

**STATE OF ALASKA  
DECLARATION OF DISASTER EMERGENCY**

WHEREAS, high rates of heroin use and prescription opioid misuse remain the driving factor behind the unintentional drug overdose epidemic and related deaths in Alaska; and

WHEREAS, in 2012, Alaska's prescription opioid pain reliever overdose death rate was more than double the rate in the United States, and Alaska's heroin-associated overdose death rate was 50 percent higher than the national rate; and

WHEREAS, from 2009 to 2015 the number of heroin-associated deaths more than quadrupled; and

WHEREAS, since 2015 deaths from fentanyl and new synthetic opioids have been documented in Alaska; and

WHEREAS, this declaration comes in response to the growing number of overdoses attributed to opioid use, and evidence that highly dangerous synthetic opioids have made their way into Alaska; and

WHEREAS, the severity and magnitude of this epidemic make it a condition of public health importance that is beyond the timely and effective response and recovery capability of local resources, and emergency assistance is needed; and

WHEREAS, a statewide response under AS 18.15.390, coordinated by the Department of Health and Social Services, is needed to fully address this condition of public health importance.

NOW THEREFORE, on this 14<sup>th</sup> day of February, 2017, under the authority granted by Alaska Statute 26.23.020(c) and 26.23.900(2)(E), I hereby declare that an outbreak and a condition of public health disaster emergency exists statewide, and this condition is of sufficient severity and magnitude to warrant a public health disaster emergency declaration in order to provide assistance.

FURTHER, the Commissioner and the State Medical Officer of the Department of Health and Social Services are hereby authorized under Alaska Statute 26.23.020(g)(1)-(3), (10) to coordinate a response, including establishing a statewide Overdose Response Program (ORP) and statewide medical standing order allowing local and regional overdose response programs, healthcare officials, first responders, and the general public to have the ability to directly dispense and administer the lifesaving drug naloxone.

By: 

Bill Walker  
Governor

STATE CAPITOL  
P.O. Box 110001  
Juneau, AK 99811-0001  
907-465-3500  
fax: 907-465-3532



**Governor Bill Walker**  
**STATE OF ALASKA**

550 West Seventh Avenue, Suite 1700  
Anchorage, AK 99501  
907-269-7450  
fax 907-269-7461  
[www.Gov.Alaska.Gov](http://www.Gov.Alaska.Gov)  
[Governor@Alaska.Gov](mailto:Governor@Alaska.Gov)

February 15, 2017

The Honorable Pete Kelly  
President of the Senate  
Alaska State Legislature  
State Capitol, Room 111  
Juneau, AK 99801-1182

The Honorable Bryce Edgmon  
Speaker of the House  
Alaska State Legislature  
State Capitol, Room 208  
Juneau, AK 99801-1182

Dear President Kelly and Speaker Edgmon:

This letter is to inform you that on February 14, 2017, I issued a State Disaster Declaration for communities statewide.

Opioid abuse has rapidly expanded across Alaska, with the dual concern of those unable to obtain legal or "on the street" prescription opioids turning instead to heroin. Heroin is less expensive than purchasing pills illegally, and in some pockets of the state, is much more accessible. Since 2015, the availability of fentanyl and new synthetic opioids has posed an additional and significant risk to Alaskans, with documented deaths from these substances where none had been known previously.

First responders in affected communities have been taxed with the frequency of opioid-related responses. In the last two years, the Municipality of Anchorage, the Matanuska-Susitna Borough, the Kenai Peninsula Borough, the Fairbanks North Star Borough, and the City and Borough of Juneau emergency services administered naloxone to patients over 1,315 times for narcotic overdoses or as a "rule out" in an unconscious unknown patient where there was a suspicion of overdose from narcotics. Each of these jurisdictions has established Opioid Working Groups, but these groups lack the financial means and, often, the authority to distribute naloxone to the general public. Across the state, other communities have also established Opioid Working Groups to attempt to stem the tide of opioid-related deaths. The need for assistance in our local communities warrants a disaster declaration as defined in AS 26.23.900(E) and authorized under 26.23.020(c). This disaster declaration will enable us to provide statewide standing medical orders to ensure that entities across Alaska will be able to distribute naloxone to affected communities and individuals.

