



2024



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INTRODUCTION



This 2024 Annual Patient Outcomes Report for Alaska, published by Ideal Option, highlights the effectiveness of office-based addiction treatment and demonstrates that:

- Specialized treatment leads to verifiably positive recovery outcomes.
- Objective abstinence outcomes can be longitudinally measured over extended periods.

Toxicology results are a key indicator of treatment success. In the outpatient treatment setting, objective and accurate test accountability is essential to the patient-provider therapeutic alliance and, together with medication and psycho-social support and guidance, is a key element of the treatment process. At Ideal Option, unexpected test results do not result in treatment discontinuation or judgment. Return-to-use is seen as a normal part of recovery, with harm reduction as the primary goal.

Key Take-Away

97% of patients in long-term recovery demonstrated sustained abstinence from opioids!¹

Street Drug Changes

20-45% of fentanyl samples contained fentanyl analogs, usually undetected and less potent

Retention

64% of patients who returned for a second visit remained in treatment after six months

Treatment Works²

↓ **99%**
less fentanyl use

↓ **91%**
less meth use

Life Improves³

↑ **94%**
reported improvement in housing

↑ **89%**
reported improvement in employment

¹ As of 12/31/2024, the percentage of patients in Maintenance Stages of Care demonstrating abstinence from opioids.

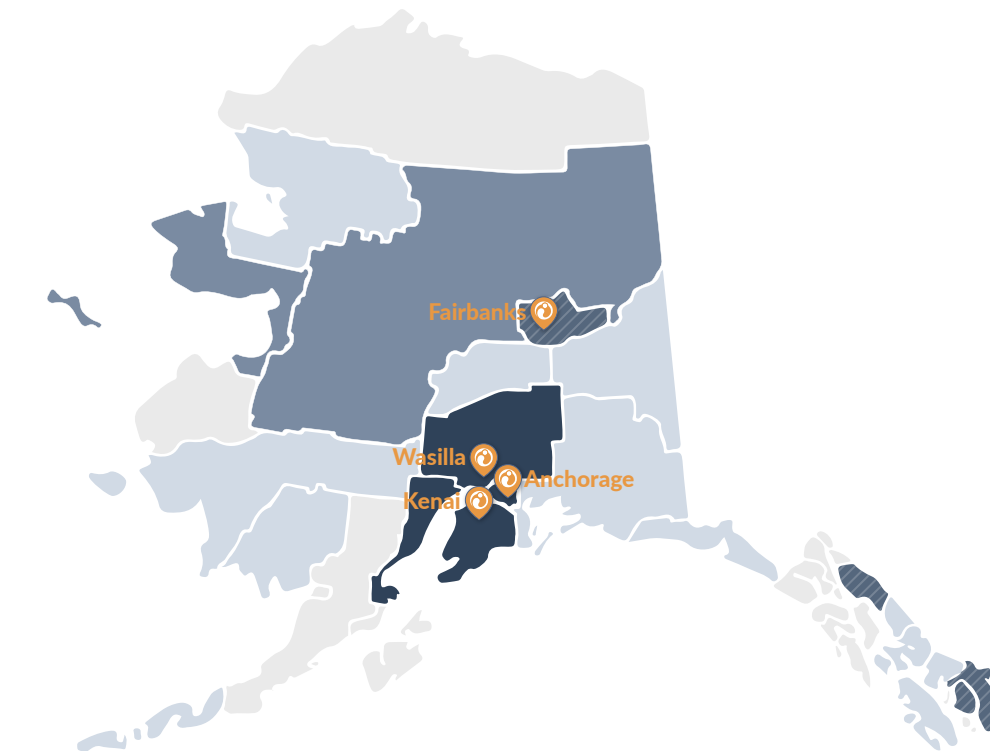
² The reduction in positive tests for all patients during 2024 at Maintenance B compared to Initiation Stage of Care.

³ 2025 Ideal Option Self-Reported Patient Outcomes Survey.

OUR PATIENTS

2024 Active Patients by County

160-768 110-159 89-109 15-88 1-14



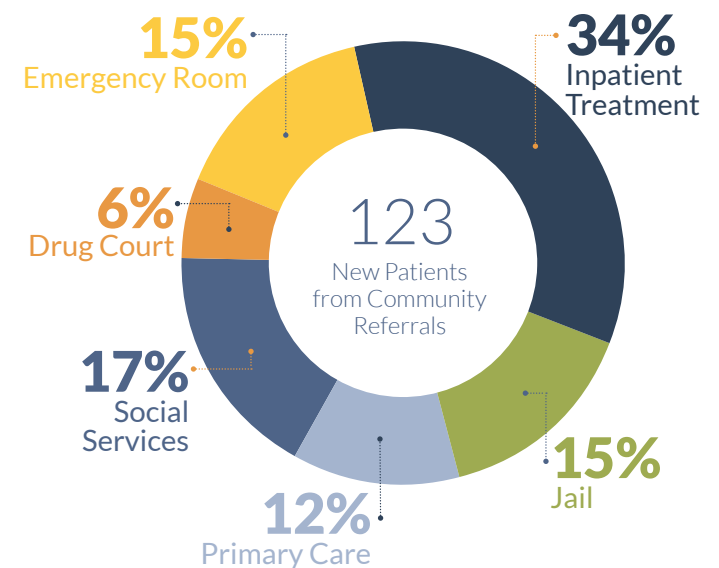
Geographical Reach

As of December 2024, Ideal Option served **632 patients in four clinics in Alaska**. The map shows patient census distribution by county of residence.



