Municipality of Anchorage, Anchorage Health Department Opioid Response Project: Secondary Data Review and Summary Recommendations

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I. Introduction

The opioid crisis in Alaska is a complex public health challenge with significant implications for individuals, families, communities, and the systems of care set up to provide needed services and support. Addressing this crisis requires a comprehensive, integrated approach that includes primary prevention, expansion of detox, treatment, and long-term recovery services, policy change, and community support. Municipal and state efforts to address opioid use and its consequences are ongoing, with a focus on reducing overdose deaths through harm reduction practices, expanding in-patient and out-patient treatment options for a range of populations, building a responsive public health workforce, and mitigating broader societal impacts.

The intent of this report is to assist the Anchorage Health Department (AHD) in developing next steps to address the growing opioid crisis in the municipality and elsewhere in the state. Opioids (illicit fentanyl and heroin) and prescription drugs are among the most pressing public health and safety issues faced in Anchorage and in Alaska generally (Centers for Disease Control and Prevention, National Center for Health Statistics 2024). Overdose deaths in Alaska are rising, particularly with a significant increase in fatalities involving synthetic opioids such as fentanyl. In 2023, Alaska recorded one of its highest numbers of opioid-related overdose deaths (N = 342), up significantly from 2022 (N = 247) (Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records Section, Office of Substance Misuse and Addiction Prevention 2022 Drug Overdose Mortality Update). This highlights the ongoing severity of the crisis and need for coordinated, evidence-based, cross-sector responses. In addition, targeted community-based health education and promotion campaigns are needed to engage the public, build awareness, promote cross-sector collaboration, train educators and health professionals, reduce stigma, and normalize detox, treatment, and recovery services.

II. Methods

This report expands on findings from the Municipality of Anchorage Community Assessment of Substance Misuse document (2019) and incorporates secondary research from opioid response and implementation work happening elsewhere in Alaska and the US.

Secondary Research Methods: Our methodological approach was driven by and grounded in the 2019 needs assessment findings, which identified key gaps and opportunities in Anchorage's response to the opioid crisis. From this foundation, we conducted a systematic review of peer-reviewed literature and government reports.

We examined comprehensive opioid response plans from various states, including Massachusetts (1115 behavioral health waiver implementation), Vermont (Hub-and-Spoke model for Medication for Opioid Use Disorder, or MOUD), Washington (integrated harm reduction framework), Tennessee (recovery navigation system) and

California (MAT expansion in justice settings). At the time of this project, the MPH student and co-author (Samantha Ponts) was working in California as a Program Manager with the County of Mendocino for the CalAIM Justice-Involved Initiative – an effort that positioned California as the first state to implement pre-release Medicaid services for justice-involved populations under a Section 1115 waiver. This experience sparked her interest in Anchorage's response efforts and helped connect the research to emerging national practices.

We reviewed Alaska-specific resources, most notably "A Public Health Guide to Ending the Opioid Epidemic" by Jay C. Butler (2017), which provides many context-appropriate strategies for Alaska's unique challenges. We also reviewed current epidemiological data from the Alaska Department of Health, particularly the 2022 Drug Overdose Mortality Update. Additionally, we referred to Exhibit E (see appendix A), a comprehensive list of allowable opioid settlement activities that outlines approved categories for prevention, treatment, recovery, and harm reduction interventions.

We applied a public health prevention framework (primary, secondary, tertiary prevention) to organize evidence-based interventions along a continuum.

Primary Data Collection: We employed a purposive snowball sampling approach to gather stakeholder perspectives, focusing on three key industry domains: tribal health, public safety, and municipal health.

Thematic Analysis: To assist the AHD, policy makers, public health and safety professionals, and providers across the prevention, treatment, and recovery landscape in organizing and coordinating the next phase of opioid response work, we identified three major thematic priorities from the 2019 needs assessment document that warrant more explicit attention and focus:

1. **Address stigma and misconceptions** surrounding substance use, risk, and the daily struggles and lived experiences of individuals from all backgrounds.

2. **Strengthen workforce synergies** between public health and safety in both clinical and community settings.

3. **Expand access to comprehensive services** for detoxification, treatment, and long-term recovery.

These themes emerged consistently throughout our analysis. While notable gains have been made in several key areas, including expansion of harm reduction strategies and increased provider knowledge and awareness, opportunities exist for improved public outreach and engagement to educate community members, listen to (oftentimes) differing perspectives, and apply a solutions mindset to this most pressing public health and safety issue in our municipality and state.

