

# Alabama Opioid Overdose and Addiction Council

November 17, 2021

An abstract graphic featuring the year '2021' in large, white, 3D-style numerals. The numbers are set against a background of vibrant, flowing, wavy lines in shades of red, orange, and blue. The overall composition is dynamic and modern. In the top right corner of the slide, there is a small, solid lime green rectangle.

2021





# Roll call

Please put your  
name and  
organization you  
represent in the  
chat box.



# Welcome

COMMISSIONER BOSWELL, ALABAMA DEPARTMENT OF MENTAL HEALTH

DR. SCOTT HARRIS, ALABAMA DEPARTMENT OF PUBLIC HEALTH

ATTORNEY GENERAL MARSHALL, ALABAMA ATTORNEY GENERAL'S OFFICE





# Alabama Opioid Overdose and Addiction Council

- Welcoming Remarks and Updates –  
Commissioner Boswell  
Dr. Scott Harris  
Attorney General Steve Marshall
- Committee Reports – Kat House – State Opioid Coordinator
  - i. Workforce – Secretary Washington/Ed Castile
  - ii. Data – Dr. McCurry/Nancy Bishop
  - iii. Law Enforcement - Darrell Morgan/Donna Oates
  - iv. Treatment and Recovery Support – Nicole Walden/David Albright
  - v. Community Outreach and Engagement – Beverly Johnson/David Albright
  - vi. Rescue – Dr. Wilson/Dr. Traffanstedt
  - vii. Prescriber/Dispenser Practices – Dr. Traffanstedt/Matt Hart
- Other Council business
- Meeting for 2022 - TBA







# Committee Reports



# WORKFORCE

Fitzgerald Washington, ADOL  
Ed Castile, AIDT

## GOAL

Identify individuals who are concurrently affected by the opioid epidemic and who have been unemployed or underemployed due to the COVID-19 pandemic in each of Alabama's seven workforce regions and connect them with recovery services and rapid reskilling opportunities through the Alabama Workforce Stabilization Program (AWSP).





## OBJECTIVE

Raise awareness around mental wellbeing in the workplace and heighten the inclusion of businesses in the conversation, along with garnering support for individuals who are reentering the workforce during recovery and after being displaced by COVID-19.

- To raise awareness around improving mental health in the workplace, release a proclamation from the Governor during “Mental Health Month” in May. In congruence with the proclamation, invite business leaders from each workforce region and suitable state agencies to the signing.
- Collaborating with the Department of Commerce, pursue and submit at least 2 grant proposals in the 2022 year.





## OBJECTIVE

Develop a research agenda related to the effects of the opioid epidemic and Covid-19 on Alabama's workforce.

- ▶ The goal in collecting data and developing a research agenda is to get a pulse on employee reactions to employer behavior regarding Covid-19. More specifically, questions will reflect employer treatment, barriers to working in relation to Covid-19 (i.e., childcare, transportation, etc.), amongst other topics. Also, questions will target employee health and well-being. The survey will be created in early 2022.





# DATA

Dr. McCurry, ADMH  
Nancy Bishop, ADPH

## GOAL

Continue to develop the CDR in order to provide rapid access to current data from various statewide agencies to address the opioid crisis.





## OBJECTIVE

Further describe data needs to assess impact of opioid and identify solutions.

- Review deficit in available substance abuse related data to assess the statewide impact of substance abuse.
  - Acquired 4 years substance use health service data from AL Medicaid and BCBSAL.
  - Approached DOC, DHR, Alacourt for data-sharing activities.
- Annually by November, develop and present to the Council an annual report describing data needs and identifying solutions to them.

**SOLUTIONS**



## OBJECTIVE

Support measurement of initiatives to address substance abuse.

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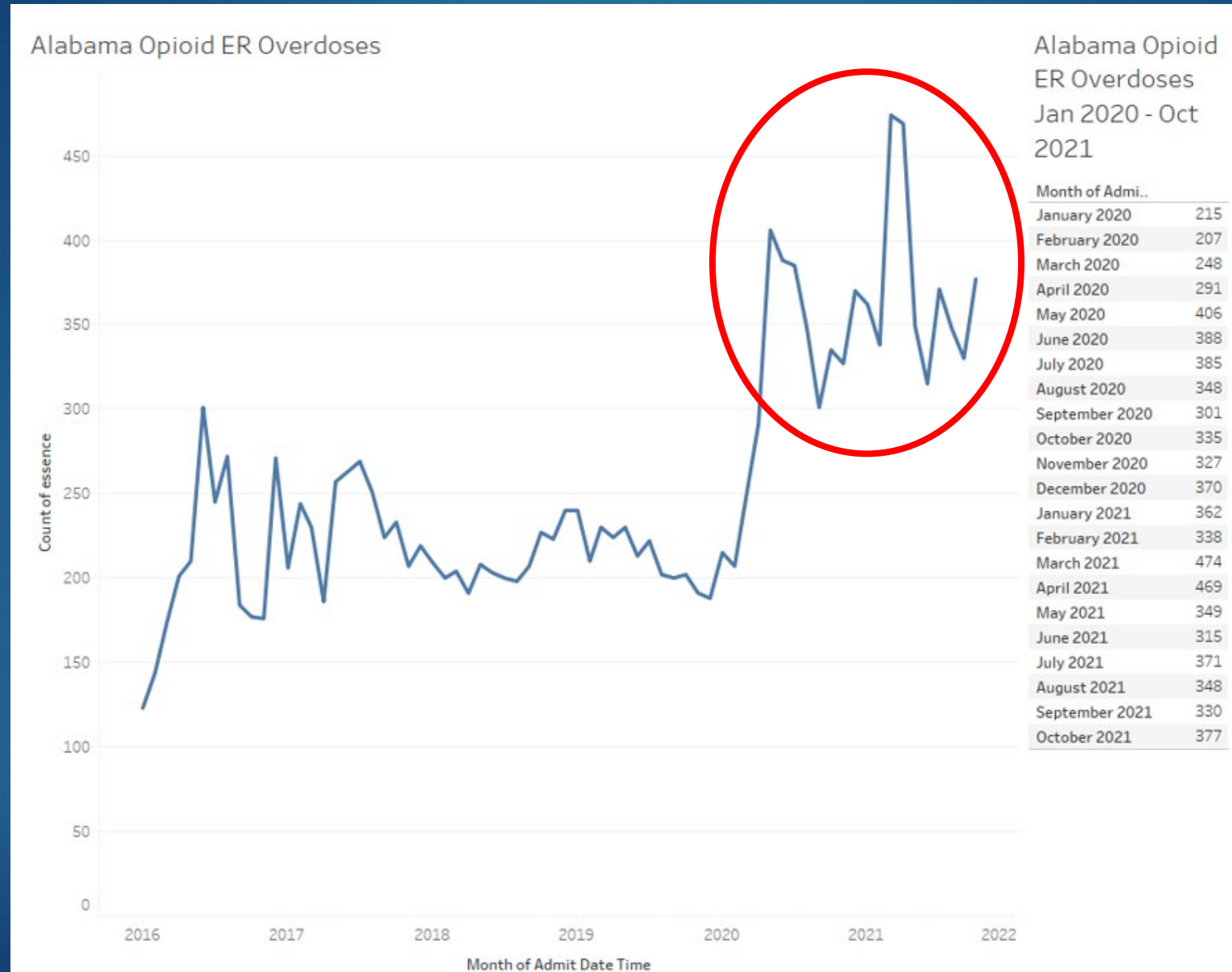
- ## OBJECTIVE

Support measurement of initiatives to address substance abuse.





# Data Visuals — OPIOID ER visits spiked during COVID





**OBJECTIVE**  
Continue to advise CDR Governance Board.

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- Continue to serve the CDR Governance Board as subject matter experts and advisors.
  - ❖ The Data Committee and the CDR Governance Board each meet bi-monthly.
  - ❖ Data Committee advised expanding beyond opioids only to all misused substances.
- By September 2021, submit proposal of monthly suite of reports to detect outbreaks related to substance abuse to the CDR Governance Board.
  - ❖ Data Committee Outbreak Workgroup reviewed substance misuse outbreak templates from other states.





# LAW ENFORCEMENT

Darrell Morgan, ABPP  
Donna Oates, AOC

## GOAL

Continue to develop targeted objectives to increase awareness of resources to address the opioid abuse crisis for members of the law enforcement community.



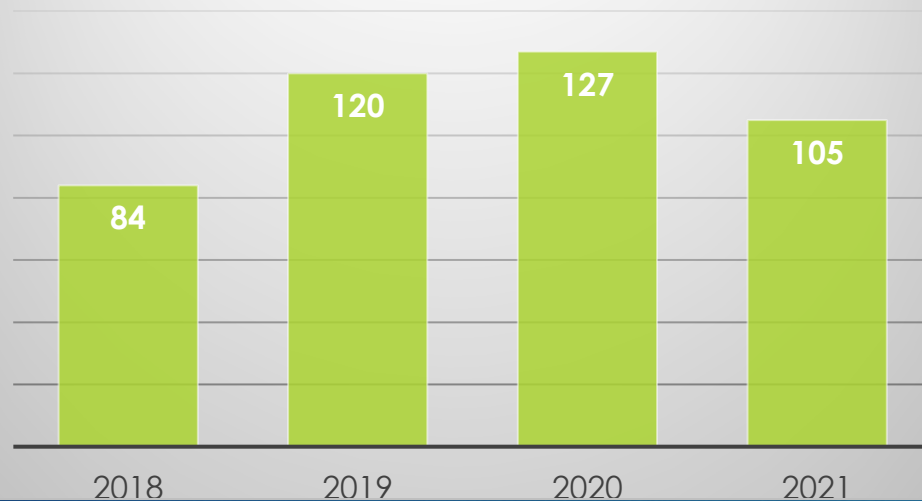


## OBJECTIVE

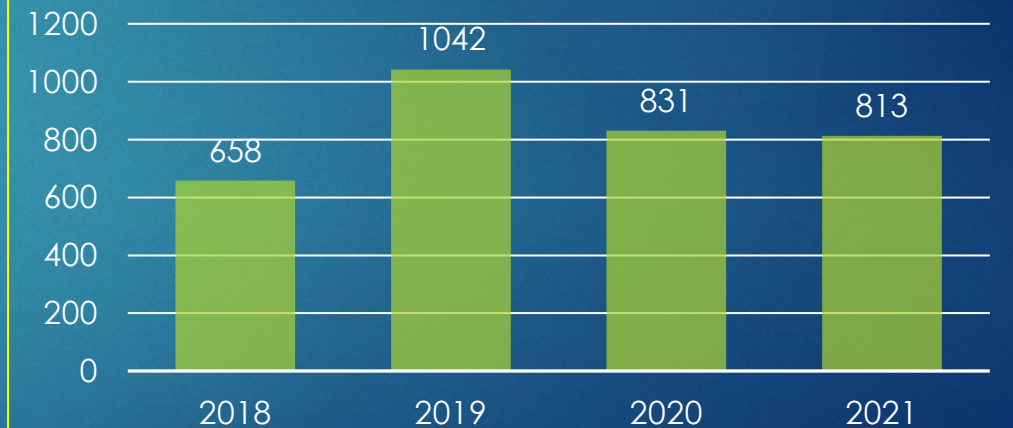
Continue to monitor the number of new recruits and seasoned law enforcement officers who receive the Being Prepared: Behavioral Health Issues (8 hours) and Refresher: Behavioral Health Issues (4 hours) offered in Alabama's Law Enforcement Academies.

- Continue to see progress on the APOST courses taught for Behavioral Health.

### Refresher: Behavioral Health Issues (4-hour)



### Being Prepared: Behavioral Health (8-hour)

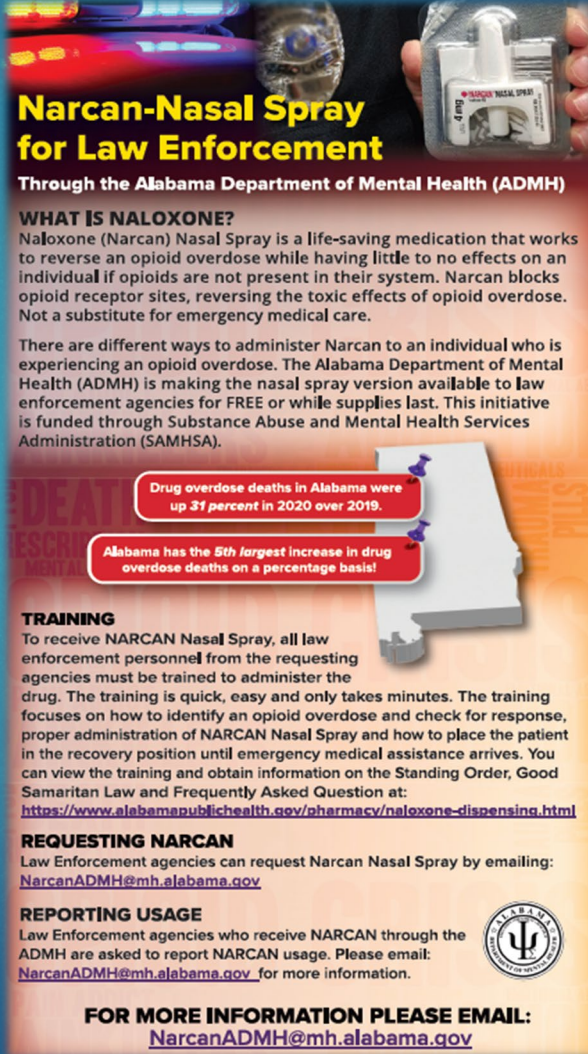




# OBJECTIVE

Create initiatives to increase awareness of the availability of Naloxone kits and other opioid related resources for law enforcement.

- ▶ In July, ADMH recreated a flyer specifically for law enforcement regarding Narcan, helpline and peer resources.
- ▶ In July, ADMH created an email address for Narcan request and information which was included in the flyer. The email address is [NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov)



**Narcan-Nasal Spray for Law Enforcement**

Through the Alabama Department of Mental Health (ADMH)

**WHAT IS NALOXONE?**  
Naloxone (Narcan) Nasal Spray is a life-saving medication that works to reverse an opioid overdose while having little to no effects on an individual if opioids are not present in their system. Narcan blocks opioid receptor sites, reversing the toxic effects of opioid overdose. Not a substitute for emergency medical care.

There are different ways to administer Narcan to an individual who is experiencing an opioid overdose. The Alabama Department of Mental Health (ADMH) is making the nasal spray version available to law enforcement agencies for FREE or while supplies last. This initiative is funded through Substance Abuse and Mental Health Services Administration (SAMHSA).

Drug overdose deaths in Alabama were up 31 percent in 2020 over 2019.


Alabama has the 5th largest increase in drug overdose deaths on a percentage basis!

**TRAINING**  
To receive NARCAN Nasal Spray, all law enforcement personnel from the requesting agencies must be trained to administer the drug. The training is quick, easy and only takes minutes. The training focuses on how to identify an opioid overdose and check for response, proper administration of NARCAN Nasal Spray and how to place the patient in the recovery position until emergency medical assistance arrives. You can view the training and obtain information on the Standing Order, Good Samaritan Law and Frequently Asked Question at: <https://www.alabamapublichealth.gov/pharmacy/naloxone-dispensing.html>

**REQUESTING NARCAN**  
Law Enforcement agencies can request Narcan Nasal Spray by emailing: [NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov)

**REPORTING USAGE**  
Law Enforcement agencies who receive NARCAN through the ADMH are asked to report NARCAN usage. Please email: [NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov) for more information.

**FOR MORE INFORMATION PLEASE EMAIL:**  
[NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov)



**Law Enforcement Officer - R.O.S.S. is ready to help you!**

R.O.S.S. recognizes that law enforcement officers have a front row seat to the opioid epidemic and are in a unique position to prevent overdose deaths or perhaps guide someone to substance use treatment resources.

**R.O.S.S. can help!**

R.O.S.S. has a 24/7 Helpline- 844-307-1760 that can assist law enforcement officers who are face to face with a person in need of substance abuse treatment. The R.O.S.S. 24/7 Helpline is a centralized phone number answered by a peer support specialist trained to offer an array of supports and options to individuals and families in need of substance abuse services.

**Services including:**

- Assist in navigating the substance use disorder system of care.
- Connect individual and family members to available resources.
- Provide support for individual and family members.
- Provide transportation to recovery resource.
- Engage individuals who are at risk for overdose.
- Education the community on substance abuse disorder and the resources needed to obtain and maintain recovery.

Now a person with a substance use disorder asking a law enforcement officer for help can have immediate access to a trained peer support specialist. Please utilize this free resource by keeping the 24/7 Helpline - 844-307-1760 information with you for easy access.

**The services and supports offered through the 24/7 Helpline are available to all residents of Alabama at no financial cost to the caller.**

**Get the help and support you need!**

**24/7 HELPLINE 844-307-1760**

[rosshelpline4u.org](http://rosshelpline4u.org)

**4 Convenient Locations available for walk-ins**

R.O.S.S. Birmingham Community Center	R.O.S.S. Montgomery Community Center
3616 5th Avenue South Birmingham, AL 35222 844-307-1760   <a href="mailto:ross4u.org">ross4u.org</a> <a href="http://www.rosshelpline4u.org">www.rosshelpline4u.org</a>	925 Forest Avenue Montgomery, AL 36106 334-356-2890   <a href="mailto:ross4u.org">ross4u.org</a> <a href="mailto:ross4us.me@gmail.com">ross4us.me@gmail.com</a>
R.O.S.S. Marshall County Community Center	P.E.I.R. People Engaged In Recovery
1280 Hwy 431 Suite B Boaz, AL 35957 256-281-9008   <a href="mailto:ross4u.org">ross4u.org</a> <a href="mailto:rossmc4us@gmail.com">rossmc4us@gmail.com</a>	2534 Government Boulevard Mobile, Alabama 36606 888-421-7347 <a href="mailto:peopleengagedinrecovery.org">peopleengagedinrecovery.org</a>

This project is supported in part by the ADPH Bureau of Prevention, Promotion, and Support through a cooperative agreement with the CDC Grant number 6 U01CE0024964, Overdose Data to Action, Injury Prevention and Control Research and State and Community Based Programs Funding (93.136)



## OBJECTIVE

(continued)

Create initiatives to increase awareness of the availability of Naloxone kits and other opioid related resources for law enforcement.

- ▶ Various committee members attended several conferences heavily attended by law enforcement to hand out the flyers. Dr. Traffanstedt was a featured speaker at The Alabama Sheriffs Association Conference. Dr. Traffanstedt spoke about the current trends in overdoses in Alabama as well as the Narcan for Law Enforcement flyer.
- ▶ The conferences listed were attended by the committee members. Over 1000 participants received the flyer.
  1. Alabama Sheriffs Association 2021 Summer Education and Technology Conference - July 18-22, 2021
  2. Alabama Association of Chiefs of Police (AACOP) Summer Conference - August 8- 11, 2021
  3. Alabama State Bar 2021 Annual Meeting, July 14-17, 2021.
- ▶ Law Enforcement Narcan Flyers were given to the High Intensity Drug Trafficking Area Program, coordinated the delivery of 88 NARCAN kits to HIDTA Task Force Officers representing 44 different Alabama law enforcement agencies.



EMAIL



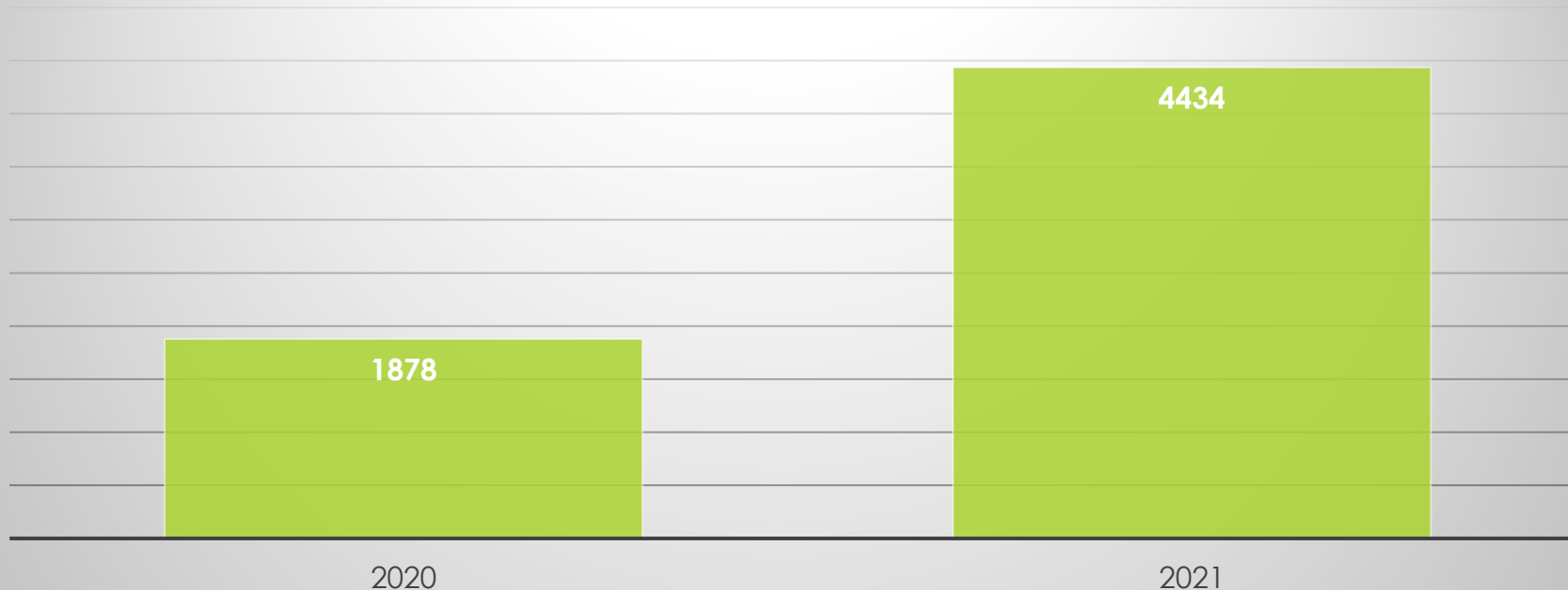
## OBJECTIVE

(continued)

Create initiatives to increase awareness of the availability of Naloxone kits and other opioid related resources for law enforcement.

