

Alaska's Opioid Response 2019-2020

REPORT TO LEGISLATURE

PREPARED BY THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
OCTOBER 1, 2020



Purpose

This report highlights the work and the results of Alaska’s opioid response from October 1, 2019 through September 30, 2020. It also meets the requirements of AS 17.20.085 to provide an annual report to the Legislature on opioid-related work and opioid funding.

Introduction and Background

The United States and Alaska continue to see unprecedented rates of loss of quality of life, and lives, due to the scourge of the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), in the US, drug overdoses resulted in over 71,000 deaths in 2019¹. CDC reports that among 24 states between January and June 2019, 80 percent of reported overdoses within those states involved at least one opioid and three out of four of them involved illicitly manufactured fentanyl (IMF)². In 2019, Alaska experienced the second highest rate of overdose deaths in ten years, next to 2017. This was remarkable given 2018 gave way to optimism with the opioid-involved overdose death rate declining by 28 percent from 2017. In 2019, 105 people lost their lives to overdoses involving opioids with an age-adjusted rate of 14.4 per 100,000 persons. Methamphetamine, sedatives, and opioid analgesic/pain relievers (including fentanyl) continue to be involved in many drug overdose deaths (44%, 20%, and 45%, respectively). Fentanyl-involved overdoses doubled in the first two quarters of 2020 compared to previous years of the first two quarters. The risk of serious medical complications affecting the cardiovascular and respiratory systems increases when two or more substances are taken in combination. Of the 629 drug overdose deaths that occurred in Alaska during 2015–2019, 88% included more than one drug category and 58% included three or more drug categories.

In addition to the significant loss in life, the costs of the opioid epidemic cannot be underestimated. In 2019, the White House Council of Economic Advisers reported the 2018 costs of the opioid crisis at \$696 billion, or 3.4 percent of the GDP.³ In Alaska, treating conditions and diseases associated with Opioid Use Disorder cost \$12 million in hospital-related medical costs in 2018; while AK Department of Public Safety reported \$5.1 million in departmental costs across 746 opioid-related incidents.⁴

Alaska state agencies, along with local, state, and federal entities are working hard to combat this ongoing epidemic in the midst of the COVID-19 pandemic. With the approximate \$20 million State of Alaska (SOA) Departments received in FY 20 from federal awards, a significant portion of the Statewide Opioid Action Plan 2018-2022 was accomplished. People living with opioid use disorder are some of the most vulnerable populations for morbidity and mortality of COVID-19. Moreover, in a time of social isolation, economic woes, and difficult moral, there may be greater risk of initiation of opioid misuse and addiction in addition to higher risk consumption patterns. Therefore, particularly during the COVID-19 pandemic, it is important to understand capacity, funding, and interventions occurring across the opioid-related spectrum of care. The following report outlines the many successes by Statewide Opioid Action Plan Goal within SOA Departments.

¹ Kaiser Health News. 16 July 2020. “Hopes of abating opioid epidemic tempered by overdose deaths in 2019.” Retrieved 16 Sept 2020 from: <https://khn.org/morning-breakout/hopes-of-abating-opioid-epidemic-tempered-by-overdose-deaths-in-2019/>

² O’Donnell, J., Gladden, M., Mattson, C., Hunter, C., & Davis, N. (2020). “Vital signs: characteristics of drug overdose deaths involving opioids and stimulants – 24 states and the District of Columbia, January – June 2019.” *Morbidity and Mortality Weekly Report*, 69(35).

³ Council of Economic Advisers.(28 Oct 2019). “The full cost of the opioid crisis: \$2.5 trillion over four years.” Retrieved 16 Sept 2020 from: <https://www.whitehouse.gov/articles/full-cost-opioid-crisis-2-5-trillion-four-years/#:~:text=One%20of%20the%20most%20tangible,period%20from%202015%20to%202018.>

⁴ McDowell Group. (2020). “The economic costs of drug misuse in Alaska: 2019 Update.” Retrieved 16 Sept 2020 from: <https://alaskamentalthtrust.org/wp-content/uploads/2020/01/McDowell-Group-Drug-Impacts-Report-Final-1.21.2020.pdf>

Alaska Opioid Response Infrastructure

In July 2017, The Department of Health and Social Services (DHSS) established the Office of Substance Misuse and Addiction Prevention (OSMAP). Based on recommendations from the Alaska Opioid Policy Task Force (AOPTF), OSMAP coordinated the development of the Statewide Opioid Action Plan. 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.

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: the past two years of 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

State Departments of Agencies Involved in SOA Opioid Response

ACS	Alaska Court System	DOL	Department of Law
DOA	Department of Administration	DMVA	Department of Military and Veteran Affairs
DCCED	Department of Commerce, Community, and Economic Development	DOR	Department of Revenue
DOC	Department of Corrections	DOTPF	Department of Transportation and Public Facilities
DEED	Department of Education and Early Development	DPS	Department of Public Safety
DEC	Department of Environmental Conservation	GOA	Office of the Governor
DFG	Department of Fish and Game	SOA	State of Alaska (all agencies)
DHSS	Department of Health and Social Services	UAA	University of Alaska Anchorage
DOLWD	Department of Labor and Workforce Development		

Updating and Distributing the Plan

The Alaska Statewide Opioid Action Plan, available at www.opioids.alaska.gov, will be reviewed annually, revised as needed, and distributed to state agencies. This plan is effective through FY21.