III. Context Setting

The United States has the highest incidence of overdose deaths of any nation in the world, with over 100,000 fatal overdoses in 2023 (Centers for Disease Control and Prevention, National Center for Health Statistics 2024). While some early indicators suggest this number may be starting to decline nationally, Alaska continues to see concerning increases, particularly in communities on the road system, including Anchorage, Matsu, and the Kenai Peninsula (Alaska Project Hope Needs Assessment). People who misuse opioids are more likely to experience negative physical, psychological, and social consequences, as well as high rates of mortality, increased disability, social stigma, and poor health outcomes (Bakos-Block et al. 2020). Recent research also suggests that people who use opioids (for pain or other reasons) are 14 times more likely to die by suicide compared to the general population (Rizk et al. 2021). Additional points of concern include:

- In 2023 opioid related deaths in Alaska increased by 40% compared to the previous year – the vast majority due to fentanyl (Alaska Fentanyl Awareness Campaign 2023).

- In 2021 the highest overdose rate in Alaska was among people aged 25 to 34 years old (Avila et al. 2023).

- Out of the 778 total overdose deaths that occurred between 2017 and 2021 in Alaska, 58% involved drugs from more than one drug class – polysubstance use and misuse is high in Anchorage and Alaska (Avila et al. 2023).

Especially relevant for both rural and urban Alaska, Alaska Native (AN) populations are disproportionately impacted by the opioid overdose epidemic. American Indian/Alaska Native (AI/AN) and Multiple race people typically experience higher overdose death rates than other groups (Jones et al. 2024).

COVID-19 and the Opioid Use

A global pandemic caused by the SARS-CoV-2 virus rapidly spread in late 2019 and early 2020. In 2020, drug overdose deaths rates increased by 44 percent among Black people and 39 percent among American Indian and Alaska Native (AI/AN) populations compared to 2019 (Centers for Disease Control and Prevention 2024). This rise in overdose deaths is likely linked to disruptions in access to prevention, treatment, harm reduction, and recovery support services. The recent surge in fatalities is largely driven by the burgeoning of illicitly manufactured fentanyl (IMFs) and fentanyl analogs (Centers for Disease Control and Prevention 2024).

IV. Addressing the Opioid Epidemic through a Prevention Framework

Preventing opioid misuse, addiction, and overdose deaths involves intervention at different stages, ranging from preventing use in the first place to identifying various intervention points and settings to disrupt early use, offer medical, educational, and community-based support, and ultimately alleviate or eliminate overdose deaths through a combination of harm reduction strategies and treatment and recovery services. These interventions are typically categorized into three levels: primary, secondary, and tertiary prevention.

Primary prevention focuses on population-level changes, such as education and awareness building activities, enhanced screening practices, and increased clinical knowledge across professions to prevent opioid misuse from occurring (Latimore et al. 2023). This also includes promotion of protective factors and developmental assets known to help people do well even when risk factors are present.

Secondary prevention focuses on preventing or treating escalating use and misuse of opioids or migration to other addictive substances (polysubstance use). Its strategies are often effective once risk has advanced to use. It may also include access to treatment, counseling services, and intersections with juvenile justice and/or corrections systems (e.g. therapeutic courts, jail diversion programs, etc.) to reduce “downstream” health consequences for individuals, families, and communities.

Tertiary prevention aims to prevent things from getting worse after an individual has already developed an opioid addiction. This involves concentrating on preventing opioid overdose deaths and related injury and disability, thereby reducing the need for emergency medical response and care, and minimizing the impact on families and related systems of care, including employment, corrections, and child welfare (Butler & Fraser 2019).

Well defined pathways (i.e. “warm handoffs”) to treatment and long-term recovery services are essential for all individuals and families. Fortunately, evidence-based approaches exist and are being used to inform recommendations and implementation efforts along the opioid prevention continuum. The recommendations also represent allowable uses of opioid settlement funds under Exhibit E (nationalopioidsettlement.com).

V. Strategic Recommendations:

Thematic Priority #1: Address stigma and misconceptions surrounding substance use, risk, and the daily struggles and lived experiences of individuals from all backgrounds

Rationale

Addiction is a chronic disease that involves changes in brain chemistry, behavior, and physical health. Factors such as genetics, environmental influences, mental and behavioral health conditions, and a variety of social determinants all contribute to the development and progression of substance use disorders. Because addiction impacts both the brain and body, effective responses must go beyond punitive measures and instead focus on evidence-based medical care, harm reduction, and long-term support systems across the lifespan. Comprehensive strategies—including access to healthcare, mental health services, community-based interventions, and public policies—are essential to addressing addiction and promoting sustained recovery. Recognizing addiction as a medical issue rather than a moral failing is key to reducing stigma, normalizing treatment, and improving outcomes for individuals, families, and communities. Gabor Maté, a renowned physician and author, suggests that trauma, particularly from childhood, is a significant contributor to the pain that leads to addiction and other issues (Maté 2008). Maté argues that stigma surrounding addiction leads to feelings of shame and isolation and is a significant barrier to seeking and receiving treatment.