Community Referrals

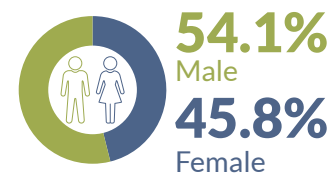
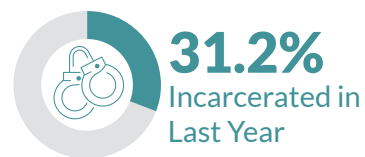
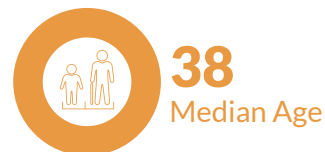
New patients find Ideal Option through online searches, social media, referrals from friends and family, and community partner recommendations. To foster relationships with community stakeholders and encourage patient referrals, Ideal Option conducts outreach in every community in which our clinics are located. Community partners who refer patients to Ideal Option include drug courts, county jails and law enforcement, social services agencies, primary and behavioral health care providers, inpatient treatment facilities, and hospital emergency rooms. In 2024, Ideal Option received referrals from four correctional facilities in Alaska, enabling a smooth transition to outpatient treatment for justice-involved individuals with substance use disorder upon release.



OUR PATIENTS

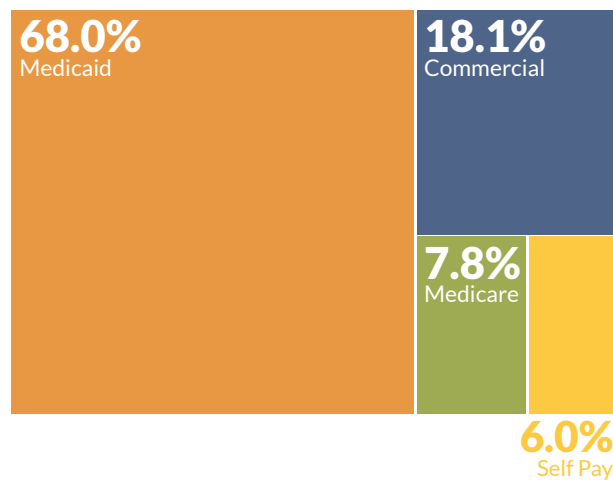
Patient Characteristics at Enrollment

At enrollment, Alaska patients' self-reported characteristics highlight the severe societal impact of substance use disorder. Those affected are more likely to experience homelessness, unemployment, drug-related charges, and incarceration. Sustained abstinence from addictive substances has been shown to improve social determinants of health including housing, employment, food security, education, and social inclusion.



Payor Coverage

The chart shows payor coverage for Alaska patients seen in 2024.



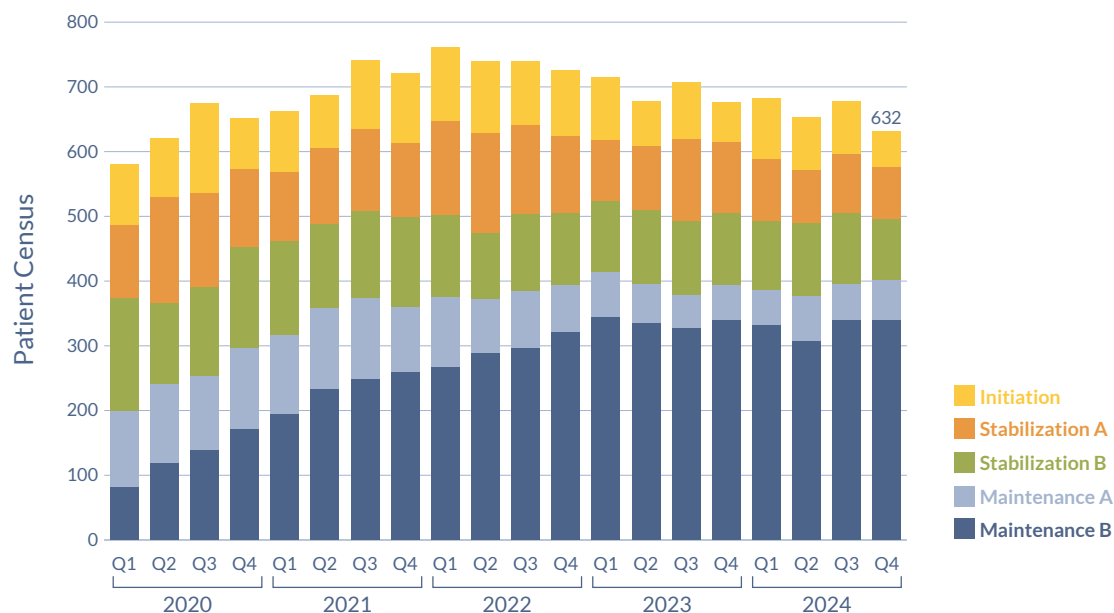
OUR PATIENTS

Ideal Option's Alaska patient census increased at a cumulative annual growth rate of 3% between 2020 and 2024.

- The accompanying chart shows census stratification by Stage of Care[†] for each calendar quarter during the five year period.
- The cumulative annual growth rate of patients in the Maintenance Stages of Care (both A and B) was 19% over the five year period, increasing from 31% to 64% of total census.
- The Maintenance Stages of Care are typically associated with long-term recovery and correlate with remission (see Remission & Recovery Data).

2020-2024 | ALASKA

Census by Stage of Care



Ideal Option has provided care to 3,931 unique Alaska patients in 64,882 appointments over the past five years. Although Maintenance B patients constituted the majority of the census at any given time, 74% percent of appointments over this period were dedicated to patients in a Stage of Care prior to Maintenance B. Over the five year period, 53% of patients who transitioned to Maintenance B exited the program, many of whom are presumed to have tapered off medication.