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

High-risk opioid use behaviors and associated outcomes may be a result of Adverse Childhood Experiences and other traumas, as well as insufficient access to social determinants of health such as quality early education, affordable housing, and employment. Goal one addresses these risk factors by increasing trauma-informed care, building community capacity and awareness around opioid misuse and addiction in an effort to reduce stigma and change social norms around substance misuse and addiction, and integrating opportunities that develop a foundation for individual quality of life.

The Department of Education & Early Development (DEED) and the Association of Alaska School Boards (AASB) are implementing a new resource for Alaska schools, the “[Transforming Schools Toolkit](#)”.



This online resource is a companion guide to the “[Transforming Schools: A Framework for Trauma Engaged Practice in Alaska](#)”. The toolkit includes Alaska-specific and national trauma-engaged strategies for district staff with a focus on topics such as: Deconstructing Trauma, Self-Care, Family Partnerships, and Relationship Building. As school districts look to foster supportive relationships between members of the school community in the midst of COVID-19, this toolkit provides ready-to-use resources in educators' hands.

Creating a trauma-informed care atmosphere is not just important in schools but also with public safety and public health nursing. The Department of Workforce and Labor Development (DOLWD) Division of Employment and Training Services (DETS) is working with Nome and Kodiak Police Departments to train police officers and community members toward a recovery centered, community-wide approach to addressing the opioid crisis. The Department of Health and Social Services (DHSS) Section of Public Health Nursing (SPHN) contracted with the Alaska Training Resiliency Initiative, to conduct a three day trauma-informed care training for SPHN management. The training curriculum was established through a continual consultation with SPHN Directors to better understand the needs for the section. The training included an overview of trauma-informed care, and what that looks like in a culturally responsive Alaskan context.



Employer toolkit informs how to support employee wellness

DHSS Office of Substance Misuse and Addiction Prevention (OSMAP) collaborated with a variety of agencies to develop a toolkit to support Alaska employers' efforts to address substance use prevention, treatment and recovery in their workforce. The toolkit has been promoted statewide to encourage employers to consider policies and procedures that support workplace wellness as it relates to substance use. In developing the toolkit [Addiction in the Workplace](#), OSMAP consulted a variety of stakeholders including Recover Alaska, the Alaska Mental Health Trust Authority, the Alaska Division of Behavioral Health, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Dept. of Labor and Workforce Development, and collected feedback from over 100 Alaska employer contacts.

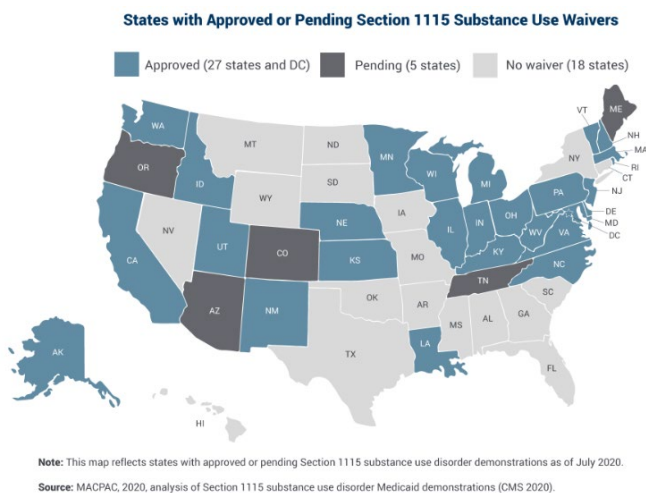
Increasing community capacity to address stigma is particularly important in responding to the opioid epidemic. Alaska's Plans of Safe Care (POSC) initiative is a multidisciplinary, intra-department effort including the Division of Public Health, Behavioral Health and the Office of Children's services to pursue a comprehensive approach to serving substance affected infants and their families. The project aims to reduce stigma and provide treatment support for women using substances during pregnancy. A primary goal of this initiative is to keep substance exposed babies and their families out of the foster care system. In January 2020, Alaska's Perinatal Quality Collaborative selected to focus on Substance Exposed Newborns as a 2020 initiative to promote universal pre-natal screening for substance use and the development of statewide protocols for toxicology screening of newborn.

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

The COVID-19 pandemic illuminated the importance of coordination, communication, and cooperation in supporting the opioid epidemic response this past year. Several departments and their divisions fortunately were prepared through opioid-related initiatives for the COVID-19 pandemic response.

In order to facilitate the creation of disaster plans for Opioid Treatment Programs (OTPs), DHSS Division of Behavioral Health (DBH) worked with the Opioid Response Network (ORN), a Substance Abuse and Mental Health Services Administration (SAMHSA) contractor. The overall goal for this opportunity was to ensure all four OTPs in the state had continuity of operation plans in place prior to a disaster. All work was completed in February 2020 and the OTPs were able to respond and provide support to the COVID-19 pandemic.