Evidence

In Alaska, people experiencing issues associated with opioid use disorder (OUD) often have a history of experiencing trauma at significantly higher rates than the general population (Richardson & Gutierrez 2019). These assorted adverse experiences, which includes but is not limited to violence exposure, parental incarceration, parental mental illness, child abuse, neglect and poverty, quite often lead people to turn to substances or addictive behaviors as a way of coping with the emotional and psychological aftermath (Kaufman-Parks et al. 2024). Research has shown that individuals with a high number of adverse childhood experiences (ACEs) face a significantly increased risk of substance misuse and addiction. More than half of illicit drug use and addiction are attributable to ACEs (Butler 2017).

Stigma is the way someone feels when they are rejected by society for the way they appear or behave. It also refers to the accusations, assumptions, and judgements society makes about people that often perpetuate and entrench disparities and create hierarchies of deservingness of assistance. In Anchorage, it has been reported that there is stigma associated with addiction, syringe service programs, including safe use and disposal sites, medication-assisted treatment (MAT), and opioid overdose reversal medications like Narcan (Richardson & Gutierrez 2019). Assumptions about what it looks like to have an opioid use disorder often lead to conversations about crime and homelessness that are based on inaccurate information and stereotypes rather than facts. Misconceptions may lead to further stigma about opioid addiction being a personal choice and moral failure rather than a treatable chronic health condition with physical, mental, and emotional implications that could affect anyone from any background, family, and community type.

Stigma can prevent individuals from seeking support and maintaining engagement in treatment and impede their recovery journey (Cheetham et al. 2022). When people feel judged, they are less likely to talk about their substance use with a family member, friend, or medical professional. In addition, lack of empathy and compassionate care as an explicit healthcare value and competency has profound implications for how we train health professionals to respond to vulnerable patients (Salazar et al. 2023). This creates downstream workforce challenges that show up in high rates of healthcare worker burnout and compassion fatigue. Many public health professionals have learned that stigma is every bit as painful and complicated as the addiction itself.

Note: Several interviewees discussed in the Alaska Municipality of Anchorage Community Assessment of Substance Misuse (2019) that Alaska and Anchorage need to begin to address some of this trauma and stigma head on. For the purpose of this report, the strategies included should be taken as a set of practical recommendations to guide next steps of municipal and statewide response. We are fortunate to be in a position where we can learn from initiatives already occurring in other states (for which there is an evidence base). We invite the AHD to explore how other states have addressed the issues of trauma, stigma and building community resiliency and what outcomes to expect.

***Primary Prevention (Universal)*:** Prioritize initiatives that increase dissemination of accurate, evidence-based, non-stigmatizing information on social determinants of OUD to clinical and non-clinical audiences as well as youth via in-school programs.

AHD-specific recommendations:

I. Language standardization
Recent research confirms that an important step in overcoming stigma both publicly and amongst healthcare professionals is aligning the language of addiction with scientific evidence (Butler 2017). In 2017 the Office of National Drug Control Policy released a memo entitled “Changing the Language of Addiction.” The memo recommends the use of person-first language when referring to substance use disorder (e.g. “person with substance use disorder” instead of “addict”).

- **Strategy 1:** Implement a standardized glossary of preferred terms emphasizing people-first language to align with recognized best practices.

- **Strategy 2:** Replace stigmatizing terms in all public communications, educational materials, and policy documents with a people-centered first language.

Examples of Programs/Models

- *Changing the Language of Addiction* -
  Website with link to memo:
  https://obamawhitehouse.archives.gov/blog/2017/01/13/changing-language-addiction

- *Overcoming Stigma Through Language: A Primer* – Created by the Canadian Centre on Substance Use and Addiction (CCSA) this free training is designed to increase understanding of stigma, language and its impact on the well-being of people touched by this issue.
  Website: https://substanceuse.ca/overcoming-stigma-through-language-primer

II. Training and education

Addressing the opioid crisis in Anchorage requires a comprehensive approach that includes education and training for clinical health workers, community providers, and the general public. Healthcare professionals need ongoing training in evidence-based treatment options, including new developments in Medication-Assisted Treatment (MATs), harm reduction strategies, and trauma-informed care to effectively support people with opioid use disorders. Community providers, including first responders, law enforcement, social service agencies, and peer support specialists, must be equipped with the knowledge and tools to recognize signs of opioid use, administer naloxone to prevent overdose, and connect individuals to appropriate resources, including immediate emergency medical care, case management, and detox, treatment, and recovery services. Additionally, public education, including town hall events, social marketing campaigns, public service announcements, workforce development and support, and a variety of other efforts are essential to reducing stigma, increasing awareness of available services, and promoting safe opioid use and disposal practices where practicable. Expanding training initiatives across these key groups will strengthen Anchorage's opioid response, reduce overdose deaths, and build a more informed and understanding community.