- As of Nov 2021, ADMH saw a 43% increase in the number of kits given to law enforcement compared to 2020.

### Number of Naloxone kits - Law Enforcement





## OBJECTIVE

(continued)

Create initiatives to increase awareness of the availability of Naloxone kits and other opioid related resources for law enforcement.

- ▶ The committee reached out to the Alabama Sheriff's Association and Alabama Association of Chiefs of Police to establish a line of communication where emails received from our State Opioid Coordinator, Kathy House would be forwarded to all their members to help keep them up-to-date on resources in Alabama.





## OBJECTIVE

Establish a workgroup to explore the use of fentanyl test strips in Alabama.

- The Law Enforcement committee has partnered with the Rescue to review options.

## FACTS

Approximately 88,000 drug overdose deaths occurred in the United States in the 12 months ending in August 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to provisional data from CDC, and overdose deaths have continued to accelerate during the COVID-19 pandemic.

The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that federal funding may now be used to purchase rapid fentanyl test strips (FTS) to help curb the dramatic spike in drug overdose deaths largely driven using strong synthetic opioids, including illicitly manufactured fentanyl.

FTS can be used to determine if drugs have been mixed or cut with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose.





*"This is a major step forward in the ongoing and critical work to prevent overdose and connect people who have substance use disorders to evidence-based treatment options,"* said Acting Assistant Secretary for Mental Health and Substance Use Tom Coderre, the interim leader at SAMHSA. *"This will save lives by providing tools to identify the growing presence of fentanyl in the nation's illicit drug supply and – partnered with referrals to treatment – complement SAMHSA's daily work to direct help to more Americans."*

- ▶ *"We must do all we can to save lives from drug overdoses,"* said CDC Director Rochelle P. Walensky, MD, MPH. *"The increase in drug overdose deaths related to synthetic opioids such as illicitly made fentanyl is a public health crisis that requires immediate action and novel strategies. State and local programs now have another tool to add to their on-the-ground efforts toward reducing and preventing overdoses, in particular fentanyl-related overdose deaths."*





# TREATMENT AND RECOVERY

Nicole Walden, ADMH  
Dr. David L. Albright, UA

## GOAL

Expand the quality/availability of evidence-based treatment for persons with opioid use disorders.





## OBJECTIVE

Increase the number of drug courts who allow the use of MAT.

- For clarity, MAT (medication assisted treatment) in this context is defined as the allowable use of all FDA approved medications for the treatment of opioid use disorders without time restrictions.
- Strategies that will be utilized to meet this objective:
  - ❖ Compile a report on drug courts and types/intensities of treatment/recovery support services offered in conjunction with each court to be completed by January 31, 2022.
  - ❖ Provide education to 50% of the current drug courts on the best practices in the areas of MAT and substance use disorder treatment.
  - ❖ Provide training on stigma associated with substance use disorders, including MAT, to 50% of the current drug courts.
  - ❖ Assist drug courts in developing collaborative relationships with providers of substance use disorders including those who provide MAT and providers of recovery support services.





## OBJECTIVE

Expand relationships with certification exempt recovery support services providers.

### ➤ Strategies with will be utilized to meet this objective:

#### ➤ Partner with ASAP (Agency for Substance Abuse Prevention) in implementing the Faith Based Support Specialist Program.

- ❖ Work began on this program in May of 2021.
- ❖ The Faith-Based Support Specialist Program is designed to equip faith-based leaders on the proper verbiage and referral when faced with adversity and individuals battling with substance use disorder.
- ❖ ASAP will host a two day, 16-hour conference that will certify individuals within the faith-based community as a Faith-Based Support Specialists (first one to be held in March 2022).
- ❖ ASAP has applied for a grant to fund the program and have passed the first phase; in the interim, ADMH will provide bridge funding to begin implementation.

#### ➤ Continue recovery housing efforts through a partnership with AARR (Alabama Alliance For Recovery Residences) and Oxford House.

- ❖ ADMH continues to fund the Oxford Houses of Alabama, which is an evidenced based model of recovery housing. During FY21, 692 residents resided in an Oxford Houses.
- ❖ There are currently 32 Oxford Houses in Alabama, which is an increase of four houses since the last report.
- ❖ Eleven Recovery Housing entities are eligible for recovery housing funding through ADMH.
- ❖ During FY21, 102 individuals (both with an OUD or SUD) received financial assistance from an ADMH approved recovery house.

#### ➤ Develop language that is inclusive of faith-based organizations.



## OBJECTIVE

Increase the adoption of SBIRT as a standard of care by health systems and providers in Alabama.

- Expand, promote, and integrate SBIRT into five new public systems of care by September 30, 2022, to increase capacity to identify and address substance use disorders.

- ❑ **As of 9/30/21 SBIRT Implementation Locations:**

- ❖ 14 County Health Departments
- ❖ 2 Independent Primary Health Care Clinics
- ❖ 7 FQHC locations
- ❖ 7 Clinics within the VA Hospital System

- ❑ **As of 9/30/21 SBIRT Services provided:**

- ❖ Total # of people screened: 43,922
- ❖ Total # of people provided a brief service: 4,922
- ❖ Total # of people referred to treatment: 499

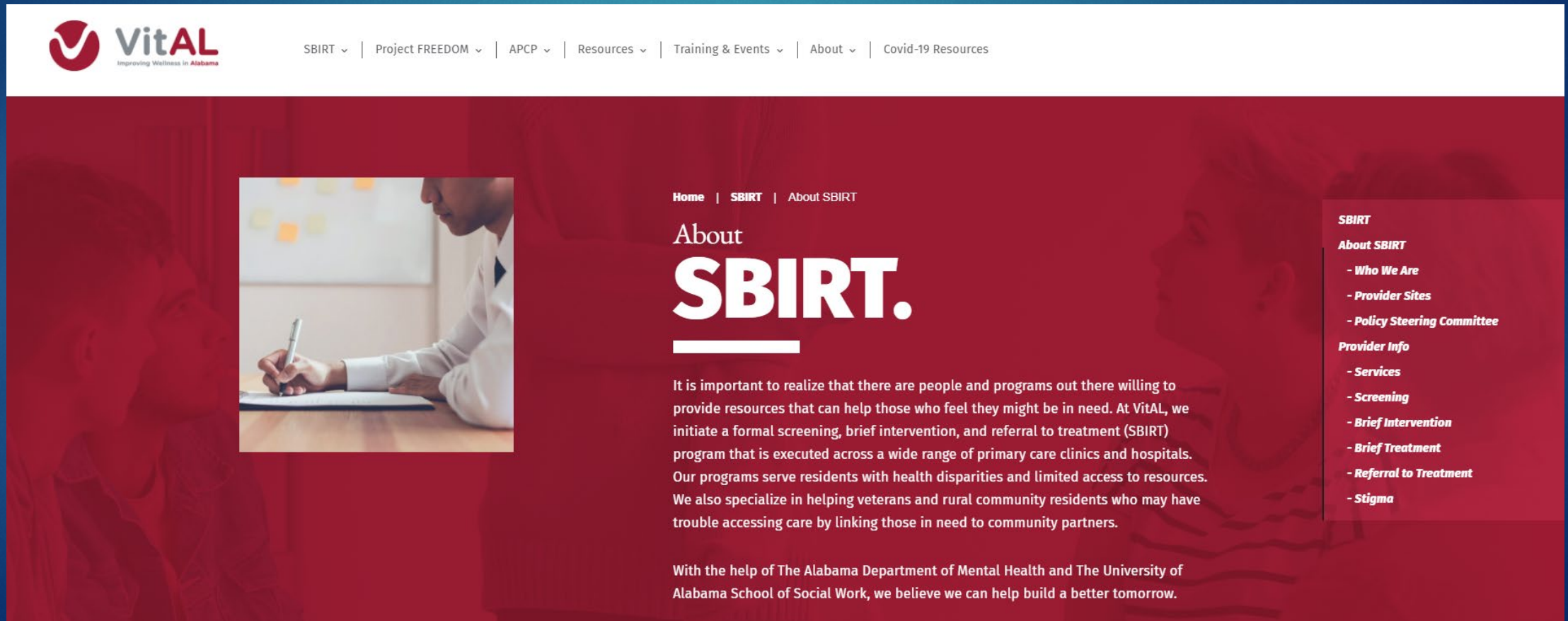
- Website: <https://vitalalabama.com/sbirt/about-sbirt/>



## OBJECTIVE

Increase the adoption of SBIRT as a standard of care by health systems and providers in Alabama.

Expand, promote, and integrate SBIRT education into two new postsecondary education units/departments by September 30, 2022, to increase capacity among to identify and address substance use disorders



The screenshot displays the VitAL website's SBIRT page. The header features the VitAL logo (a red circle with a white checkmark) and the tagline "Improving Wellness in Alabama". Navigation links include SBIRT, Project FREEDOM, APCP, Resources, Training & Events, About, and Covid-19 Resources. The main content area has a red background with a white sidebar on the right. The sidebar lists SBIRT, About SBIRT (with sub-links: Who We Are, Provider Sites, Policy Steering Committee), Provider Info (with sub-links: Services, Screening, Brief Intervention, Brief Treatment, Referral to Treatment, Stigma), and a footer with contact information.

**VitAL**  
Improving Wellness in Alabama

SBIRT | Project FREEDOM | APCP | Resources | Training & Events | About | Covid-19 Resources

**About SBIRT**

**SBIRT**

**About SBIRT**

- Who We Are
- Provider Sites
- Policy Steering Committee

**Provider Info**

- Services
- Screening
- Brief Intervention
- Brief Treatment
- Referral to Treatment
- Stigma

**About SBIRT**

It is important to realize that there are people and programs out there willing to provide resources that can help those who feel they might be in need. At VitAL, we initiate a formal screening, brief intervention, and referral to treatment (SBIRT) program that is executed across a wide range of primary care clinics and hospitals. Our programs serve residents with health disparities and limited access to resources. We also specialize in helping veterans and rural community residents who may have trouble accessing care by linking those in need to community partners.

With the help of The Alabama Department of Mental Health and The University of Alabama School of Social Work, we believe we can help build a better tomorrow.



# AL-SBIRT TOOLKIT

*A Guide For Screening, Brief Intervention, and Referral To Treatment*

CREATED BY



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# SBIRT TOOLKIT



## OBJECTIVE

### Implementation of the Parity Act

- Identify a representative from the Insurance Commission that would be willing to become an ad hoc member of the Treatment And Recovery Support Committee.
- Request Technical Assistance from the Kennedy Foundation (or another appropriate agency) in learning how to encourage compliance with the Parity Act and how to document such compliance.
- Review SAMHSA's publication on "Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the State."

#### Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States





## OBJECTIVE

Develop and track the opioid overdose initiatives.

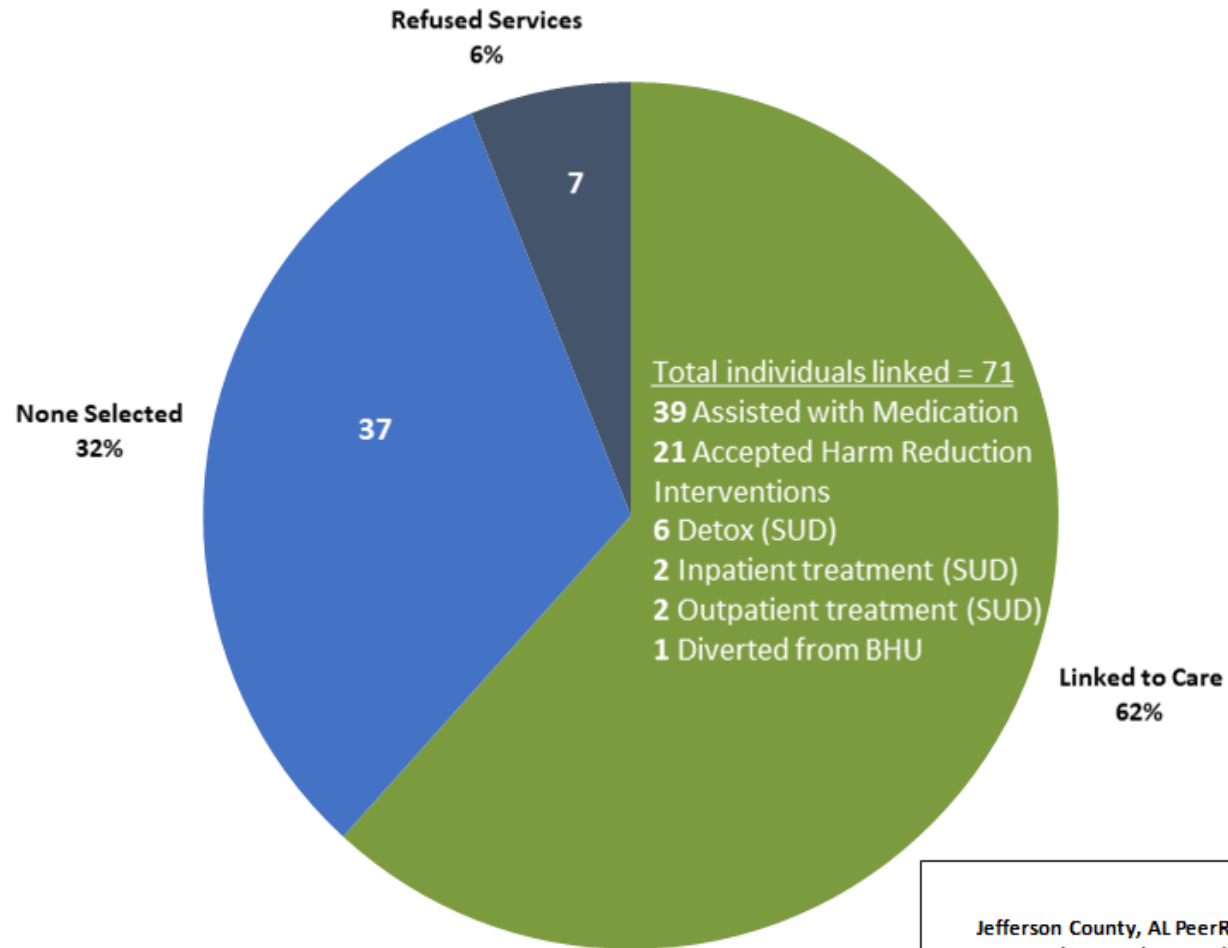
### Peer RX Program

JCDH has partnered with the Resource Recovery Center and ROSS to implement the PeerRX program. Both agencies utilize employed peers for recovery services. These peers diligently provide on-call, real time, peer recovery support services to patients in the emergency department experiencing OUD/SUD. The current hours of operation are Monday – Friday from 8 a.m. – 6 p.m.

- JCDH implemented PeerRX in UAB Main ED March 2021
- February 2021 – October 2021 over 100 people including hospital administration, peers, hospital staff, etc. have received training on how to properly use PeerRX
- As of October 2021, PeerRX is officially in 5 hospitals UAB Main ED, UAB Medical West Freestanding ED, UAB Medical West, UAB Freestanding ED Gardendale, and Ascension St. Vincent's East ED.
- Due to the increase in the number of requested services, PeerRX is in the process of extending the hours of peer coverage.



# Peer RX Program



Jefferson County, AL PeerRX Outcomes  
March 2021 thru October 2021  
115 Alerts for those needing recovery services



# R.O.S.S. HELPLINE

- ▶ Helpline staff attended ASADS Suicide Risk Assessment Training
  - ❖ R.O.S.S. had 18 Peer Support Specialist to attend the trainings.
  - ❖ Ongoing trainings will be held with new employees.
  - ❖ Refresher trainings will also be offered.
- ▶ Additional Peers Hired for the Helpline
  - ❖ Three additional peers hired for the 10 am to 8 pm shift.
  - ❖ 10 am to 8 pm is the highest call volume time.
  - ❖ No missed calls have occurred during the time frame since the addition of new staff.
  - ❖ Funding for additional peers provided through ADMH SOR2 Grant.

A poster for the R.O.S.S. Helpline. The top half features a close-up of a person's hands holding a smartphone, with a purple overlay. The text "24/7 Helpline" and the phone number "844-307-1760" are prominently displayed in white. The bottom half is white with black and purple text providing contact information and organizational details.

**24/7 Helpline**  
**844-307-1760**

Are you, or a family member, struggling with addiction or in need of support?  
Do you prefer chat? Live chat is available through our website: [www.rosshelpline-tu.org](http://www.rosshelpline-tu.org)  
Want to send an email? Send us a message: [helpline-tu.als@gmail.com](mailto:helpline-tu.als@gmail.com)  
Every call, live chat and email is answered by a person in recovery at:  
**RECOVERY ORGANIZATION OF SUPPORT SPECIALISTS**  
**R.O.S.S.**

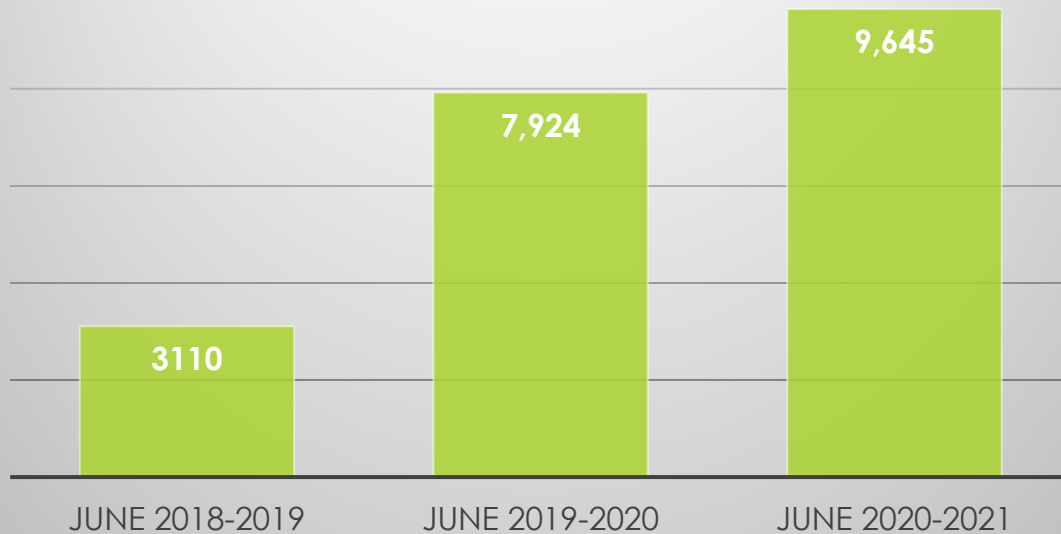
**Addiction is a disease, not a moral failing.**  
All services are confidential and free, made possible through funding from ADMH and SAMHSA.

The SAMHSA logo, featuring a circular icon with a stylized figure and the text "SAMHSA" next to it.