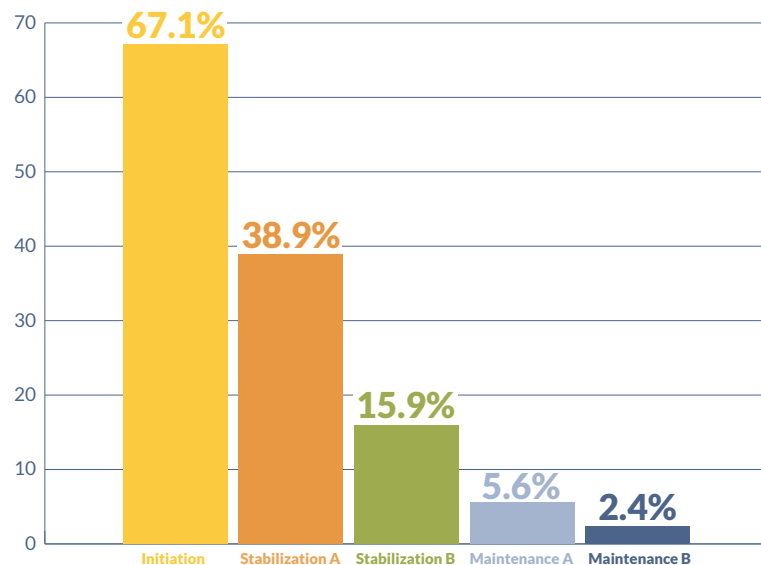
[†] See Clinical Protocol for definitions of Stage of Care on page 12.

REMISSION & RECOVERY OUTCOMES

“The overall goal of treatment is to return people to productive functioning in their family, workplace, and community.”⁴

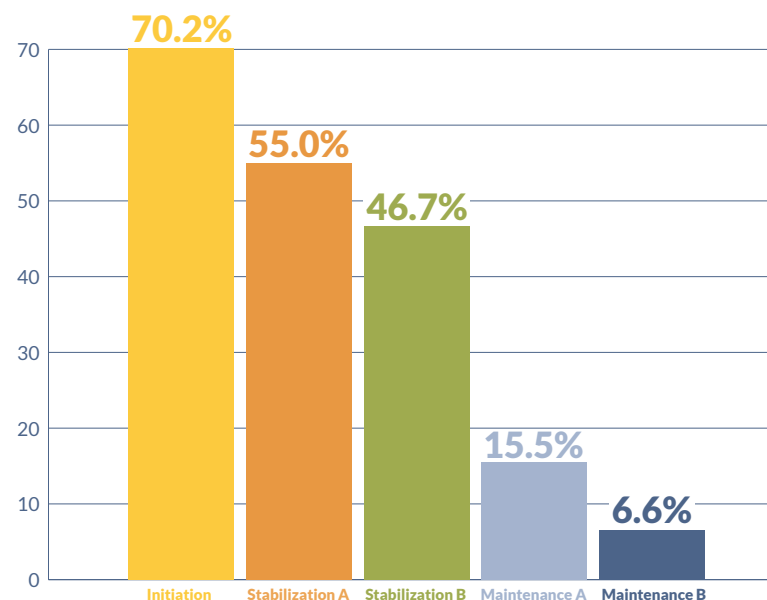
The charts below summarize remission and recovery outcomes by Stage of Care[†]. Patients improve medication adherence and abstinence from illicit substances as they advance through each Stage of Care. The positive progression results from a combination of medication adherence, strong therapeutic alliances with patients, psycho-social support, test result accountability, contingency management, and positive reinforcement.

Positive Opioid* Rates by Stage of Care
ALASKA



*Opioids include fentanyl, heroin, and prescription pain medication.

Positive Stimulant* Rates by Stage of Care
ALASKA



* Stimulants include methamphetamine and cocaine.

[†] See Clinical Protocol for definitions of Stage of Care on page 12.

⁴ Centers for Disease Control and Prevention. (2021, September 2.). Treatment and Recovery. CDC.. https://www.cdc.gov/overdose-prevention/treatment/opioid-addiction.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/treatment-recovery.html

TREATMENT RETENTION

Recovery from substance use disorder requires ongoing treatment over many months, and often years.

- Outpatient treatment is voluntary.
- Return-to-use episodes are common in the recovery process.
- Readiness to change varies widely among individuals.

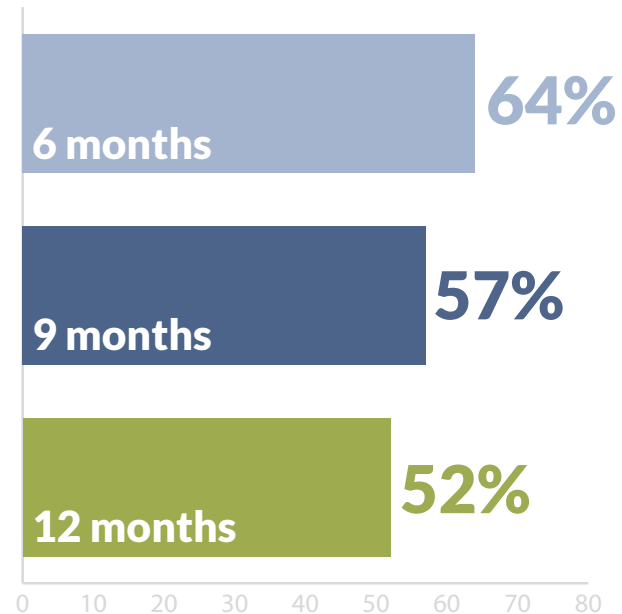
Despite these challenges, patient determination and resilience are reflected in outcomes since 2017:

- 83% of patients returned for a second visit.
- Of patients who returned for a second visit, 64% continued to attend treatment visits after at least six months, 57% continued after at least nine months, and 52% continued after at least 12 months.