- **Strategy 1:** Provide targeted educational efforts on Adverse Childhood Experiences (ACEs), trauma-informed care, and stigma to AHD employees; consider partnership with UAA to offer Continuing Education (CE) units; extend training to emergency responders, law enforcement, and the community to build awareness and strengthen existing response efforts.

- **Strategy 2:** Support initiatives that disseminate accurate information about the warning signs, risks, and social and economic consequences of drug use, including shifting landscapes of access to high potency synthetic opioids such as fentanyl.

Examples of Programs/Models

- *History & Hope and Health Outcomes from Positive Experiences* – the Alaska Children's Trust (ACT) provides community training that outlines the impact of ACEs across the lifespan and introduces how trauma-informed approaches can shift health and social problems. Website:

https://www.alaskachildrenstrust.org/aces-pces

- *Embracing Equity and Cultural Humility to Improve Care for Youth with Trauma* – this resource offers valuable insights, practical guidance, case studies and self-care strategies for professionals in youth-serving primary care and mental health settings. It aims to equip providers with the tools needed to enhance the quality of care, improve patient outcomes, and mitigate clinical burnouts.
  Website: https://www.thenationalcouncil.org/resources/youth-care-equity/

- *Unshame California* – an evidence-based statewide campaign that promotes anti-stigma messaging by highlighting stories of Californians impacted by substance use disorders.
  Website: https://unshameca.org/

- *Safety First* – an evidence-based, comprehensive, harm-reduction-based, free drug intervention curriculum for high school students.
  Website:
  https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html

- *Leader in Me (Lim)* – an evidence-based curriculum that addresses leadership and life skills, positive and support school cultures, unfinished learning, resilience, trauma-informed practices, self-directed learning, PBIS and more for students K-8.
  Website: https://www.leaderinme.org/elementary/

Secondary Prevention *(targeted) - Initiate treatment and support compliance through peer recovery support services.*

Individuals who may be at risk for substance misuse or who may already misuse substances can benefit significantly from peer support services provided by those who have lived through similar experiences (Richardson & Gutierrez 2019). Furthermore, peer recovery workers may be especially well-suited to shift stigma-related barriers (Anvari et al. 2022). An often-overlooked yet critically important barrier to substance use treatment in Anchorage is the relative lack of peer support services.

AHD-specific recommendations

- **Strategy 1:** Provide peer support workers in clinical and non-clinical settings to facilitate access to services and help bridge the gap to necessary resources and support.

- **Strategy 2:** Train peer support specialists to serve specific sub-populations, such as people experiencing homelessness, justice-involved individuals, Indigenous

communities at the intersections of tribal health systems, and pregnant or parenting individuals with substance use disorders.

Examples of Programs/Models

- Existing programs like Cook Inlet Tribal Council, Inc. Peer Support Network and the Alaska Mental Health Consumer Web can serve as models or partners for this expansion.

- VOA Alaska offers peer support to youth engaged in their services, focusing on career and education counseling, as well as life skills development. These services are integrated into their broader behavioral health programs, ensuring that young individuals receive comprehensive support tailored to their needs.

- Alaska Behavioral Health's peer support training provides a four-week, unpaid training experience designed to equip participants with the necessary skills to become peer support professionals. The curriculum covers topics such as recovery, wellness, confidentiality, ethics, self-care, crisis management, harm reduction, and motivational interviewing.

These programs collectively enhance Anchorage's capacity to address substance use and mental health challenges by leveraging the lived experiences of peer support professionals to foster recovery and well-being within the community.

Tertiary Prevention *(individualized) - Support the development of transitional and long-term housing first options for people in recovery from OUD.*

The high cost of living and lack of transitional Housing First housing options in Anchorage causes some people to end up unhoused with unmet mental and behavioral health needs (Richardson & Gutierrez 2019). Providing transitional housing for unhoused people who use drugs and their families - is not only necessary, but it may help reduce stigma. Transitional housing programs often create a community of peer support where individuals can share their experiences, challenges, and successes in a non-judgmental setting (Substance Abuse and Mental Health Services Administration 2017).

AHD-specific recommendations

- **Strategy 1:** Create initiatives to increase capacity of supportive, recovery housing and wrap-around services with access to medication for unhoused individuals with OUD. This includes support with education, supported employment, job training, or childcare.

- **Strategy 2:** Expand street outreach and housing navigation services to connect unhoused individuals with OUD to available recovery housing and services. Utilize peer navigators to build trust and support individuals through the transition

into stable housing.

