



Implementing the Opioid Settlements Funds in Alaska

AML Local Government Conference
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Theresa Welton, Manager of the Office of
Substance Misuse and Addiction Prevention

Opioid Landscape in Alaska

National Opioid Settlements

Alaska's Opioid Settlement Funds



OVERDOSE DEATHS DECREASED IN ALASKA

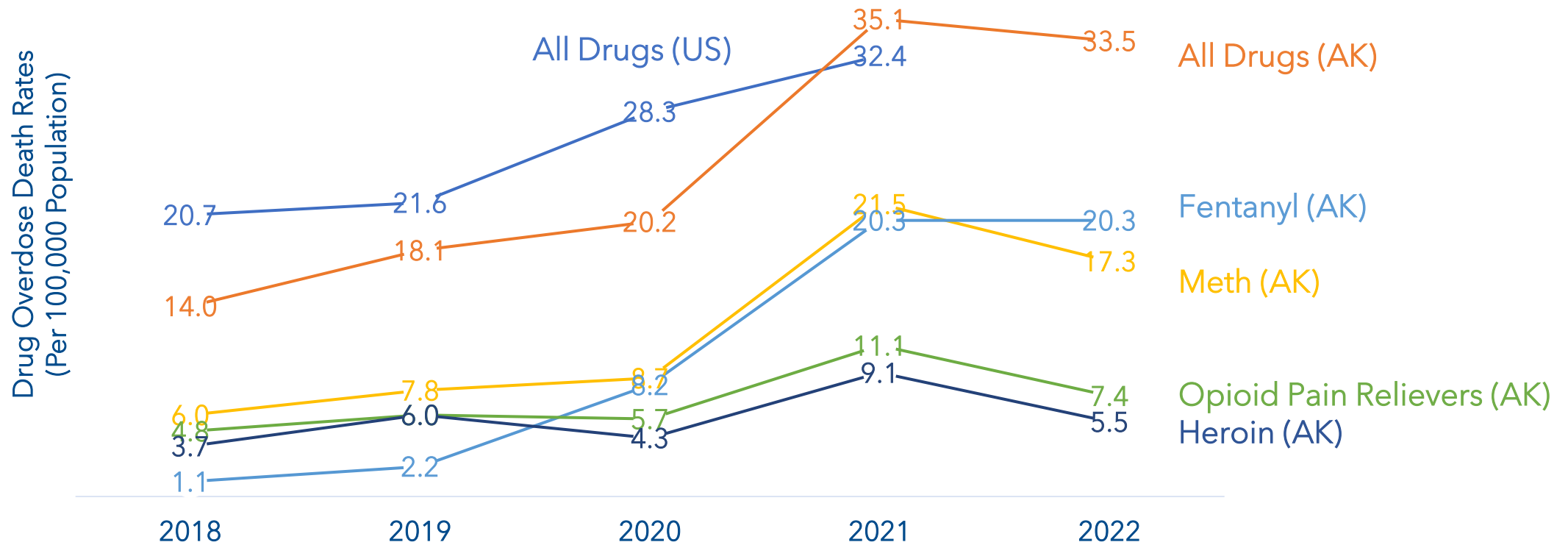


5%
DECREASE

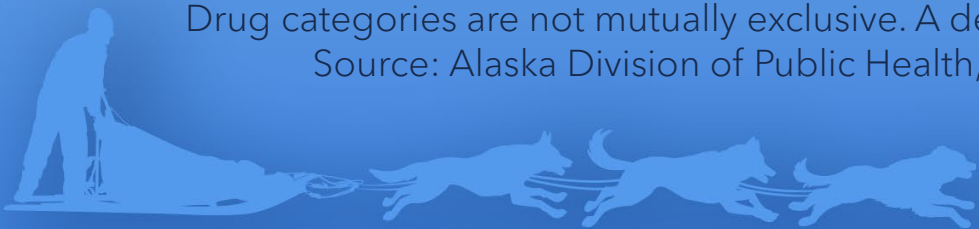
Alaska experienced a 5% decrease in the number of drug overdose deaths between 2021 and 2022 - from 255 drug overdose deaths in 2021 to 247 in 2022, according to preliminary mortality data from the Alaska Department of Health (DOH).