The current estimated cost for this event is \$4,058,316. Response costs will be funded through federal grants, including a five year Substance Abuse and Mental Health Services Administration (SAMHSA) grant for naloxone distribution. Regularly appropriated DHSS funds will continue to be spent on this disaster. No funds will be spent under AS 26.23.020(h), (i), or (k). This declaration will require neither the Disaster Relief Fund nor additional State General Funds. Therefore, this request

The Honorable Pete Kelly  
The Honorable Bryce Edgmon  
Opioid Disaster Declaration  
February 15, 2017  
Page 2

will not reduce the available Disaster Relief Fund (DRF) Balance, nor will a supplemental appropriation be required for this action.

Please find enclosed a finance plan for this disaster, and Commissioner Davidson's certification that an outbreak of the disease of opioid and heroin addiction and abuse has a high probability of occurring and that a disaster exists in the form of the imminent threat of widespread injury and loss of life due to opioid and heroin overdose. Pursuant to AS 26.23.020(k)(1), I am requesting your concurrence that no supplemental appropriation will be required for this disaster. A draft concurrence letter for the disaster finance plan is also enclosed.

Sincerely,



Bill Walker  
Governor

Enclosures:

cc: The Honorable Lyman Hoffman, Senate Finance Committee Co-Chair, Alaska State Senate  
The Honorable Anna MacKinnon, Senate Finance Committee Co-Chair, Alaska State Senate  
The Honorable Neal Foster, House Finance Committee Co-Chair, Alaska State House of Representatives  
The Honorable Paul Seaton, House Finance Committee Co-Chair, Alaska State House of Representatives

**STATE OF ALASKA  
DECLARATION OF DISASTER EMERGENCY**

WHEREAS, high rates of heroin use and prescription opioid misuse remain the driving factor behind the unintentional drug overdose epidemic and related deaths in Alaska; and

WHEREAS, in 2012, Alaska's prescription opioid pain reliever overdose death rate was more than double the rate in the United States, and Alaska's heroin-associated overdose death rate was 50 percent higher than the national rate; and

WHEREAS, from 2009 to 2015 the number of heroin-associated deaths more than quadrupled; and

WHEREAS, since 2015 deaths from fentanyl and new synthetic opioids have been documented in Alaska; and

WHEREAS, this declaration comes in response to the growing number of overdoses attributed to opioid use, and evidence that highly dangerous synthetic opioids have made their way into Alaska; and

WHEREAS, the severity and magnitude of this epidemic make it a condition of public health importance that is beyond the timely and effective response and recovery capability of local resources, and emergency assistance is needed; and

WHEREAS, a statewide response under AS 18.15.390, coordinated by the Department of Health and Social Services, is needed to fully address this condition of public health importance.

NOW THEREFORE, on this 14<sup>th</sup> day of February, 2017, under the authority granted by Alaska Statute 26.23.020(c) and 26.23.900(2)(E), I hereby declare that an outbreak and a condition of public health disaster emergency exists statewide, and this condition is of sufficient severity and magnitude to warrant a public health disaster emergency declaration in order to provide assistance.

FURTHER, the Commissioner and the State Medical Officer of the Department of Health and Social Services are hereby authorized under Alaska Statute 26.23.020(g)(1)-(3), (10) to coordinate a response, including establishing a statewide Overdose Response Program (ORP) and statewide medical standing order allowing local and regional overdose response programs, healthcare officials, first responders, and the general public to have the ability to directly dispense and administer the lifesaving drug naloxone.

