



Alaska Opioid Response 2017-2018

Saving lives now and working to prevent future opioid and substance misuse

Report to the Legislature

Prepared by the Alaska Department of Health and Social Services

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Purpose

Nearly twenty months have passed since Governor Walker issued a disaster declaration for the opioid epidemic. Since then, there has been increased collaboration across state agencies and with communities statewide, with efforts infused by federal funds exceeding \$36 million. What have we done and where has it made a difference? This report highlights the work and the results of Alaska's opioid response from February 2017 through September 31, 2018. 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

The national opioid epidemic has rapidly grown into this decade's defining public health crisis. According to preliminary data from the Centers for Disease Control and Prevention, overdose deaths in 2017 increased by almost 10 percent from 2016 – claiming the lives of more than 70,000 Americans. Nearly 48,000 of those were opioid overdose deaths, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids). The U.S. rate of opioid-related deaths increased more than four-fold between 1999 and 2016. In Alaska, the highest number of opioid-related deaths identified in one year was 108 in 2017 (preliminary data); of which, 100 (93%) were due to overdose. During 2010–2017, with 623 identified opioid overdose deaths, the opioid overdose death rate increased 77% (from 7.7 per 100,000 persons in 2010 to 13.6 per 100,000 persons in 2017). Synthetic opioids, excluding methadone, caused 37 deaths –37% of all opioid overdose deaths in 2017, with fentanyl contributing to 76% (28 of 37) of those deaths.

During 2012–2017, the rate of out-of-hospital naloxone administrations by emergency medical service (EMS) personnel more than doubled, from 8.0 to 17.7 administrations per 1,000 EMS calls in 2012 and 2017, respectively. The rates of opioid-related inpatient hospitalizations were 28.5 per 100,000 persons in 2016 and 26.0 per 100,000 persons in 2017, with total inpatient hospitalization charges exceeding \$23 million.

Despite the escalating rate of opioid overdose deaths and high hospitalization rates, there are several encouraging findings. Preliminary data suggest a possible reduction in the number of deaths during the first six months of 2018—29 Alaskans were known to have died of opioid overdose in the first 6 months of 2018 compared with 44 and 56 during the first and second six months, respectively, of 2017. Additionally, the percentage of traditional high school students who report using heroin at least once dropped in 2011 and 2013 and has not increased since then. The rate of Medicare Part D patients who received opioid prescriptions has decreased annually since 2015, suggesting more judicious prescribing in Alaska. Furthermore, naloxone use is increasing; this is likely due in part to the increased statewide availability of this life-saving overdose reversal medication.

Alaska Opioid Response Infrastructure

To address the rising incidence of heroin and opioid abuse in Alaska, the Advisory Board on Alcoholism and Drug Abuse, Division of Public Health (ABADA), and the Alaska Mental Health Trust Authority co-facilitated the Alaska Opioid Policy Task Force (AOPTF) in 2016, with members representing the public systems significantly affected by issues related to opioid abuse while representing the diversity of Alaska's communities. AOPTF Final Recommendation, issued in January 2017, have since informed actions and priorities for Alaska's Opioid Response.

Governor Walker declared the opioid crisis a statewide disaster by virtue of the threat to life and property on February 14, 2017, shortly after the task force issued final recommendations. The disaster declaration established a statewide Overdose Response Program under Alaska's Chief Medical Officer and enabled wide distribution of naloxone. Two days later, Administrative Order 283 implemented an Incident Command System (ICS) to coordinate the response and directed state departments to apply for federal grants for prevention and treatment, to eliminate illegally imported drugs, and assist with prescription drug monitoring.

The institution of ICS was based on the recognition that the opioid epidemic involves multiple and constantly evolving substances of misuse with complex underlying contributing factors. The problem would not be solved easily or quickly. Recognizing the need to dedicate staffing and enhance sustainability for the long-term multi-sector, multi-agency response, including prevention efforts, the Department of Health and Social Services established the Office of Substance Misuse and Addiction Prevention (OSMAP) under the direction of the Chief Medical Officer in July 2017.

