

Recommendations for the Use of Janssen/Johnson & Johnson (J&J) and Distributors National Opioid Settlement Funds

Prepared by the Governor's Advisory Council on Opioid Remediation

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Executive Summary

While communities and authorities in the United States work to address the opioid crisis, they are facing a significant increase in the prevalence of illicit fentanyl and resulting increase in overdoses. In 2021, Alaska experienced the largest percent increase in overdose deaths of any state in the United States, losing at least 253 people to overdose, with 196 deaths attributed to opioid overdose. 150 or seventy-six percent (76%) of the deaths involved synthetic narcotics, a category that includes fentanyl. Of the 778 total overdose deaths that occurred between 2017–2021, fifty-eight percent (58%) involved drugs from more than one narcotic, sedative, or psychotropic category, including thirty-four percent (34%) that involved drugs from three or more categories.¹

The opioid settlement lawsuits filed against multiple manufacturers and distributors assert that their business practices were a major contributing factor to the U.S. opioid epidemic. In February 2022, a \$26 billion settlement was finalized between most states and local governments and the manufacturer Janssen/Johnson & Johnson (J&J), and three major pharmaceutical distributors: Amerisource Bergen, Cardinal Health, and McKesson.² Native American tribes settled a separate agreement with these parties in May 2022.³ Through the state and local government agreements, Alaska will receive approximately \$58.5 million over the next eighteen years.

Governor Michael Dunleavy's Administrative Order No. 324, established the Governor's Advisory Council on Opioid Remediation (GACOR).⁴ By December 1 of each year, the council must deliver a report to the Commissioner of the Department of Health with input and recommendations regarding: 1) The management and allocation of the opioid remediation funds 2) A process, or improvements to the process for receiving input from communities regarding remediation strategies and responses to their specific opioid remediation needs and 3) Implementing efficient, evidence-based approaches to opioid remediation statewide.

Remediating the impacts of the opioid epidemic in Alaska requires a comprehensive and community-based approach. The most impact will be made by Alaskans working together to address the conditions that lead to substance misuse and addiction in the first place and by cultivating empathy to help those struggling with addiction.

1) 2021 State of Alaska Drug Overdose Mortality Update

https://health.alaska.gov/dph/VitalStats/Documents/PDFs/DrugOverdoseMortalityUpdate_2021.pdf

2) February 25, 2022, Settlement Press Release https://nationalopioidsettlement.com/wp-content/uploads/2022/02/Opioids_release_20220225.pdf

3) Tribal Opioid Settlement Webpage <https://www.tribalopioidsettlements.com/>

4) Administrative Order 324 <https://gov.alaska.gov/wp-content/uploads/sites/2/10.01.21-Adminstrative-Order-324-Governors-Advisory-Council-on-Opioid-Remediation.pdf>

Acknowledgements

Development of this report was informed by those with lived experience who shared their personal stories with the council, [*comments received through a formal public comment process*], presentations from state experts, and in consultation with staff at the Divisions of Public Health and Behavioral Health. Existing state plans known to address opioid prevention and treatment were reviewed, and national guidance and evidence-based and culturally appropriate strategies for prevention and abatement were collected. A list of resources is included as an attachment. Administrative support in the form of guidance and writing of this report was provided by staff at the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse.

The recommendations that follow aim to embrace the values of saving lives, equity, transparency, being locally driven, evidence-based and culturally appropriate, measurable, effective and efficient, and long-term sustainability.

The Governor's Advisory Council on Opioid Remediation members contributing their time and thoughts to this report include:

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Daniel Grimes, Soldotna Deputy Fire Chief
Anita Halterman, Alaska Mental Health Trust Authority Board of Trustees Chair
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David Wilson, Senator
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A special thank you to the federal, state, Tribal, and local governments, community organizations, families, and individuals who work hard to prevent or mitigate substance misuse.

We extend our sincere condolences to those who have lost someone to the opioid epidemic.