In 2020, OSMAP 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, OSMAP recruited over a dozen overdose fatality review members from diverse backgrounds to conduct reviews which include examining coroner reports and hospital data about people who have died by overdose. To date, the DODR team has identified over 50 potential overdose problem and solutions, informed by the DODR participant reviews. The subcommittee anticipates final recommendations and data interpretation to be completed by the end of FY 2022.



Map demonstrates how AK compares to other states in 1115 approval status

outreach and crisis response, 23-hour stabilization, and other services designed to reduce the utilization of acute services. As of July 2020, there are 34 enrolled 1115 SUD providers at 112 locations throughout the state.

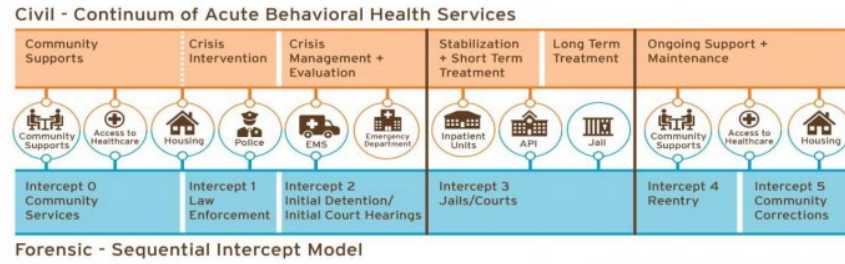
Alongside DHSS and other community partners, the Alaska Mental Health Trust has been working to plan for and implement the *Crisis Now* model in Anchorage, the Mat-Su, and Fairbanks. The *Crisis Now* model is a continuum of three components that are working in many communities to prevent suicide, reduce wait times in emergency rooms, improve linkage to care within and from correctional settings, and to provide the best supports for individuals in crisis. The components of the Crisis Now model include a regional or statewide crisis call center that coordinates in real time with the other components; Centrally deployed, 24/7 mobile crisis teams (ideally, a clinician and a peer) to respond in-person to individuals in crisis; and 23-hour observation recliners and short-term inpatient beds, which may be operated

separately or jointly, offering a safe, supportive and appropriate behavioral health crisis placement for those who cannot be stabilized by call center clinicians or mobile crisis team response.

This past year the Statewide Alcohol Prevention Alliance and The Alaska Wellness Coalition along with key DHSS stakeholders developed a report “Voices from Alaska’s Wellness and Prevention Field.” The report consolidated feedback from various stakeholders in an effort to learn about the challenges they faced, barriers to connecting

statewide, and opportunities to enhance connection. The main purpose of the report is to identify local wellness providers’ training needs.

In October 2019, Special Agents with the Drug Enforcement Administration (DEA) arrested an Anchorage nurse practitioner, and a Soldotna doctor, on separate federal narcotics charges. The providers allegedly distributed large

