



Alabama opioid report looks for better data, future plans

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Brian Lyman (<http://www.montgomeryadvertiser.com/staff/12375/brian-lyman/>), Montgomery Advertiser

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A report released Wednesday on the state's opioid crisis includes a lot of suggestions to manage the health care emergency.

But neither the Alabama Opioid Overdose and Addiction Council's report — nor Gov. Kay Ivey's initial budget request — had much in the way of specific funding requests. That, said council members, was by design, and a reflection of work still needed to assess the scope of the problem.

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"We had to turn in our budget requests before the report was finished," said Lynn Beshear, director of the Alabama Department of Mental Health, one of three major state agencies tasked with taking the lead on the state response. "We decided until we have very specific things coming out of the recommendations, it made no sense to ask for money.

The 74-page report (http://www.mh.alabama.gov/Downloads/CO/AlabamaOpioidOverdose_AddictionCouncilReport.pdf) — issued after four to five months of meetings — calls opioid use a problem "eroding the quality of life for Alabama residents" and outlines several goals, ranging from better training of law enforcement and health care professionals to making anti-overdose medications more available.

But both the report and the officials charged with leading the response say that the data the state has on the epidemic is, at best, incomplete, and offer a range of proposals to get a better handle on the issue, with the hope that having better information will help develop more effective plans.

Much of what is known about the opioid epidemic, said Dr. Scott Harris, the State Health Officer, comes from death certificate data that may not be prepared by trained medical professionals, or insurance information that might miss illicit uses of opioids. In addition, the Alabama Prescription Drug Monitoring Program — which keeps track of prescriptions issued in the state — has strict, privacy-based limits on its use.

"If you ask me which county has the most narcotic prescriptions, I don't actually know that because we can't get that information," he said. "We're not allowed to have it by law."

The numbers out there suggest a troubling situation. While prescriptions for opioids have



The nation's prescription opioid crisis is one of the worst problems facing society today. According to the Centers for Disease Control and Prevention, about 91 Americans die daily from an opioid overdose, which is a conservative estimate. (Photo: Getty Images)

fallen nationwide since 2012, Alabama still sees a high rate of script. In 2016, there were at least 1.2 opioid prescriptions for every individual in the state and an 82 percent increase in deaths from overdose between 2006 and 2014.

"People are dying and families are being devastated," the report says. "It impacts every sector of our economy, including health care, education, business and local government. The opioid crisis recognizes no neighborhood, no race, and no class."

The report in some ways mirrors recommendations the CDC has already made to states,

including greater utilization of the PDMP as well as improving access to naloxone, which can treat narcotic overdoses, for law enforcement and health care providers, as well as broad education and social outreach campaigns. In other areas, the report recommends allowing limited use of the PDMP for medical research, as well as a central database that can be used to track outbreaks and measure the success of initiatives.

The council also recommended bills to penalize trafficking in fentanyl, a powerful and dangerous drug individuals suffering from opioid addiction sometimes use. Bills to impose those penalties have moved out of committee in the House and Senate.

The report also calls for significant investments in treatment and recovery programs, directed by the Department of Mental Health. Beshear said those efforts would likely focus on recruiting more staff, as well as training and obtaining housing.

“When people go into an acute detox and treatment situation, when they have made the decision to kick their habit and move into a mode of recovery and get their lives together, there are gradations of time they need for recovery,” she said. “We need to ensure they are in the right housing situation.”

Several people involved with the report, including Sen. Jim McClendon, R-Springville, say that the report shows the need to step away from criminal approaches to addiction and toward public health-based ones.

“The fact is, these people hooked on opioids don’t want to be,” he said. “But it’s got such a strong grip on their minds and souls and hearts that it is beyond their control. And they know it’s beyond their control. They give up everything.”

But outside of a few funding and coordination proposals, the report as whole looks more toward the future. The report says “additional resources at many levels” are necessary to implement the proposals, but the sole funding request in the report is a \$1.1 million grant to upgrade the PDMP, which Harris said will make access to the database easier and, hopefully, make overprescribing less likely.

“For this legislative session, the Council chose to focus on a request to the Governor and Legislature for \$1.1 million to improve Alabama’s Prescription Drug Monitoring Program and the fentanyl trafficking bill,” Alabama Attorney General Steve Marshall said in a statement. “We expect more legislation to come from the Council next year, as it will have more time to fully develop some of the proposals in the report.”

The report specifically encouraged “self-regulation” by prescribers; while some states like New York and Tennessee require prescribers to check a central database before prescribing opioids, Alabama state law only requires that prescriptions be reported. Harris said state groups that oversee prescribers have been working on their own professional regulations training to ensure opioids are not overprescribed. Senate Minority Leader Billy Beasley, D-Clayton, who works as a pharmacist, said Friday physicians he works with are acutely aware of the crisis.

“If you have a patient who’s in critical need of pain medication, you have to use professional judgment on what to prescribe,” he said. “You don’t prescribe the strongest medication. You start at moderate pain medication and work your way up.”

Beyond the fentanyl bill, the reaction of state leaders to the crisis has been muted. Ivey mentioned the council’s work [in her State of the State address Jan. 9 \(/story/news/politics/southunionstreet/2018/01/09/gov-kay-ivey-calls-employee-pay-raises-rural-investments-state-state/1019127001/\)](#) but did not mention specific proposals, and released a short statement on the report’s release Wednesday saying she would work with other state leaders to “make meaningful reforms which will help us address this problem once and for all.” Both the House Democratic and Republican caucuses have made similar promises without committing to particular bills.

Legislative leaders Thursday said they would defer to the council on the proposals.

"There's a lot of discussion going on," said House Speaker Mac McCutcheon, R-Monrovia.

"We've been supportive of the AG's initiative. We're waiting to see what he may bring us from his office."

Senate President Pro Tem Del Marsh, R-Anniston, said opioids were "obviously a problem in the state, and we're interested in that."

"Wherever it comes from, we will give it time and get it through committee," he said.

The council plans to meet to continue implementations and prepare a possibly more ambitious program down the road, one that would likely require a steep investment from the state to bring the problem to heel. Beshear said legislators would need to consider the lives and productivity the epidemic is costing Alabama.

"Here we are in a state that has not much money, and a lot of time people making laws are looking for a quick fix that doesn't cost money," she said. "It's not a quick fix, and it costs a lot of money."

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