State of Alaska Epidemiology **Bulletin**

Department of Health
Heidi Hedberg, Commissioner
Robert Lawrence, MD, MA, CMO

3601 C Street, Suite 540
Anchorage, Alaska 99503

Division of Public Health
Lindsey Kato, MPH, Director

https://health.alaska.gov/dph/Epi
24 Hour Emergency (800) 478-0084
Local (907) 269-8000

Editors:
Joe McLaughlin, MD, MPH
Jared Parrish, PhD, MS

Bulletin No. 5
March 3, 2025

Nonfatal Opioid Overdoses — Alaska, 2019–2024

Background

Monitoring nonfatal opioid overdoses can be helpful for identifying the relative impact of emerging substances such as fentanyl, better understating patterns of drug use in different demographic groups, evaluating the effectiveness of harm reduction strategies, and identifying people at heightened risk for future (potentially fatal) overdoses. This *Bulletin* describes current trends and patterns in Alaska regarding nonfatal opioid overdoses.

Methods

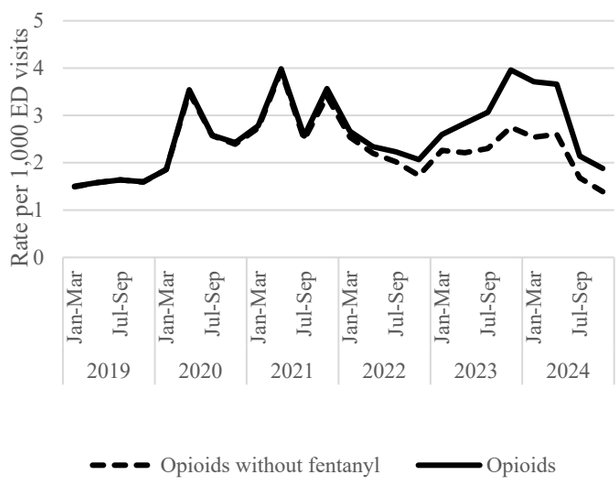
Nonfatal opioid overdoses during 2019–2024 were identified using Alaska Syndromic Surveillance data. Emergency department (ED) visits for nonfatal opioid overdoses were captured through diagnosis codes and free-text entries in healthcare provider notes.[1] Visits were categorized based on whether the overdose involved fentanyl. The public health region of each ED visit corresponds to the patient's residential address. Rates were calculated by dividing the total number of nonfatal opioid overdose ED visits by the total number of ED visits during the same period.

Results

During 2019–2024, the annual rate of nonfatal opioid overdoses ranged from 1.5 to 4.0 per 1,000 ED visits, with notable increases in 2020, 2021 and 2023. Nonfatal overdoses excluding fentanyl followed the same pattern as all opioid overdoses during 2019–2021 but began to diverge in 2022. In 2023, the rate of nonfatal opioid overdose including fentanyl increased from 2.1 to 4.0 per 1,000 ED visits, while the rate excluding fentanyl rose from 2.3 to 2.8 per 1,000 ED visits. Both rates decreased during the latter half of 2024 (Figure).

Over the 6-year period, the highest rate of nonfatal opioid overdoses was observed among persons aged 25–34 years, followed by persons aged 35–44 years (4.5 and 4.3 per 1,000 ED visits respectively). All other age groups had rates below 3.0 per 1,000 ED visits. The overdose rate was higher among men compared to women (3.1 vs 2.1 per 1,000 ED visits, respectively).

Figure. Rate of Nonfatal Overdoses, by Quarter



The Mat-Su and Anchorage regions had the highest rates of nonfatal opioid overdoses, while all other regions reported rates below the statewide average (Table).

Table. Nonfatal Opioid Overdose Rate, by Region — Alaska, 2019–2024

Region	Rate (per 1,000 ED Visits)	Number of ED Visits
Mat-Su	3.6	889
Anchorage	3.3	2,603
Southeast	2.5	348
Southwest	1.8	327
Gulf Coast	1.4	262
Northern	1.3	88
Interior	1.1	216
Statewide	2.6	4,842

Discussion

The rise in nonfatal opioid overdoses in Alaska, particularly in 2023, mirrors the increase in fatal overdoses, highlighting the growing influence of fentanyl in the drug supply.[2,3] The decline in late 2024 is promising but needs further monitoring to determine if it represents a temporary fluctuation or a sustained trend.

Nonfatal overdose rates were highest among men; persons aged 25–44 years; and persons living in Mat-Su, Anchorage, and Southeast. Prevention, education, and harm reduction strategies should be informed by these data to enhance their effectiveness and better address the needs of Alaska's at-risk populations.

Limitations in the data quality such as incomplete fentanyl information before 2020 and underreporting might have affected the findings in this report.

The decline in overdose rates in 2024 offers hope, but the persistence of high rates calls for continued, targeted efforts. Expanding harm reduction strategies such as naloxone distribution, overdose prevention education, and connections to treatment services are essential steps in addressing the ongoing opioid crisis in Alaska.

Lastly, nonfatal overdoses are key predictors of future fatal overdoses.[4] Emergency medical care providers should discharge patients treated for overdose with fentanyl education and naloxone and connect these patients to behavioral health, harm reduction, treatment, and recovery services.

References

1. CDC. Drug Overdose Surveillance and Epidemiology (DOSE) System Guidance. Available at: https://knowledgerepository.syndromicsurveillance.org/sites/default/files/2024-02/CDC%20All%20Opioid%20Overdose%20v4%20Parsed%20Technical%20Brief%20and%20Factsheet.pdf
2. Alaska Department of Health. 2023 Drug Overdose Mortality Update. Available at: https://health.alaska.gov/dph/VitalStats/Documents/PDFs/DrugOverdoseMortalityUpdate_2023.pdf
3. CDC. Provisional Drug Overdose Death Counts. Available at: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
4. Caudarella et al Drug Alcohol Depend. 2017. https://pmc.ncbi.nlm.nih.gov/articles/PMC4833586

(Contributed by: Jessica Filley, MPH, and Riley Fitting, MPH Section of Chronic Disease Prevention and Health Promotion, and Anna Frick, MPH, CIC, Alaska Section of Epidemiology)