# R.O.S.S. HELPLINE

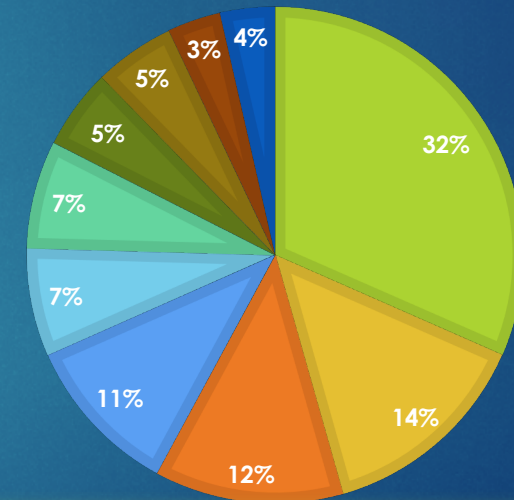
## R.O.S.S. TOTAL CALLS



## PERCENTAGE OF CALL BY COUNTY

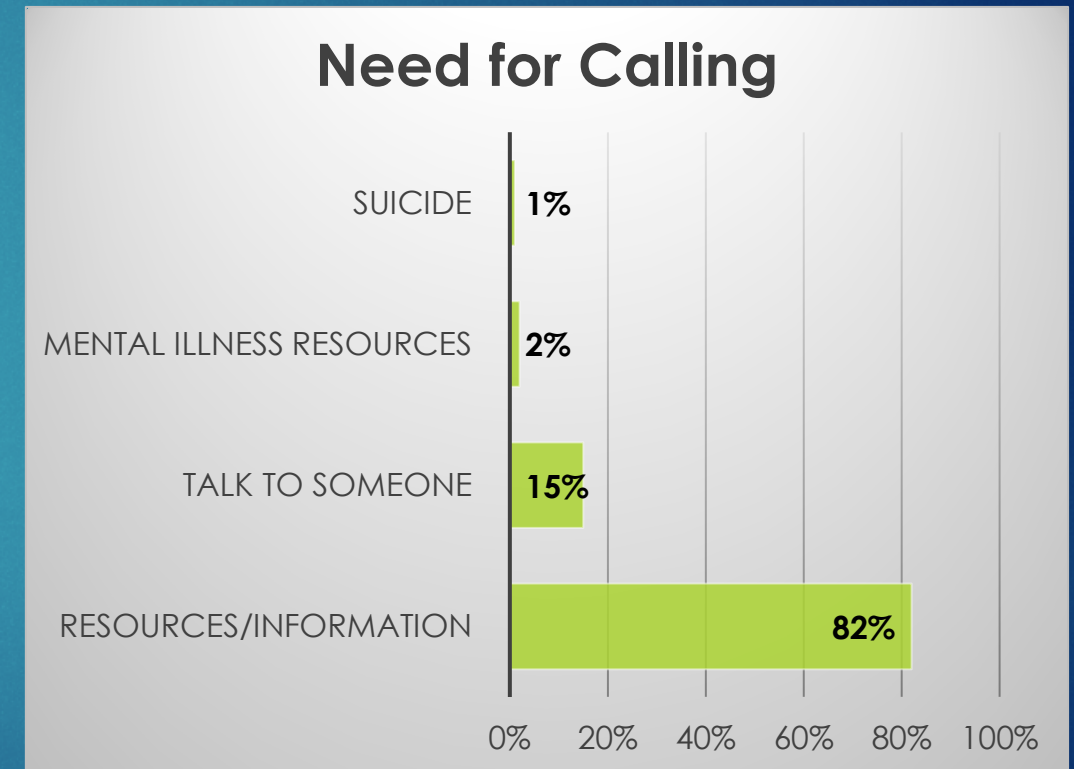
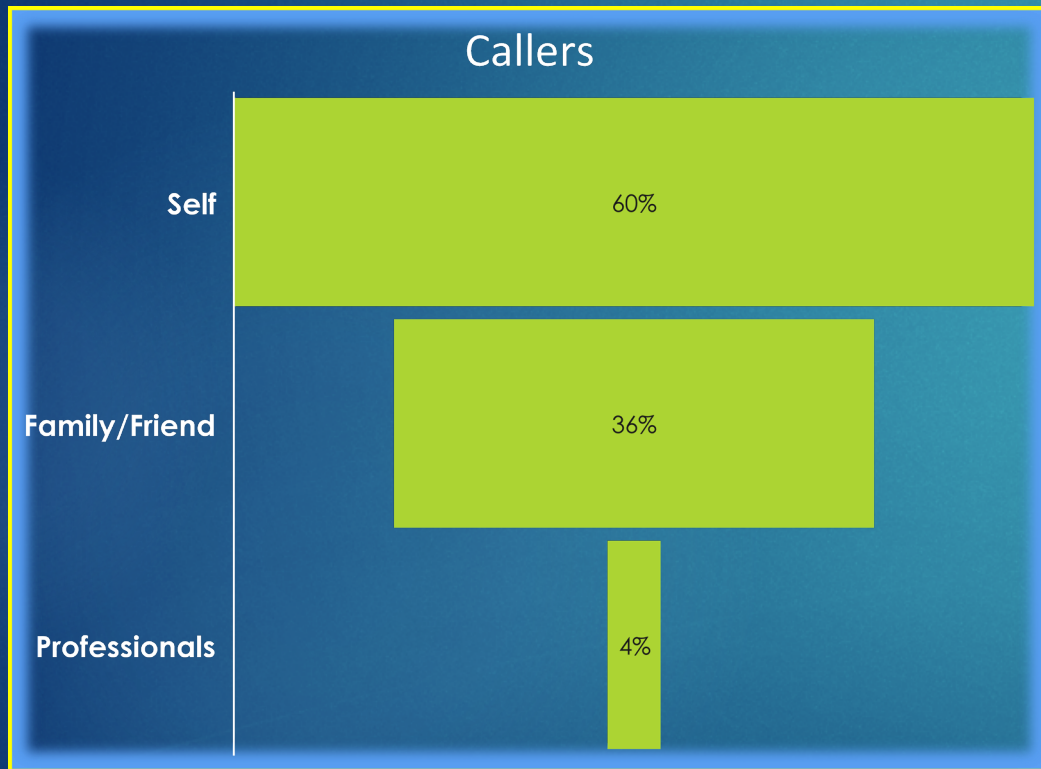
Legend for Percentage of Call by County:

- Jefferson
- Baldwin
- Morgan
- Madison
- Tuscaloosa
- Shelby
- Mobile
- Calhoun
- Etowah
- Montgomery





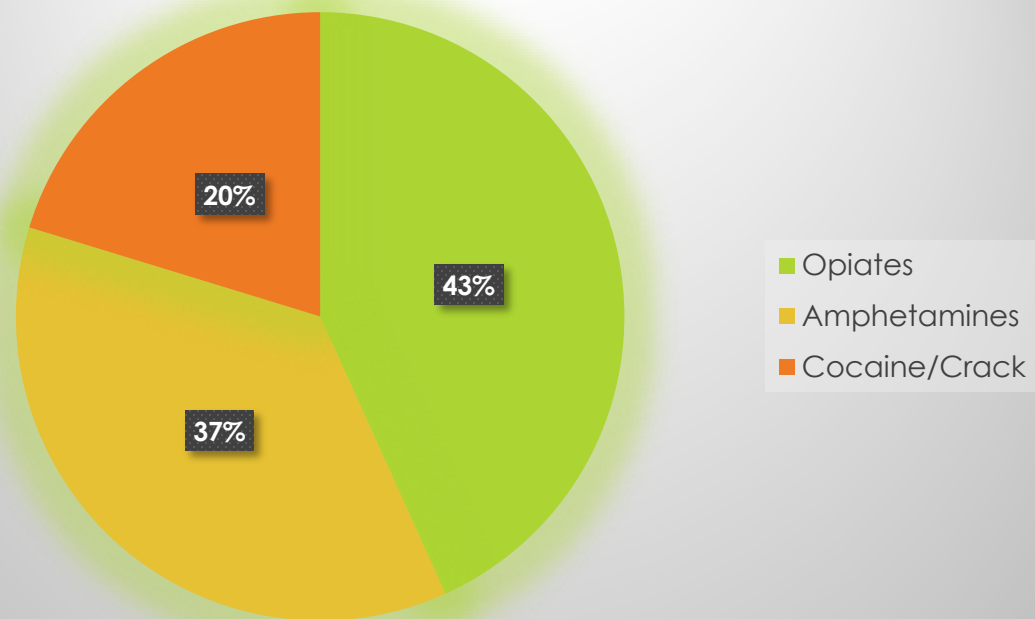
# R.O.S.S. HELPLINE





# R.O.S.S. HELPLINE

Reported Substance Used





# Naloxone Public Messaging Campaign

- With the help from several other council committees, R.O.S.S. and ADPH (funded through ADPH's OD2A grant ) gas toppers were designed and ran from May 2021 through October 2021 in 64 counties.
- During 2021, there were gas toppers in 117 locations. At some point during the year, almost every county had one except for Marion, Fayette, Cherokee, and Bibb due to non-availability.
- 2 gas toppers were shown in the following counties:
  - ❖ Blount
  - ❖ Calhoun
  - ❖ Colbert
  - ❖ Etowah
  - ❖ Franklin
  - ❖ Lauderdale
  - ❖ Marshall
  - ❖ St. Clair
  - ❖ Walker
  - ❖ Winston





# Naloxone Public Messaging Campaign

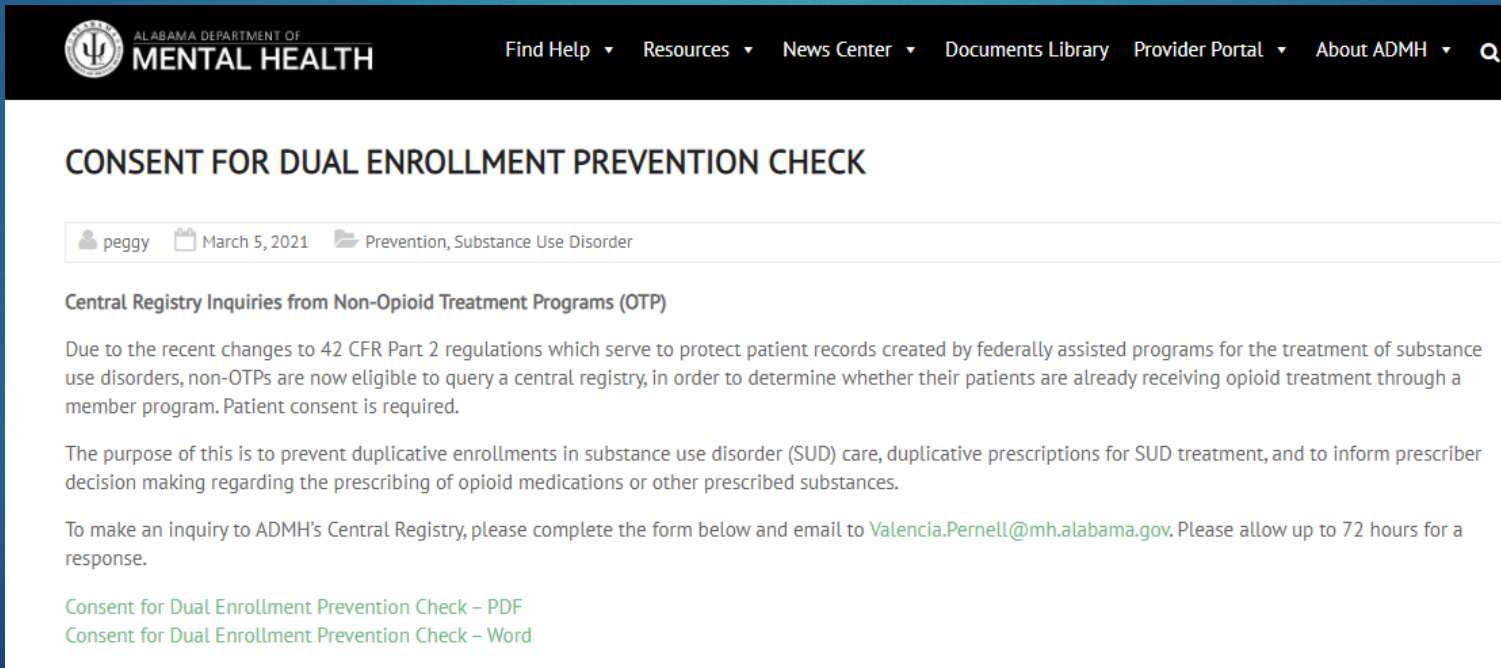
- Through the OD2A grant, we have funding for FY22 for gas toppers. It will be approximately half of what we had for FY21. As a result, we are going to run the second gas topper in all counties.
- Calls to the helpline increase:
  - ❖ 43% in 2019 with 9 locations
  - ❖ 31% in 2020 with 81 locations
  - ❖ 17% in 2021 (117 locations)





# Central Registry

- Accessible through ADMH website <https://mh.alabama.gov/consent-for-dual-enrollment-prevention-check/>
- Marketing plan is to advertisements in Alabama Medicine Magazine published by Medical Association of the State of Alabama.
- ADMH will continue to reach out to physicians, clinics (including those that provide only MAT services), nurse practitioners, physician assistances, dentists, etc., regarding this initiative.
- As of October 1, 2021, no requests for dual enrollment checks have been processed.



The screenshot displays the Alabama Department of Mental Health (ADMH) website. The header features the ADMH logo and navigation links: Find Help, Resources, News Center, Documents Library, Provider Portal, and About ADMH. The main content area is titled "CONSENT FOR DUAL ENROLLMENT PREVENTION CHECK". Below the title, a metadata bar shows the author "peggy", the date "March 5, 2021", and the category "Prevention, Substance Use Disorder". The text explains that due to recent changes to 42 CFR Part 2 regulations, non-OTPs are now eligible to query a central registry to determine if patients are already receiving opioid treatment. It states the purpose is to prevent duplicative enrollments and prescriptions. Instructions for making an inquiry are provided, including a link to a form and an email address: [Valencia.Pernell@mh.alabama.gov](mailto:Valencia.Pernell@mh.alabama.gov). At the bottom, links for "Consent for Dual Enrollment Prevention Check – PDF" and "Consent for Dual Enrollment Prevention Check – Word" are listed.

**ALABAMA DEPARTMENT OF MENTAL HEALTH**

Find Help ▾ Resources ▾ News Center ▾ Documents Library Provider Portal ▾ About ADMH ▾

## CONSENT FOR DUAL ENROLLMENT PREVENTION CHECK

peggy March 5, 2021 Prevention, Substance Use Disorder

### Central Registry Inquiries from Non-Opioid Treatment Programs (OTP)

Due to the recent changes to 42 CFR Part 2 regulations which serve to protect patient records created by federally assisted programs for the treatment of substance use disorders, non-OTPs are now eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. Patient consent is required.

The purpose of this is to prevent duplicative enrollments in substance use disorder (SUD) care, duplicative prescriptions for SUD treatment, and to inform prescriber decision making regarding the prescribing of opioid medications or other prescribed substances.

To make an inquiry to ADMH's Central Registry, please complete the form below and email to [Valencia.Pernell@mh.alabama.gov](mailto:Valencia.Pernell@mh.alabama.gov). Please allow up to 72 hours for a response.

[Consent for Dual Enrollment Prevention Check – PDF](#)  
[Consent for Dual Enrollment Prevention Check – Word](#)



# Assessment ONLY Level of Care

- ▶ Pilot agency is Recovery Resource Center (RRC), which is part of the Crisis Center in Birmingham.
- ▶ Contract with RRC executed and services were eligible to begin on October 1, 2021.
- ▶ In July, ADMH and RRC began meeting monthly to ensure program is successful.
- ▶ Currently, appointments are available on Fridays only, but walk-ins are available the other 4 days of the week (Monday through Thursday).
- ▶ The goal is to eventually have availability for assessments 7 days a week.
- ▶ All individuals will be seen regardless of ability to pay and RRC will follow the federal priority populations.
- ▶ Data to be reported:
  - ❖ # of assessments completed
  - ❖ How the assessment was completed (appointment, walk-in, telehealth)
  - ❖ Referral source
  - ❖ Result of assessment (what Level of Care {LOC} was the person referred to including MAT)
  - ❖ Overdose after RRC visit
  - ❖ Length of time until individual accesses the LOC
  - ❖ How many Peer contacts before the person engages in treatment
  - ❖ Status of individual from assessment to post treatment (including length of time in treatment)



# Coroners -Medicolegal Case Management System

## Fully Funded from Two Sources (FY2022)

- 1) ADPH Bureau of Prevention, Promotion, and Support is contributing funds to software licenses, software development, housing on ADPH servers, and usage/security training for ADPH IT staff.
- 2) Centers for Health Statistics (CHS) has contributed funds to the interoperability formatting and the data visualization module of the software, while using existing and new infrastructure to train the coroners on the use software.

## Description of Projected Software Components:

- Included variables and a rough software outline were determined during FY2021 with the input of the Jefferson County Medical Examiners Offices, the Shelby County Coroner, the Baldwin County Coroner, the Jefferson County Health Department, and ADPH staff.
- Additional interoperability formatting of the software will include variable specifications and “business rules” of the Electronic Death Registration System (EDRS) that is currently used by CHS. This will set the groundwork for the linkage of the case management software to the EDRS in later fiscal years (FY2023 and onward).
- A data visualization module will group, sort, and present the aggregate data from each county to the coroner and CHS use. ADPH use of the visualization module will be permitted at the coroner’s discretion.



# Naloxone Information in ED at Discharge

- A flyer had been developed that includes harm reduction, treatment and recovery resources. Next step is to determine the best avenues for distribution.



## SURVIVING AN OVERDOSE

WHAT NOW AND WHAT'S NEXT?

**IN THE NEXT FEW HOURS...**

**Don't be alone.** Stay with someone for at least four hours. They can call 911 if you pass out again, stop breathing or have other health problems.

**Don't use more opioids.** Even if you are feeling sick wait for the naloxone to wear off. Naloxone can cause serious withdrawals and make you want to use. If you do use, the naloxone in your system might prevent you from getting high. Even though you aren't high it doesn't mean you can't overdose again when the naloxone wears off. Naloxone alone is not a solution to overdose.

**IN THE NEXT FEW DAYS...**




**Be prepared for physical withdrawals.** As the days pass, you'll struggle with physical withdrawal.

**Get a naloxone kit.** Share with others if you have it. If you have overdosed once, you are at risk to do so again. Visit [www.vitalalabama.com/free-narcan](http://www.vitalalabama.com/free-narcan) for access to free Narcan provided by the Jefferson County Department of Health.

**Find someone to talk to.** Overdosing can be scary for you and others witnessing the overdose. It can help to talk to someone you trust or someone who has been through the same thing. Contact the **24/7 Helpline** to talk to a recovery support specialist who understands your struggle and can provide you with support.

**IN THE NEXT FEW WEEKS...**

**If it's time for a change.** There are many treatment and recovery options. Find the one that fits you best, visit <https://mha.alabama.gov/>. When you are ready to consider recovery, there are recovery support specialists who are available to help. Whether you just want to talk or if you want to seek treatment, contact the **24/7 Helpline**.



## EXPERIENCING AN OVERDOSE IS A CRISIS

**STEP ONE**

**You survived, not everyone does.** No matter your drug of choice, **surviving a drug overdose is an amazing thing.** Not everyone who overdoses will live through the experience. The important thing to do now is take steps to ensure that it never happens again. Next time might end very differently.


It may take you some time to see your overdose for what it really is, but regardless of whether you resume drug use after overdose or not, it is never the wrong time to say that you could use some help.

An overdose is not something to hide or bury under continued substance use. **You have been given a second chance** to change the direction of your life. Don't waste it.



**STEP TWO**

**Reaching out for help.** Deciding to get help puts you on a path to a better tomorrow. There are recovery support specialists who are in long term recovery who have been where you are and are waiting to help you on your journey to recovery.

Calling the **24/7 Helpline** makes the next step of healing available to you. Please call now!



This project is supported in part by the ADPH Bureau of Prevention, Promotion, and Support through a cooperative agreement with the CDC Grant number 5 NU17CE004954-01, Overdose Data to Action, Injury Prevention and Control Research and State and Community Based Programs Funding (25136)





# Project Freedom

- Treatment and Recovery works closely with the Rescue committee to cover first responders.
- Project Freedom staff provide face-to-face training to entity that receive Naloxone. The training addresses dangerous opioid and other licit and illicit drug safety, referral to treatment for follow-up services, Mental Health First Aid Training, collect outcome data and a refresher/follow up training on Narcan administration.

- Geographic catchment area:

Blount	Cullman	Etowah	Fayette	Franklin	Jackson
Lawrence	Marion	Marshall	Morgan	St. Clair	Shelby
Walker	Winston	Jefferson	Tuscaloosa		

- **Services provider to date:**

- ❖ 341 first responders equipped with Narcan
- ❖ 25 overdoses reversed
- ❖ 248 first responders trained in Drug Safety
- ❖ 229 Community Members trained on Opioid Drug Safety
- ❖ 62 First Responders trained in MHF



# Overdose Prevention

- Identified the information to be use in the handout for all ADMH certified substance abuse providers (and for other agencies who provides assessments) to review with the client and/or use as a handout for clients who present with OUD at the time of assessment.
- Information to be included:
  - ❖ ARE YOU AT RISK?
  - ❖ TIPS TO REDUCE YOUR CHANCES OF EXPERIENCING AN OVERDOSE
  - ❖ WHAT CAN YOU DO?
  - ❖ WHAT IS NALOXONE?
  - ❖ KNOW THE SIGNS OF AN OVERDOSE
  - ❖ WHAT TO DO IF SOMEONE OVERDOSES AND IS UNCONSCIOUS
- Review with the committee and mockup a draft.



# Narcan – Criminal Justice

- Supply Narcan to persons identified as having an OUD leaving criminal Justice Correctional Facilities.
- Funding received through SAMHSA supplemental funding (\$1 million) for those individuals which have not been reached in previous efforts.
- Have begun work in identifying which drug courts and jails are interested in partnering with us on identifying those individuals who have an opioid or stimulant use disorder.
- First order of naloxone for this population was ordered the second week of November.



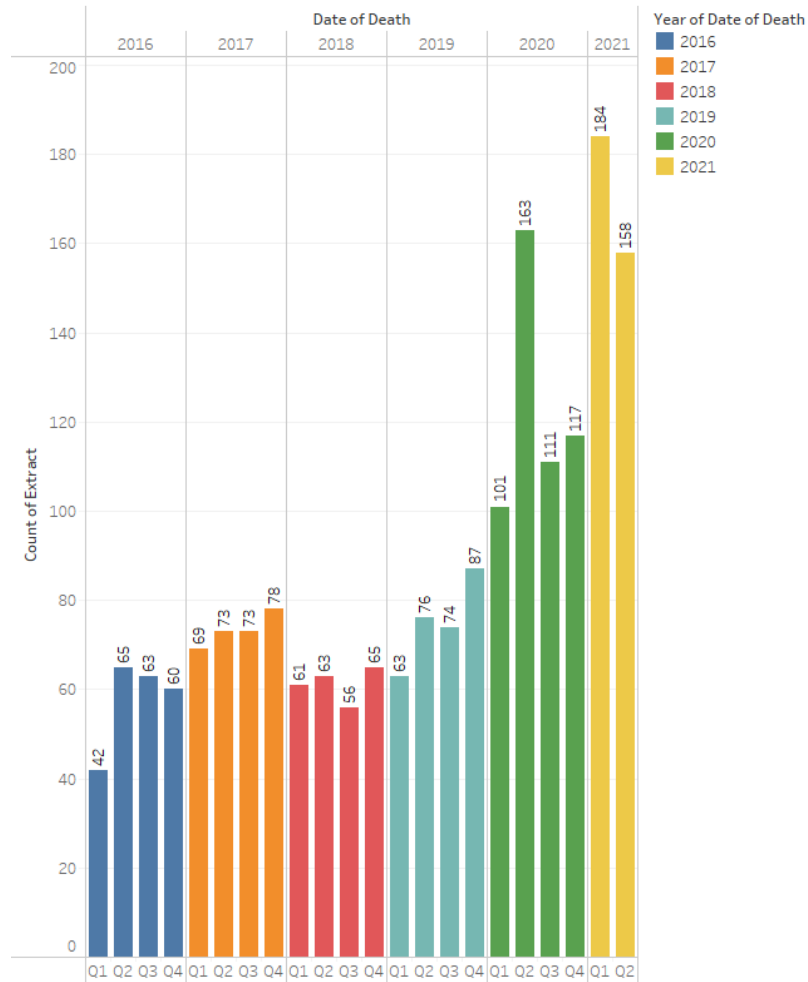


# CDR assistance in tracking overdoses/deaths

- ▶ Real time access to overdose ER and Hospital Admissions.
- ▶ New ADPH data-sharing agreement for detailed cause of death data and up to daily updates.
- ▶ Data-sharing agreements pending legal review with Poison Control and Board of Pardons and Paroles.
- ▶ The graph on the next slide demonstrates Drug Poisoning Death rates jumped in quarter 2 of 2021 corresponding with the COVID pandemic and have remained high ever since.