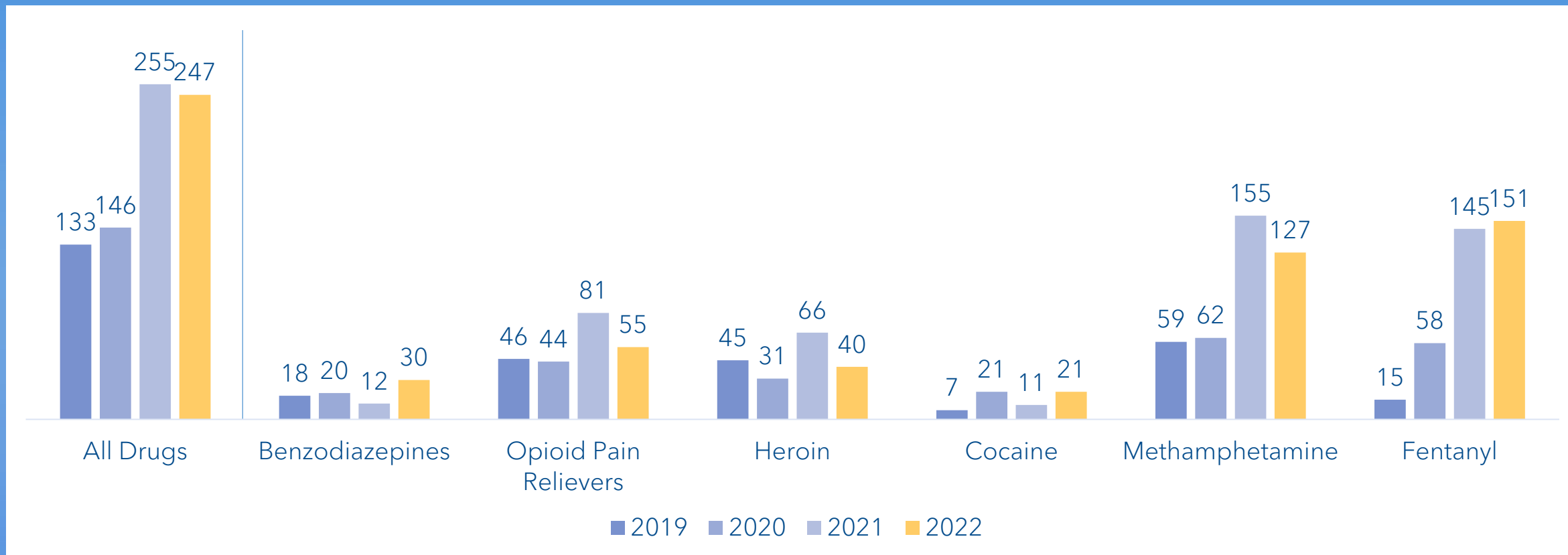
OVERDOSE DEATH RATES REMAIN HIGH



Drug categories are not mutually exclusive. A decedent overdosing on multiple drugs is counted in multiple categories.
Source: Alaska Division of Public Health, Health Analytics and Vital Records Section Accessed 8/28/2023.