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DRAFT

Introduction

The origins of opioid and other substance misuse in the United States dates to the 1800s, but increased prescription of opioid medications beginning in the 1990s was a significant driver to the opioid epidemic. From 1991 to 2011, the number of opioid prescriptions dispensed by U.S. pharmacies nearly tripled: from 76 million to 219 million.⁵ Pharmaceutical companies downplayed the risks as they marketed their products to providers. The subsequent increase in prescription of opioid medications led to widespread misuse, and many pills were diverted to friends and family or to illegal markets.

The rise in opioid overdose deaths is often described in three waves: a rise in prescription overdose deaths beginning in 1999, a rise in heroin overdose deaths in 2010, and a rise in synthetic opioid overdose deaths beginning in 2013. As authorities began regulating the amount of prescription pills available and companies changed their formulations, heroin became the more accessible and cheaper option for many. Data show transitioning to heroin use is rare for people who first take prescription opioids but for those who do use heroin, a significant number began their opioid use with prescription opioids. Most recently, there are rising rates of overdose driven by potent synthetic opioids, including illicitly manufactured fentanyl, along with an increase in overdoses involving stimulants and polysubstance use.⁶ This is occurring despite a forty-four percent (44%) decrease in opioid prescriptions from 2011 to 2020 and significant increase in state prescription drug monitoring programs.⁷

Evidence-based strategies exist to mitigate the opioid epidemic. Upstream prevention can increase protective factors in youth and reduce access to non-prescription pain relievers; harm reduction techniques such as naloxone work to reverse opioid overdose; and medications exist to treat opioid use disorders. A continued multipronged approach is necessary to address the many factors contributing to both the ongoing opioid epidemic and other co-occurring substance use and mental health disorders.

5) 2018 National Institute on Drug Abuse Prescription Opioids and Heroin Research Report <https://nida.nih.gov/publications/research-reports/prescription-opioids-heroin/increased-drug-availability-associated-increased-use-overdose>

6) United States Department of Health & Human Services Overdose Prevention Strategy <https://www.hhs.gov/overdose-prevention/background>

7) 2021 American Medical Association Overdose Epidemic Report <https://www.ama-assn.org/system/files/ama-overdose-epidemic-report.pdf>

Overview of Settlement Agreement and Establishment of Advisory Council

The national opioid settlement consists of two agreements: an agreement with the manufacturer Janssen/Johnson & Johnson (J&J), and another with the three pharmaceutical distributors: Amerisource Bergen, Cardinal Health, and McKesson. In addition to sending money to states, Janssen/J&J agrees not to manufacture, sell, promote, or distribute any opioid products nor lobby for prescription opioids for the next ten years. J&J will also make clinical trial data for its opioid products available for medical research via the Yale University Open Data Access Project.

The three distributors are required to establish a third-party clearinghouse that serves as a data repository, monitoring where each opioid dose is destined. The distributors must check the database before sending out each shipment and must notify state and federal authorities and hold the shipment if it appears that the recipient drugstore or other facility is asking for an extraordinary number of drugs.

Funding For Alaska

The amount of funding sent to participating states and political subdivisions was based on the population, number of opioids shipped to the area, number of opioid-related deaths that occurred, and the number of people who suffer from opioid use disorder. The political subdivisions in Alaska were defined as populations of 10,000 or more and include the: Municipality of Anchorage, City of Fairbanks, Fairbanks North Star Borough, Juneau City and Borough, Kenai Peninsula Borough, Ketchikan Gateway Borough, Kodiak Island Borough, Matanuska-Susitna Borough, and City of Wasilla.

In total, over eighteen years, Alaska will receive \$58,566,779. The settlement default allocation is fifteen percent (15%) to political subdivisions, fifteen percent (15%) to the state fund and seventy percent (70%) to an abatement account fund. Political subdivisions entered into individual agreements with the State of Alaska, and they will govern how their funds will be distributed.