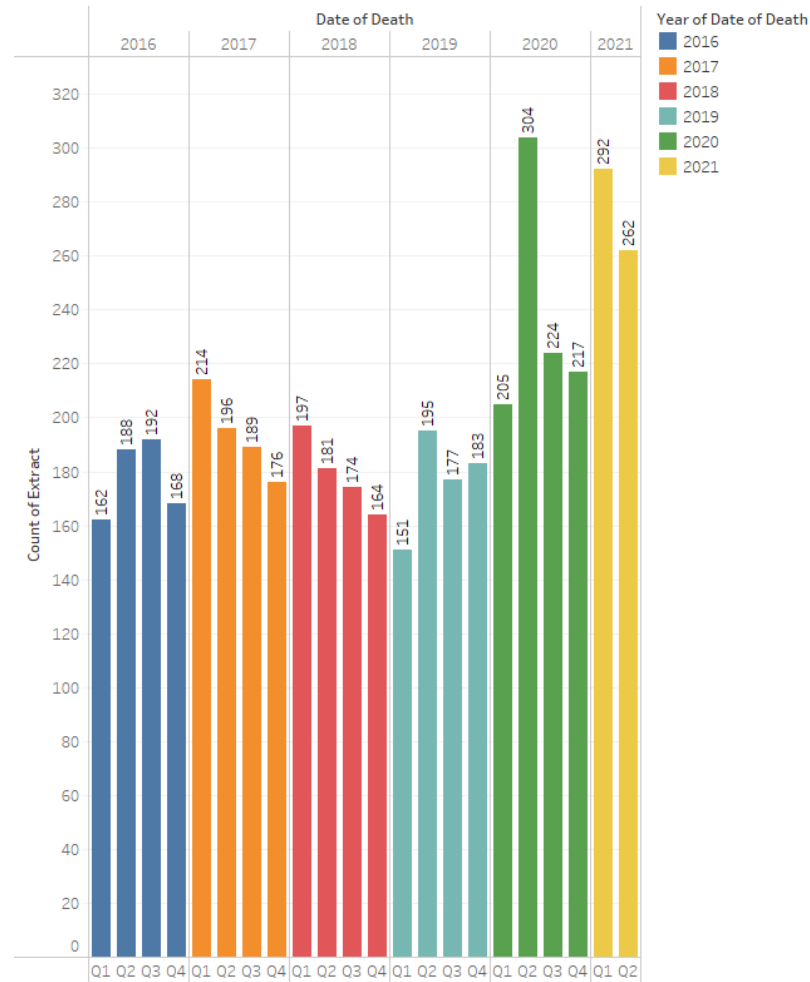


## Rx Opioid Deaths By Quarter Ordered



Count of Extract for each Date of Death Quarter broken down by Date of Death Year. Color shows details about Date of Death Year. The data is filtered on Dod Yr, Date of Death Month, Res St, Cert State and Rx Opioid Poisoning. The Dod Yr filter ranges from 2016 to 2021. The Date of Death Month filter excludes July 2021, August 2021, September 2021 and October 2021. The Res St filter keeps AL. The Cert State filter keeps AL and ALABAMA. The Rx Opioid Poisoning filter keeps True.

## All Drug Poisoning Deaths By Quarter Ordered



Count of Extract for each Date of Death Quarter broken down by Date of Death Year. Color shows details about Date of Death Year. The data is filtered on Dod Yr, Date of Death Month, Res St, Cert State and All Drug Poisoning. The Dod Yr filter ranges from 2016 to 2021. The Date of Death Month filter excludes July 2021, August 2021, September 2021 and October 2021. The Res St filter keeps AL. The Cert State filter keeps AL and ALABAMA. The All Drug Poisoning filter keeps True.



# Overdose Response Infrastructure Development

- Pilot project in Walker Part of its multi-year strategic plan includes a focus on establishing an overdose response infrastructure which builds on JCDH's current OD2A grant.
- JCDH's OD2A activities in Walker County have been on hold pending ADPH approval of OD data access. ADPH officially approved OD data access at the end of October.
- Next steps are convening relevant partners to set up a process for analyzing Walker County's data, disseminating it to partners, and deploying outreach accordingly. The current Jefferson County OD Taskforce that meets monthly may expand to include Walker County partners.
- The Healing Network is identifying an ADPH representative for its steering committee to strengthen coordination with ADPH for the OD2A grant, its long-term sustainability planning, and other developing needs.

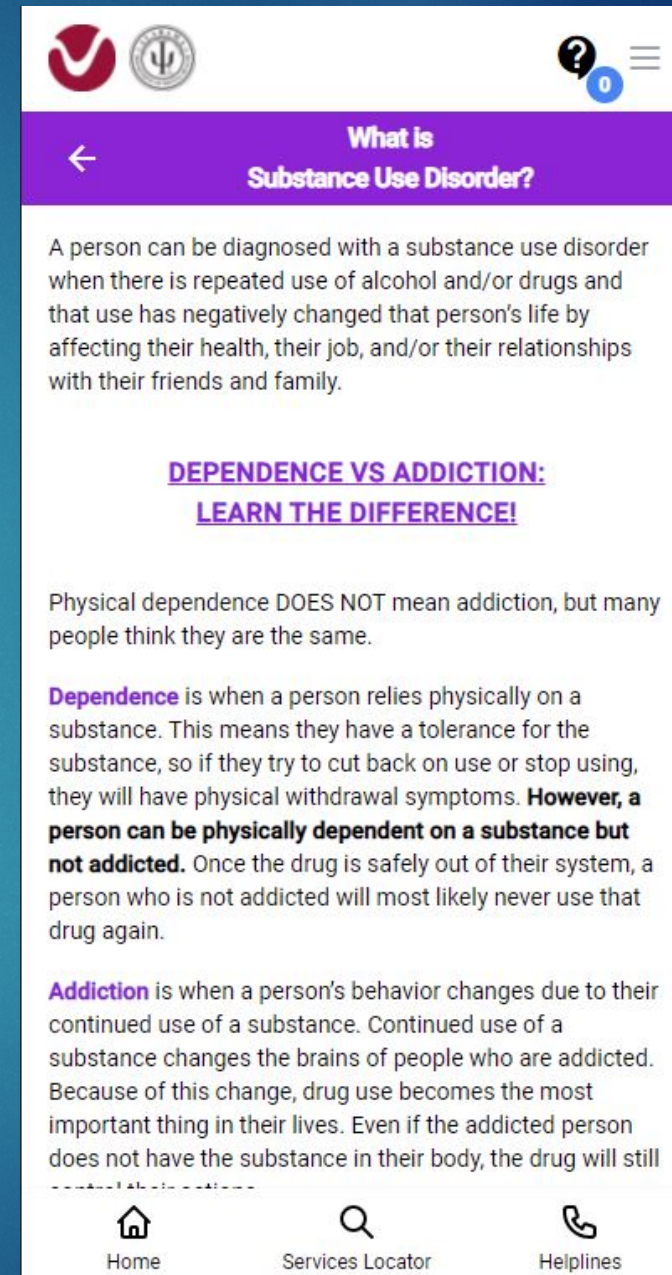
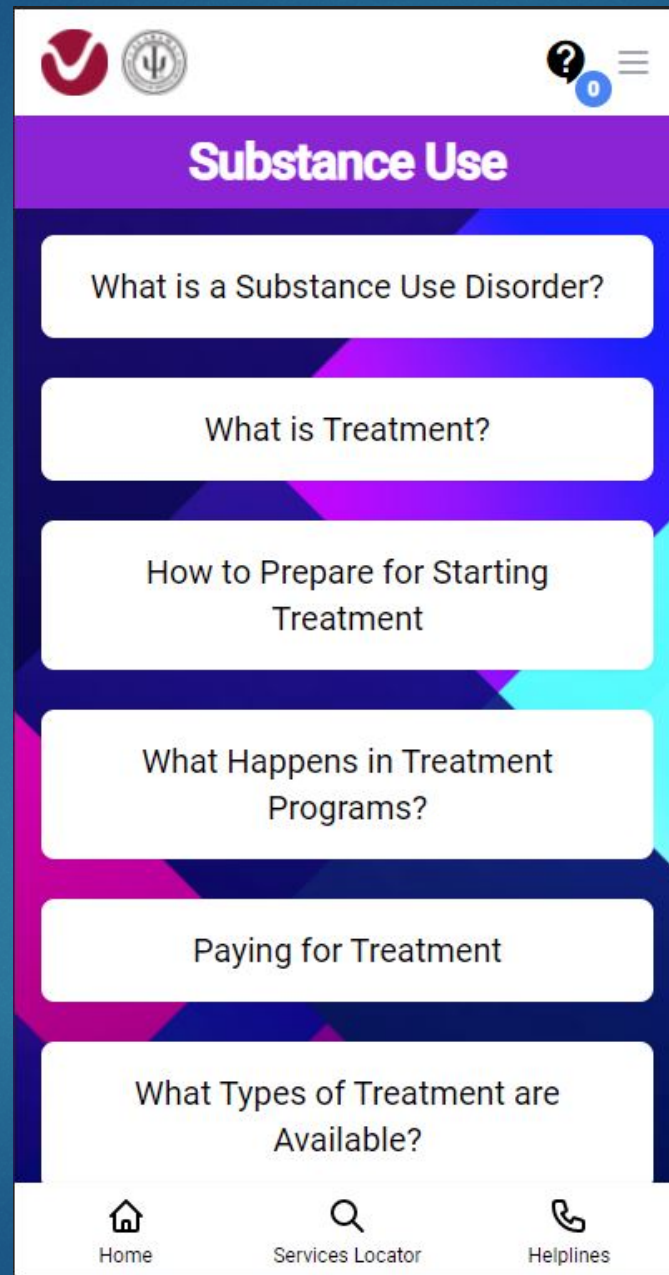
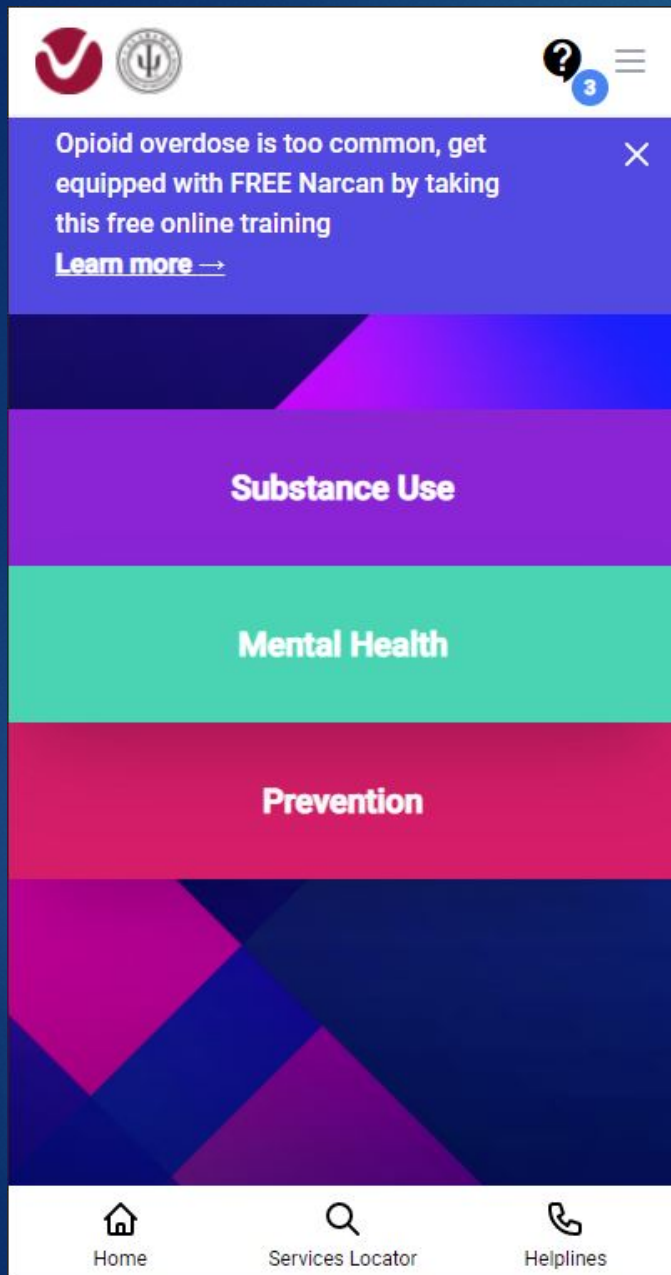


# Services Treatment Locator APP

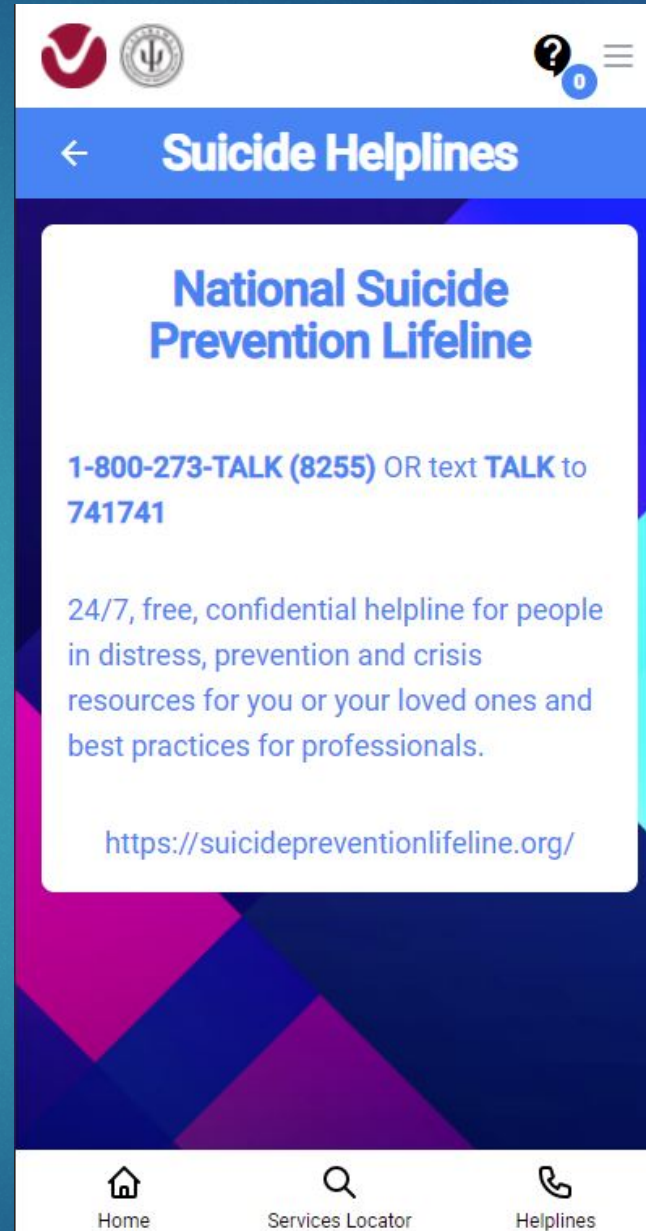
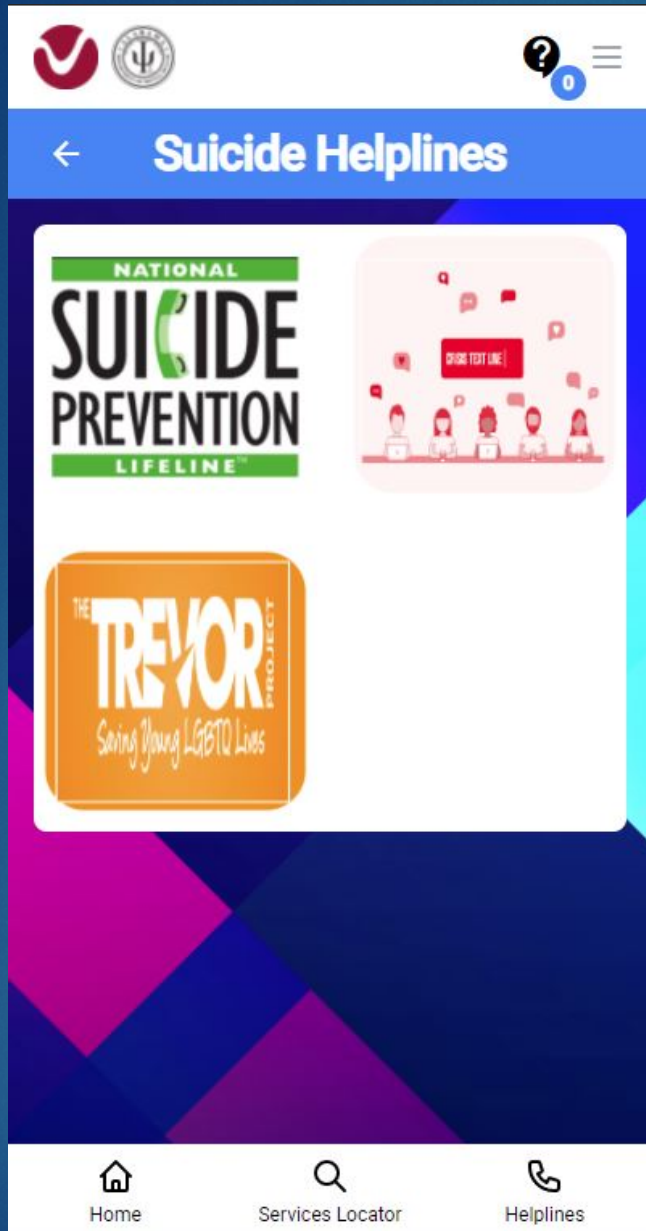
- VitAL has completed the first draft of the APP.
- Designed to use with or without internet connection.
- Will have a Hot Topic Button for important information.
- What is in the APP?
  - ❖ Substance Abuse, Mental Illness, and Prevention
  - ❖ What is treatment/prevention
  - ❖ How to prepare for treatment
  - ❖ What types of treatment is available
  - ❖ What is Medication Assisted Treatment
  - ❖ What is Peer Support
  - ❖ Medication/Syringe disposal locations
  - ❖ State and National Hotline
  - ❖ State and National Service Locator
  - ❖ Speaker/presentation request
  - ❖ Naloxone link
  - ❖ Overdose information





















0

Treatment Locator

Search Treatment Providers

☐ Mental Health

☐ Prevention

☒ Substance

☐ Medication Drop Off

Services Offered

Demographics


☒ Use My Current Location


Range


25 miles



Clear



Search

 Home

 Services Locator

 Helplines





0

Treatment Locator

Search Treatment Providers

Indian Rivers Behavioral Health

Tuscaloosa, AL

2

B


T


2


Indian Rivers Behavioral Health

Address: 2209 9th Street Tuscaloosa, AL 35401

Phone: 205-391-3131

 Home

 Services Locator

 Helplines



# COMMUNITY OUTREACH AND ENGAGEMENT

Beverly Johnson, ADMH  
Dr. David L. Albright, UA

## GOAL

Increase outreach capacity of the Opioid Overdose and Addiction Council to educate and train individuals, communities, and organizations by providing culturally competent messaging to address the needs of diverse populations and mitigate behavioral risks that may be associated with opioid use/misuse.

## OBJECTIVE

By the end of 2022, Community Engagement and Outreach will develop a Public Education Plan that will provide consistent language, messaging practices, and practical guidance as it relates to communicating with various populations/subpopulations.



# WHY NEEDED

Health equity and access to care are foundational components of addressing overdose and mortality among individuals with behavioral health conditions; more specifically, opioid-related mortality has been shown to be associated with social determinants of health (SDOH). SDOH describe the range of social, environmental, and economic factors that can influence health status – conditions that can often have a greater impact on health outcomes than the actual delivery of health services.





## Why Needed

- ▶ According to the Centers for Disease Control and Prevention (CDC) community engagement and outreach should be a foundational part of the process to develop culturally relevant, unbiased communication for health promotion, research, or policy making.
- ▶ Therefore, the committee's intent is to create a plan to assist community-based organizations and agencies with talking about issues related to health equity, primarily as it pertains to race, ethnicity, structural racism, and social determinants of health.





## What It Will Include

- ▶ Guidance, standard definitions, and terms to avoid that community-based organizations and agencies can use in the creation of reports, forms, and other written materials.





# RESCUE

Dr. Wilson, JCDH  
Dr. Traffanstedt, JCDH

## GOAL

Reduce deaths from opioid overdoses by increasing access to naloxone and employing other lifesaving measures.