FENTANYL DEATHS INCREASED SLIGHTLY IN 2022

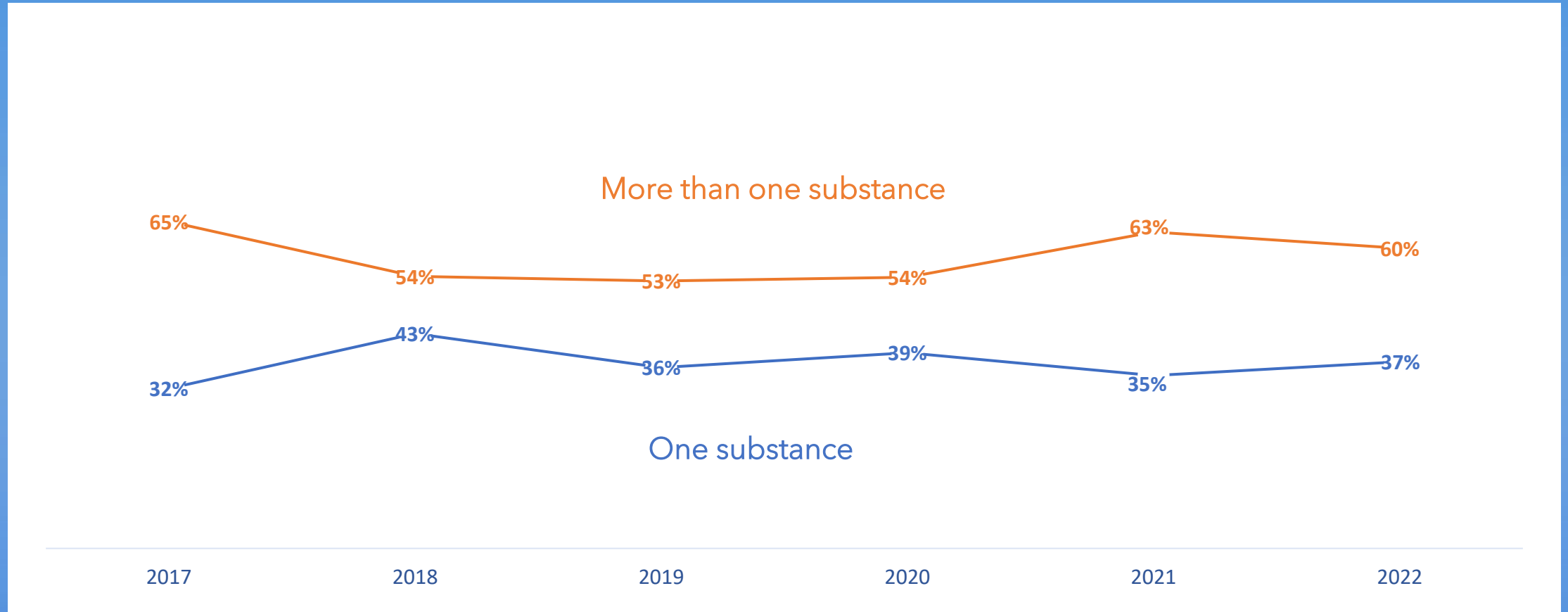


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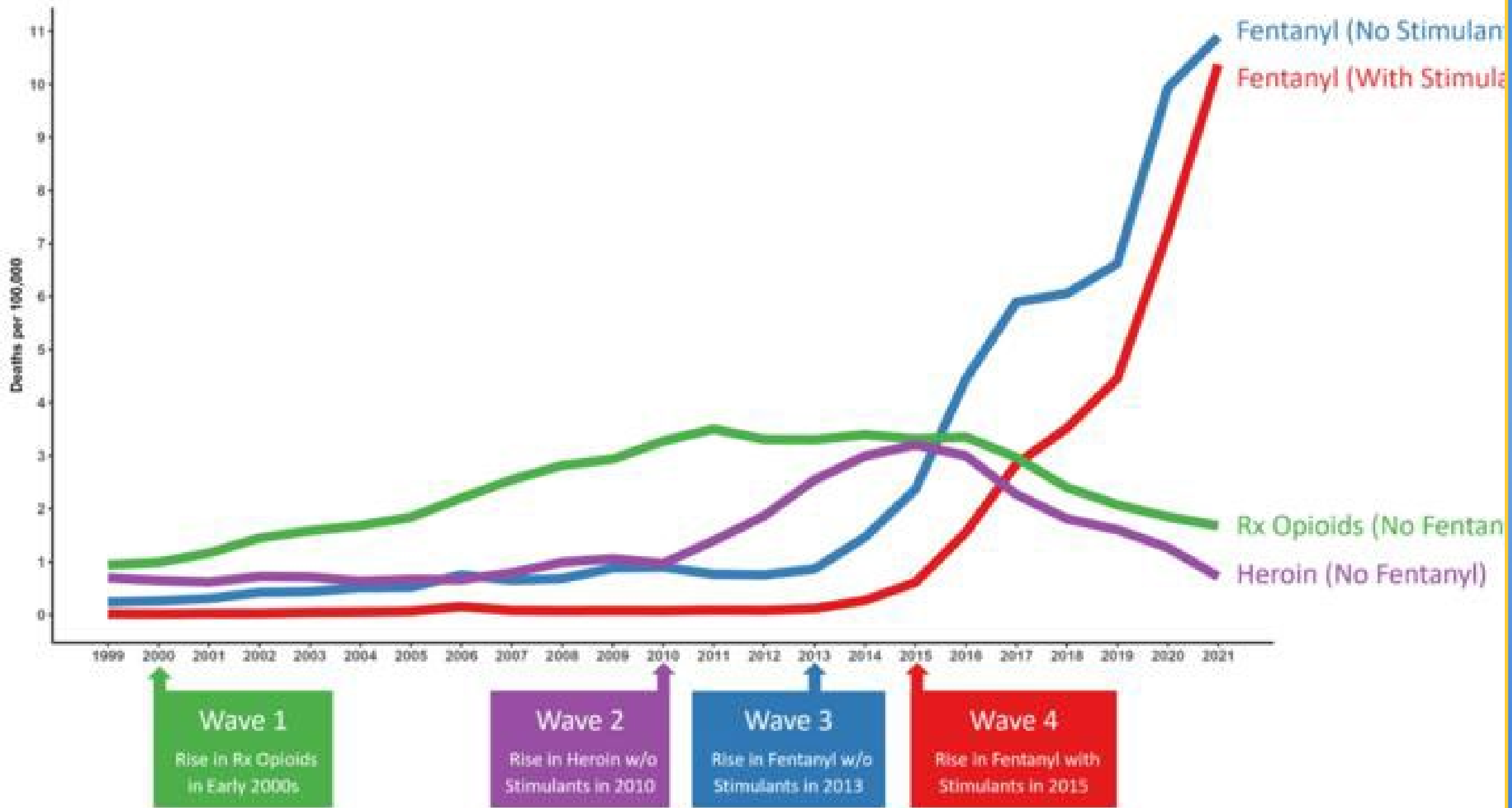


MOST OVERDOSE DEATHS INVOLVE MULTIPLE SUBSTANCES



Source: Alaska Division of Public Health, Health Analytics and Vital Records Section Accessed 8/28/2023.





EVEN A SMALL AMOUNT OF FENTANYL CAN KILL



Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.



FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

6

DEA LAB TESTING REVEALS THAT

~~1~~ OUT OF EVERY 10 PILLS

WITH FENTANYL CONTAIN A POTENTIALLY

LETHAL DOSE

Counterfeit pills often contain fentanyl and are more lethal than ever before



COUNTERFEIT TABLETS



Left: Authentic oxycodone M30 tablets (top) vs. counterfeit oxycodone M30 tablets containing fentanyl (bottom). Center: Authentic Adderall tablets (top) vs. counterfeit Adderall tablets containing methamphetamine (bottom). Right: Authentic Xanax tablets (white) vs. counterfeit Xanax tablets containing fentanyl (yellow).