Community Based Prevention

The AOPTF Final Recommendations endorsed a public health approach to the prevention and reduction of opioid use and misuse. Comprehensive prevention strategies are needed to mitigate the harm that opioids are causing Alaskans and their families and communities. Community based prevention has since become central work of the opioid response.

Project HOPE

With federal funding secured, Project HOPE (Harm-reduction, Overdose Prevention and Education), began providing naloxone (Narcan® Nasal Spray) and training on its use in January 2017. The rapid deployment of naloxone has only been possible because of the widespread and ongoing engagement of entities statewide to become Opioid Response Programs (ORPs), acting as a force multiplier, trained and certified by the state to distribute naloxone wherever it is needed. Ensuring that Alaskan entities and residents are aware of naloxone and drug disposal bag availability and use has also been the focus of direct state action, primarily by the state’s Chief Medical Officer, OSMAP Director and staff, and the DHSS Division of Public Health’s Section of Public Health Nursing (PHN). Public Health Nursing and Alaska State Troopers became the state’s first two Opioid Response Programs (ORPs). Public Health Nurses have met with entities statewide to educate leaders and staff about Project HOPE, provide subsequent training, and used events such as Alaska’s community health fairs as opportunities to inform community members as well.

Concurrent with distribution of naloxone rescue kits, Project HOPE also distributed medication disposal bags enabling safe disposal of opioids statewide through Public Health Centers, Alaska State Trooper posts and partner organizations. Alaska’s ORPs have distributed over 36,000 drug disposal bags and 15,000 naloxone kits. Project HOPE has documented over 200 lives saved through these opioid-reversal kits.

Project HOPE Community-Based Prevention as of September 21, 2018			
Naloxone kits built	Naloxone kits distributed	Drug disposal bags distributed	Approved Opioid Response Programs
16,000	15,592	36,083	92

Volunteers assembled 10,450 of the 16,000 Naloxone kits built to date. The state thanks:
 MyHouse staff and youth ♦ Fiend2Clean ♦ Mat-Su Opioid Task Force ♦ Covenant House staff and youth ♦ Alaska National Guard Counter Drug Support Team ♦ Anchorage Opioid Task Force ♦ Alcantra Army volunteers ♦ March & McLennan ♦ Pfs grantees and Sitka volunteers ♦ REAL About Addiction ♦ Alaska National Guard ♦ Alaska Native Medical Center ♦ Commissioned Corps of the U.S. Public Health Service and the U.S. Surgeon General ♦ Four A’s ♦ Interior Aids Association ♦ Clearwater Church, Anchorage ♦ University of Alaska Anchorage Residence Life staff ♦ First Presbyterian Church, Anchorage ♦ Southcentral Foundation, Mat-Su Campus

To increase awareness and understanding of opioids, the Department of Health and Social Services Office of Substance Misuse and Addiction Prevention (OSMAP), in a multi-agency effort:

- Launched video campaigns and Public Service Announcements:
 - [With Opioids, Not Sharing is Caring](#)
 - [Project HOPE Naloxone Kits](#)
 - [Alaska Tough](#)
 - [Living with Addiction](#)
- Are preparing outreach and messaging for the fall and winter of 2018 that will include production of TV/radio PSAs to improve patient awareness of (1) effective non-opioid pain treatment options and (2)

Community Cafés

OSMAP, in partnership with state agencies and community organizations, conducted a series of community cafes, (below, often combined with a preliminary day to meet with community leadership, to gather information about the specific needs, successes and challenges of addressing opioids in Alaska’s diverse communities. This community input informed Advisory Teams for the Alaska Opioid Action Planning Summit held in August 2018 and is reflected in the *Alaska Opioid Action Plan* (currently under review prior to distribution). The Action Plan outlines specific strategies and actions for the next five years and incorporates goals, objectives, and strategies from existing state plans that directly or indirectly address substance misuse.