“With effective treatment, recovery is possible for everyone. There is strength in getting help.”⁵



Alaska patients who returned for a second visit remained in treatment after:



⁵ Centers for Disease Control and Prevention. (2024, September 11). Recovery from Substance Use Disorder. CDC. https://www.cdc.gov/overdose-prevention/treatment/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html

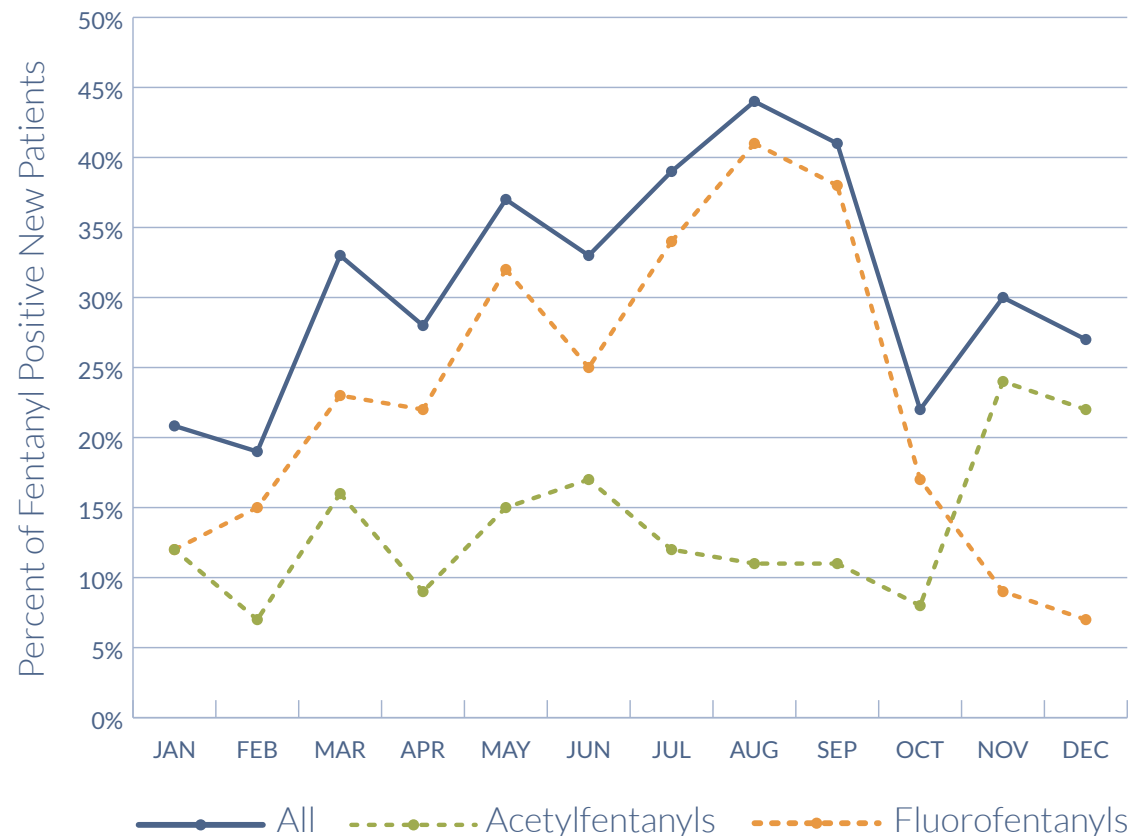
STREET DRUG SUPPLY CHANGES

Ideal Option employs high-resolution mass spectrometry, specifically time-of-flight (TOF) technology, to monitor drug use trends and detect emerging substances of abuse. In 2024, the organization tested over 11,000 new enrollment samples using TOF to identify analytes **not included in standard clinical testing panels**, such as fentanyl analogs and other novel psychoactive compounds.

Increasingly, Ideal Option has detected **fentanyl analogs that are less potent** than fentanyl itself. The two most commonly identified analogs, acetylfentanyl and fluorofentanyl, exhibit approximately 30% of fentanyl's potency⁶. During 2024, between 20% to 45% of samples containing fentanyl also tested positive for either acetylfentanyl or fluorofentanyl.

A recent article in the journal *Addiction*⁷ hypothesizes that fentanyl and fluorofentanyl may inhibit each other's metabolism by competing for the same enzyme, potentially prolonging the effects of fentanyl. This raises the question: are less potent fentanyl analogs being added to the drug supply to extend the duration of fentanyl's effects, or to reduce its potency and lethality, or perhaps for both reasons?

Presence of Low Potency Fentanyl Analogs in Fentanyl Positive New Patient Samples Across Nine States in 2024

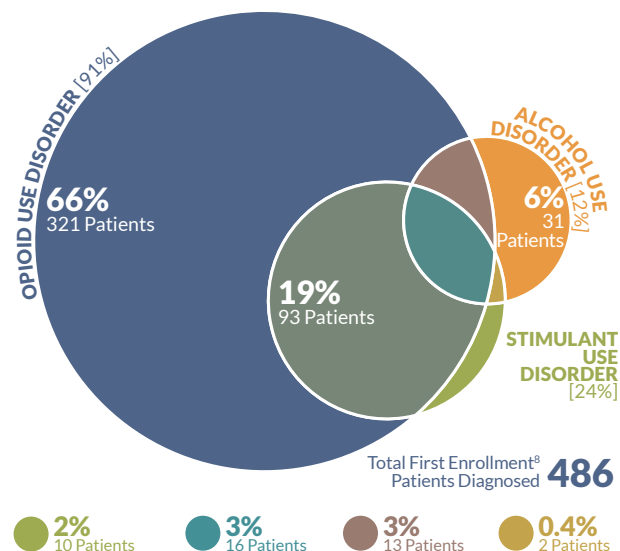


⁶ Wilde Maurice, Pichini Simona, Pacifici Roberta, Tagliabracchi Adriano, Busardò Francesco Paolo, Auwärter Volker, Solimini Renata; Metabolic Pathways and Potencies of New Fentanyl Analogs, *Frontiers in Pharmacology*, Volume 10 – 2019, 2019, DOI=10.3389/fphar.2019.00238, ISSN=1663-9812, <https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2019.00238>