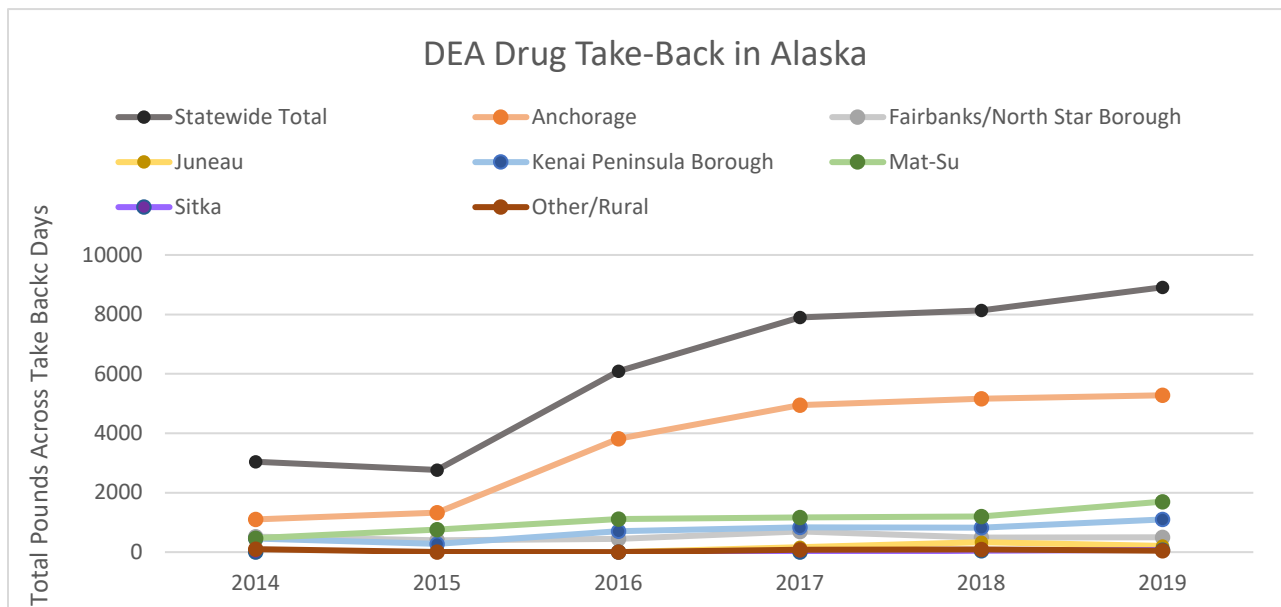


Agnew::Beck Consulting 2019

amounts of opioids and other powerful narcotics by writing prescriptions for patients without medical examinations and lacking medical necessity. The Opioid Health Action Response (OHAR) workgroup and tactic sub-work groups were formed on October 10, 2019 to coordinate across State of Alaska. In tandem with federal and local partners, DHSS, Department of Commerce, Community, and Economic Development (DCCED), Office of the Governor, DOA, Commission on Aging, and Advisory Board on Alcohol and Drug Abuse (ABADA), worked together to prevent deaths, address possible risk of overdose, and minimize suffering for approximately 2,000 patients impacted by the sudden and unexpected loss of their health care provider, their medical records, and access to prescriptions. OHAR Tactics Groups provided subject matter experts (SMEs) with an opportunity to have more detailed substantive conversations regarding the strategies and tactics that are being used during the response.

Goal 3: Alaskans reduce the risks of substance misuse and addiction

To increase awareness and educate their communities about the importance of safe disposal of prescription drugs six Community Coalitions throughout the State (Kenai, Sitka, Fairbanks, Mat Su, Anchorage & Juneau) organized local efforts for “DEA Drug Take Back Days.”



The graphic reflects the amounts have increased over the course of the grant and now are remaining steady.

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. These efforts 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 opioid trafficking leading to distribution. With the addition of Alaska being designated a High Intensity Drug Trafficking Area (HIDTA), several advances were made in the existing drug enforcement task forces statewide. See the 2019 Drug Enforcement Unit report here: <https://dps.alaska.gov/getmedia/da3ade74-8c67-4f00-810f-89ecb460d2c0/2019-Annual-Drug-Report.pdf>

2015-2019 Total Seizures in Grams (unless otherwise noted) by Year and Type

Seizure Type	2015	2016	2017	2018	2019
Alcohol bottles	1,772	1,812	3,399	1,558	2,322
Alcohol liters	1,353	1,432	2,561	1,245	1,796
Cocaine	455	372	2,750	497	1,256
Hash/Hash oil	2,380	769	7,792	5,018	1,658
Heroin	1,680	2,177	7,061	5,001	22,943
Marijuana	50,413	93,469	40,370	23,873	22,808
Marijuana plants	1,871	1,838	274	227	332
Methamphetamine	1,890	4,249	24,909	29,844	35,481
Prescription pills	972	955	3,732	1,814	8,053

2015-2019 Drug Seizures

Supporting provider understanding of prescribing practices is essential in reducing the risk of opioid misuse. New initiatives occurred in 2019/2020 to enhance provider awareness of CDC Guidelines for Prescribing Opioid for Chronic Pain. OSMAP piloted a program in 2019 to use academic detailing to deliver action-based key messages to promote opioid safety among a set of clinicians in Anchorage, Fairbanks and Juneau. Building a team of peers who can conduct the academic detailing is pertinent for provider engagement and buy in. Overall, the feedback from detailers and clinicians was overwhelmingly positive, and all participants were successfully engaged in success of the program. The detailers conducted 30 academic detailing sessions across three Alaskan communities. Detailers noted that clinicians were very receptive, and clinician comments indicated a desire to keep doing more AD sessions. Responses support the feedback that clinicians value the AD sessions, primarily regarding interactive dialogue, clinical tools and resources, opioid-specific clinical content and efficiency vis-à-vis the clinician’s schedule.



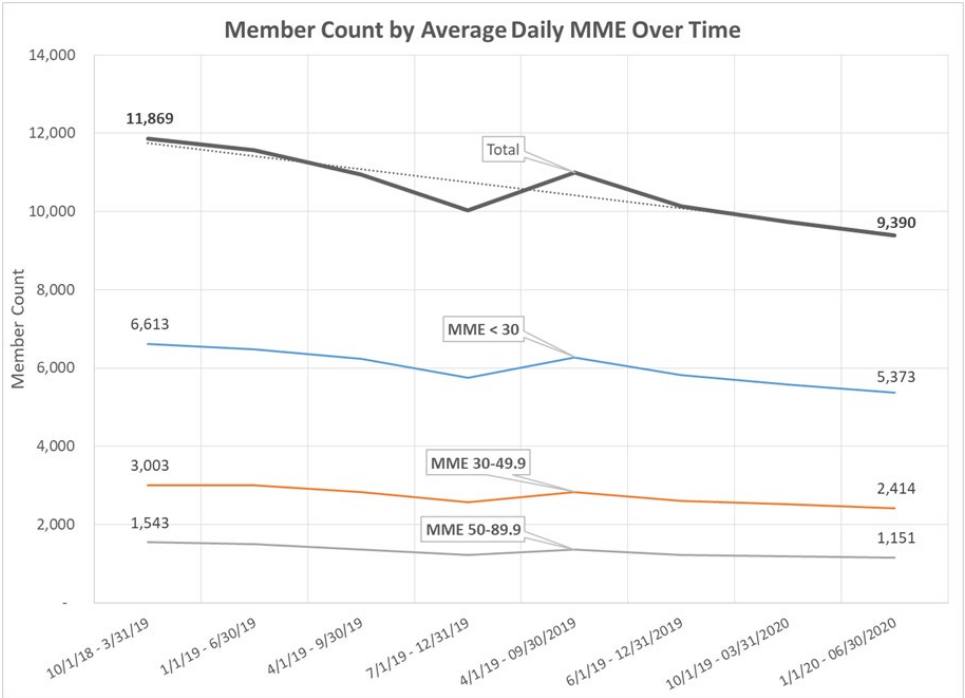
Postcard advertising hotline to providers

DHSS Division of Health Care Services (HCS) contracted University of Washington for an Alaska Provider “Pain & Opioid Hotline.” The hotline supports provider pain management and prescribing practices in Alaska, and aims to improve the value of Alaska Medicaid recipient Opioid Use Disorder (OUD) care and will replace previous Medicaid pain specialist consultation.