Abatement and Remediation Strategies

The settlement requires at least eighty-five percent (85%) of funds be spent on opioid remediation, meaning activities designed to 1) address the misuse of opioids, 2) treat or mitigate opioid use disorder or related disorders, or 3) mitigate other effects of the opioid epidemic. A fifteen-page section titled, "Exhibit E", provides a broad spectrum of example strategies ranging from improvements to infrastructure, to direct services, to research and evaluation of the effectiveness of the strategies. The target population is also broad, but a section titled, "Schedule A Core Strategies" highlights services for individuals who are: uninsured or whose insurance does not cover the needed service (e.g. naloxone, medications for addiction treatment, screening, brief intervention, referral and treatment); incarcerated or transitioning back to the community; pregnant or postpartum with opioid use disorder or with co-occurring other substance use disorder or mental health disorder; diagnosed with neonatal abstinence syndrome; in need of medication-assisted treatment or other opioid-related treatment; in recovery; in need of comprehensive syringe service programs; and in need of naloxone.

Advisory Council

The settlement agreement dictates that states designate an advisory committee to provide input and recommendations regarding remediation spending from the state's abatement account fund. Administrative Order No. 324 established the Governor's Advisory Council on Opioid Remediation (GACOR) with the intent to provide an efficient and transparent way to engage Alaskans statewide regarding the management and allocation of opioid abatement funds. The council has nine voting members and four non-voting ex-officio members. Emphasis was placed on equal numbers of state and local representatives that collectively represent Alaska's geographically, demographically, economically, and culturally diverse communities.

Development of Recommendations

The council first met in December 2021 and continued to meet monthly, learning from various subject matter experts and from individuals with lived experience. In June 2022, the council met for a full day in Fairbanks where they made decisions about fund management and allocation. Council members created a small advisory subcommittee which met in July to discuss recommendations on abatement strategies. The Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse planning staff summarized these recommendations for the council *[and the report was posted September 2022 for public comment. The comments will be reviewed by the council in October and incorporated into this report as appropriate.]*

Recommendations on the Management and Allocation of the Opioid Remediation Funds

The council prioritizes collaboration and consultation with local, state, and national experts, transparency on the use of funds, geographical and demographical equity, and internal and external measurability to track effectiveness and efficiency.⁸ There are currently multiple sources of funding actively addressing the opioid epidemic in Alaska. The council emphasizes the importance of a strategic and tactical approach which creates a stable funding source available for long-term use.

The council recommends:

- 1) Maintaining the default allocation terms of the settlement agreement and not amending them through a state-subdivision agreement or legislation: fifteen percent (15%) to the Subdivision Fund; seventy percent (70%) to the Abatement Accounts Fund; and fifteen percent (15%) to the State Fund which will be directed into the Abatement Accounts Fund.

8) 2021 American Public Health Association Policy Statement: An Equitable Response to the Ongoing Opioid Crisis <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/An-Equitable-Response-to-the-Ongoing-Opioid-Crisis>

- 2) Securitizing opioid settlement payments scheduled to be deposited into the State Fund and Abatement Accounts Fund (i.e., exchanging the right to receive future payments for a one-time lump sum payment through a bond transaction). These securitized funds, in addition to amounts already received and any supplemental legislative appropriations made during the 2023 legislative session shall be deposited into a new account. The account will be invested under the Commissioner of Revenue's fiduciary duty and with the advice of the Investment Advisory Council used to establish asset allocations for other state funds.
- 3) Securitized funds shall be used only for opioid remediation activities and spent from using a Percent-Of-Market-Value (POMV) approach that balance's structure and sustainability to ensure funds are available long-term.
- 4) Depositing any funds received by the State now, or in the future, relating to litigation over liability for the opioid epidemic, into the same opioid abatement account as the securitized funds. Funds in this account will be used only for future opioid remediation activities.
- 5) The Legislature and Governor support a one-time state general fund match up to one hundred percent (100%) of the opioid settlement for the initial lump sum deposit into the opioid abatement account.
- 6) Assigning responsibility for the allocation and distribution of funds to the Alaska Department of Health. The council will work with the Department to develop the process for equitable allocation that accounts for the diverse geographic and demographic makeup of Alaska.
- 7) Distributing funds to entities that are addressing opioid remediation efforts in Alaska. An entity is defined as a 501(c)(3) non-profit, healthcare facility, private institution of higher education, city or borough that has signed or is willing to sign the settlement agreements, or a state or tribal government.
- 8) Creating a robust, cross-sector steering committee tasked with review of draft funding announcements and proposals/applications from entities. The steering committee will be made of at least fifty percent (50%) local government representation to meet the requirements of the current settlement and the bankruptcy settlements. Excluding conflicts of interest, recommended core representation includes local government representatives, the Alaska Division of Public Health, Alaska Division of Behavioral Health, Alaska Mental Health Trust Authority, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, Alaska Behavioral Health Association, University of Alaska Anchorage Center for Alcohol and Addiction Studies, Alaska Native Health Board, Tribes/Tribal Health Organizations (T/THOs), and individuals with lived experience. In addition to the above, subject matter experts will be included as applicable, to include but not be limited to: Alaska Department of Corrections, Alaska Division of Juvenile Justice, Alaska Office of Children's Services, Alaska Department of Labor and Workforce Development, Alaska Division of Health Care Services, Alaska Prescription Drug Monitoring Program, and non-profit organizations.