Examples of Programs/Models

- Support existing Opioid Treatment Programs (OTPs) in Anchorage including Narcotic Drug Treatment Center, Inc., WCHS, Inc., and Community Medical Services – Anchorage on Laurel referral and linkage to housing and wrap-around services.

- Neighborworks Alaska Supportive Housing program offers safe and stable housing for individuals and families experiencing chronic homelessness and disabilities. Through Housing and Urban Development (HUD) and state-funded rental assistance grants, it provides permanent supportive housing, ensuring residents have access to necessary services to maintain stability.

Strategic Recommendations:

Thematic Priority #2: Strengthen workforce synergies between public health and safety in both clinical and community settings

Rationale

Many professionals in clinical and community settings work to prevent or reduce opioid misuse in the community. On the front lines are those who see the impacts every day – emergency medical services, law enforcement, clinicians, street outreach workers, and emergency department medical personnel. They are joined by others in public safety including law enforcement, courts, corrections, and prosecutors. Drug overdoses are unequivocally a public health issue but there is an inextricable linkage between public safety that must be discussed and embraced. When public health and public safety work together, they can make a real difference in responding to this growing crisis.

Evidence

Opioid use continues to have an impact on emergency response systems and correctional facilities in Alaska. In Anchorage, there has been a notable increase in emergency calls related to opioid overdoses. Correctional facilities report that 80% of individuals in the state penal system report a substance use disorder (Ray and Madison 2023). After leaving treatment center or incarceration, individuals who misuse opioids are at high risk for opioid-related overdose due to their low tolerance for opioids and the potential for unintentional large does. Formerly incarcerated individuals with substance use disorders are 129 times more likely to die of a drug overdose within the first two weeks after release (Ray and Madison 2023).

The following key points relate to public safety:

- The increase in emergency calls is increasing the workload of emergency medical services (EMS) and first responders, highlighting the need for enhanced

training opportunities.

- Co-occurring mental health challenges greatly exacerbate the harms associated with substance use.

- Access to medication-assisted treatment (MAT) varies by correctional facility and inmate population (with challenges related to limited resources and stigma around certain medications).

Effective overdose prevention and intervention strategies necessitate a robust and unwavering commitment from all stakeholders. Success is contingent upon the establishment of bidirectional partnerships among agencies. Real collaboration between public health and public safety is necessary to reduce overdose incidents. These collaborations within local jurisdictions involve information/data sharing, accountability, committing to the identified strategies, active engagement as partners, and the implementation of actions aimed at mitigating drug overdoses (Wolff et al. 2022).

Note: The Overdose Response Strategy offers a model of a public health and public safety partnership. Effective multi sector collaboration between public health and public safety requires leadership buy-in, a shared vision, and standardized tools for decision-making and program implementation. The CDC's Strategic Partnering Conceptual Framework supports successful cross-sector partnerships. Evaluation methods like Collective Impact and Organizational Network Analysis are essential for assessing and evaluating the strength of cross-sector partnerships (Wolff et al. 2022).

Primary Prevention *(universal) – Prioritize initiatives that increase information on mental health disorders that commonly co-occur with opioid misuse and addiction to clinical and non-clinical audiences.*

In the late 1980s, the terms "dual diagnosis" and "co-occurring" emerged to describe individuals who had both serious mental illness (SMI) and substance use disorders (SUD) (Ray and Madison 2023). In Anchorage, services for mental health and substance use issues are not well linked and primary care clinicians usually have limited training in the treatment of these conditions. A lack of mental health services means that people in the midst of overlapping behavioral and substance use crises often end up in jail, on the streets, or temporarily in emergency departments, rather than receiving the wrap-around care that they need (Richardson & Gutierrez 2019).

AHD-specific recommendations:

- **Strategy 1:** Destigmatize mental/behavioral health and substance use by increasing awareness and helping people recognize the signs and symptoms of conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, anxiety and post-traumatic stress disorder.

- **Strategy 2:** Provide targeted educational efforts on co-occurring disorders to community members, AHD employees, emergency responders, law

enforcement, and those working in correctional facilities.

- **Strategy 3:** Implement EMS-led MOUD (Medication for Opioid Use Disorder) that positions emergency medical services as the first point of intervention for individuals experiencing opioid overdoses or withdrawal symptoms.

Examples of Programs/Models

- *Foundations of Mental Health:* provides psychoeducation and instruction about mental wellness and mental health conditions, destigmatizes mental health topics and help-seeking behaviors, and helps secondary level students understand how to access appropriate mental health support. Website: https://www.scoe.org/pub/htdocs/fmh_landingpage.html

- *Stamp Out Stigma* is a program led by the (National) Association for Behavioral Health and Wellness. This campaign encourages open conversations about mental illness and substance use disorders. By promoting awareness and understanding, it aims to reduce the stigma associated with these conditions.