By:   
Bill Walker  
Governor



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of  
Health and Social Services**

OFFICE OF THE COMMISSIONER

**Anchorage**  
3601 C Street, Suite 902  
Anchorage, Alaska 99503-5923  
Main: 907.269.7800  
Fax: 907.269.0060

**Juneau**  
350 Main Street, Suite 404  
Juneau, Alaska 99801-1149  
Main: 907.465.3030  
Fax: 907.465.3068

**MEMORANDUM**

**TO:** The Honorable Bill Walker  
Governor

**THRU:** Scott Kendall  
Chief of Staff

**FROM:** Valerie J. Davidson   
Commissioner

**DATE:** February 10, 2017

**SUBJECT:** 2017 Opioid Disaster Certification Memo

Opioid and heroin addiction is a disease. Opioid abuse has rapidly expanded across Alaska, with persons unable to obtain prescription opioids turning instead to heroin. Heroin is less expensive than purchasing pills illegally, and in some parts of the state, is much more accessible. In 2012, Alaska's prescription opioid overdose death rate was more than double the rate in the United States and Alaska's heroin-associated overdose death rate was 50 percent higher than the national rate. From 2009 to 2015, the number of heroin-associated deaths in Alaska has more than quadrupled. Additionally, highly dangerous synthetic opioids have made their way into Alaska, posing an immediate threat to the lives of Alaskans. High rates of heroin use and prescription opioid abuse remain the driving factor behind the unintentional drug overdose deaths in Alaska.

For these reasons, under Alaska Statute 26.23.900(2)(E), I certify that an outbreak of the disease of opioid and heroin addiction and abuse has a high probability of occurring in the near future. I further certify that a disaster exists in the form of the imminent threat of widespread injury and loss of life due to opioid and heroin overdose.

  
Valerie J. Davidson  
Commissioner, Department of Health and Social Services

### **Key Data on Alaska's Opioid Epidemic**

- From 2009-2015, 774 drug overdose deaths were reported in the Alaska Bureau of Vital Statistics mortality database. Overall, 512 (66%) decedents had a prescription drug noted as the primary or contributory cause of death. Of the 311 illicit drug overdose deaths, 128 (41%) noted heroin as the primary or contributory cause of death. The regional distribution of overdose deaths was considerably higher in regions with urban centers and growing populations, although all Alaska regions were affected.
- From 2008 to 2012, 51 hospital admissions and 201 outpatient evaluations occurred for heroin poisoning. Hospitalizations for heroin poisoning nearly doubled from 2.4 per 10,000 population in 2008 to 4.7 per 10,000 population in 2012, and heroin-related inpatient and outpatient hospital costs exceeded \$2 million. The number of Medicaid health care services payment requests for heroin poisoning increased almost ten-fold (from nine in 2004–2006 to 86 in 2011–2013).
- During SFY 2009-2013, the number of treatment admissions with heroin and/or other opiates as the primary substance increased 74% (from 449 to 781, respectively); from SFY 2013-2015, the number increased an additional 29% (from 781 to 1011, respectively).
- First responders in affected communities have been overwhelmed with the frequency of opioid-related responses. In the last two years, the Municipality of Anchorage emergency services administered naloxone to patients over 590 times for narcotic overdoses or as a “rule out” in an unconscious unknown patient where there was a suspicion of overdose from narcotics. In the same period, the Matanuska-Susitna Borough emergency services administered naloxone over 300 times; the Kenai Peninsula Borough administered naloxone over 200 times; the Fairbanks North Star Borough administered naloxone over 150 times; and the City and Borough of Juneau administered naloxone over 75 times.
- Jurisdictions have established Opioid Working Groups, but these groups lack the financial means and, often, the authority to distribute naloxone to the general public. Across the state, other communities have also established Opioid Working Groups to attempt to stem the tide of opioid-related deaths.