- 9) Beginning in FY 2024 (July 1, 2023), make annual withdraws not to exceed five percent (5%) of principle to fund new statewide or community level opioid abatement programs and/or enhancements to existing programs. The council chose this percent in congruence to the Alaska Permanent Fund's percent of market value (POMV) approach.
- 10) Creating a process for tracking funds and publicly reporting allocations online, including a published report of which entities receive funding and what it was used for.
- 11) Requiring the outcome measures on reports from fund recipients be taken into consideration along with other sources of new information and data when writing each year's annual report to the Commissioner of the Department of Health.

Recommendations On a Process, or Improvements to the Process for Receiving Input from Communities Regarding Remediation Strategies and Responses to Their Specific Opioid Remediation Needs

The council believes in the importance of allowing funding applicants to rank their needs regarding opioid abatement. The council prioritizes being open to feedback from Alaskans both on this report and the overall process. In addition to posting this report for public comment, there are multiple opportunities throughout the year where citizens can contribute their voice and the council encourages development of additional opportunities.

The council recommends:

1. Incorporating feedback received through existing mechanisms. Examples include but are not limited to stakeholder budget planning and board meetings, contract and grantee meetings, state plan reviews, substance use and mental health public comment opportunities, community cafes, community opioid and wellness coalitions and the Opioid Working Group. Refer to Appendix A for more detail.
2. Accepting ongoing feedback via an online portal or designated contact posted on an appropriate State of Alaska website.
3. Requiring reports that provide feedback on program implementation and effectiveness from entities who receive funding.
4. Encouraging and assisting council members to engage with individuals and agencies within their respective regions.
5. Continuing to publicly notice all meetings of the council, providing a virtual means to attend the meetings and accepting feedback during the meeting and through public testimony.
6. Posting the council's annual report for public comment prior to submission to the commissioner and including public comment received with the report.

Recommendations on Implementing Efficient, Evidence-Based Approaches to Opioid Remediation Statewide

The council emphasizes using a broad strategic framework as a guide for choosing which evidence-based and culturally appropriate activities to fund. These activities should be actionable, measurable, effective and efficient. When possible, approaches should also be holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.

The council recommends:

1. Focusing first on funding that targets the core abatement strategies and populations listed under Exhibit E, Schedule A in the settlement agreement, allowing funding applicants to propose priorities specific to their community.
2. Using a population/public health approach when allocating funds which focuses on upstream/primary prevention, treatment, harm reduction and recovery services.