- *Connect and Protect: Law Enforcement Behavioral Health Response Program* is another national program that supports collaboration between law enforcement and behavioral health systems to improve public health and safety responses to individuals with mental health disorders or co-occurring disorders. It focuses on cross-system collaboration to enhance outcomes for affected individuals.

- *The Angel Program – Public Safety as Connectors to Care program* is a police-led, voluntary addiction treatment referral program that originated in Gloucester, Massachusetts in 2015. Individuals can walk into participating police departments to request help with addiction, where officers dispose of any drugs without charging them and immediately connect them to treatment facilities, with volunteer “Angels” providing emotional support during the process.

- *EMS Leave Behind and Bridge Clinic* represent one of the most comprehensive EMS-led MOUD programs in the country. This approach enables paramedics in Massachusetts to initiate buprenorphine treatment directly at overdose scenes and provide 72-hour “bridge” doses while connecting patients to Bridge Clinics for same-day MOUD treatment without prior authorization barriers. This model was replicated in Rhode Island, Connecticut, and Ohio.

Implementing and supporting these kinds of programs can lead to more informed communities, reduced stigma, and improved outcomes for individuals dealing with mental health and substance use disorders.

Secondary Prevention *(targeted) –strengthen community based crisis response and jail diversion programs.*

Crisis response and jail diversion programs are designed to address individuals in crisis, particularly those with mental health and/or substance use issues, and to offer alternatives to incarceration.

AHD-recommendations:

- **Strategy 1:** Expand the Municipality of Anchorage Mobile Crisis Team (MCT) to include people with lived experiences as part of a community-based peer support response; aim to provide 24/7 coverage.

- **Strategy 2:** Pair law enforcement officers with mental health clinicians or peer support workers to respond jointly to behavioral health crises in community settings, reducing potential harmful interactions, minimizing disturbances to community, and connecting individuals to care.

Examples of Programs/Models

- The *Fairbanks Mobile Crisis Team* responds to behavioral health crises with a master's level behavioral health clinician and a certified peer support specialist, ensuring comprehensive care that addresses both clinical and experiential perspectives. This program is making an impact and could be replicated in urban and rural communities alike.

- *Project Hope* **-** Housed within the Office of Substance Misuse and Addiction Prevention (OSMAP), Project Hope is the primary source of Naloxone/Narcan opioid overdose reversal kits for the State of Alaska and Anchorage bowl. Project HOPE is able to directly provide naloxone medication to Alaskans. Organizations eligible to apply to distribute Naloxone as a partner in Project HOPE may include, but are not limited to: public health centers, law enforcement agencies, fire departments, community and faith-based organizations, social service agencies, substance use treatment programs, shelters and transitional housing agencies.

Tertiary Prevention *(individualized) – expand Medication Assisted Treatment (MAT) in Correctional Facilities, support the development of a recovery coaching/peer support training to facilitate linkage to and increase retention/treatment compliance with medications for opioid use disorder (MOUD) and support patients treated for opioid overdose in the Emergency Room (ER).*

The Alaska Department of Corrections (AK DOC) provides methadone and buprenorphine for up to 30 days for patients requiring treatment while incarcerated, but only to residents who can show they were receiving methadone or buprenorphine prior to treatment (Homans et al 2023). The AK DOC offers Vivitrol (the brand name version of injectable naltrexone) upon release from several of its facilities. It is not uncommon for a correctional facility to expand its MAT program to include providing reentry support services.

AHD-recommendations:

- *Tennessee Recovery Navigators* – a program that connects people who have recently overdosed in the Emergency Department and connect them with people in long-term recovery. Navigators maintain a Certified Peer Recovery Specialist (CPRS) Certification in order to use their lived experience to help others find recovery.
  Website:
  https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/tennessee-recovery-navigators.html

- *Set Free Alaska* - a reentry program that addresses substance misuse and mental illness through a trauma informed approach.
  Website: https://setfreealaska.org/

- *MAT in Jails and Drug Courts Project* – increase access to MAT in county jails and drug courts while also building county capacity to effectively respond to individuals with justice system involvement with OUD and other SUD.
  Website:
  https://californiaopioidresponse.org/matproject/expanding-mat-in-county-criminal-justice-settings/

- EMS-led or law enforcement-led training on medications for opioid use disorder and linkages to emergency care after overdose events.

Strategic Recommendations:

Thematic Priority #3: Expand access to comprehensive detox, treatment, and long-term recovery services.