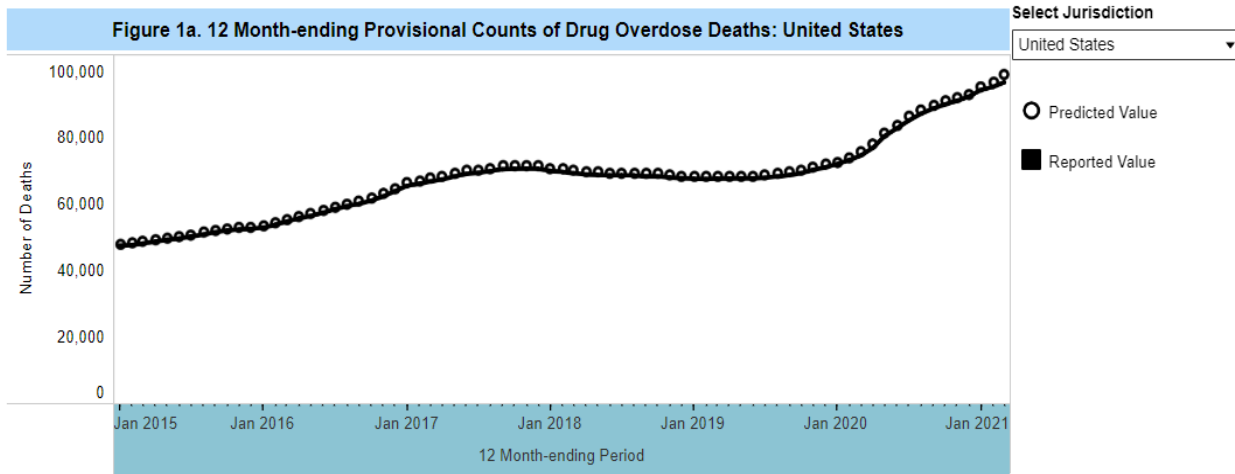




## United States

### 12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 10/3/2021

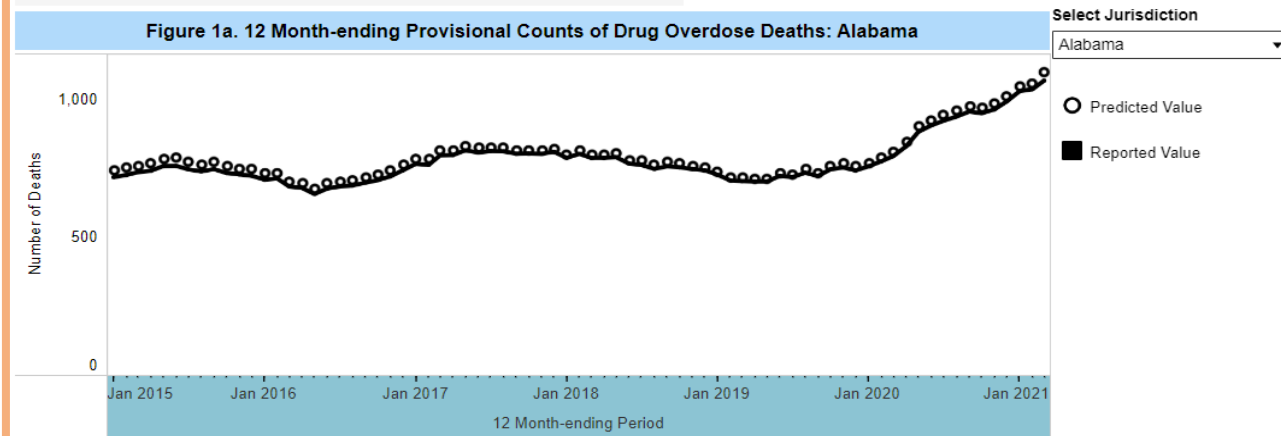


# Drug Overdose Deaths

## Alabama

### 12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 10/3/2021





# Layperson's request for replacement kit:

*Today an associate of mine instantly overdosed after injecting a small amount of heroin. I administered the first dose of Narcan. He wasn't breathing so I assisted his breathing via CPR. After a few minutes with no improvement, I administered the second dose and continued CPR. About 2 minutes later you could hear him gasping for air on his own.*

*I need another replacement kit ASAP. This incident really opened my eyes as to how fast one can perish due to overdose. Anyways, thank you for the Narcan kit. I just received it, but I received it the nick of time or my best friend wouldn't be alive.*





# Messages from laypersons who used Narcan kits:

*9/27/2021- Individual who did on-line training said he utilized two doses on his girlfriend last night and he needs another kit. She is waiting to get into recovery.*

*9/27/2021 - Request for phone numbers to help get into recovery. Individual was calling for boyfriend who has overdosed twice recently. She stated she has a naloxone kit from UAB Gardendale ER that she received.*

*9/28/2021 - Individual called stating he utilized Narcan on a coworker yesterday and saved his life. He was so thankful and appreciative that we are able to dispense it within the community. He needs a refill.*

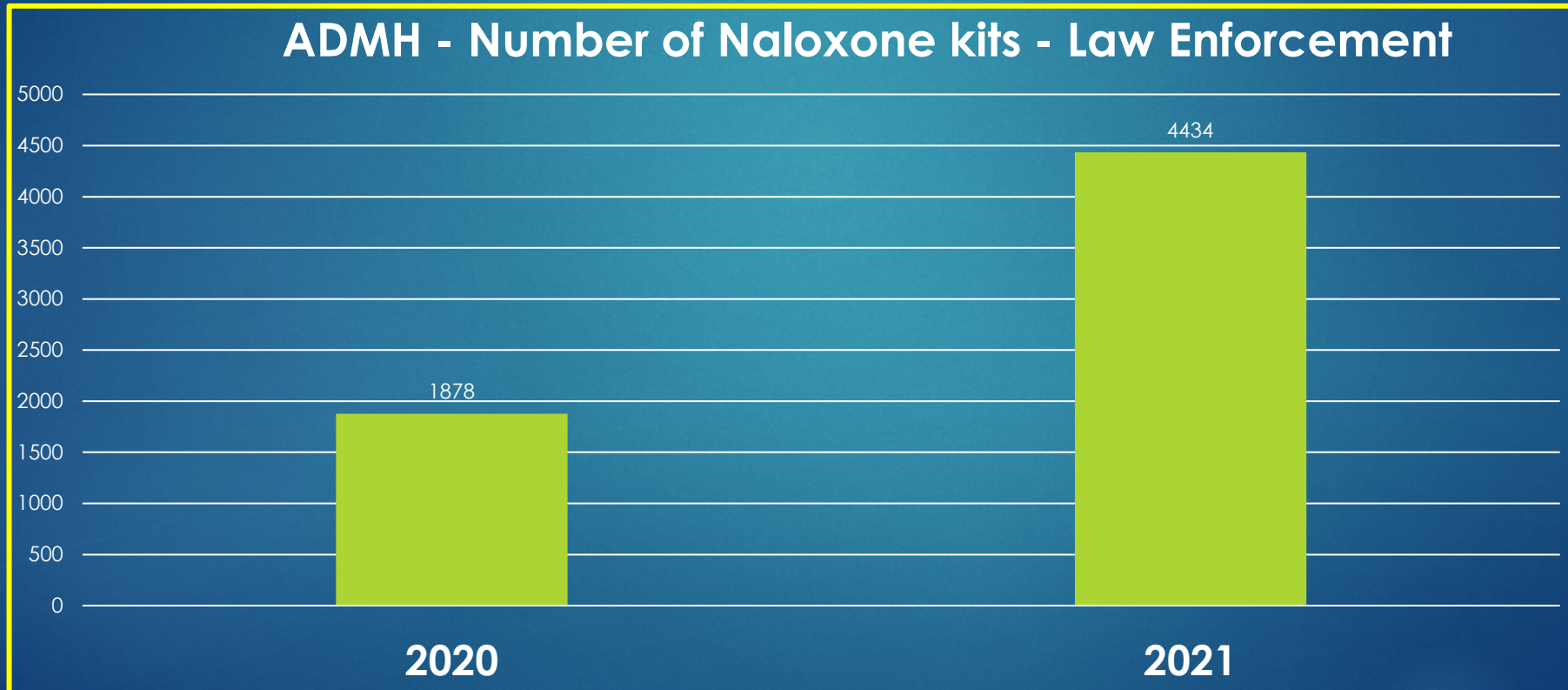




## OBJECTIVE

Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

- Alabama Department of Mental Health (ADMH) distributed 4434 naloxone kits to law enforcement personnel in Jan 1, 2021, as of Nov 10, 2021.

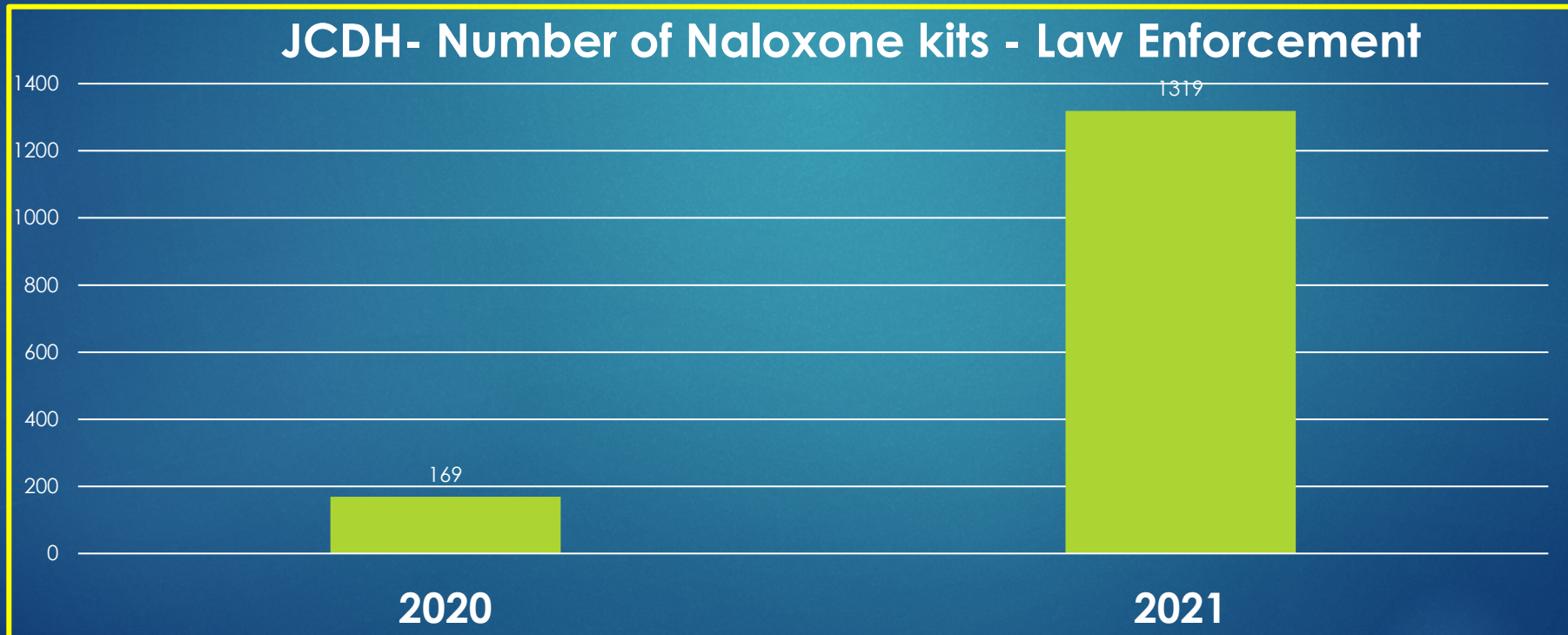




## OBJECTIVE (continued)

Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

- ▶ Jefferson County Department of Health (JCDH) distributed 1363 naloxone kits to law enforcement personnel in 2021, as of November 1.





# Law Enforcement in St. Clair County:

*On 6/1/2021 Officers responded to an address where a subject was overdosing on heroin.*

*An officer administered the Narcan and waited on medics. As the medics were arriving the subject was beginning to come around.*

*Medics stated that by officers administering the Narcan it most likely saved the subject's life.*

*"Thanks for your help and support, and thanks for this life saving program."*





# From Stewart Welch, Mayor of Mountain Brook, AL:

*On 11/01/2021, officer M. was the first responding officer to arrive at a local grocery store on a call regarding an unconscious male found on the floor of the men's restroom. He immediately administered a first dose of Narcan and began CPR. A second officer arrived on scene and began prepping a second dose so that Officer M. could continue CPR unabated. After approximately one minute, without the subject having regained consciousness, a second dose of Narcan was delivered and the subject began to regain consciousness.*

*One of the paramedics who later arrived on the scene said that the two doses of Narcan from the police officers were the difference between life and death for this man.*

*"The initiative, teamwork, and the dedication to the preservation of human life displayed by these officers is in keeping with the highest standards of the Mountain Brook Police Department, and I would like to commend them both for a job well done!"*





## OBJECTIVE

Make naloxone readily available to first responders who identify a need for it and who are under-resourced.

The Rescue Committee continues to work closely with the Treatment and Recovery Committee on this initiative.

Progress reported earlier in the Treatment and Recovery Committee.

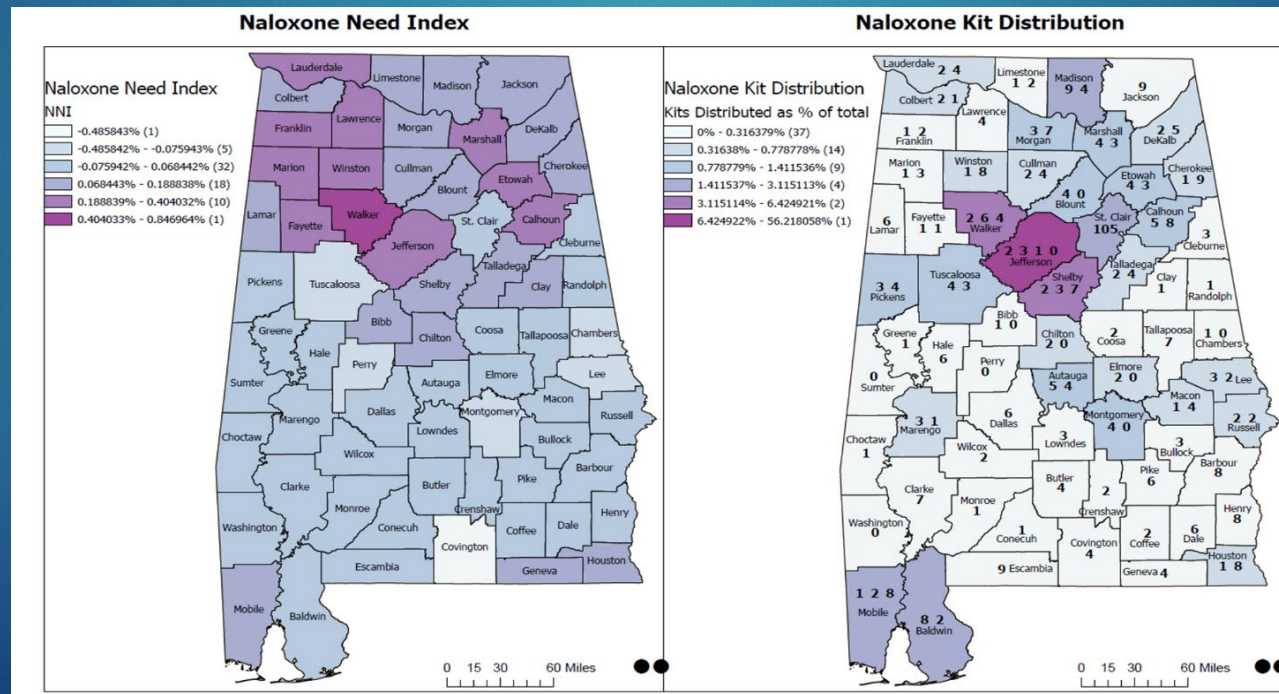




# OBJECTIVE

Continue to prioritize naloxone distribution to counties with the greatest need, using the Alabama Naloxone Need Index 2.0.

- *Note: Naloxone Need Index 2.0 (NNI) inputs for each county include: the # of opioid overdose deaths for the most recent year, the # of opioid use disorder treatment admissions for the most recent year, the # of naloxone kits already distributed to the county, the population of the county, and the change in # of syndromic events over the most recent 2 years.*
- 2021 NNI vs. actual naloxone distribution via JCDH, through September.



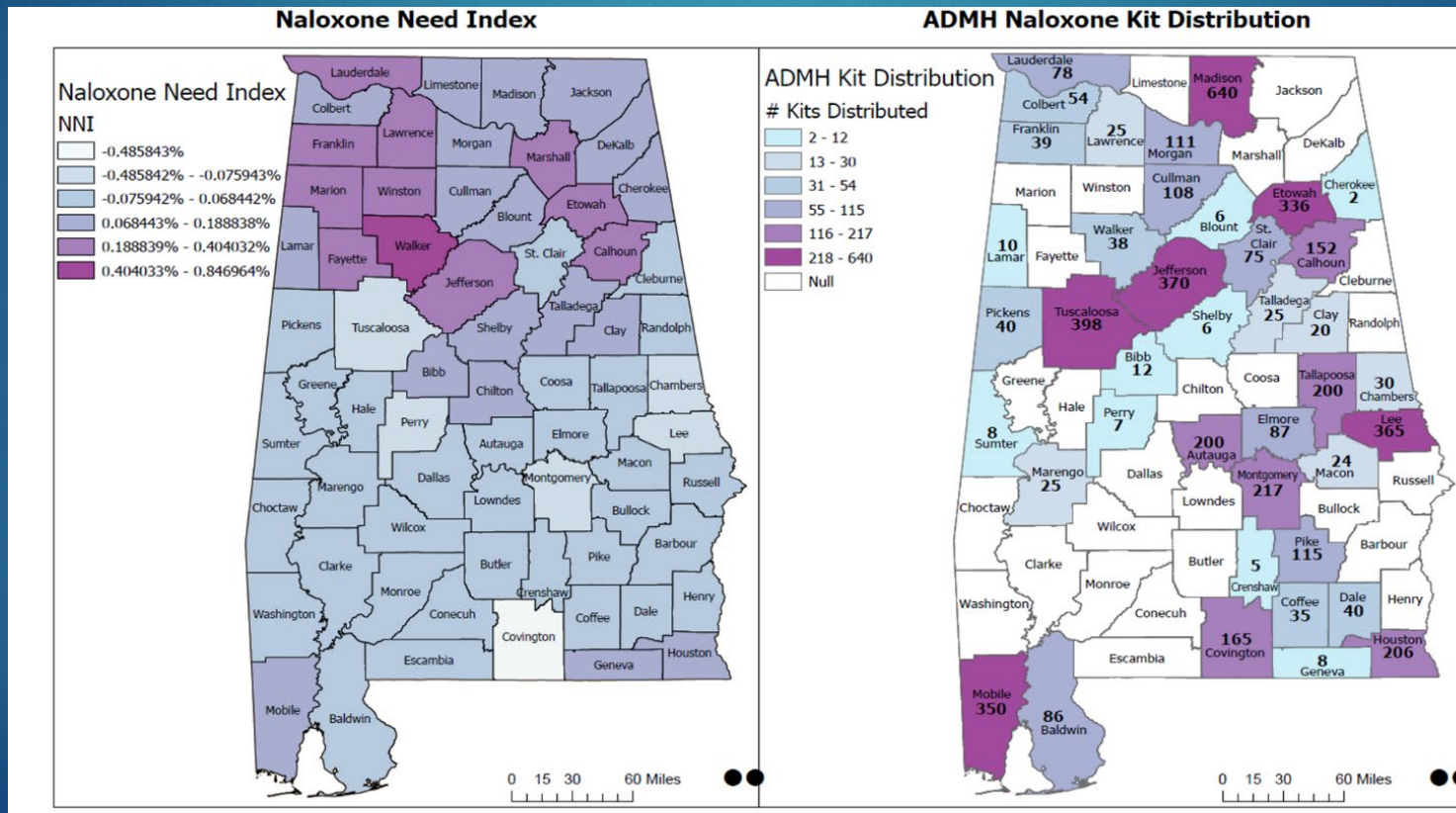


# OBJECTIVE

(continued)

Continue to prioritize naloxone distribution to counties with the greatest need, using the Alabama Naloxone Need Index 2.0.