<b>2017 Opioid Disaster Finance Plan</b>	
<b>Overdose Response Program (ORP) Cost Estimates</b>	
<b>100% Fed Funding Project Period 09/01/2016 - 08/31/2021</b>	
Year 1: Budget Period: 09/01/2016 - 08/31/2017	\$1,000,000.00
Year 2: Budget Period: 09/01/2017 - 08/31/2018	\$815,053
Year 3: Budget Period: 09/01/2018 - 08/31/2019	\$683,586
Year 4: Budget Period: 09/01/2019 - 08/31/2020	\$850,765
Year 5: Budget Period: 09/01/2020 - 08/31/2021	\$708,912
<b>Total - ORP Cost Estimates</b>	<b>\$ 4,058,316.00</b>
State Management Costs	\$0.00
Applicant Singlewide State Audit Allowance	-
<b>Total - Management Costs</b>	<b>\$0.00</b>
<b>Total Overdose Response Program Costs</b>	<b>\$ 4,058,316.00</b>
<b>Overall Disaster Cost Summary</b>	
Total Federal Costs	\$4,058,316.00
Total State Costs	\$ -
<b>Total Disaster Costs</b>	<b>\$4,058,316.00</b>

<b>Year 1: Budget Period: 09/01/2016 - 08/31/2017</b>	
Supplies	\$609,360
Consortium/Contractual Cost	\$303,954
Travel Costs	\$44,686
Other	\$42,000
Direct Cost	\$1,000,000
Indirect Cost	\$0.00
<b>Approved Budget</b>	<b>\$1,000,000.00</b>
<b>Year 2: Budget Period: 09/01/2017 - 08/31/2018</b>	
Supplies	\$472,380
Consortium/Contractual Cost	\$283,000
Travel Costs	\$36,952
Other	\$22,721
Direct Cost	\$815,053
Indirect Cost	\$0.00
<b>Estimated Approved Budget</b>	<b>\$815,053</b>
<b>Year 3: Budget Period: 09/01/2018 - 08/31/2019</b>	
Supplies	\$365,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$12,865
Other	\$22,721
Direct Cost	\$683,586
Indirect Cost	\$0.00
<b>Estimated Approved Budget</b>	<b>\$683,586</b>

<b>Year 4: Budget Period: 09/01/2019 - 08/31/2020</b>	
Supplies	\$530,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$15,044
Other	\$22,721
Direct Cost	\$850,765
Indirect Cost	\$0.00
<b>Estimated Approved Budget</b>	<b>\$850,765</b>
<b>Year 5: Budget Period: 09/01/2020 - 08/31/2021</b>	
Supplies	\$395,000
Consortium/Contractual Cost	\$283,000
Travel Costs	\$8,191
Other	\$22,721
Direct Cost	\$708,912
Indirect Cost	\$0.00
<b>Estimated Approved Budget</b>	<b>\$708,912</b>



February XX, 2017

The Honorable Bill Walker  
Governor  
State of Alaska  
P.O. Box 110001  
Juneau, AK 99811

Dear Governor Walker:

We received your letter dated February 15, 2017, which provided a Finance Plan for the 2017 Opioid Disaster.

It is understood that the overall cost estimate for this disaster does not require State General Funds (AS 26.23). Costs are funded through a five-year Substance Abuse and Mental Health Services Administration federal grant.

It is also understood no State General Funds will be used from the Disaster Relief Fund balance, and a supplemental appropriation is not required.

Sincerely,

Sincerely,

The Honorable Pete Kelly,  
President of the Senate

The Honorable Bryce Edgmon,  
Speaker of the House of Representatives

cc: The Honorable Lyman Hoffman, Senator, Senate Finance Committee Co-Chair  
The Honorable Anna MacKinnon, Senator, Senate Finance Committee Co-Chair  
The Honorable Neal Foster, Representative, House Finance Committee Co-Chair  
The Honorable Paul Seaton, Representative, House Finance Committee Co-Chair