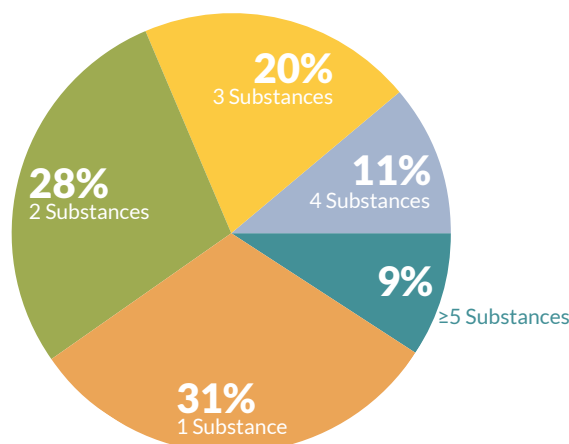
⁷ Canfield, J. R., Canfield, K. V., & Sprague, J. E. (2024). Para-fluorofentanyl: Coincidence or intentional? *Addiction*, 119(9), 1655–1656. <https://doi.org/10.1111/add.16527>

POLYSUBSTANCE USE

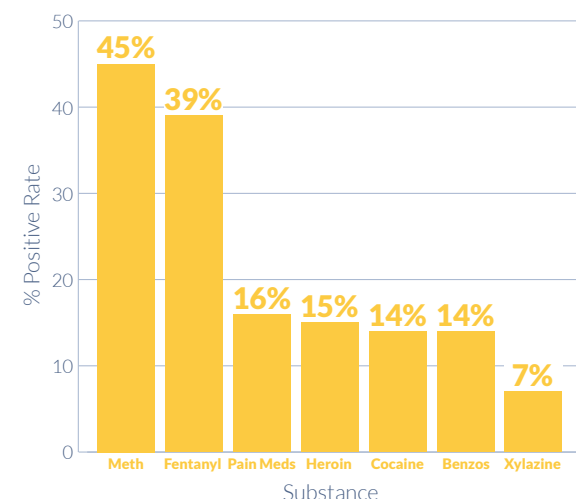
Treatment Diagnosis 2024 DIAGNOSES AT FIRST ENROLLMENT ALASKA



Polysubstance Use 2024 POSITIVE RATES AT ENROLLMENT⁸ ALASKA



Substance Use 2024 POSITIVE RATES AT ENROLLMENT⁹ ALASKA



Polysubstance Use at Enrollment

Test results at program enrollment reflect current substance use trends. Ideal Option data confirms the rise in synthetic drug use and changing trafficking patterns, some of which has been noted in national and local reports. Most enrolling patients test positive for multiple substances, often unaware of some of the substances they have consumed.

Fentanyl use has largely replaced heroin and prescription pain medications. In 2024, street drugs increasingly contained an **expanding variety of inexpensive synthetics**, often including fentanyl

and fentanyl analogs, in varying combinations and potencies within counterfeit pills and powder. The widespread use of stimulants and sedatives continued, with **methamphetamine** remaining the most widely consumed illicit drug in the U.S. **Cocaine** also remains available in many markets. Both methamphetamine and cocaine are **often contaminated with other substances, including fentanyl**.

Benzodiazepines, also known as sedatives or tranquilizers, are commonly prescribed for anxiety and related conditions, but they can cause dependency

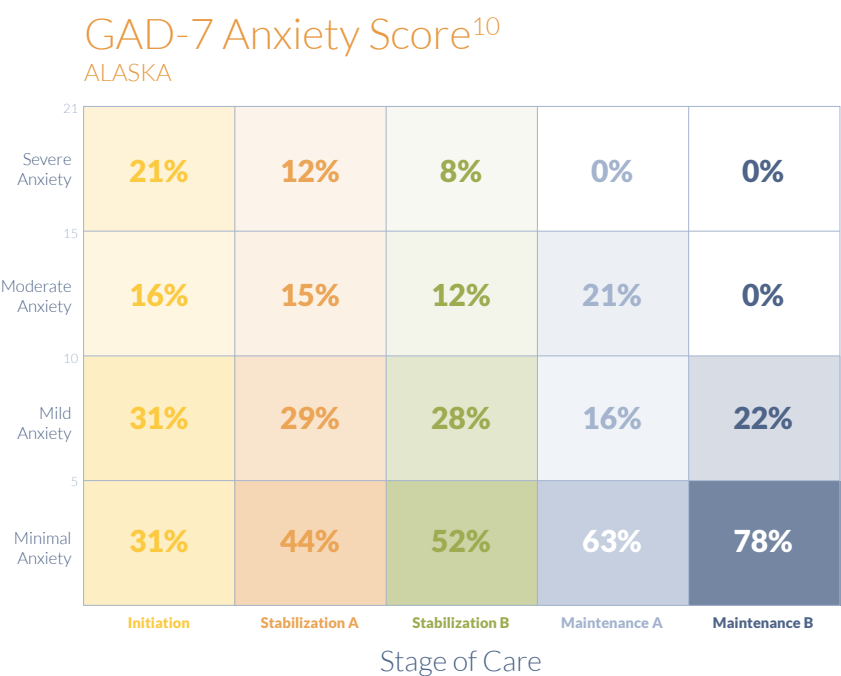
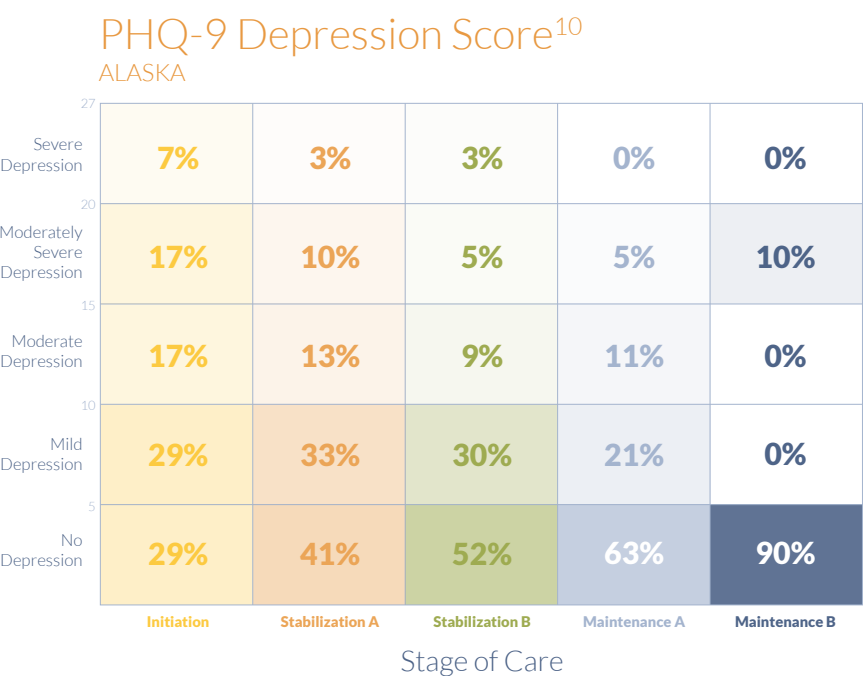
and are frequently misused and diverted to the street market. Illicitly manufactured benzodiazepines, often highly potent and **contaminated with fentanyl**, pose significant risks, including respiratory depression and death when combined with opioids.