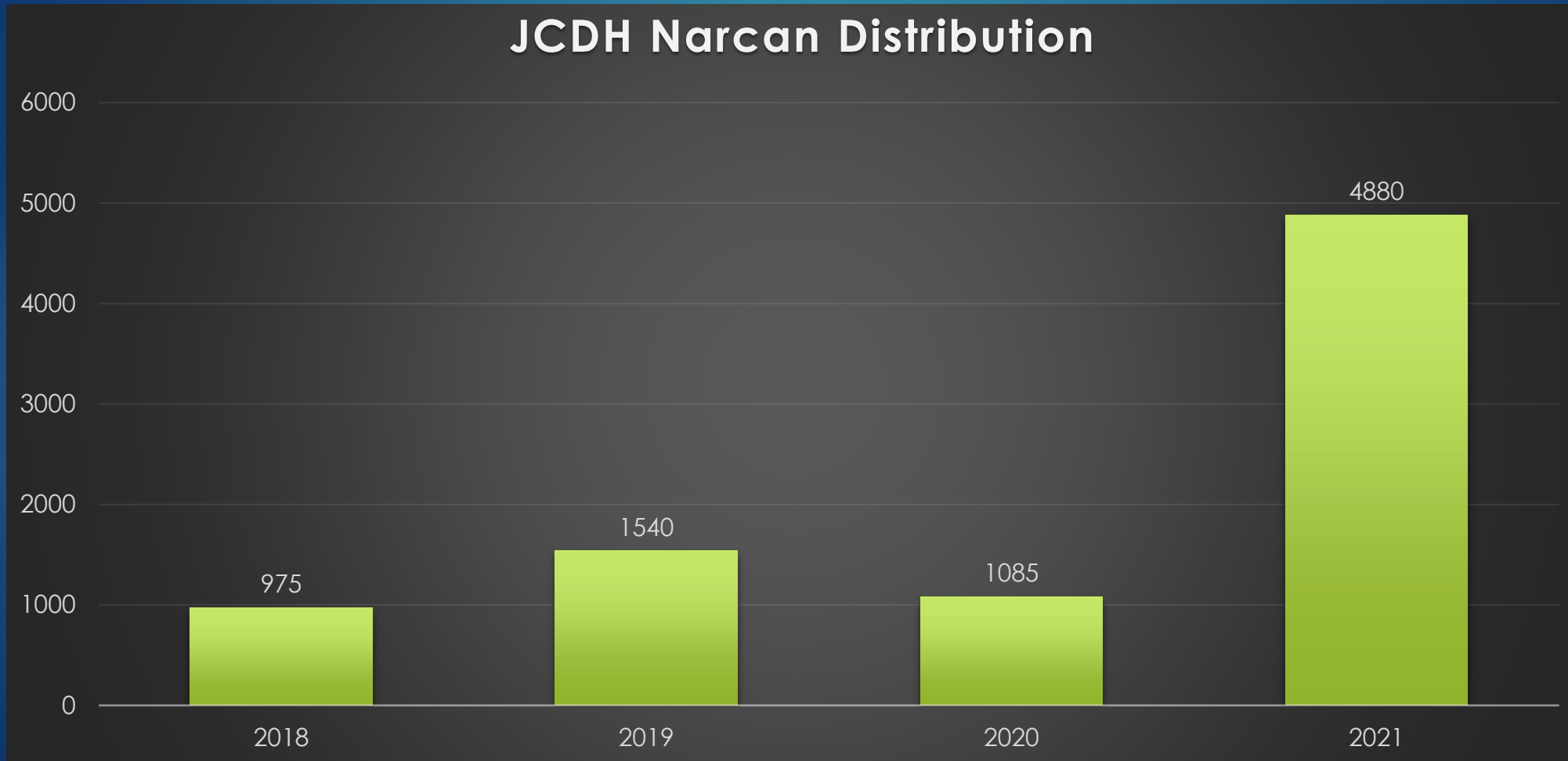
- 2021 NNI vs. actual naloxone distribution via the Alabama Department of Mental Health (ADMH), through September.





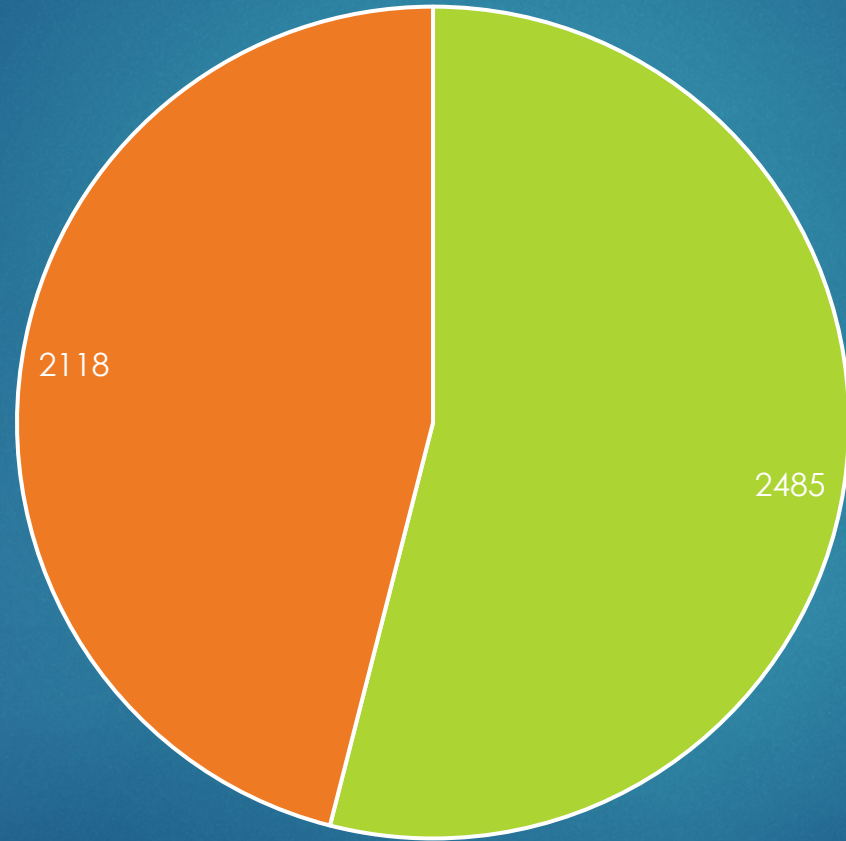
# JCDH Narcan Distribution

(As of Nov. 1, 2021)





# JCDH DISTRIBUTION BY RESIDENCE



**TOTAL = 4880  
AS OF  
November 1,  
2021**

**2214  
DISTRIBUTED BY  
MAIL**

■ In County Distribution   ■ Out of County Distribution



# ADMH Narcan Distribution

- ADMH had 40% increase in the number of kits given out in 2021 compared to 2020.

Year	Kits	Non-fatal	Fatal
2020	2435	55	2
2021	9995	181	5

- Of the kits listed above, Jefferson County Department of Health received kits for mailing out across the state.

Year	Kits
2020	264
2021	2608

- Based on data available to JCDH as of 11/12/2021, a total of 59 reversal were reported.
  - ❖ Reversals reported by Jefferson County Sheriff's Office – 21
  - ❖ Reversals reported via QR code in naloxone kits – 28
  - ❖ Reversals reported by phone or email – 10

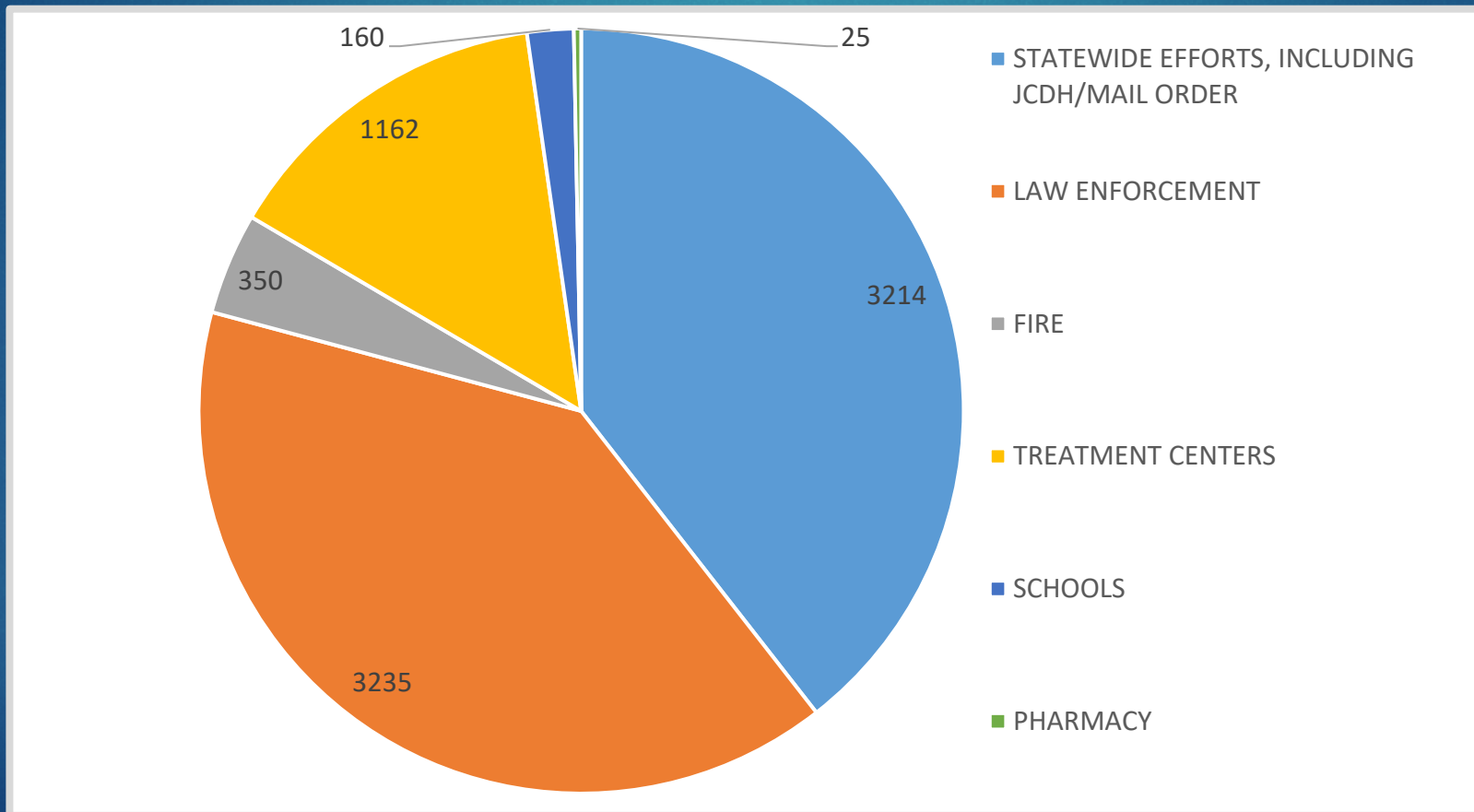


# OBJECTIVE

(continued)

Continue to prioritize naloxone distribution to counties with the greatest need, using the Alabama Naloxone Need Index 2.0.

## ► Distribution of kits by type of entity (as of September 29):

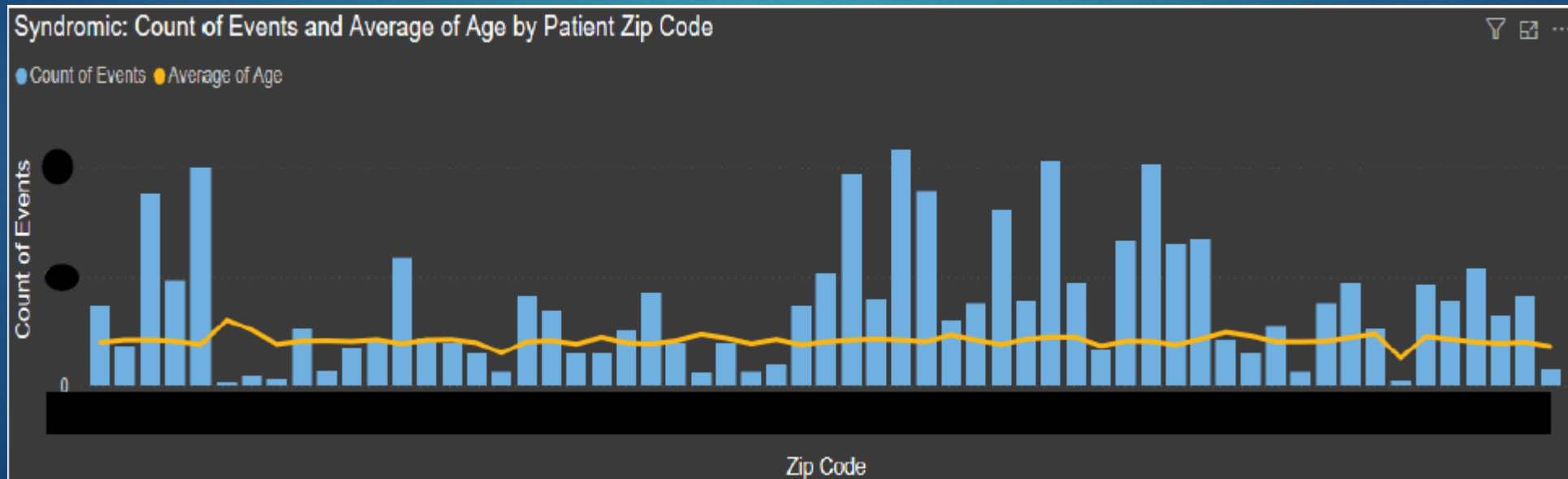




## OBJECTIVE

Use geographic overdose data to target specific locations for naloxone training and distribution.

- ▶ Work is underway to use near real-time syndromic surveillance data to identify specific locations (sub-county level) where overdoses are occurring, to guide rapid deployment of naloxone training and distribution efforts.





## OBJECTIVE

Use state agencies and community-based partner to use various media campaigns to educate the general public about naloxone and how to acquire it, as well as the danger of fentanyl in various drug supplies.

- ▶ Ad campaigns on with links to online overdose response training and free naloxone were placed on gas pump toppers, billboards, and bus sides in targeted high-risk areas of the state.
- ▶ Worked with many partners:
  - ❖ ADMH
  - ❖ R.O.S.S
  - ❖ Addiction Prevention Coalition
  - ❖ ADPH – OD2A funds

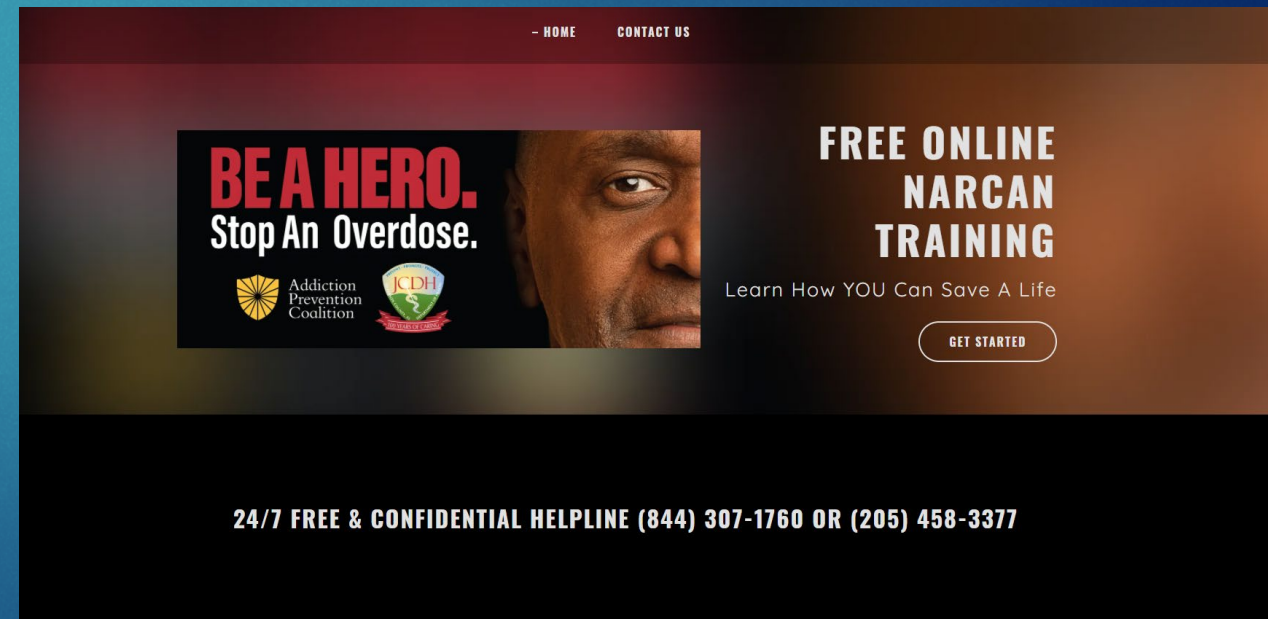
**PARTNERS!**



**PARTNERS!**

# Addiction Prevention Coalition

Data-driven placement of media





# PARTNERS!

## R.O.S.S., Alabama Department of Mental Health and Alabama Department of Public Health

- Gas toppers ads started in May and will run through Oct 31, 2021.
- Both ads will run in Blount, Calhoun, Colbert, Etowah, Franklin, Lauderdale, Marshall, St Clair, Walker and Winston.

**WE LOVE SOMEONE STRUGGLING WITH ADDICTION.**  
Help give them a second chance to recover and live.



"I am a mother" "I am a brother" "We are friends"

**Carry Narcan (Naloxone)**   
**205-930-1065 • 24/7 helpline 844-307-1760**

Learn where to get a free Narcan kit & how to use it 

800.525.8762  allovermedia.com

**WARNING**  
Fentanyl is killing Alabama residents

**Don't Trust your Drugs**

Any drug can be cut with Fentanyl  
Don't chance it- Carry Narcan

Are you struggling with addiction or in need of Support? 

**Free Narcan (Naloxone) Kits Available**  
**24/7 helpline 844-307-1760**

800.525.8762  allovermedia.com





## Jefferson County Department of Health ADPH and R.O.S.S.

- The coasters have been received.
- Our OD2A team has compiled a list of nightlife venues, their geographic location and their hours of operation.
- They have been grouped into geographic clusters and our team will begin visiting those locations with naloxone training flyers and coasters this Friday, 11/19.
- We are somewhat challenged by the hours of operation as many of them operate outside of our usual business hours.





## OBJECTIVE

Promote inclusion of funding for purchase of naloxone in agency budgets and grant proposals where applicable.

- ADMH budgeted \$1.4 million for FY 22 through FY 23.
- JCDH budgeted for 2400 kits in FY2021 and again in FY 2022
- Grants acquired:
  - ❖ ADMH received an Emergency Grant to Address Mental and Substance Use Disorders during COVID 19: Alabama COVID Response Unit (ACRU) which began in February 2021.
  - ❖ ADMH received an additional round of funding in May of 2021.
  - ❖ ADMH received word that all agencies participating in this grant had the ability to purchase naloxone for individuals enrolled on this grant. Agencies are currently establishing ways to make this happen (working with individual pharmacies).
- Grant proposals pending:
  - ❖ ADMH, along with Pardons and Paroles, applied for a COSSAP BJA grant.
  - ❖ JCDH COSSAP application - \$90,000 per year for 3 years to purchase naloxone for law enforcement (1200 kits per year).
  - ❖ UAB application to the United Way of Central Alabama Community Crisis Fund to purchase 500 naloxone kits for patients who present to UAB Emergency Department.



## OBJECTIVE

Explore opportunities to reduce opioid overdose deaths through policy change.

- The Law Enforcement committee has partnered with the Rescue to review options.





# PRESCRIBERS AND DISPENSERS

Dr. Traffanstedt, JCDH  
Matt Hart, ALBME

## GOAL

Ensure tomorrow's prescribers and dispensers are educated in opioid prescribing today.