OSMAP Opioid Action Planning for Statewide Opioid Action Plan: Community Events, 2017-September 31, 2018	
Community	Dates
2 0 1 7	
Prince of Wales	December 11
Petersburg	December 14
Ketchikan	December 12-13
2 0 1 8	
Dillingham	January 30-31
Sitka	February 3
Anchorage	February 8
Utqiagvik	February 14-16
Nome	February 26-28
Homer	March 7
Kenai	March 8
Juneau	March 26-27
Fairbanks	April 11-12
Mat-Su	April 17
Anchorage (Summit Planning)	June 7
Anchorage (Summit)	August 13-14

Education

Priorities for education included:

- **Health professionals**, increasing knowledge about opioids, pain management, and addiction to improve screening, referral, treatment, prevention, and prescribing practices
- **School staff and students**, increasing their awareness of the risks of opioids and the power of addiction before it develops
- **All Alaskans, and particularly Alaskans in high-risk populations**, to increase their awareness of opioids and associated risks and reduce the stigma associated with addiction

Health Professional Education

In addition to hospital Grand Rounds, presentations at Alaska’s medical facilities, conferences, and symposia, subject matter experts developed an *Alaska Opioids* Continuing Medical Education (CME) online course that enables licensed providers to meet new opioid CME requirements. Funding is also bringing provider expertise to Alaska for seminars such as with Dr. Don Teater and Martha Teater, *LPC Understanding Opioids, Pain and Addiction* and *Tools for Treatment* 2-day seminar. Beginning October 1, 2018, Project ECHO, a tool that has been used in states around the country to provide clinical, case-based education eligible for earning CME credits, will use virtual provider-to-provider networking and education to support providers with access to expertise on specific cases. Providers will also have access to a patient/provider discussion tool on pain treatment (including non-opioid alternatives).

School-Based Education

Presentations at school conferences brought school boards, school districts, and individual schools has increased educational involvement in the opioid response, including the competition to name two new drug detection K9s for the Alaska State Troopers involved more than 1,000 students in more than 70 classrooms. The Department of Education and Early Development (DEED) developed an accompanying lesson plan to inform students of the dangers of illicit drug use. Meanwhile, DEED and partners developed [Opioids and the Opioid Epidemic 101](#), an interactive educational program for teachers and school system staff, was developed is online with 500 public seats so Alaskan parents and others can take the online eLearning course. The Alaska National Guard Counter Drug Support Program is revamping substance misuse education materials and course for upcoming AMYA students.

Public and Targeted Education (for at-risk populations)

In addition to the campaigns, state staff talked with communities statewide in opioid presentations. Some of those involved videos, such as *Chasing the Dragon* and *Alkali Lake*, followed by panel discussions or question and answer sessions. Public Health Nurses provided information on how to reduce risks associated with opioid use to Alaskans in corrections, substance abuse treatment, needle exchange programs, and shelters.

Treatment and Recovery

Multiple federal grants (detailed in the Fiscal section) are being used to expand substance use disorder treatment services. DHSS submitted but has not yet received approval for, a Section 1115 Behavioral Health Medicaid Demonstration Waiver application to the Centers for Medicare & Medicaid Services (CMS) to develop a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. The Division of Behavioral Health also worked to expand treatment services, with more treatment beds and medication-assisted treatment options.

- The Alaska 1115 Behavioral Health Demonstration Waiver application sets forth three goals:
 - Rebalance the current behavioral health system of care to reduce Alaska's over-reliance on acute, institutional care and shift to more community- or regional-based care;
 - Intervene as early as possible in the lives of Alaskans to address behavioral health early warning signs before symptoms cascade into functional impairment; and
 - Improve overall behavioral health system accountability by reforming the existing system of care.
- The \$12 million substance use disorder services expansion included in the state FY 2019 budget is supporting solicitation for proposals posted in September 2018. All services must include treatment for the opioid use disorder population.
- There are now over 300 residential treatment beds in Alaska to help Alaskans address substance use disorder. There are also more options for outpatient treatment, with nearly 300 medication-assisted treatment (MAT) prescribers in Alaska trained and approved to prescribe buprenorphine as part of an MAT plan for persons with opioid addiction.
- Federal Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response grant moneys funded Interior Aids Association, Fairbanks Native Association and Cook Inlet Council on Alcoholism and Drug Abuse to increase access to medication-assisted treatment (MAT). Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) funds to Narcotic Drug Treatment Center are supporting doubling of services to cover 400 clients while Rainforest Recovery will serve 75 clients.
- The Department of Corrections is implementing Behind the Walls MAT using Vivitrol. In addition, Inmates who are stable on methadone and incarcerated less than 30 days have increased access to methadone through MAT community partners. Upon reentry, individuals are given resources, including naloxone, to facilitate successful transition to the community.