Xylazine, a powerful animal tranquilizer that is currently not a controlled substance, is increasingly found in fentanyl pills and powder. Like benzodiazepines, xylazine increases the risk of respiratory depression and death and can cause severe skin lesions, including necrosis leading to amputation.

⁸ Diagnosis at first-time patient enrollment.

⁹ An enrollment occurs when a first-time patient begins treatment at Ideal Option and when a patient returns to Ideal Option for treatment following a lapse of 42 days or more.

MENTAL HEALTH OUTCOMES



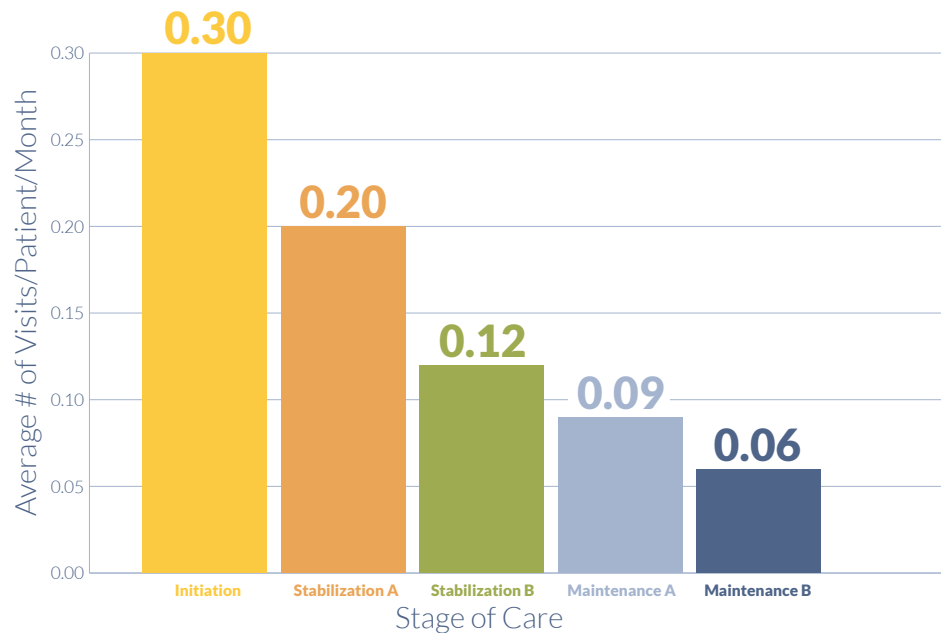
Mental health, as assessed by PHQ-9 (depression) and GAD-7 (anxiety) assessments, showed significant improvement as patients advanced through the Stages of Care[†]. Specifically, the proportion of Alaska patients who reported moderate to severe depression and anxiety decreased markedly from as high as 41% during the Initiation stage to 10% in the Maintenance B stage. Furthermore, the percentage of patients who experienced no to minimal depression or anxiety was considerably higher in the Maintenance B stage compared to the Initiation stage. Encouragingly, the average PHQ-9 and GAD-7 scores of patients in the Maintenance B stage were substantially lower than those in the Initiation stage, resulting in scores at Maintenance B of “no depression” and “minimal anxiety”, highlighting notable progress in mental health outcomes.

Average Score		
Stage of Care	PHQ-9	GAD-7
Initiation	8.8	8.6
Stabilization A	6.8	6.5
Stabilization B	5.4	5.5
Maintenance A	4.7	4.5
Maintenance B	3.1	1.6

[†] See Clinical Protocol for definitions of Stage of Care on page 12.
¹⁰ In 2024, 482 patients completed the PHQ-9 and 478 patients completed the GAD-7.

EMERGENCY DEPARTMENT FREQUENCY OUTCOMES

Emergency Department Visits by WA and ID Medicaid Patients Decline by Stage of Care[†]



In 2024, Ideal Option's Medicaid patients in Washington and Idaho showed a significant decrease in emergency department (ED) visits, as measured by data from Collective Medical.¹¹ While the data presented reflects patient behavior in two states, its relevance can be extended to Alaska due to comparable population characteristics and healthcare system structures.