Through federal funding provided by OSMAP, the Alaska Family Medicine Residency developed the first Alaskan Addiction Medicine Fellowship. By layering an Addiction Medicine Fellowship onto the Alaska Family Medicine Residency and an existing health care delivery system, a decentralized system of providers across the state of Alaska can have far-reaching impact.

Improving awareness among providers of their existing prescribing practices is important to support the increase training opportunities. The Alaska Medicaid Drug Utilization Program continues to promote evidence-based opioid prescribing activities. A program which has resulted in a decrease in overall opioid prescribing within the Alaska Medicaid population. The Medicaid program further restricted previous opioid quantity limits and enhanced cross-agency relationships leveraging opportunities under the SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment [SUPPORT] for Patients and Communities) Act. The program also established successively decreasing Morphine Milligram Equivalent (MME) thresholds and prescriber alerts when a patient attempts to fill risky drug-drug combinations by prompting prior authorization reviews for treatment plans. The Medicaid program and DHSS engaged with DCCED/CBPL and DOA/DRB on specific SUPPORT Act initiatives including identifying critical data analytics and enhanced reporting platforms,

researching opportunities for diversified sustainable funding, and working with stakeholders on patient-centered care models. Such efforts resulted in a 19% decrease in the total number of opioid utilizers was observed for any duration and for any MME when comparing the first six calendar months of 2019 to the same calendar period in 2020. There was a corresponding 24% decrease in the total average daily MME dispensed and paid for by Alaska Medicaid between those two periods. This overall decrease can be attributed to targeted outreach to prescribers and imposing assertive prior authorization requirements for treatment plans to demonstrate need of higher doses.



The SOA Department of Commerce facilitates the [Prescription Drug Monitoring Program \(PDMP\)](#), a system for monitoring Schedule II-IV controlled substances dispensed throughout the state. Healthcare providers are required to report opioid prescriptions into the PDMP database. Providers can also search the database to obtain a patient’s prescription history, which can be used to create a real-time, comprehensive snapshot of a patient's risk of misusing or abusing opioids. With feedback from representatives of the Alaska Board of Pharmacy, State Medical Board, and the Board of Nursing, alerts were added to the system as an enhancement to NarxCare and to support informed care decisions. Alerts to providers include: notices when a patient exceeds a certain number of prescriptions from a certain number of prescribers and dispensers over a certain timeframe; when a patient exceeds a certain threshold of morphine milligram equivalents (MMEs), and when a patient has received a dangerous combination of opioid and benzodiazepines, which are known to increase the risk of a negative health outcome, including overdose and mortality. 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, thereby contributing directly to improved health outcomes. Under the SUPPORT Act, the PDMP is connected to both the Health Information Exchange and Emergency Department Information Exchange systems allowing Alaska’s PDMP data to integrate directly into a provider’s Electronic Health Record system. By making this data more accessible to providers, opioid overdoses can be prevented by reducing multiple prescriptions.

Goal 4: Alaskans experience fewer problems associated with drug use

Enhancing statewide actions that reduce the harm of opioid misuse and addiction play a critical role in saving the state costs and enhancing the quality of life for those struggling with opioid misuse, dependence, and addiction. Fentanyl, a substance 80 times more powerful than morphine, is often laced into a variety of different substances; and can quickly

lead to overdose death. Preventing overdose and overdose death, and prevention of infections and transmission of infectious disease as a result of sharing syringes are strategic priorities of the Statewide Opioid Action Plan.

Approximately 30 percent of inmates within Department of Corrections have Hepatitis C. In partnership with DOC, in 2018, DHSS became one of five states of the National Governor’s Association Health Learning Lab to highlight best practices in addressing infectious diseases related to substance use, and aims to eradicate Hepatitis C (HCV) within Alaska, with particular focus on inmates. This past year the group made in roads by establishing the HCV Elimination Standing Committee, a multi-stakeholder work group. The group then drafted a charter for the HCV Elimination Committee, and also proposed specific work groups for data dashboards, care transitions, drug pricing, syringe service programs (SSPs), and capacity building. Finally, the group expanded the DOC treatment criteria, which has increased the number of individuals treated within the DOC by more than five-fold.

The distribution of opioid types in Alaska is poorly understood; yet this understanding can enhance overdose prevention intervention. The Alaska State Public Health Lab (ASPHL) started a proof-of-concept and pilot program testing used syringes from SSPs for various opioids. Alaska has three syringe service programs (SSP) and they have experienced a dramatic increase in the number of syringes exchanged. The SSPs are a unique source of used syringes from a wide geographical range. This pilot project demonstrates some interesting capability to access data that is otherwise difficult to obtain through interview or crime lab partners.