DEA reports a dramatic rise in the number of fake pills containing at least 2mg of fentanyl - which is considered a lethal dose



Today **6 out of ten DEA-tested pills** with fentanyl contain a potentially lethal dose.



OVERDOSE IS CLOSER THAN YOU THINK.

Four things you can do to be safer from possible fentanyl exposure.



TEST EVERYTHING

Use fentanyl test strips every time to determine if your drugs have been mixed or cut with fentanyl.



CARRY NALOXONE

You can stop a heroin or opioid overdose with naloxone nasal spray. Keep it with you.



DON'T USE ALONE

Make sure someone is around to administer naloxone in case of an overdose.



CALL 911

Call 911 even after administering naloxone. A person can slip back into overdose after the naloxone wears off.



Go to getnarcans.dhss.alaska.gov to find a distributor near you.
Email: projecthope@alaska.gov



Learn the signs of an overdose.

You can stop a heroin or opioid overdose with NARCAN nasal spray.



FACE



BODY



SLEEP



BREATHING



HEART



*Reverse an overdose.
Save a life.*

Get NARCAN and keep it with you!



NATIONAL OPIOID SETTLEMENTS

- In February 2022, states and subdivisions reached final agreements with Janssen/Johnson & Johnson (J&J), a manufacturer of prescription opioids, and three major pharmaceutical distributors: Amerisource Bergen, Cardinal Health, and McKesson.
- These agreements do not involve Purdue Pharma or McKinsey, the consulting firm that worked with Purdue, the manufacturer Mallinckrodt or the distributor Teva. Purdue and Mallinckrodt are in bankruptcy proceedings. McKinsey was settled in 2021 and Alaska received approximately \$1.3 million. Alaska filed a complaint with Teva in 2021 and Teva offered tentative agreement to provide a limited supply of Naloxone to the state.
- Additionally, Native American tribes have a separate tribal agreement with J&J and distributors which was agreed upon in May 2022.
- The two J&J and distributor agreements:
 - Manufacturer Settlement Agreement: J&J will pay a maximum of \$5 billion over no more than nine years
 - Distributor Settlement Agreement: Distributors will pay a maximum of \$21 billion over 18 years



Alaska Opioid Settlements

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.

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.



POLITICAL SUB-DIVISIONS – VARYING APPROACHES (\$8,785,016 TOTAL OVER 18 YEARS)

Political Sub-Division	% of Total	Total \$ over 18 years	Progress with settlement funds
Anchorage	47.6578	4,186,674	In beginning stages of planning, no money has been spent
Mat-Su Borough	15.4726	1,359,270	Will do a grant application process similar to COVID funding. Funds go into specific project accounts
Fairbanks North Star Borough	10.9627	963,072	Needs a vote from the public for authority to proceed with granting the money out. No money has been spent.
Kenai Borough	9.4922	833,886	Grants have been sent out.
Juneau	5.2324	459,666	In beginning stages of planning, no money has been spent
Fairbanks	5.1226	450,018	In beginning stages of planning, no money has been spent
Ketchikan	2.2406	196,830	In beginning stages of planning, no money has been spent
Kodiak	2.1839	191,844	In beginning stages of planning, no money has been spent
Wasilla	1.6351	143,640	In beginning stages of planning, no money has been spent



GOVERNOR'S ADVISORY COUNCIL ON OPIOID REMEDIATION (GACOR)

The Settlement Agreement dictated that each Settling State designate an Opioid Settlement Remediation Advisory Committee to provide input and recommendations regarding remediation spending from that Settling State's Abatement Accounts Fund.

Administrative Order [No. 324](#), established the Governor's Advisory Council on Opioid Remediation (GACOR).