Rationale

Alaska residents report higher levels of needing but not receiving treatment for substance use than the national average. The process of locating, contacting, receiving, and paying for treatment services for a SUD in Anchorage is complicated, time-consuming, and often expensive (Richardson & Gutierrez 2019). Parts of the infrastructure necessary to support this need have never been available and at this particular moment the need has never been so great. As such, innovative, evidence-based treatment approaches that can address co-occurring addiction and mental health challenges are not being implemented in a systematic way. There are currently three outpatient OUD treatment facilities in Anchorage and that represents the largest menu of options in the entire state.

Evidence

There are three FDA-approved medications for treating OUD including methadone or

buprenorphine (Suboxone, Subutex, Zubsolv, Sublocade, and others) and naltrexone (Revia, Vivitrol), which are collectively known as medication-assisted treatment or MAT (Atkins 2021). These medications have been found to reduce opioid cravings and withdrawal symptoms and are considered powerful tools for recovery when combined with counseling and peer-based social support. Studies show methadone or buprenorphine to be effective in promoting treatment retention and reducing negative drug screens in the 70 to 80 percent range (Atkins 2021).

Primary Prevention *(universal) – support initiatives to expand the health workforce with knowledge about addiction and addiction pathways and provide interprofessional training opportunities to nurses, social workers, advanced practice providers, pharmacists, psychologists, harm reduction specialists, peer recovery specialists and physicians to ensure widespread adoption of screening/identification, brief intervention and referral to treatment (SBIRT) and other validated screening tools.*

AHD-Specific Recommendations

- **Strategy 1:** Introduce a Screening, Brief Intervention, and Referral to Treatment (SBIRT) procedure into AHD and improve warm hand-offs across sectors and medical subspecialties.

- **Strategy 2:** Create interprofessional team-based learning environments where public health professionals, nurses, social workers, peer recovery specialists, physician assistants, and community-based providers train together, fostering collaboration and shared understanding of addiction care best practices.

Secondary Prevention *(targeted) - Consider evidence-based treatments for OUD that combine pharmacological treatments with behavioral therapies and consider treatment options and implications for polysubstance use.*

AHD-Specific Recommendations

- **Strategy 1:** Make treatment more accessible for people with OUD by expanding 1115 Behavioral Health Medicaid Waiver eligibility criteria and reimbursement structures.

- **Strategy 2:** Integrate addiction treatment and screening in ‘whole person’ integrated care models. Uplift a model that can use telemedicine, not to replace in-person interactions, but to provide broader reach in geographies across the municipality where access is more limited.

Examples of Programs/Models

- *Alaska's 1115 Behavioral Health Demonstration Waiver*, initially approved in 2019, was renewed on March 26, 2024, extending its provisions through December 31, 2028. This renewal allows for the continued delivery of

comprehensive behavioral health services to Medicaid beneficiaries, including those with OUD, thereby improving access to treatment. Several other states are currently implementing 1115 waivers with some success (e.g. Massachusetts, Kentucky, and Vermont).

- *Telemedicine:* Research indicates that telemedicine applications offer innovative approaches for treating and reducing the effects of SUDs. Studies have shown that telemedicine-delivered treatments can be as effective as in-person treatments and are associated with high patient satisfaction.

- *Hybrid models:* Integrating telehealth with traditional care in chronic pain management and SUD treatment can alleviate transportation difficulties, reduce financial burdens, and improve access to care. Such hybrid models combine in-person and remote healthcare delivery to enhance patient outcomes.

- *Mobile Medication Unit (MMU)* – New York City
  Website: https://oasas.ny.gov/rfa/mobile-med-unit

Tertiary Prevention *- Consider monitoring and reporting/sharing requirements and data management systems (e.g. dashboards) for EMS and clinical responses focused on screening/identification, initiation of MOUD, referral to continuing treatment, overdose education, and provision of naloxone – also consider monitoring programs for quality measures.*

AHD-Specific Recommendations

- **Strategy 1:** Ensure interoperability between EMS, law enforcement, social service and treatment providers to facilitate data exchange and coordinate responses across systems of care.

- **Strategy 2:** Implement standardized reporting requirements (e.g. GPRA) for screening, initiation of MOUD, overdose education, and naloxone provision in EMS and clinical settings

Examples of Programs/Models

- Helios dashboard – monitoring program effectiveness
  Website: https://www.theheliosalliance.com/

- *SAMHSA's State Opioid Response (SOR) Grants:* The Substance Abuse and Mental Health Services Administration (SAMHSA) requires SOR grantees to collect and report GPRA data, encompassing measures such as initiation of MOUD, overdose education, and naloxone distribution. This standardized reporting ensures consistency and quality in care delivery across EMS and clinical settings

Implementing these strategies can enhance the coordination and effectiveness of responses to OUD, leading to improved patient outcomes and more efficient use of resources.