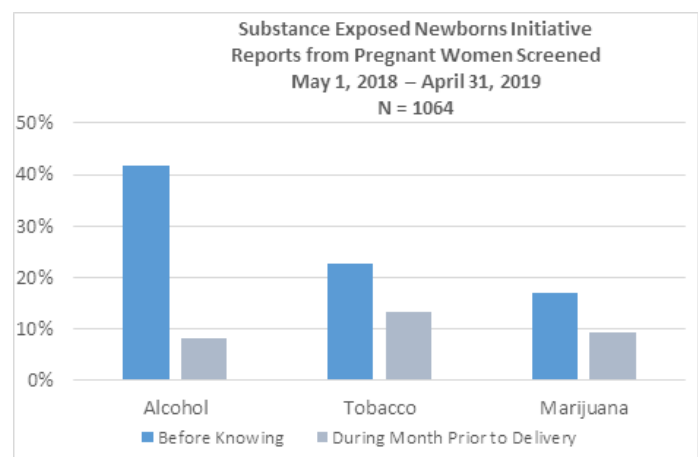
Project HOPE works with community organizations to distribute or administer Narcan® in Alaska. Since inception, 127 community partners have distributed 41,820 Narcan kits. With the help of our partners at the Alaska National Guard Counterdrug Support Program, DHSS OSMAP Project HOPE was able to build over 400 opioid overdose response kits during COVID-19. Counterdrug Civil Operators hosted a Counterdrug buildout event from their telework locations and worked closely with Project HOPE to rethink the way we support communities across the state in their efforts to reduce opioid-related harms by developing at-home build-out systems. These creative and collaborative efforts help support Alaska communities struggling with ongoing challenges with opioids during a worldwide pandemic. This past year, with federal funding, DHSS OSMAP integrated 4400 fentanyl test strips into Project HOPE Narcan

kits. Fentanyl test strips supports someone who is struggling with substance addiction to test their substance prior to using a drug; allowing the person to not take the substance if there is fentanyl. Ideally, this will reduce overdose morbidity, and save the state funding. DHSS OSMAP aired a [public service announcement](#) highlighting the signs of opioid overdose and how to respond on digital media platforms statewide

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

Developing windows of opportunities for those struggling with opioid misuse and addiction as identified through screening, and providing referrals to treatment may be the difference between life or death for some individuals struggling with substance misuse disorders.

From 2007 to 2018 the rate of Neonatal Abstinence Syndrome (NAS) among Medicaid-enrolled infants born in Alaska increased 5 fold. The Substance-Exposed Newborns Initiative (SENI) supports evidence-based screening for all substances among pregnant women cared for in hospitals and clinics in Anchorage, Bethel, Fairbanks, Juneau and the Mat-Su. SENI supported screening of 11% of women giving



birth during 2018-2019. SENI data informs us that pregnant women using harmful substances are highly motivated to make changes in their lives with regard to substance use.

In 2018-2019, among pregnant women screened in SENI, 2.1% reported heroin use prior to pregnancy and 0.8% reported heroin use in the last month of pregnancy.

Screening is often an important first step for substance using pregnant women, and mothers with infants and toddlers to achieving sobriety and safe parenting. SENI community partners identify lack of comprehensive treatment supports beyond that of medication assisted treatment, as a significant barrier to achieving and maintaining sobriety and safe parenting for these families. Under the leadership of the Alaska Office of Children’s Services, and in partnership with Rock Matsu and Rock Juneau, SENI is working to help identify needed support services in two regions of the state.

Table 1. ED Opioid Response Framework Core and Enhanced Strategies

ED protocols, organizational policies, and essential infrastructure	Framework Component
Core Strategies	
Trauma-informed approach to care	Upstream Prevention
Availability of non-opioid pain management	
PDMP utilization	Reducing Substance Misuse & Addiction
PDMP-EHR integration	
“Safe prescribing” policies	
Prescribing practices	
Patient, family & caregiver education	Harm Reduction
Opioid diversion policy	
Naloxone distribution policy	Screening, Treatment Referral & Substance Use Care Coordination
HIV/HCV screening: suspected IV drug use	
Buprenorphine-waivered providers: ED & community	
Screening, referral, treatment & substance use care coordination processes	
Provider training & education (addiction/treatment, pain management, recovery)	Relapse Prevention
Care coordination with primary care physician, behavioral health providers, DOC	
Screening for previous dependence or addiction	Surveillance & Information Exchange
Provider training: OUD coding	
HFDR data submission	
Enhanced Strategies	
ACEs screening for trauma	Upstream Prevention
Community syringe program	
Addressing stigma	Harm Reduction
ED care coordination: Children’s Services	
Availability of outpatient medication providers for OUD	Screening, Treatment Referral & Substance Use Care Coordination
Addiction medicine specialist consultation access	
Community opioid treatment program and providers	
Hospital or community bridge programs	
Linkages to care (peer support)	Relapse Prevention
Recovery & supports	
Development of ED process measures & data reporting	Surveillance & Information Exchange