	Settlement Exhibit E, Schedule A Core Strategies
Upstream/ Primary Prevention	<ul style="list-style-type: none"> • Evidence-Based Prevention Programs in Schools • Provider Education and Outreach on Best Prescribing Practices • Community Drug Disposal Programs • Media Campaigns to Prevent Opioid Use Disorder
Treatment	<ul style="list-style-type: none"> • Targeted Screening • Targeted Distribution of Medications for Addiction Treatment and Integration Across Continuum of Care • Workforce Education on Medications for Addiction Treatment • Wrap Around Services for People w/Opioid Use Disorder • Services for Babies w/Neonatal Abstinence Syndrome and Caregiver • Treatment for Women with Opioid Use Disorder and Co-Occurring Substance Use and Mental Health Disorders Twelve-Months Postpartum • Pre-Arrest Diversion and Post-Overdose Response Training for First Responders
Harm Reduction	<ul style="list-style-type: none"> • Targeted Naloxone Distribution • Naloxone Training • Syringe Exchange and Wrap Around Services Including Linkage to Opioid Use Disorder Treatment • Access to Sterile Syringes and Linkage to Care and Treatment of Infectious Diseases
Recovery	<ul style="list-style-type: none"> • Recovery Services Including Wraparound and Housing for Opioid Use Disorder and Co-Occurring Substance Use and Mental Health Disorders

3. Using a systems-based approach when allocating funds that encourages cost effectiveness and quality assurance.^{9,10}
 - Leveraging and braiding funds from other sources to ensure the most collective impact and efficient use
 - Training workforce in addiction science
 - Evaluating data infrastructure needs to support measuring progress of opioid abatement strategies
 - Using outcome-based measures that reflect intent of opioid abatement
 - Using internal processed-based measures to ensure transparency and effective management

Conclusion

The intent of the council is to get the funding to entities that are focused on opioid abatement. The council encourages the Administration to use evidence-based and culturally appropriate methods as they respond to the emerging needs of the state. The council encourages empathy toward individuals with pain and addiction and supports integrated/holistic care which means meeting each person where they are at. This includes behavioral health and primary care integration but also emergency and law enforcement co-response. The council acknowledges the existing advisory groups, planning and funding infrastructure within Alaska (refer to Appendix A) and emphasizes the importance of involving these entities in conversations related to opioid abatement planning.

9) Guide for Future Directions for the Addiction and OUD Treatment Ecosystem

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8406500/>

10) Applying the Balanced Scorecard to Local Public Health Performance Measurement:

Deliberations and Decisions <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-127>

Appendix A: Alaska's Existing Opioid Advisory, Planning and Response Infrastructure

Alaska Native Health Board

The Alaska Native Health Board (ANHB), established in 1968, is recognized as the statewide voice on Alaska Native health issues. The mission of the ANHB is to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is a 28-member board entity, consisting of one representative of the Board of Directors or health committees from each of Alaska's Tribes/Tribal Health Organizations (T/THOs) and independent tribal public Law 93-638 compactors/contractors.¹¹ ANHB's ongoing mission centers on fostering constructive communication with government agencies, elected officials, and industry stakeholders to raise awareness of Tribal health issues and to promote meaningful dialogue and effective policy change at the state and federal levels.

Advisory Board on Alcoholism and Drug Abuse

The Advisory Board on Alcoholism and Drug Abuse (ABADA) was established in 1988 by the Alaska State Legislature (AS 44.29.100) and Executive Order #71. Co-located with the Alaska Mental Health Board (AMHB) and Statewide Suicide Prevention Council, AMHB/ABADA are statutorily charged with advising, planning, and coordinating behavioral health services and programs funded by the State of Alaska. AMHB/ABADA holds a public board meeting at least twice a year, with one meeting held in a community located off the road system. These meetings host panels of citizens and formal public comment so citizens can share how substance use and mental health is affecting their community. AMHB/ABADA considers this input as they work to advocate and assist in the coordination and creation of state planning processes related to substance use and mental health.