Law Enforcement

The Public Safety Action Plan (PSAP) lays out a comprehensive crime-fighting strategy and drives the administration's budget and legislative priorities. Actions included:

- Seeking and receiving designation of High Intensity Drug Trafficking Area and associated annual funding \$5 million in federal dollars to support collaborative enforcement across cities, municipalities, and state and federal officials.
- Seizure of 14,464 grams of heroin, 37,231 grams of cocaine, and 100,190 grams of methamphetamine for a combined total of 151,886 grams of illicit substances in 2017.
- Department of Law designation of a cross-deputized special prosecutor to work with federal authorities focusing on high-level drug traffickers.
- Getting the legal tools to get ahead of the drug trade by granting the Alaska Attorney General the power to describe and criminalize emerging controlled substances by emergency regulation.
- In 2017, State Drug Enforcement Unit Canine Teams were involved in 89 felony and 23 misdemeanor arrests. Of the total seizures, canine teams were used in the seizure of 7,824.19 grams of heroin, 4,757.35 grams of cocaine, 17,766.35 grams of methamphetamine, 6,020.32 grams of marijuana and \$330,918.00 cash from drug proceeds. Currently working across sectors to fund additional drug detection dogs for new K-9 interdiction and seizure operations that would operate under one statewide umbrella.

Prescription Drug Monitoring Program

During 2017 and 2018, the Prescription Drug Monitoring Program provided guidance, updates, and training to providers and prescribers. Grants provided partial support for the PDMP manager and funding to enhance PDMP capacity, including issuance of report cards comparing prescribing practices of providers with their peers. DCCED released the [Alaska Prescription Drug Monitoring Program Report to the 30th Legislature \(2018\)](#). PDMP staff provided mailed and internet guidance (www.PDMP.alaska.gov, https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_EffectiveDates_08.2017.pdf) to providers and prescribers and worked with professional associations to post links to information.

- There are 6,580 registered Prescription Drug Monitoring Program (PDMP) users, a roughly 4-fold increase in 2 years, attributable to SB 74 and HB 159 mandating PDMP use and registration. Practitioners and pharmacists logged into the Prescription Drug Monitoring Program over 32,000 times in July. This represents a 14% increase in the past year.
- In August 2018, 75% of prescription history searches identified patients with a prescription history.
- Opioids are being prescribed more carefully, implementing judicious prescribing practices:
 - Opioid prescriptions decreased 15.4% decrease from July 2017 to June 2018; 8,179 fewer opioid prescriptions were dispensed in July than in June of 2018 (PDMP data).
 - The number of opioid prescriptions for state employees in May 2018 were roughly 60% of the figure in February 2017, and the number of pills in each prescription had been cut in half.
 - Opioid prescribing rates for Medicare beneficiaries decreased by 9%.
 - Approximately 10% fewer Medicaid members had an opioid claim submitted between January and June 2018, compared to April through September 2017. This was in concert with a 20% decrease in the number of members who had claims with calculated daily Morphine Milligram Equivalents (MME) greater than 200 during these same periods (Alaska Medicaid pharmacy claims data).
 - Prescriptions filled for less than seven days represented 84% of 'new starts' from January through June 2018 (Alaska Medicaid pharmacy claims data).

Data

Preliminary opioid overdose death and emergency department visit data is now updated monthly, with the proviso that numbers may change once toxicology results are verified, with preliminary numbers. An interactive [Alaska Opioid Data Dashboard](#) provides month by month information for the most recent 12-month period.

Communications

Alaska's opioid epidemic, including local and state efforts to address opioid and other substance misuse, had widespread coverage in print, television, radio, and social media. Since the first operational period of the declared disaster, we documented **over 425 events**, ranging from educational (including Project HOPE naloxone kits, medication disposal bags, safe disposal of needles); informational (opioid reports and statistics), community events, and policy (Alaska bills; Op-Eds).