GACOR MEMBERS

The Governor's Advisory Council on Opioid Remediation will consist of nine voting members:

- Director of Public Health or the director's designee, who will serve as the Chair.
- Commissioner of the Department of Revenue or the designee.
- Chair of the Mental Health Trust Authority or the designee.
- Representative of the leadership of an organization that monitors health policy issues at the federal and state levels that affect Alaska Native people or designee.
- Five members who are local government officials that collectively represent Alaska's geographically, economically, and demographically diverse municipalities.
- The Advisory Council also includes two non-voting ex-officio members to be appointed by the Speaker of the House and two non-voting ex-officio members to be appointed by the Senate President. The appointments must represent at least one member from the majority caucus and one member from the minority caucus in each house.



GACOR Members in 2022

Anchorage:

Heidi Hedberg, Director of Public Health. (Chair of Council)

Kolby Hickel, Deputy Municipal Manager

Tom Begich, Senate Minority Leader, (ex-officio)

Liz Snyder, House Representative, (ex-officio)

Eagle River:

Anita Halterman, Mental Health Trust Authority Board of Trustees Chair

Fairbanks:

Bryce Ward, Fairbanks North Star Borough Mayor

Juneau:

Brian Fechter, Department of Revenue Commissioner

Kenai

Diana Zirul, Kenaitze Tribal Council Treasurer, Alaska Native Health Board Chair

Nome:

W. Glenn Steckman, City Manager

Palmer:

George Hays, Matanuska-Susitna Deputy Borough Manager

Soldotna:

Daniel Grimes, Deputy Fire Chief

Wasilla:

David Wilson, Senator (ex-officio)

Ken McCarty, House Representative (ex-officio)



SUMMARY OF GACOR WORK

- The Council first met in December 2021, and met monthly, learning about the various partners in Alaska and hearing from individuals with lived experience.
- A small workgroup met in July to discuss specific recommendations of target populations and strategies. The decision was to recommend funding projects using Schedule A of Exhibit E using a population/public health approach to prevention.
- Public comment ran from September 9th through September 30th.
- After the council reviewed the comments, and the report was finalized and submitted to the Commissioner of DOH by December 1st 2022



TOP GACOR RECOMMENDATIONS

- Creating a robust, cross-sector steering committee tasked with review of draft funding announcements and proposals/applications from entities.
- 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.
- 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.
- Accepting ongoing feedback via an online portal or designated contact posted on an appropriate State of Alaska website.
- Requiring reports that provide feedback on program implementation and effectiveness from entities who receive funding.



REMEDIATION EFFORTS DEFINED

ITEM FOR
COMMITTEE REVIEW

- GACOR recommended that funds be prioritized using a population/public health approach:
 - Upstream and Prevention
 - Harm Reduction
 - Treatment
 - Recovery
- GACOR also recommended focusing on strategies and populations included in Exhibit E/Schedule A

	Final Agreement Settlement Document 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">• Workforce Education on Medications for Addiction Treatment• Pre-Arrest Diversion and Post-Overdose Response Training for First Responders• Targeted Screening• Targeted Distribution of Medications for Addiction Treatment and Integration Across Continuum of Care• Wraparound 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
Harm Reduction	<ul style="list-style-type: none">• Naloxone Training• Targeted Naloxone Distribution• 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">• Wraparound Services and Housing for Opioid Use Disorder and Co-Occurring Substance Use and Mental Health Disorders

https://nationalopioidsettlement.com/wp-content/uploads/2022/03/Final_Distributor_Settlement_Agreement_3.25.22_Final.pdf



OPIOID SETTLEMENT FUNDS STEERING COMMITTEE

GACOR was the how of the Opioid Settlement funds, the Steering Committee is the who and what.

The Steering committee is made up of 8 voting member with two co-chairs. The Co-Chairs are Lindsey Kato (Director of Public Health) and Tracy Dompeling (Director of Behavioral Health)

The steering committee has met 3 times since Sept 30th, 2023 and meets at least once a month. No decisions have been made at this point on who will receive funds and for how much.

Appropriations of \$460,000 are available for remediation activities for state FY 23.



Thank you for your time.

Q & A