Alaska Mental Health Trust Authority

The Alaska Mental Health Trust Authority (Trust) was established in 1994. Trust funding promotes long-term systemic change and improves the lives and circumstances of Trust beneficiaries. Beneficiaries include Alaskans who experience mental illness, intellectual and developmental disabilities, substance use disorders, Alzheimer's Disease and related dementia, and traumatic brain injuries. The Trust provides leadership in advocacy, planning, and the implementation of beneficiary services and programs. In partnership with its advisory boards and the Departments of Health and Family and Community Services, the Trust maintains the Comprehensive Integrated Mental Health Program Plan. Each year the Trust convenes stakeholder meetings informing the development of their next year's budget.¹²

11) Alaska Native Health Board website <http://www.anhb.org/about-anhb/>

12) FY24/25 Alaska Mental Health Trust Budget Development Stakeholder Meeting Summary Notes <https://alaskamentalhealthtrust.org/wp-content/uploads/2022/07/Final-FY-24-25-Stakeholder-Meeting-Summary-Notes.pdf>

Alaska Opioid Policy Task Force, Opioid Work Group

To address the rising incidence of heroin and opioid misuse in Alaska, in 2016, ABADA, the Division of Public Health, and the Trust co-facilitated an Alaska Opioid Policy Task Force (AOPTF).¹³ The goal of this taskforce was to provide recommendations to the Governor and Legislature.¹⁴ This group continues meeting monthly as the “Opioid Work Group” with the intent of coordinating and leveraging efforts across State of Alaska Departments.

Alaska Office of Substance Misuse and Addiction Prevention and Statewide Opioid Action Plan

In July 2017, the Office of Substance Misuse and Addiction Prevention (OSMAP) was created within the Division of Public Health. A planning summit was held August 2018, and based on recommendations from the AOPTF, the 2018-2022 Statewide Opioid Action Plan (SOAP) was created.¹⁵ The mission of the plan is to save lives in the present and to work to prevent future opioid and substance misuse. To ensure the plan is dynamic, OSMAP held a virtual review of the plan in 2020. OSMAP is currently conducting public community cafes around the state in preparation for the plan’s extension in 2023. The office works with many stakeholders including staff with the High Intensity Drug Trafficking Area office, and Centers for Disease Control and Prevention staff supporting Alaska’s Overdose Response Strategy and Opioid Rapid Response Program.^{16,17}

Alaska Division of Behavioral Health

The Division of Behavioral Health (DBH) administers publicly funded statewide behavioral health services (mental health and substance use). In Alaska, the State Opioid Treatment Authority (SOTA) is housed within DBH. The SOTA provides oversight for opioid treatment programs (OTPs) statewide. In partnership with others, DBH created a Medications for Addiction Treatment Guide to assist providers in implementing opioid treatment services.¹⁸ DBH uses the Substance Abuse and Mental Health Services Administration (SAMHSA) Combined Mental Health Block Grant and Substance Abuse

13) Alaska Opioid Policy Task Force Website

<https://health.alaska.gov/AKOpioidTaskForce/Pages/default.aspx#:~:text=Legis%E2%80%8Blature,.the%20diversity%20of%20Alaska's%20communities.>

14) 2017 Alaska Opioid Policy Task Force Final Recommendations

<https://health.alaska.gov/AKOpioidTaskForce/Documents/AOPTF-Recommendations-1-19-17.pdf>

15) State of Alaska 2018-2022 Statewide Opioid Action Plan

<https://health.alaska.gov/dph/Director/Documents/opioids/Statewide-Opioid-Action-Plan-2018-2022.pdf>

16) High Intensity Drug Trafficking Areas Overdose Response Strategy (ORS)

<https://www.hidtaprogram.org/ors.php>

17) CDC Opioid Rapid Response Program [https://www.cdc.gov/opioids/opioid-rapid-response-](https://www.cdc.gov/opioids/opioid-rapid-response-program.html#:~:text=Opioid%20Rapid%20Response%20Program%20(ORRP)%20is%20an%20interag)

[program.html#:~:text=Opioid%20Rapid%20Response%20Program%20\(ORRP\)%20is%20an%20interag](https://www.cdc.gov/opioids/opioid-rapid-response-program.html#:~:text=Opioid%20Rapid%20Response%20Program%20(ORRP)%20is%20an%20interag)

[ency%2C%20coordinated,disorder%20\(MAT%2FMOUD\).](https://www.cdc.gov/opioids/opioid-rapid-response-program.html#:~:text=Opioid%20Rapid%20Response%20Program%20(ORRP)%20is%20an%20interag)

