue to change. Last year, more than half of the illicit fentanyl seized by Alaska's High Intensity Drug Trafficking Area initiatives was in pill form, though recently there was an observed increase in the proportion of seizures that consisted of fentanyl powders.[5] Addressing these shifts can be important for harm reduction efforts. Further, health disparities in overdose rates across the country have worsened and social determinants of health, such as income inequality, compound these inequities.[6]

State of Alaska (SOA) programs focus on prevention, treatment, and recovery strategies to counter drug overdose and related harms, with some initiatives specifically addressing fentanyl-involved overdose deaths. For example, in 2023, SOA, through its Project HOPE[7] program located within the Department of Health (DOH), distributed over 40,000 kits of naloxone, a medication that has been demonstrated worldwide to reduce fatal overdose.[8] These kits were distributed to communities statewide. Currently, Project HOPE incorporates fentanyl test strips and other resources into naloxone kits. In addition, over 350 wall-mounted naloxone boxes were distributed to promote accessibility of naloxone at partner facilities. Project HOPE staff, along with behavioral health and tribal partners, initiated development of a policy to ensure naloxone is available among people most-at-risk of overdose and to maximize equitable distribution statewide.

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, Ketchikan and Juneau to connect people

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[3] Centers for Disease Control. National Center for Health Statistics. 15 May 2024. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm.

[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 2024.

[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.

experiencing a behavioral health crisis to treatment and other social services.[9] The 1115 Medicaid Waiver Services[10] 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.

Some studies indicate mortality risk can be lowered when people access methadone or buprenorphine treatment.[11,12] In 2023, two new Opioid Response Programs were launched in Southeast Alaska, increasing availability of evidence-based treatment for opioid use disorder (OUD).[13] Recent federal regulation changes have expanded support that reduce barriers to patients receiving care. A DEA waiver registration is no longer required for providers to prescribe buprenorphine, removing a barrier to prescribe treatment medication.[14] Revisions to Part 8 of Title 42 of the Code of Federal Regulations (42 CFR Part 8) include the allowance of initiating treatment medications via telehealth, expansion of criteria that quality someone to receive take home doses of methadone, and allowance for nurse practitioners and physician assistants to order medications for OUD.[15]

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.[16] Improving awareness among providers of their existing practices is important to support the increase in training opportunities. The SOA Department of Commerce, Community, and Economic Development facilitates the Prescription Drug Monitoring Program (PDMP),[17] 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 82% of providers now access the PDMP through Alaska's Electronic Health Record system.[18] The SOA DOH and Department of Corrections support screening, referral, linkage to care, and treatment interventions with some of these efforts supported by the implementation of the 1115 waiver,[19] Alaska Prenatal Screening Program,[20] and Mental Health and Substance Use Block Grant programs.[21]

Aside from these examples of the SOA's efforts, a variety of other state, federal, and local organizations have conducted interventions across the spectrum of prevention, treatment, and recovery. To continue to see the impact in 2024, SOA and its partners will continue to work upstream and promote equity by addressing social determinants of health,[22] Adverse Childhood Experiences,[23] availability of medication assisted treatment, and demographic disparities in overdose mortality.

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[9] https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/crisis-continuum-of-care/.

[10] https://health.alaska.gov/dbh/Pages/1115/default.aspx.

[11] Sordo, L., Barrio, G., Bravo, M., Indave, B., Degehardt, L., …Pastor-Barriuso, R. (2017). "Mortality risk during and after opioid substation treatment: systematic review and meta-analysis of cohort studies." *The BMJ, 357*.

[12] Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. Ann Intern Med. 2018 Aug 7;169(3):137-145. doi: 10.7326/M17-3107.

[13] SEARHC Opioid Treatment Program: https://searhc.org/service/opioid-treatment-program/.

[14] Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act.

[15] Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8.

[16] Project ECHO: https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml.

[17] https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx.

[18] Alaska Prescription Drug Monitoring Program: https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx.

[19] https://health.alaska.gov/dbh/Pages/1115/default.aspx.

[20] Singleton, R., Slaunwhite, A., Herrick, M., Hirschfeld, M., Brunner, L., …Rider, E. (2019). "Research and policy priorities for addressing prenatal exposure to opioids in Alaska." *International Journal of Circumpolar Health, 78*(1).

[21] Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/grants/block-grants.

[22] Healthypeople.gov. https://health.gov/healthypeople/priority-areas/social-determinants-health.

[23] 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.

## Prepared By

*Health Analytics and Vital Records Section*

- Rosa Avila PhD, Public Health Scientist
- Richard Raines MS, Research Analyst
- Dwayne Duskin Jr., Research Analyst

*Office of Substance Misuse and Addiction Prevention*

- Theresa Welton, Health Program Manager
- Jessica Filley MPH, Epidemiology Specialist