ED visits declined sharply as patients progressed in Stages of Care. More than 20% of patients in the Initiation Stage of Care visited the ED each month, with an average of 0.30 visits per patient. In comparison, only 5% of patients in Maintenance B visited the ED monthly, averaging 0.06 visits per patient. This yields significant medical cost savings as patients with an opioid use disorder (OUD) diagnosis face 32.5% higher costs per ED visit.¹²

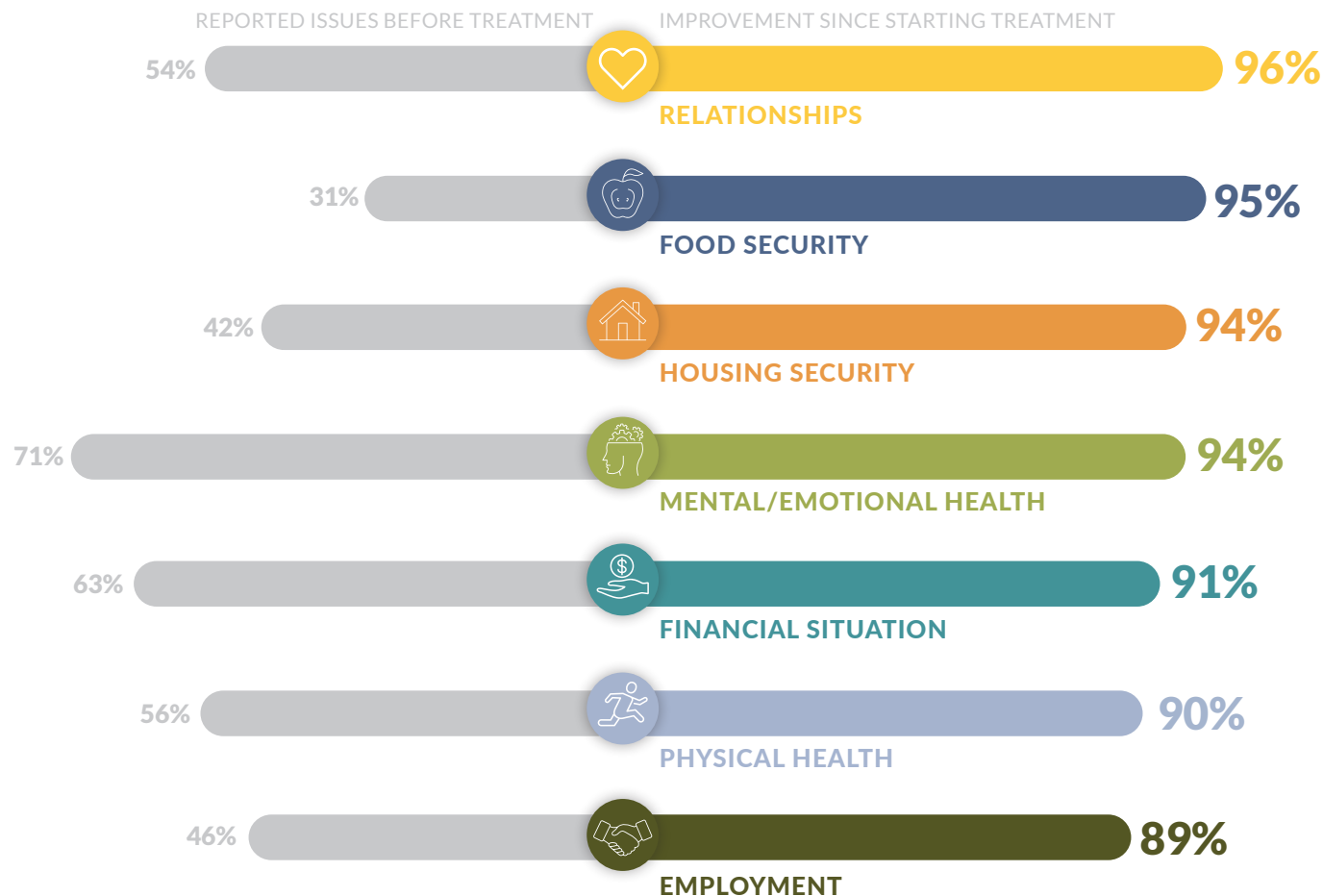


¹¹ Collective Medical. <http://collectivemedical.com/>
¹² Goldman, M. (2024, January 24). How opioid misuse is costing health systems. Axios Vitals. <https://www.axios.com/2023/01/24/opioid-abuse-hospital-costs>

[†] See Clinical Protocol for definitions of Stage of Care on page 12.

SOCIAL DETERMINANTS OF HEALTH OUTCOMES

Ideal Option's mission is to support people in their recovery. While self-reported survey outcomes are subjective, they provide valuable insights into quality of life improvements among patients. In January 2025, 879 patients completed an anonymous survey sent to over 20,000 patients who had received treatment for six months or more. Patients treated for similar durations typically show high medication adherence and low illicit substance use. Notably, objective toxicology results confirming recovery align with self-reported progress in social determinants of health.



Has your quality of life improved?
95% say YES!



Have you visited the ER for drug-related medical care since starting treatment?
91% say NO!



Do you feel confident in your ability to remain in recovery long-term?
97% say YES!



Have you had any drug-related arrests or charges since starting treatment?
95% say NO!

CLINICAL PROTOCOL

How the Program Works

Ideal Option providers guide patients through a stage-based protocol for long-term, sustainable recovery. The chart below shows the criteria opioid use disorder patients must meet to advance from one Stage of Care to the next. This evidence-based treatment approach leverages contingency management behavioral theory to optimize patient outcomes and ensure clinical consistency, while enabling providers to personalize care and celebrate key milestones in recovery.

Note: Patients with isolated methamphetamine or alcohol use disorder will follow specialized protocols

STAGES OF CARE

INITIATION

New patients, re-start patients, or patients not yet stabilized on buprenorphine.



STABILIZATION A

Patients who are starting to feel stable on buprenorphine and have reduced their use of opioids.



STABILIZATION B

Patients who are stable on buprenorphine and have stopped use of opioids but may still be using other non-prescribed substances.



MAINTENANCE A

Patients who are completely stable on buprenorphine and abstinent from all non-prescribed substances.



MAINTENANCE B

Patients who have long-term stability on buprenorphine and are abstinent from all non-prescribed substances.