Cross-Cutting Strategy: Sustainable Funding for Harm Reduction

The strategies outlined in this report may be more effective when implemented within a comprehensive harm reduction framework that meets people where they are and actively removes barriers to engagement. As emphasized by Butler (2017) in a Public Health Guide to Ending the Opioid Epidemic, harm reduction interventions such as supervised consumption sites, drug testing, naloxone distribution, and peer-led programming provide critical pathways to engagement and complement both prevention and treatment efforts. Butler also underscores that Alaska's unique context demands flexible, adaptive approaches – exactly the kind of responsiveness that harm reduction offers. This report was developed with the understanding that harm reduction should inform all aspects of Anchorage's opioid response – from prevention to long-term recovery.

VI. Conclusion

The municipality's opioid response efforts have played a critical role in addressing the opioid crisis in Alaska by implementing evidence-based strategies aimed at reducing harms, improving access to detox, treatment, and recovery services, and strengthening prevention efforts. These initiatives have been instrumental in mitigating the devastating impact of opioid use on individuals, families, and communities statewide, while fostering a more coordinated and sustainable public health and safety response.

A key element of the municipality's success has been its commitment to cross-sector collaboration, data-driven policy and decision-making, and meaningful community engagement. By working closely with healthcare providers, harm reduction specialists, law enforcement, behavioral health professionals, and local organizations, the municipality has enhanced its capacity to respond to opioid-related challenges. This has allowed for the expansion of harm reduction services, including the distribution of naloxone to first responders and community members, increased access to medication for opioid use disorder (MOUD), and the development of streamlined pathways to treatment and long-term recovery support.

Additionally, public education and awareness campaigns have helped destigmatize substance use disorder (SUD) and increase understanding of opioid use as a chronic medical condition rather than a moral failing. Community partnerships have also been instrumental in building a stronger infrastructure to support individuals at risk of overdose and those in recovery. Collaboration between healthcare providers, law enforcement agencies, and community organizations has created a coordinated framework that enables rapid intervention and connection to appropriate services, helping to reduce opioid-related morbidity and mortality in the region.

While these efforts have led to significant progress, continued action is essential to sustain and build upon these successes. Future initiatives should prioritize expanding long-term treatment and recovery options, particularly for individuals and families who lack access to private health insurance or face financial and structural barriers to care. Investing in community-based prevention programs and ensuring stable funding for harm reduction efforts will be critical in addressing the root causes of opioid use disorder and preventing future cases. Furthermore, strengthening partnerships with tribal healthcare systems will help improve culturally responsive care for Alaska Native communities disproportionately affected by the opioid crisis.

By maintaining a steadfast commitment to evidence-based interventions, innovative harm reduction strategies, and community-driven solutions, the municipality of Anchorage can serve as a model for addressing opioid-related harm statewide. Continued investment in these initiatives will not only save lives but also improve overall public health outcomes, strengthen social services, and promote the long-term well-being of Alaskan communities.

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Appendices

A: Exhibit E: List of Opioid Remediation Uses

B. Opioid Prevention Framework: Thematic Priorities and Strategies

Thematic Priority	Primary Prevention	Secondary Prevention	Tertiary Prevention
Priority #1: Address stigma and misconceptions surrounding substance use, risk, and lived experience	**Strategies:** • Language standardization (person-first approach) • Training and education on ACEs and trauma • Public information campaigns	**Strategies:** • Expand peer support in clinical and non-clinical settings • Improve training opportunities for special populations	**Strategies:** • Expand and improve recovery housing options • Use peer navigation to support street outreach efforts
Priority #2: Strengthen workforce synergies between public health and safety in clinical and community settings	**Strategies:** • Destigmatize mental/behavioral health • Provide targeted education on co-occurring disorders to service providers	**Strategies:** • Expand the MCT to include peer support • Pair law enforcement with mental health clinicians and peer support • Improve public safety as connectors to care	**Strategies:** • Increase collaboration with ADOC for re-entry planning • Educate providers on MAT options and improve access across settings • Implement EMS-led MOUD
Priority #3: Expand access to comprehensive detox, treatment, and long-term recovery services	**Strategies:** • Introduce SBIRT procedure and improve warm hand-offs • Create interprofessional team-based learning environments for addiction care	**Strategies:** • Make treatment more accessible by expanding 1115 Behavioral Health Medicaid Waiver • Integrate addiction treatment and screening in 'whole person' integrated care models	**Strategies:** • Ensure data sharing between EMS, law enforcement, social services, and treatment providers to coordinate care • Standardize reporting for screening, MOUD initiation, overdose education, and naloxone provision

SBIRT: Screening, Brief Intervention, and Referral to Treatment | MOUD: Medications for Opioid Use Disorder | ACEs: Adverse Childhood Experiences | MCT: Mobile Crisis Team