Fiscal: Federal Opioid Funding

Total federal funds: **\$36,205,000**

Total active federal grants: **11**

Many of these grants are used, in whole or part, to fund or support community based efforts

Department	Grant and Funding	Focus
Health and Social Services	State Opioid Response Grant US Department of Health and Human Services \$8,000,000	<ul style="list-style-type: none"> • Increase access to medication-assisted treatment using three FDA-approved medications for opioid use disorder treatment • Reduce unmet treatment need • Prevention, treatment and recovery activities
Health and Social Services	Crisis Response Grant Centers for Disease Control and Prevention (CDC) \$2,500,000	<ul style="list-style-type: none"> • Open Bed platform for real-time, on-line information on treatment bed availability • Statewide community-based Mental Health First Aid training • Compassion fatigue training for first responders • Provider hotline for screening, referral, and treatment • Training for providers to obtain their DEA Data Waiver • Enhanced toxicology testing by Public Health Labs
Health and Social Services	Harold Rogers Prescription Drug Monitoring Program (PDMP) , Dept. of Justice, BJA \$255,000 (one-time funding)	<ul style="list-style-type: none"> • Assess awareness and use of PDMP among practitioners • Identify trends in controlled substance prescribing • Increase provider self-awareness of prescribing habits • Issue confidential report cards to track prescribing habits
Health and Social Services	Partnerships for Success (PFS) , Substance Abuse and Mental Health Services Administration (SAMHSA) \$5,000,000 (\$1M/yr–5 yrs)	<ul style="list-style-type: none"> • Fund community coalitions (Anchorage, Palmer/ Wasilla, Kenai/Soldotna, Fairbanks, Sitka, Juneau) to prevent onset and reduce progression of substance misuse • Strengthen prevention capacity and infrastructure at state, tribal, and community levels
Health and Social Services	Prescription Drug Overdose Grant (PDO) SAMHSA \$4,200,000	<ul style="list-style-type: none"> • Project HOPE–Harm-reduction, Overdose Prevention, Education <ul style="list-style-type: none"> ◦ Train and certify Alaskans to administer naloxone ◦ Establish naloxone distribution program ◦ Buy and distribute naloxone to first responders, Alaskans
Health and Social Services	Prescription Drug Overdose Data-Driven Prevention Initiative (DDPI) , CDC \$2,250,000 (\$750,000/yr–3 yrs)	<ul style="list-style-type: none"> • Data collection and analysis • Policy review • Alaska Prescription Drug Monitoring Program evaluation • Outreach and public education
Health and Social Services	Enhanced State Opioid Overdose Surveillance (ESOOS) , CDC \$700,000 (\$350,000/yr–2 yrs)	<ul style="list-style-type: none"> • Track fatal and nonfatal opioid-involved overdoses • Increase timeliness of reporting nonfatal and fatal events • Identify overdose and associated risk factors • Disseminate findings to key stakeholders
Health and Social Services	Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) , SAMHSA \$3,000,000 (\$1M/yr–3 years)	<ul style="list-style-type: none"> • Expand access to medication-assisted treatment (MAT): <ul style="list-style-type: none"> ◦ Narcotic Drug Treatment Center in Anchorage, to provide services for an additional 200 patients ◦ Bartlett Rainforest Recovery Center in Juneau, to implement Office Based Opioid Treatment (OBOT) for 75 individuals
Health and Social Services	State Targeted Response (STR) Grant SAMHSA \$4,000,000 (\$2M/yr–2 yrs)	<ul style="list-style-type: none"> • Increase access to treatment, address recovery, and reduce opioid overdose related deaths through prevention • Launch office-based opioid treatment (OBOT) for high risk persons, including recently incarcerated, veterans, young adults
Labor and Workforce Development	National Health Emergency Dislocated Worker Demonstration Grant \$1,300,000	<ul style="list-style-type: none"> • 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
Public Safety	High Intensity Drug Trafficking Area , Office of National Drug Control Policy (ONDCP) \$5,000,000 (annually)	<ul style="list-style-type: none"> • 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