GRADUATION CRITERIA

*Verified by diagnostic test

- ✓ No Withdrawal Symptoms
- ✓ Reduced Cravings
- ✓ Taking Buprenorphine*
- ✓ Reduced Opioid Use*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants*

- ✓ Long-term Stability
- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants*

*"Addiction is a disease that for many involves long-term follow-up and repeated care to be effective and prevent relapse. When people make a recovery plan that includes medication for opioid use disorder, their chances of success increase. Medications can help normalize brain chemistry, relieve cravings, and in some cases prevent withdrawal symptoms."*¹³



¹³ Centers for Disease Control and Prevention. (2020). Treatment and Recovery Fact Sheet. CDC. <https://www.cdc.gov/overdose-prevention/media/pdfs/What-to-look-for-Treatment-and-Recovery-Fact-Sheet.pdf>

REMISSION & RECOVERY DATA

Initiation and Stabilization Stages (A & B)[†]

As of December 2024, 36.4% of Ideal Option’s Alaska patients were in pre-Maintenance Stages of Care (Initiation and Stabilization A and B). In the Initiation Stage, patients are seen more than once per week. Visit frequency decreases to once per week during Stabilization A and to every two weeks during Stabilization B.

The pre-Maintenance Stages are particularly challenging as patients face physical, mental, and environmental obstacles to both substance abstinence and medication adherence. Withdrawal causes intense discomfort and cravings, sometimes lasting for days, while medication adherence typically requires a strict, time-consuming daily routine of sublingual ingestion of buprenorphine, all while resisting temptation to divert the medication to a ready market.

The Initiation Stage includes newly enrolling or re-enrolling patients and those needing frequent

and intensive care. Stabilization A patients show improved medication adherence and reduced opioid use. Stabilization B patients show further progress, including a decrease in the use of other substances, particularly methamphetamine.

Maintenance Stages (A & B)

As of December 2024, 63.6% of Ideal Option’s Alaska patients were in the Maintenance A and B Stages of Care. Patients are seen every three weeks in Maintenance A and every four weeks in Maintenance B.

Over 98% of opioid use disorder patients in these stages are adherent to buprenorphine, as confirmed by definitive testing results for the drug’s metabolite, norbuprenorphine. Buprenorphine adherence correlates with recovery from opioid use disorder as shown by the near elimination of fentanyl, heroin, and prescription pain medication positive test results in the Maintenance Stages. Maintenance Stage patients also show significant reductions in stimulant

and sedative use, despite the lack of FDA-approved medication treatments. Ideal Option credits these positive outcomes to its strong therapeutic alliance with patients which includes psycho-social support, test result accountability, contingency management, and positive reinforcement.

Positive Rates by Stage of Care

ALASKA

Patient Census & Outcomes	Initiation	Stabilization A	Stabilization B	Maintenance A	Maintenance B
Fentanyl	59.4%	27.0%	7.0%	2.2%	0.6%
Methamphetamine	65.4%	49.5%	42.5%	13.9%	5.8%
Benzodiazepines	12.4%	15.5%	10.7%	6.3%	5.0%
Prescription Pain Meds	21.7%	14.6%	5.8%	2.1%	1.2%
Cocaine	20.7%	13.9%	9.7%	2.5%	1.0%
Xylazine	15.8%	2.5%	0.1%	0.2%	0.1%
Heroin	25.9%	10.9%	5.7%	1.8%	0.9%
Norbuprenorphine	63.7%	90.0%	95.8%	98.1%	98.4%
% of Total Census	9.0%	12.5%	14.9%	10.0%	53.6%

[†] See Clinical Protocol for definitions of Stage of Care on page 12.

Hepatitis C Treatment Outcomes

Ideal Option screens for, identifies, and treats patients with Hepatitis C. If left untreated, chronic Hepatitis C can lead to serious health problems like liver cancer, cirrhosis, and death. Fortunately, people diagnosed and treated with direct-acting antiviral medications can be cured, as shown by Ideal Option’s 2024 Hep C treatment outcomes.

Ideal Option Alaska Hep C Treatment Outcomes	Jan.–Dec. 2024*
Patients Tested	403
Hep C Positive	54
Eligible for Treatment	27
Prescriptions	19
Confirmed Cures	32



*The Hep C treatment process spans many months and requires completion of state-required forms, medication approval, an 8-12 week medication regimen, and a 12-week waiting period after the completion of the medication to validate a cure. 2024 cured patients include some who may have begun treatment in 2023. Some patients who began treatment in 2024 are expected to have cure validated in 2025.

ABOUT IDEAL OPTION

Founded in 2012, Ideal Option has treated more than 90,000 patients and:

-  Operates 80 specialized outpatient treatment clinics across nine states.
-  Employs over 600 staff, with more than half being healthcare professionals, including addiction medicine providers, medical assistants, nurse care managers, peer outreach specialists, and behavioral health counselors.
-  Is a member of the American Society of Addiction Medicine (ASAM), with providers regularly completing ASAM trainings and following current guidelines to deliver evidence-based treatment.
-  Operates a high-complexity, CLIA-certified laboratory, accredited by The Joint Commission, and staffed by laboratory managers, quality specialists, analysts, and ASCP registered clinical scientists, to rapidly supply comprehensive and accurate clinical information to providers.
-  Is accredited by The Joint Commission and holds The Gold Seal of Approval®.

Ideal Option aims to provide cost-effective, outcomes-based addiction treatment that improves patients' lives and reduces the financial and social burdens of untreated, or ineffectively treated, substance use disorder. As part of its mission, Ideal Option:

-  Diagnoses and treats Hepatitis C, sexually transmitted infections, and other communicable diseases, and provides reporting to public health agencies.
-  Connects patients to essential resources such as food, housing, employment, and transportation by partnering with community organizations, government agencies, law enforcement, and local, state, and national leaders.

This report uses toxicology results as a definitive measure of treatment progress. In outpatient addiction care, objective and accurate testing is vital, not only for clinical accountability but also for reinforcing trust between patients and providers. Combined with medication and psychosocial support, it forms the foundation of a successful recovery model. At Ideal Option, unexpected test results are treated as clinical information, not as grounds for punishment or discharge. Return-to-use is understood as a natural part of the recovery process, and harm reduction remains the guiding principle of care.