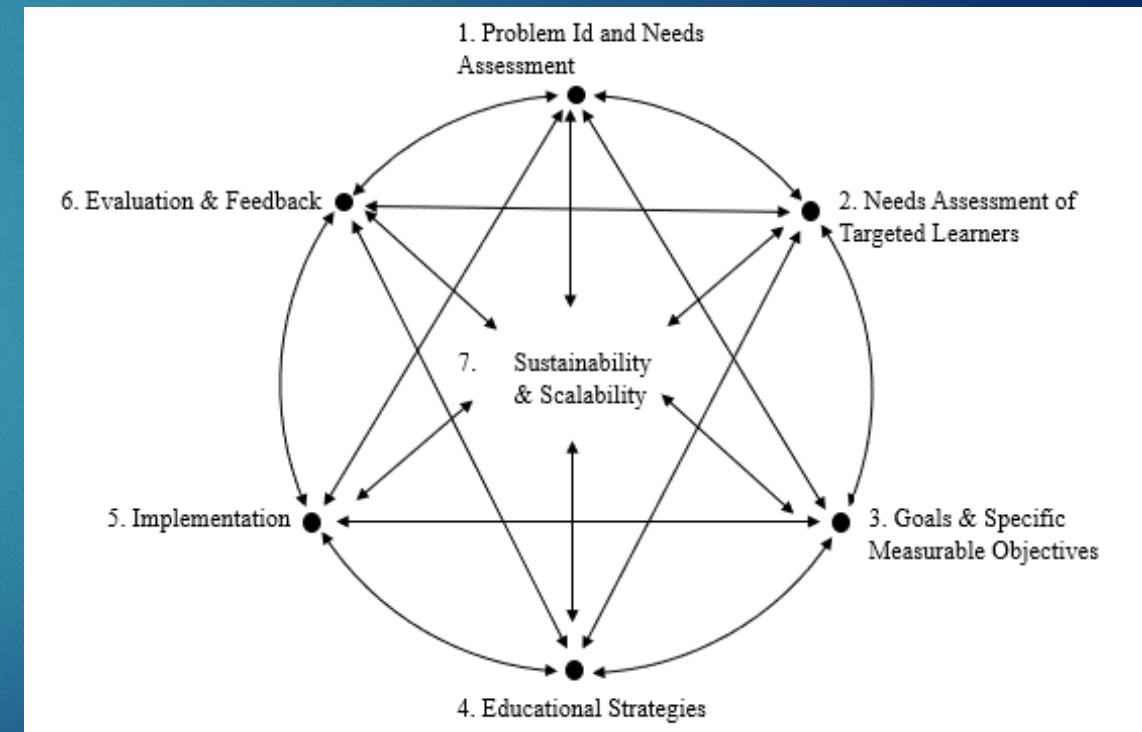
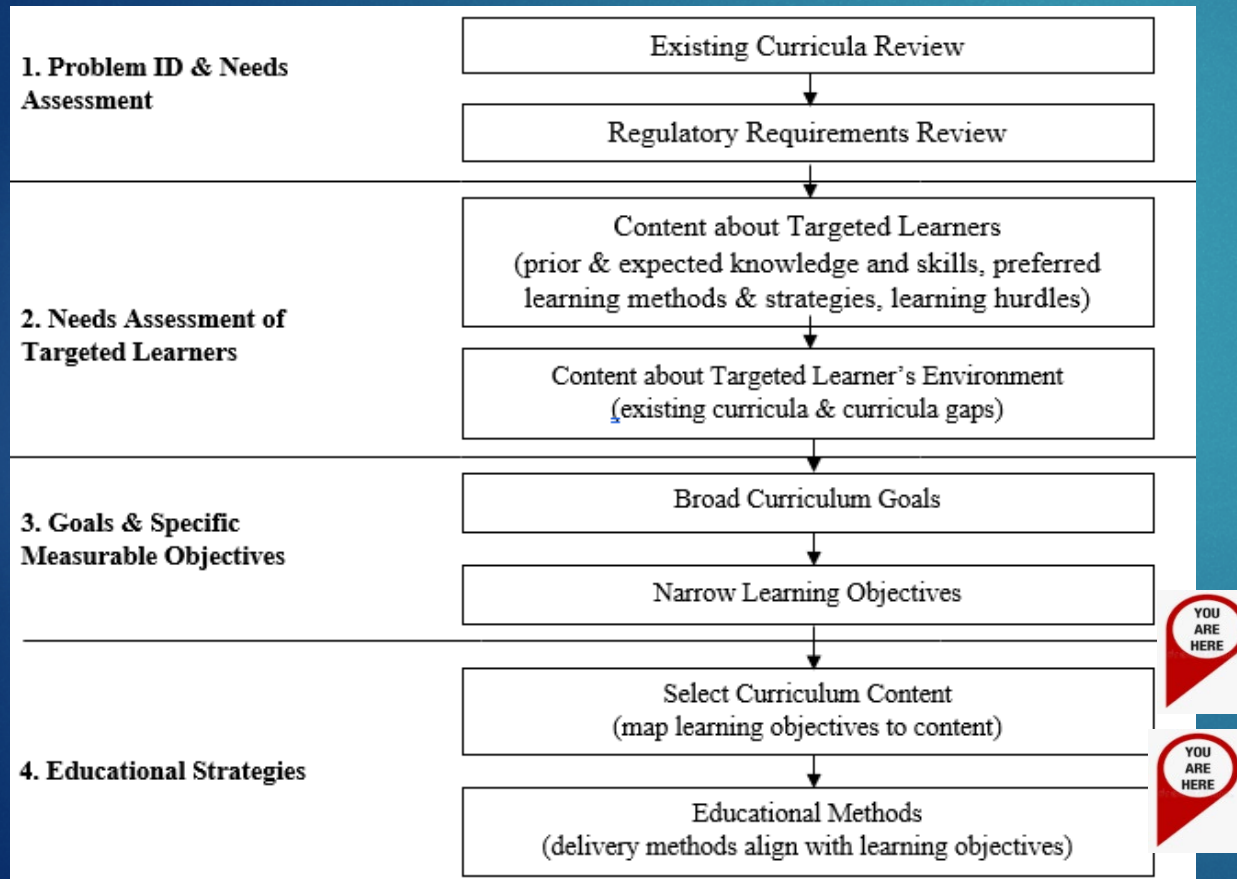




# OBJECTIVE

Complete development of opioid curriculum.

## ➤ Projected Outline





## OBJECTIVE (CONITUNED)

Complete development of opioid curriculum.

### ➤ Projected Outline

#### Phase 2: Multimedia Integration

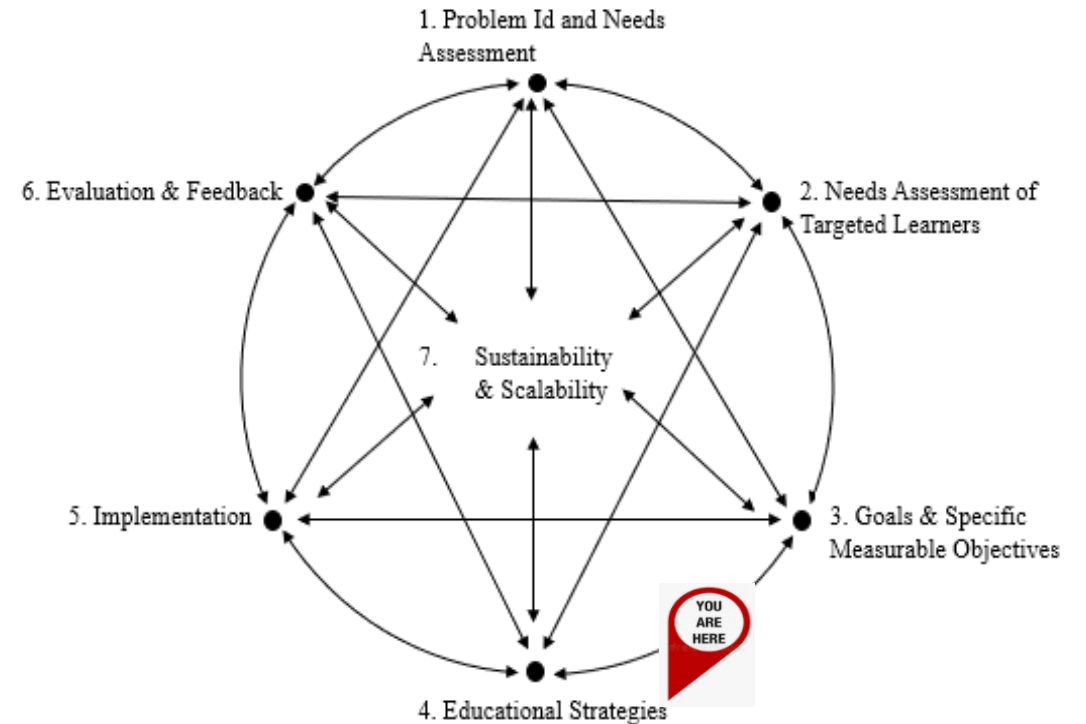
#### Phase 3: Curriculum Implementation

#### 5. Implementation

#### Phase 4: Evaluation

#### 6. Evaluation & Feedback

#### 7. Sustainability & Scalability





## OBJECTIVE

Locate a technical home for the opioid curriculum.



### ➤ Four Options:

- ❖ Auburn University Harrison School of Pharmacy
- ❖ University of Alabama at Birmingham Division of e-Learning and Professional Studies
- ❖ University of Alabama School of Social Work VitAL
- ❖ University of Alabama at Birmingham Division of Continuing Medical Education

### ➤ URLs purchased: [www.alahope.com](http://www.alahope.com) & [www.alahope.org](http://www.alahope.org)



# Factors Being Considered

<b>Learning Management System</b>	<b>Able to produce reports of participation</b>
<b>Registration Platform</b>	<b>Initial/Build Cost</b>
<b>Able to clearly separate (i.e. blind) ALAHOPE curriculum from the University's own content</b>	<b>Ongoing housing/maintenance fees and over what time period</b>
<b>Willing to manage the CE application process? If yes, which health professions CE will be included?</b>	<b>Build time</b>
<b>Is ALAHOPE content downloadable for use in other health professions schools online learning platform?</b>	<b>How long can content be housed on LMS?</b>
<b>Are certificates of participation available at no cost?</b>	<b>How long will CE records be maintained after content is inactive?</b>
<b>Able to grant CE credit in partial hours</b>	<b>Will the ALAHOPE team have the ability to modify content after implementation?</b>
<b>Able to point to a unique URL</b>	



### **OBJECTIVE**

Engage health professions educational programs in the State of Alabama in the development of the opioid curriculum.

### **OBJECTIVE**

Encourage the adoption of the opioid curriculum in health professions educational programs in the State of Alabama.

- ▶ Academic and health professional board members have had the opportunity to be involved with every major milestone decision of the curriculum development to maximize its adoption potential.
- ▶ These efforts include:
  - ❖ Two surveys asking stakeholders to provide feedback about targeted learners' prior and expected knowledge, learning methods and existing resources, primary and secondary proposed broad curriculum goals.
  - ❖ A proposed learning objectives form asking stakeholders to provide feedback on proposed learning objectives, and a brief survey asking if academic stakeholders are concerned with housing curriculum on a site with another school's logo.
- ▶ We will continue to involve these stakeholders over the next several months during the curriculum build to have the best chance of curriculum adoption.

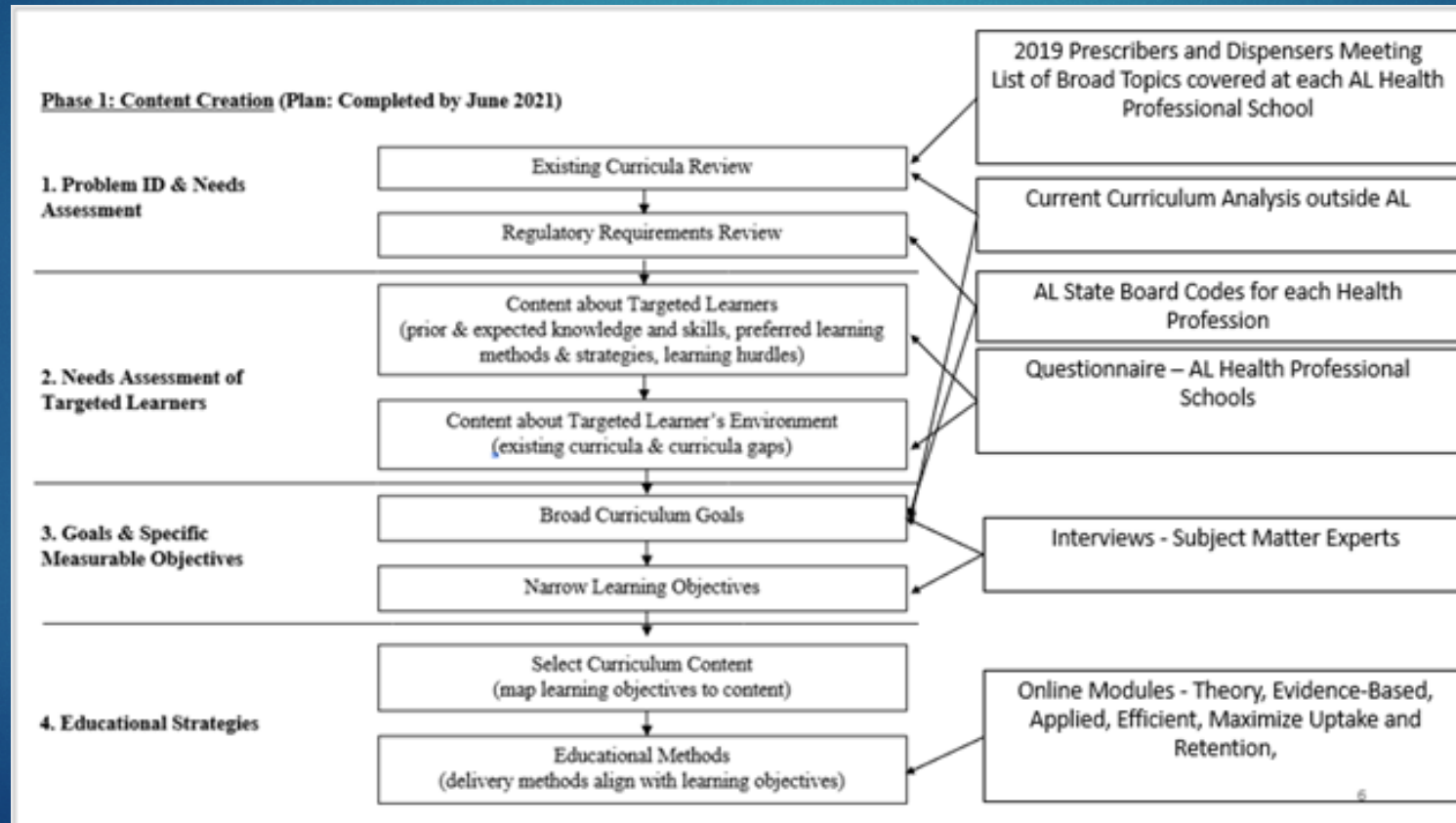


## OBJECTIVE (continued)

Engage health professions educational programs in the State of Alabama in the development of the opioid curriculum.

## OBJECTIVE (continued)

Encourage the adoption of the opioid curriculum in health professions educational programs in the State of Alabama.





## OBJECTIVE

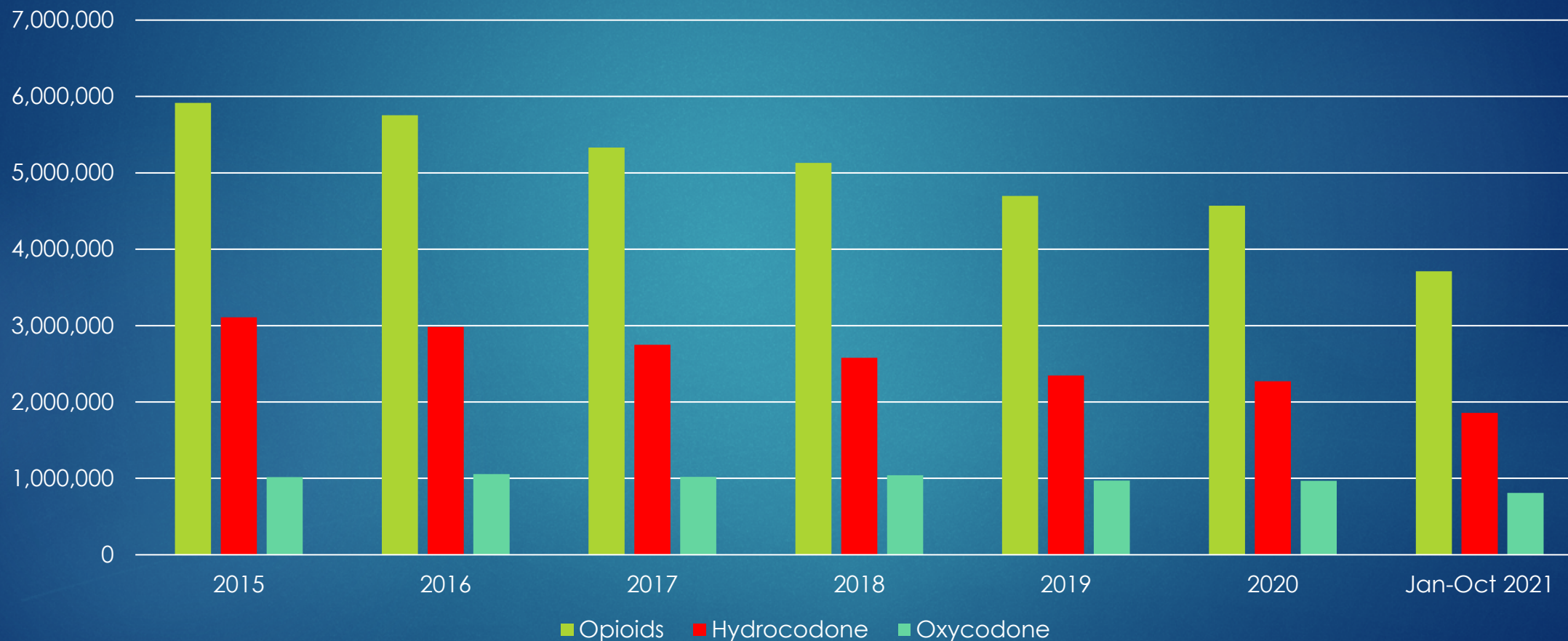
Continue monitoring opioid prescribing and dispensing in Alabama.





# Number of Opioid Prescriptions

## 2015 through October 2021



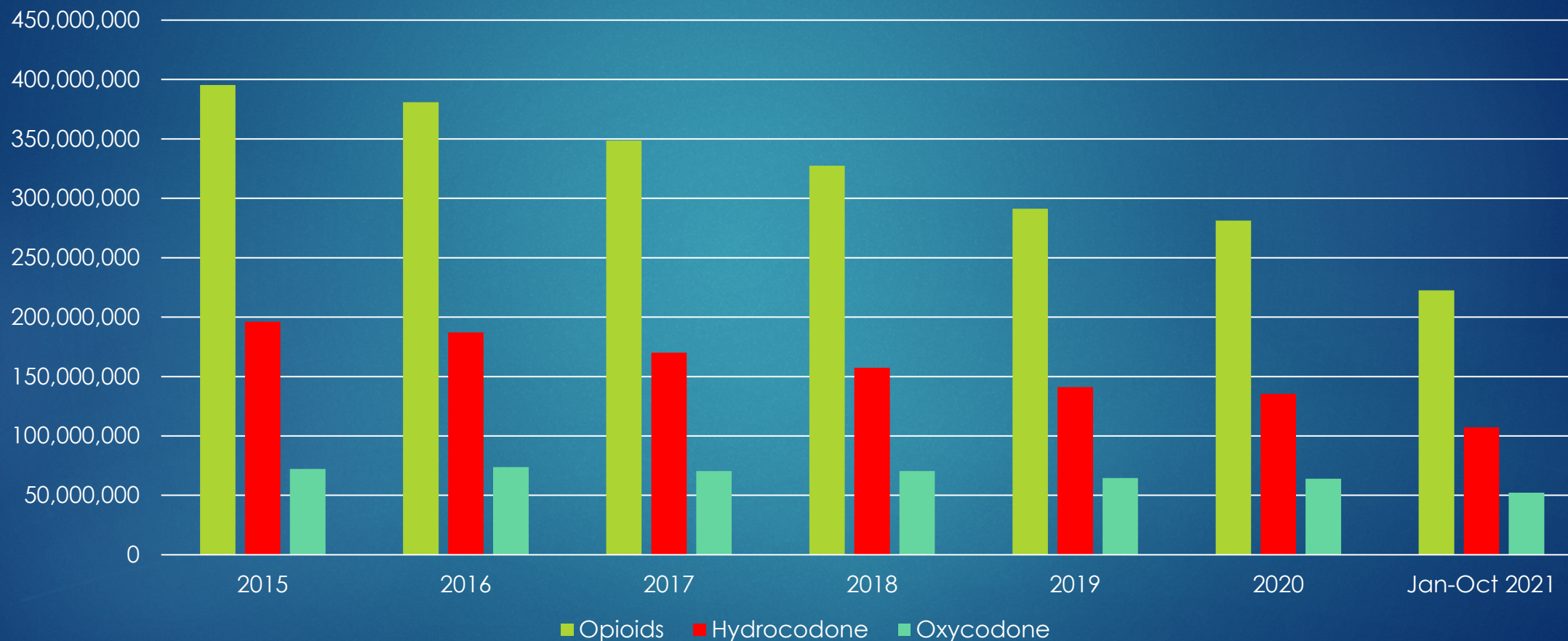
Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health.

Notable event: Tramadol was moved from Non-scheduled to Schedule IV in August 2014.



# Quantity of Opioids Dispensed

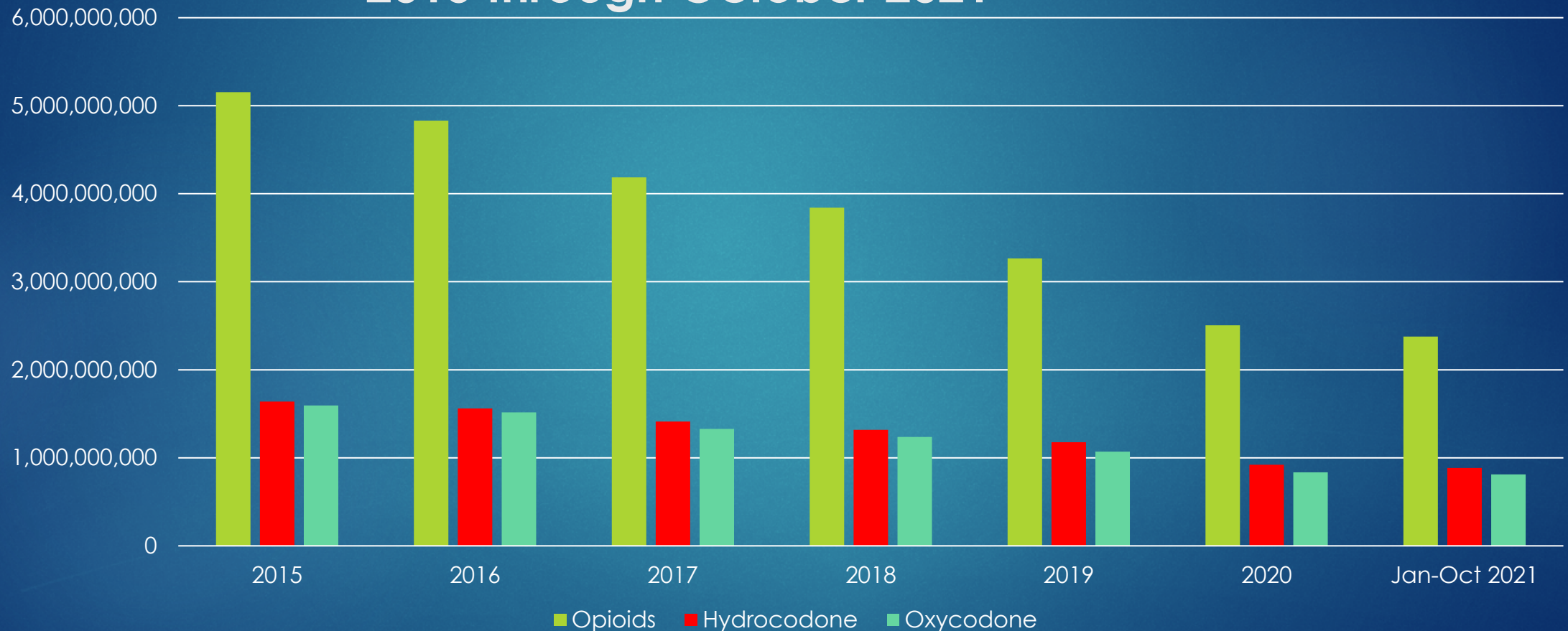
## 2015 through October 2021



Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health. Notable event: Tramadol was moved from Non-scheduled to Schedule IV in August 2014.