18) State of Alaska Medications for Addiction Treatment Guide

<https://health.alaska.gov/dbh/Documents/TreatmentRecovery/MAT/MATGuide--May2021.pdf>

Block Grant Behavioral Health Assessment and Plan to communicate priority areas, strategies, and annual performance indicators to SAMHSA and to plan, implement, and evaluate activities that prevent and treat substance misuse.¹⁹ Since 2018, DBH manages Alaska’s 1115 Behavioral Health Medicaid Demonstration Waiver (1115 Waiver), which consists of a substance use disorder (SUD) and behavioral health component. The 1115 SUD Waiver equips Alaska’s behavioral health providers with Medicaid funded treatment options to address addiction and substance misuse through local, community-based treatment providers.²⁰ DBH co-leads the Statewide Epidemiology Workgroup (SEW) with the Division of Public Health. The intent of SEW is to emphasize outcomes-based prevention; adopt a public health approach to preventing and reducing substance use and related problems, as well as mental, emotional and behavioral disorders; and use epidemiological data as a primary foundation for all planning and decision-making at state and community levels.²¹

Tribes/Tribal Health Organizations (T/THOs)

The Alaska Tribal Health System (ATHS) is a diverse and multifaceted healthcare system developed over the last forty years. ATHS is comprised of approximately thirty independently operating Tribes/Tribal Health Organizations (T/THOs) and has a robust referral and care coordination system.²² ATHS invests in multiple strategic efforts to address concerns related to opioid use disorder, including prevention and intervention efforts with culturally appropriate programs based in traditional values. Organizations invest in data analytic strategies to empower their providers to reduce the number of prescriptions of opioids being written within their regions. Many T/THOs provide medication assisted treatment (MAT) to individuals who experience an opioid use disorder, community and provider education and training regarding the risks of opioids, treatment, and harm-reduction strategies and supplies. T/THOs in most areas are the only healthcare providers available, and therefore serve everyone in the area regardless of race. The ATHS also works to coordinate training and education for Community and Behavioral Health Aides, who are critical in rural areas with limited infrastructure. In response to the need for improved MAT coordination, the Alaska Native Tribal Health Consortium created a Medication Assisted Treatment (MAT) Toolkit to aid providers in rural Alaska.²³

19) Combined MHBH/SABG Behavioral Health Assessment and Plan <https://bgas.samhsa.gov/> (username: citizenak and password: citizen, Existing Applications, View Application)

20) The 1115 (SUD) Medicaid Waiver Demonstration Implementation Plan https://health.alaska.gov/dbh/Documents/1115/AK_1115waiver_ImplementationPlan.pdf

21) Data-Based Planning for Effective Prevention: State Epidemiological Outcomes Workgroups <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4724.pdf>

22) Alaska Tribal Health System Overview <https://alaskamentalhealthtrust.org/wp-content/uploads/2019/09/HandOut-AlaskaTribalHealthSystemOverview-by-ANHB-and-ANTHC-BH.pdf>

23) Alaska Native Tribal Health Consortium Medication Assisted Treatment Toolkit: Empowering Recovery from Substance Use Disorders in Rural Alaska https://www.anthc.org/wp-content/uploads/2021/09/ANTHC-MAT-Toolkit_FINAL.pdf

Prescription Drug Monitoring Program (PDMP)

The Prescription Drug Monitoring Program (PDMP) housed under the Alaska Board of Pharmacy, was created in 2008, with Senate Bill 196 by the Twenty-Sixth Alaska State Legislature. The PDMP serves as a data repository used to improve patient care by monitoring and promoting judicious prescribing and dispensing practices; reducing inappropriate prescribing; identifying and preventing instances of misuse, abuse, and drug diversion; and increasing provider communication across provider settings.²⁴ The PDMP provides clinical alerts to providers alerting them if a patient has had multiple provider episodes, is taking a dangerous combination of medication, or has exceeded fifty morphine milligram equivalents (MME)/day. The PDMP also contains interactive modules to help providers understand their own prescribing behavior as it compares to their peers (provider report cards) and provides the option for providers to monitor their mandatory use. These tools give providers information to be able to monitor their patients' care and evaluate their own compliance with statutory requirements. The 2022 Quarter 1 reports show that 7,098/7,823 or ninety point seven percent (90.7%) of providers in Alaska with Drug Enforcement Administration registration are registered with the PDMP. 426, or five point four percent (5.4%) of those providers directly dispense. Providers include dentists, physician assistants, physicians (including podiatrists and medical residents), nurses, optometrists, and veterinarians. There are 781 of 1,114 licensed pharmacists in Alaska registered with the PDMP even though they are not required by statute or regulations to register.²⁵