Alaska’s 24 hospital emergency departments (ED) serve on the front lines caring for patients with opioid use disorder (OUD). Several SOA agencies supported improved opioid intervention response within the ED. SOA DHSS OSMAP contracted with McDowell Group, to conduct the overall Statewide Emergency Department Needs Assessment Addressing Alaska’s Opioid Epidemic. The purposes of the needs assessment were to learn from 59 subject matter experts and key stakeholders representing the full spectrum of prevention and treatment services, assess gaps in interventions between Alaska ED providers, patients, and community organizations; and identify effective policies and procedures to improve the OUD continuum of care in Alaska. This assessment resulted in four products including the following: Needs Assessment Report, Policy Review Report, One-Pager, and a Presentation. Division of Behavioral Health (DBH) offered Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to emergency departments in Alaska’s

Framework used to assess opioid-intervention strategies across Alaska’s emergency departments

busiest hospitals. With the onset of COVID-19, DBH broadened their training and implementation approach to include SBIRT training for use in telehealth settings. Through the use of SBIRT, Alaska intends to identify problematic substance use before it escalates to the point of needing treatment. Alaska’s EDs and Department of Corrections (DOC) are collaborating to better meet the substance use treatment needs of individuals incarcerated or held on pretrial basis. DOC changes in policy and practice have advanced care coordination with EDs and significantly reduced overdose deaths while incarcerated. There is a concerted effort to provide a compendium of care, including Medication Assisted Treatment (MAT) for those with OUD.

Medication Assisted Treatment, an evidence-based approach, is the use of medications with behavioral therapies to support someone’s journey into recovery and prevent overdose. Buprenorphine (used in Suboxone), methadone, and naltrexone (used in Vivitrol) are the medications used for opioid use disorder. DHSS and DOC are expanding access to MAT in a variety of ways. DBH’s State Opioid Treatment Authority collaborated with the Medical Board and Board of Nursing to allow for the induction of Medication Assisted Treatment via telehealth, removing the in person requirement during the pandemic. The SOTA is working with DOC and opioid treatment programs (OTPs) to ensure access to methadone maintenance continues for patients that are incarcerated. The SOTA worked with OTPs and DOC to establish

a protocol for bridging services provided to patients incarcerated for up to 30 days. DHSS developed a Medication-Assisted Treatment Guide to assist Alaska providers in implementing opioid treatment services. This guide focuses on understanding how to use buprenorphine and naltrexone in office-based settings in conjunction with behavioral health treatment and supports. This guide was originally released November 2019 and is currently being updated. To support residential treatment providers in expanding access to MAT, DBH is also creating a Medication-Assisted Treatment guide focused on residential treatment programs and their clients. DBH expanded medication-assisted treatment services in Alaska through four grant awards (two in Southeast Alaska, one on the Kenai Peninsula, and one in Anchorage). Finally, in September 2020, DBH held a two-day virtual MAT Conference for providers across Alaska. Over 150 attendees were present marking enhanced capacity to serve Alaskans with MAT.

DBH continuously enhances access to substance use disorder treatment through supporting state and community level agencies. In FY20, twelve million dollars through FY19 legislative appropriation supported 12 agencies in the following efforts: crisis stabilization, short term housing, sobering centers, ambulatory withdrawal management, and SUD residential treatment services.

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. Alaskans are at high risk for relapse and overdose upon reentry to communities following incarceration or residential treatment programs, particularly those that only provide short-term “detox” without long-term management. 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 supports. Short- and long-term success for Alaskans in recovery will depend on Alaska’s success implementing the previous five goals: reducing the stigma associated with substance misuse; collaborating on substance misuse efforts, success ameliorating the problems associated with substance misuse; success reducing the risks associated with substance misuse, and timely access to screening, referral, and treatment.

To improve recovery, DBH allocated funds statewide for agencies to develop and enhance recovery support services. Funds were awarded to continue nine recovery residences and to support these programs in meeting national standards through the National Alliance for Recovery Residences (NARR). Recovery Housing programs are connected to treatment programs and integrate those services into program expectations. Goals set to enhance recovery efforts include help with budgeting, meeting legal obligations (if relevant), pre-employment skills are provided. While COVID-19 has caused some barriers in providing services, one residence reports that many residents have found employment in the grocery industry and some have moved into their own residence. In October 2019, the Governor’s Council on Disabilities and Special Education, DBH, Alaska Division of Vocational Rehabilitation, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Trust Authority sponsored a three day “Empowerment through Employment” conference on employment supports for Alaskans with disabilities. This conference had a dedicated track on workshops and discussions about serving Alaskans with severe mental health and substance use disorders. Lastly, DOLWD DETS set out to assist Alaskans who are personally affected by opioid misuse gain sustainable employment. Alaska Job Center staff set out to enroll 100 opioid-impacted Alaskans into occupational training; they far exceeded their goal by enrolling 208 individuals by June 30, 2020. They anticipate enrolling 279 Alaskans by June 30, 2021.

