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Update on Drug Overdose Deaths — Alaska, 2016

Background

The national drug overdose death rate has risen considerably in recent years due to the opioid epidemic. In 2015, Alaska's opioid overdose death rate was higher than the national rate (11.0 vs. 10.4 per 100,000 population, respectively).¹ The purpose of this *Bulletin* is to provide a 2016 update on drug overdose deaths in Alaska.²

Methods

Alaska mortality data were queried to characterize deaths due to drug overdose as defined by the International Classification of Disease, 10th Revision (ICD-10) Codes. This analysis only included in-state Alaska overdose deaths, regardless of the decedents' residence. Age-adjusted rates were calculated using 2016 Alaska population estimates; population data by race were not available for 2016, so 2015 estimates were used for these calculations. All 2016 numbers and rates are preliminary.

Results

During 2016, 128 drug overdose deaths occurred in Alaska; of these, 95 (74%) involved any type of opioid (including prescription opioids, heroin, or other) and 49 (38%) involved heroin specifically (Table). There were 95 opioid overdose deaths. In 2016, the number and rate of all drug overdose deaths increased compared to the prior 7 years (Table).

Table. Drug Overdose Deaths by Category — Alaska, 2010–2016

Category*	Number of Deaths Per Year (Age-Adjusted Rate per 100,000)		
	2010–2014 ²	2015	2016 [±]
Prescription Drugs	58–76 (7.8–10.5)	84 (11.2)	73 (9.9)
Opioid Pain Relievers	48–52 (6.4–7.3)	68 (9.0)	65 (8.8)
Illicit Drugs	21–55 (2.8–7.4)	58 (7.6)	81 (10.6)
Heroin	3–26 (1.4–3.5)	36 (4.7)	49 (6.5)
Unspecified Drugs	4–24 (2.0–3.5)	19 (2.5) [†]	NR [‡]
Total Overdose Deaths [‡]	76–125 (10.5–17.0)	121 (16.0)	128 (17.1)

*Drug category queried by ICD-10 Codes for 1) Underlying Causes X40-44, X60-64, X85, and Y10-14, and 2) Contributory Causes for prescription drugs (T36-39, T40.2-40.4; T41-43.5; and T43.7-50.8), OPRs (T40.2-40.4), illicit drugs (T40.1, heroin; T40.5, cocaine; T40.7, cannabis; T40.8, LSD; T40.9, hallucinogens; and T43.6, stimulants), and unspecified drugs (T50.9 without any other drugs listed).

[†]Rates based on <20 occurrences are statistically unreliable and should be used with caution; rates based on ≤5 occurrences were not reported (NR).

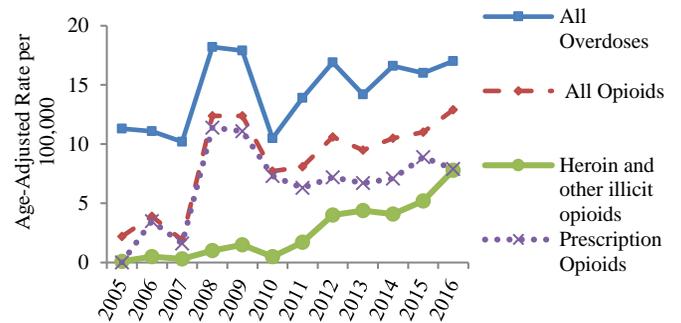
[±]The 2016 data are preliminary and therefore subject to change.

[‡]Individual overdose deaths counted in the Total Overdose Deaths row may belong to multiple drug categories (e.g., heroin and OPR) simultaneously.

In 2016, the age-adjusted opioid overdose death rate was the highest since 2009, and represents a fourfold increase since 2005 (Figure). The heroin and other illicit opioid overdose death rates increased over the past year (from 5.2 to 7.9 per 100,000 in 2015 and 2016, respectively; Figure).

In 2016, overdose death rates for males and females were 20.9 and 12.3 per 100,000, respectively. Rates were highest for persons aged 25–34, 35–44, and 45–54 years (30.3, 29.2, and 27.3 deaths per 100,000, respectively). Alaska Native and non-Native people had similar rates of overdose mortality in 2016 (16.6 and 16.1, respectively). Rates by region were highest in the Gulf Coast, followed by Anchorage/MatSu and Southeast (23.7, 18.7, and 16.2 per 100,000 persons, respectively).[†]

Figure. Overdose Deaths by Drug Category — Alaska, 2005–2016



Discussion

Driven primarily by heroin and other illicit drugs, Alaska's drug overdose death rate increased in 2016. Notable demographic changes in 2016 included higher death rates among a younger age-group (25–34 year-olds) and among Gulf Coast residents.

The rate of overdose deaths has steadily increased in Alaska and nationally due to three sequential epidemiological phenomena. The first began in the mid-1990s with changes in standards for pain management, approval of new, extended release prescription opioid pain relievers, and aggressive pharmaceutical marketing to encourage the use of prescription opioids. A four-fold increase in prescribing led to a roughly four-fold increase in prescription opioid deaths and created a widespread increase in opioid dependency and addiction.³ The second wave emerged over the last 10–15 years as heroin prices decreased, and the purity increased, offering an alternative to prescription opioids for persons who were addicted to or dependent on opioids.⁴ The third wave developed over the past 3 years as illicit fentanyl began to enter the opioid black market.

Subsequent to Governor Bill Walker's declaration of the opioid epidemic as a public health disaster in February 2017, Alaska Project HOPE (Harm reduction, Overdose Prevention, and Education) has been providing overdose reversal kits with prepackaged naloxone nasal spray (4mg/0.1mg dose) to overdose prevention programs under a statewide standing order. A public information campaign has been launched to call attention to the risk of opioid addiction and to reduce stigma by increasing the understanding of addiction as a chronic health condition rather than a moral failing. In keeping with national guidelines,^{5,6} prevention measures to control the opioid epidemic include improving clinical pain management strategies, reducing prescription drug misuse, facilitating drug disposal, and controlling illicit drug importation into Alaska. More Alaska-specific information is available at: <http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/default.aspx>

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