Federal Funding to Alaska

Per the Opioid Response 2020-2021 Report to Legislature, in the past 8 years, the State of Alaska has received at least \$86 million in federal grant funds to address the opioid response. From October 2021 to September 2022, the State of Alaska received \$17,060,389 in federal funding. Pages 12-14 of the report go into detail how these funds are broken out and the 2021 Drug Overdose Mortality Update highlights a few programs.²⁶ The reports show the breadth of State of Alaska Departments and agencies involved in Alaska's opioid response, and grants including: High Intensity Drug Trafficking Areas, Opioid Crisis Intervention and Community Involvement Project, Project AWARE, Overdose Data to Action, Alaska Public Safety and Public Health Drug Overdoses Committee, Prescription Drug/Opioid Overdose-Related Deaths Prevention Initiative – Project HOPE, State Opioid Response, Restore Hope in Linkage to Care Collaboration Program, Substance Abuse Prevention and Treatment Block Grant, and more.²⁷

24) 2022 Alaska Prescription Drug Monitoring Program Report to the 32nd Alaska State Legislature
https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2022_LegislativeReport.pdf

25) PDMP Board Reports

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/PDMPBoardReports.aspx>

26) Alaska's Opioid Response 2020-2021 Report to Legislature

<https://health.alaska.gov/dph/Director/Documents/opioids/AlaskaOpioidResponse-2020-2021.pdf>

27) 2021 State of Alaska Drug Overdose Mortality Update

https://health.alaska.gov/dph/VitalStats/Documents/PDFs/DrugOverdoseMortalityUpdate_2021.pdf

Appendix B: Further Reference

State of Alaska Plans Known to Address Opioid Use, Treatment or Prevention Strategies:

- [Statewide Opioid Action Plan 2018-2022](#)
- [Healthy Alaskans 2030 State Health Improvement Plan](#) (page 25/98, page 44/98, page 76/98)
- [Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan](#) (2020-2024) (Goal 4)
- [Alaska Statewide Violence and Injury Prevention Plan 2018-2022](#) (page 42/62)
- [Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska, 2018-2022 Statewide Suicide Prevention Plan](#) (Goals 2 and 3)
- [Alaska State Plan for Senior Services FY 2020-FY 2023](#) (page 34/170)

Evidence-Based Guidance

- [Evidence Based Strategies for Abatement of Harms](#)
- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#)
- [A Guide to SAMHSA's Strategic Prevention Framework](#)
- [From the War on Drugs to Harm Reduction: Imagining a Just Response to the Overdose Crisis](#)
- [Brandeis Opioid Resource Connector](#)
- [CLOUD: The Curated Library about Opioid Use for Decision-makers](#)
- [SAMHSA Resource Center](#)
- [Blueprints for Healthy Youth Development](#) website

Settlement Guidance

- Johns Hopkins: [Principles for the Use of Funds from the Opioid Litigation \(interactive website\)](#) or ([.pdf link](#))
- American Society of Addiction Medicine: [March 2021 Opioid Settlement Funds State Brief](#)
- Association of State and Territorial Health Officials: [States Using Settlement Fund Legislation to Enhance Response to the Opioid Crisis \(January 26, 2022\)](#)
- Rand Corporation: [Strategies for Effectively Allocating Opioid Settlement Funds](#)
- Social Current: [Opioid Settlement Toolkit for Community-Based Organizations](#) (Tool for organizations/the public to make suggestions to policy makers and state officials)