Peer support services offer an evidence-based approach to support people not only access treatment but to maintain recovery. DBH worked with stakeholders from across the state to develop a peer support certification for the peer workforce. State Opioid Response funds, combined with funds from the Alaska Mental Health Trust Authority, support a forthcoming certification process for peer support practitioners. Peer support certification ensures that there is a common standard for training and experience for this newly emerging workforce, as well as a common Code of Ethics. DBH supported four agencies to continue peer support services that support individuals experiencing substance use disorders. In addition, DBH funded peer support training for practitioners and their supervisors. These programs have

engaged with the Recovery Housing Programs to build wrap around services with a focus on reentry case management. Prior to the onset of COVID-19 restrictions, clients had been involved in many community-based activities including volunteering activities for local non-profits such as housekeeping, gardening, and landscaping. Staff at these agencies continue to connect clients to resources such as sober support meetings, social security, employment assistance, and housing during the pandemic.

Federal Funding

Funding was provided through at least seven different federal agencies, and received by at least six different SOA Departments. Since federal fiscal year 2014, State of Alaska has received at least \$86 million in federal grant funds to address the opioid response. However, between FY 19 and FY 21, there was an approximate 37 percent decrease in the amount of federal funding applied for and awarded. This does not include funding directed towards tribal entities or other agencies outside of State of Alaska as an entity.

Federal Entity	Approximate awarded for funding to be on opioid related activities-Total funding 2014-2021
Administration on Children, Youth and Families	\$343,433
Bureau of Justice Assistance	\$1,528,292
Centers for Disease Control and Prevention	\$16,422,399
Department of Justice	\$2,500,661
Office of National Drug Control Policy	\$7,541,250
Substance Abuse and Mental Health Services	\$56,588,111
US Department of Labor	\$1,263,194
Grand Total	\$86,187,340

SOA Department	10/1/2017-9/30/2018	10/1/2018-9/30/2019	10/1/2019-9/30/2020	10/1/2020-9/30/2021	Approximate awarded for 2014-2021
DEED	\$1,821,143.00	\$1,821,143.00	\$0.00	\$1,800,000	\$10,900,000
DHSS	\$11,402,229.33	\$19,737,810.66	\$15,902,169.16	\$12,384,297.83	\$63,702,559
DOA	\$0.00	\$200,220.33	\$200,220.33	\$200,220.33	\$600,661
DOC	\$137,958.00	\$1,000,000.00	\$135,770.00	\$141,718.00	\$1,279,676
DOLWD	\$421,064.67	\$421,064.67	\$421,064.67	\$421,064.67	\$1,263,194
DPS	\$3,400,000	\$2,500,000.00	\$3,770,625.00	\$1,270,625.00	\$8,441,250
Total	\$17,182,395.00	\$25,680,238.66	\$20,429,849.16	\$14,417,925.83	\$86,187,340

Recently passed federal legislation may support sustainably funding for opioid prevention, treatment, and recovery response in the coming year. This include H.R. 6, the SUPPORT for Patients and Communities Act of 2018, a bill that fosters improved workforce training, access to evidence-based treatment, and enhanced linkage to care. This legislation is in addition to the 21st Century Care Act and CARA. A considerable portion of federal grant funding is allocated by way of grants and contracts to community based agencies to address aspects of prevention, treatment and recovery. While there may have been silver linings to the COVID-19 pandemic response such as increasing access through telehealth, the funding, capacity, and influence it takes may threaten the awareness and financial support for the opioid epidemic. Moreover, those who live with opioid use disorder may be at heightened risk of COVID-19 related physical, economic, behavioral, and social detriments. Given the costs and quality of life issues, it is important that strong attention still be given to opioid misuse and addiction prevention, treatment, and recovery. This will support not only our state entities but communities that receive and benefit from this funding.

Receiving DEPT	Funder	Grant	Total Amount	FFY	Focus
DPS	ONDCP	High Intensity Drug Trafficking Areas	\$2,541,250.00	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
DOLWD	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
DEED	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
DHSS	CDC	Overdose Data to Action	\$10,899,822	FY20-FY22	-Supports surveillance and prevention initiatives
DHSS	BJA	AK Public Safety and Public Health Drug Overdoses Committee	\$993,154	FY19-FY21	Support public safety, behavioral health, and public health information-sharing partnerships.
DHSS	SAMHSA	Prescription Drug/Opioid Overdose-Related Deaths Prevention Initiative (PDO): Project HOPE	\$4,200,000	FY17-FY21	<ul style="list-style-type: none"> • Project HOPE–Harm-reduction, Overdose Prevention, Education <ul style="list-style-type: none"> o Train and certify Alaskans to administer naloxone o Establish naloxone distribution program o Buy and distribute naloxone to first responders, Alaskans
DHSS	SAMHSA	State Opioid Response Grant	\$8,000,000	FY21-FY23	-Increases access to medication-assisted treatment and other treatment modes. -Supports prevention activities
DHSS	SAMHSA	Substance Abuse Prevention and Treatment Block Grant	\$6,154,694	FY21-FY23	-Supports overall prevention, treatment, and recovery initiatives

In summary:

Controlling the opioid epidemic requires an interdisciplinary, comprehensive, and cohesive approach employed 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. Where possible, programs will be locally-driven, holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.

Summary of Products, Presentations, and Publications in 2019/2020

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State of Alaska DHSS. (2020). "Clinicians: caring for patients with complex pain medication regimens?" *UW Medicine Pain and Opioid Consult Hotline for Alaskan Clinicians*.

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