# Morphine Milligram Equivalent of Opioids Dispensed 2015 through October 2021



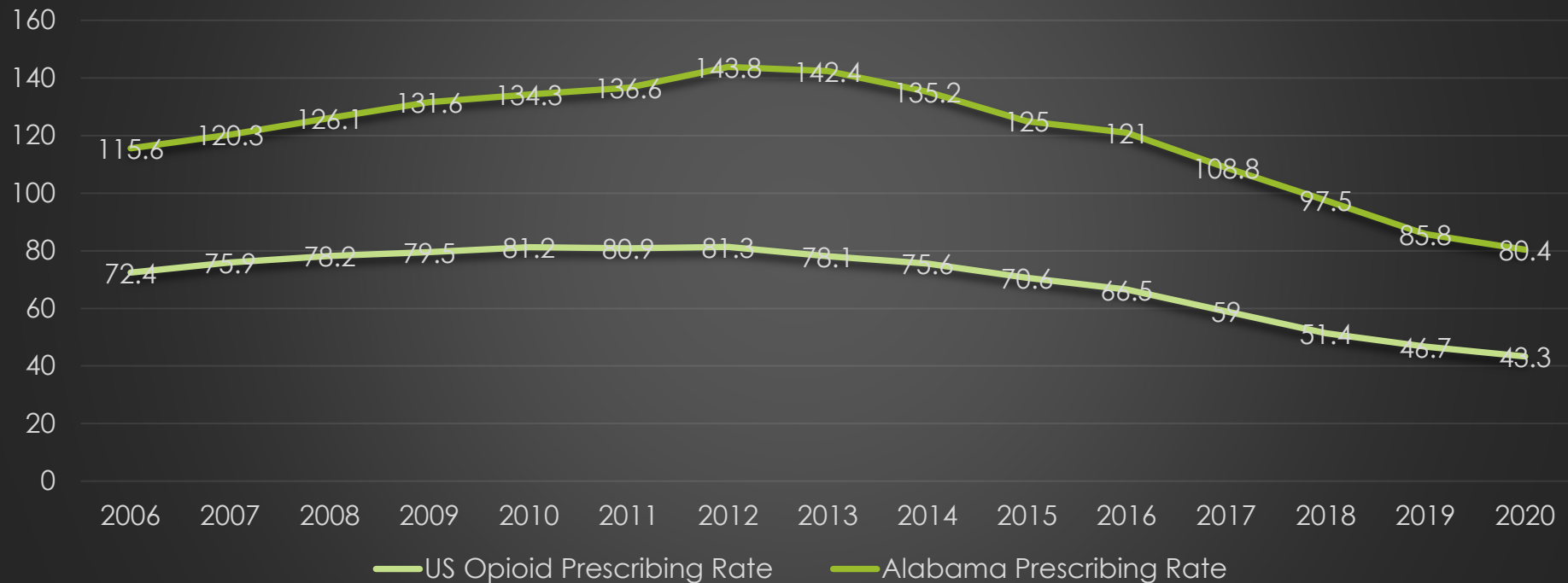
Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health.

Notable event: Tramadol was moved from Non-scheduled to Schedule IV in August 2014.



# PRESCRIBING RATES

## U.S. AND ALABAMA PRESCRIBING RATES PER 100 PERSONS



Accessed from: <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html> on 11/1/2021.

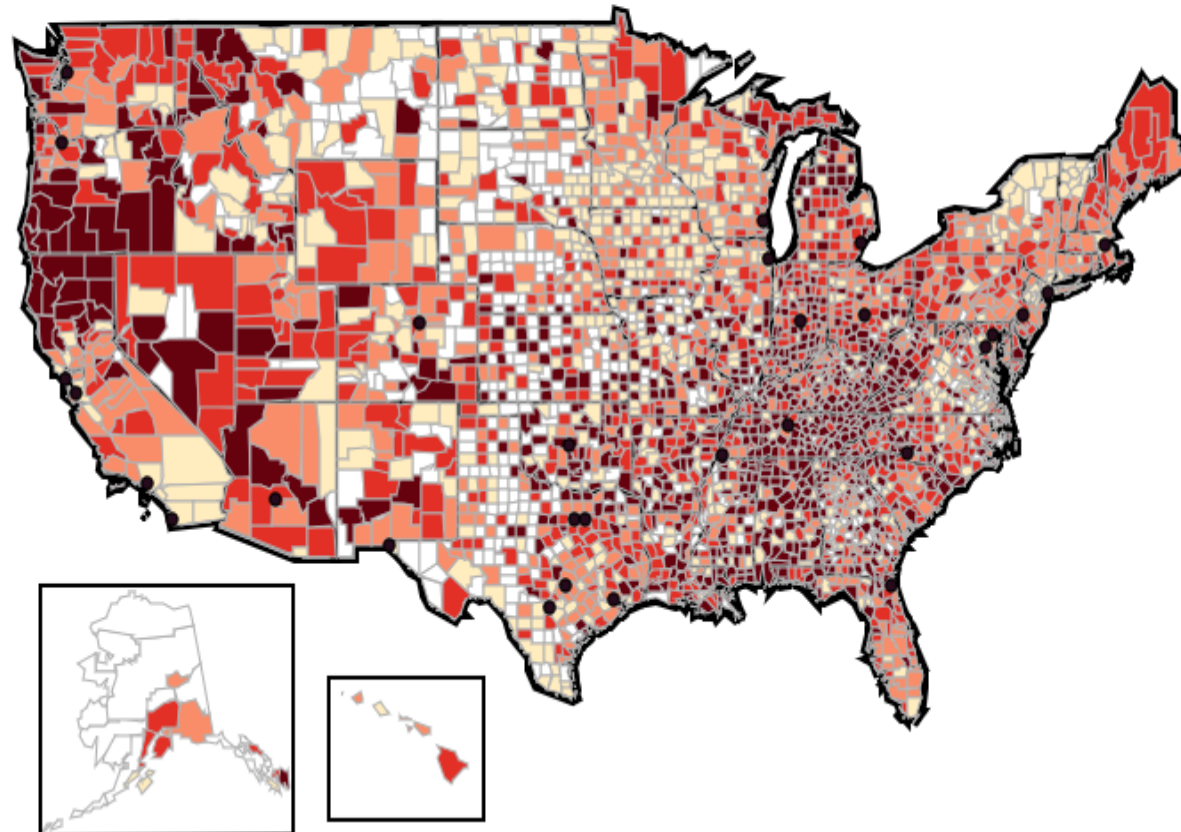


# U.S. County Opioid Dispensing Rates, 2012

[< U.S. County Opioid Dispensing Rates, 2011](#)

[U.S. Opioid Dispensing Rate Maps](#)

[U.S. County Opioid Dispensing Rates, 2013 >](#)

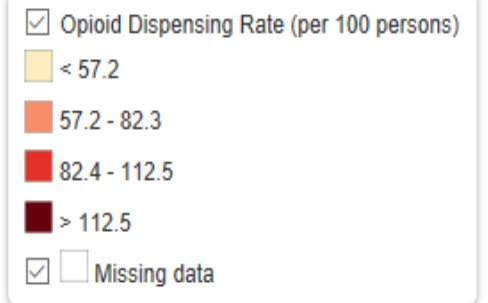
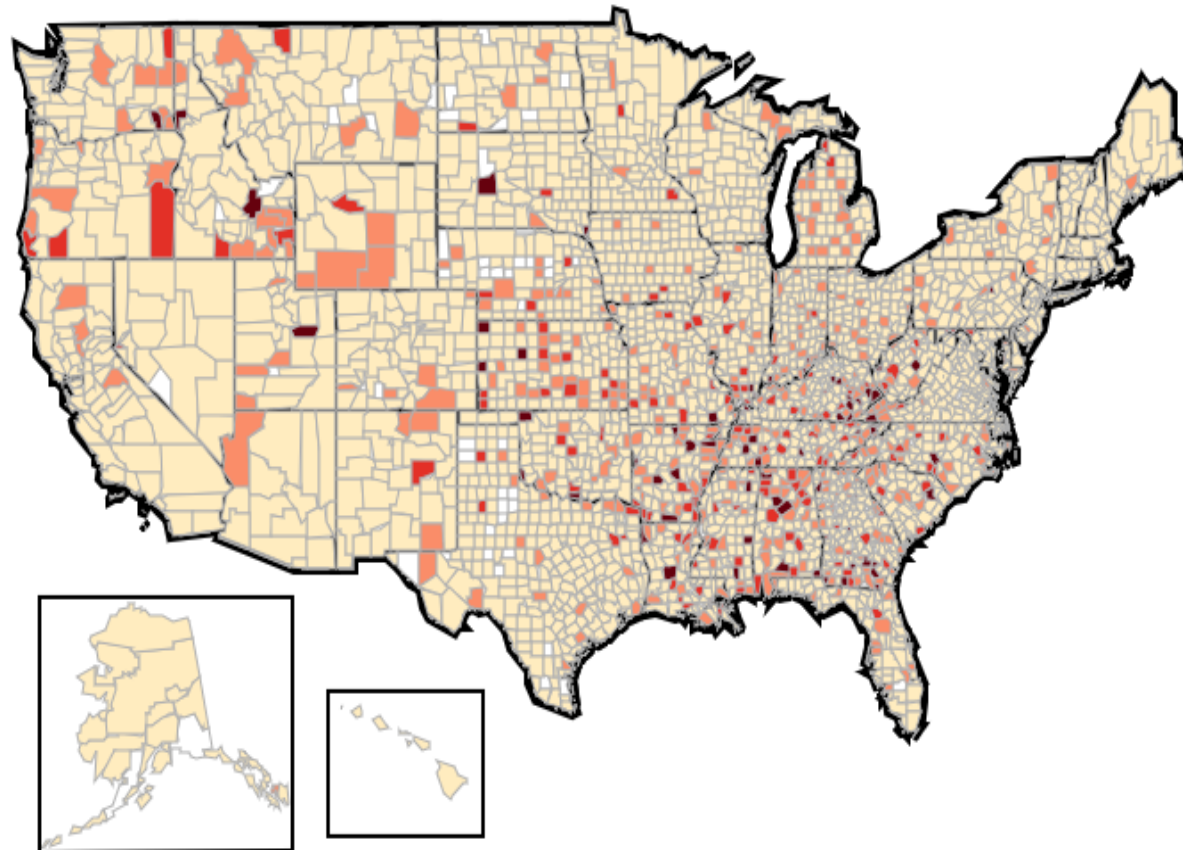




# U.S. County Opioid Dispensing Rates, 2020

[< U.S. County Opioid Dispensing Rates, 2019](#)

[U.S. Opioid Dispensing Rate Maps](#)

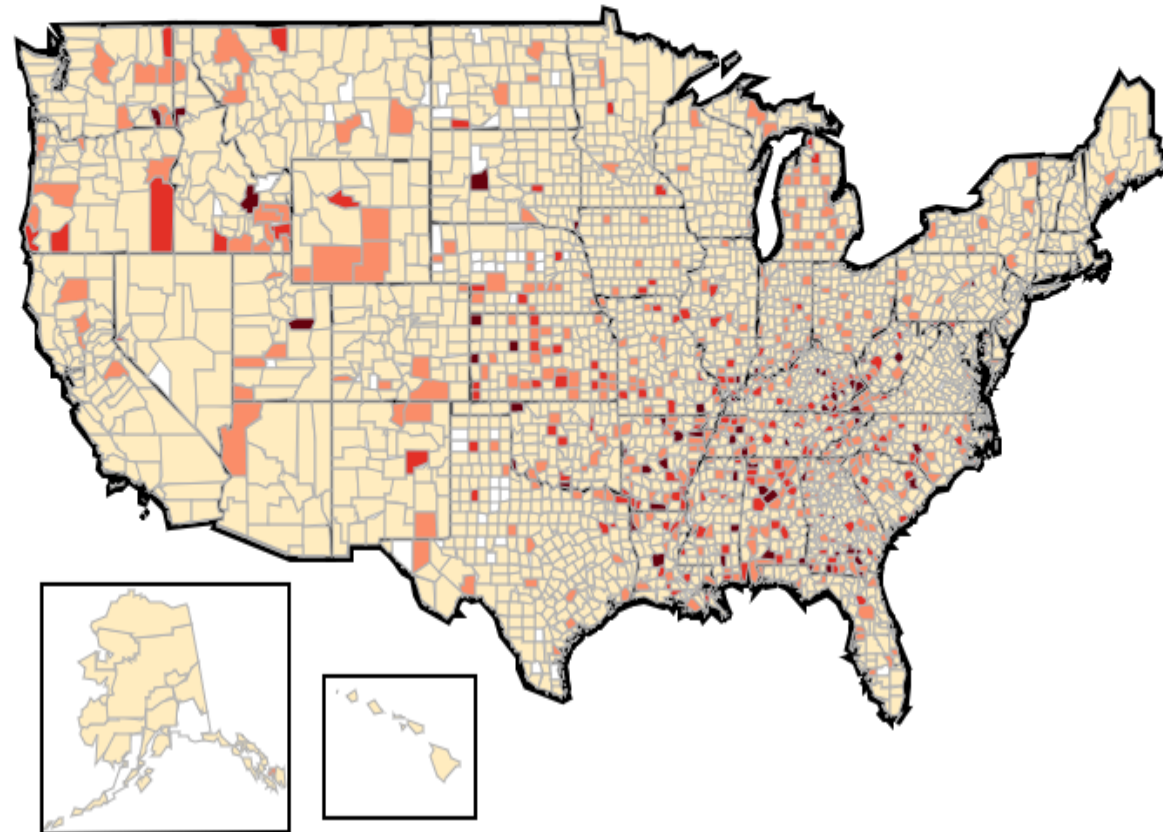




# U.S. County Opioid Dispensing Rates, 2020

[< U.S. County Opioid Dispensing Rates, 2019](#)

[U.S. Opioid Dispensing Rate Maps](#)



- ☒ Opioid Dispensing Rate (per 100 persons)
- ☒  < 57.2
- ☒  57.2 - 82.3
- ☒  82.4 - 112.5
- ☒  > 112.5
- ☒  Missing data

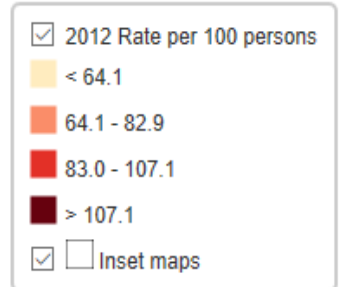
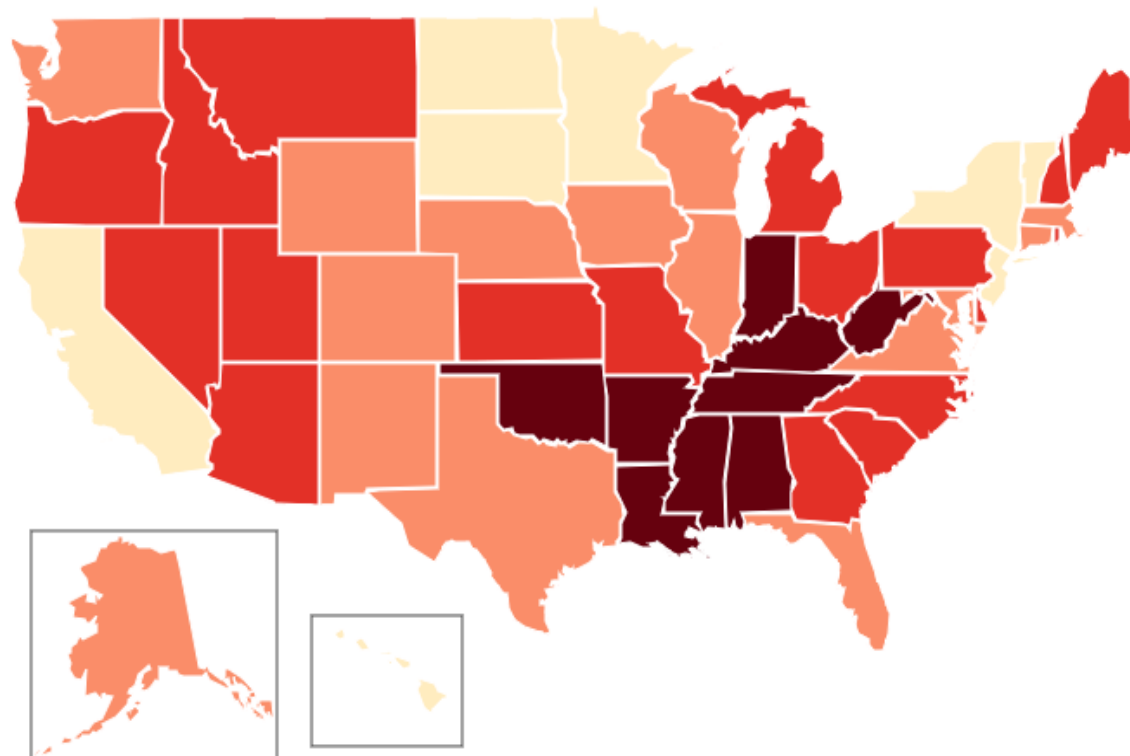


# U.S. State Opioid Dispensing Rates, 2012

[< U.S. State Opioid Dispensing Rates, 2011](#)

[U.S. Opioid Dispensing Rate Maps](#)

[U.S. State Opioid Dispensing Rates, 2013 >](#)

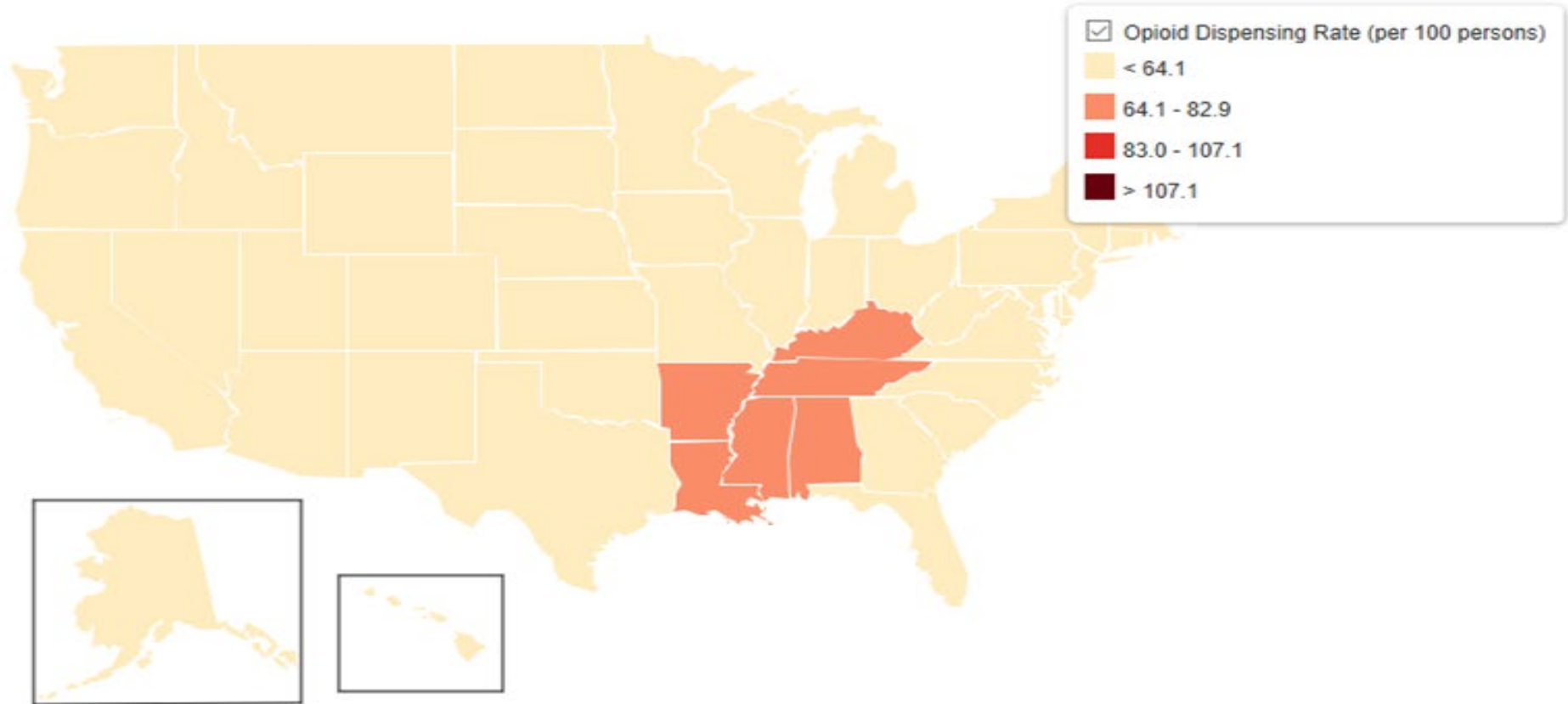




# U.S. State Opioid Dispensing Rates, 2020

< [U.S. State Opioid Dispensing Rates, 2019](#)

[U.S. Opioid Dispensing Rate Maps](#)

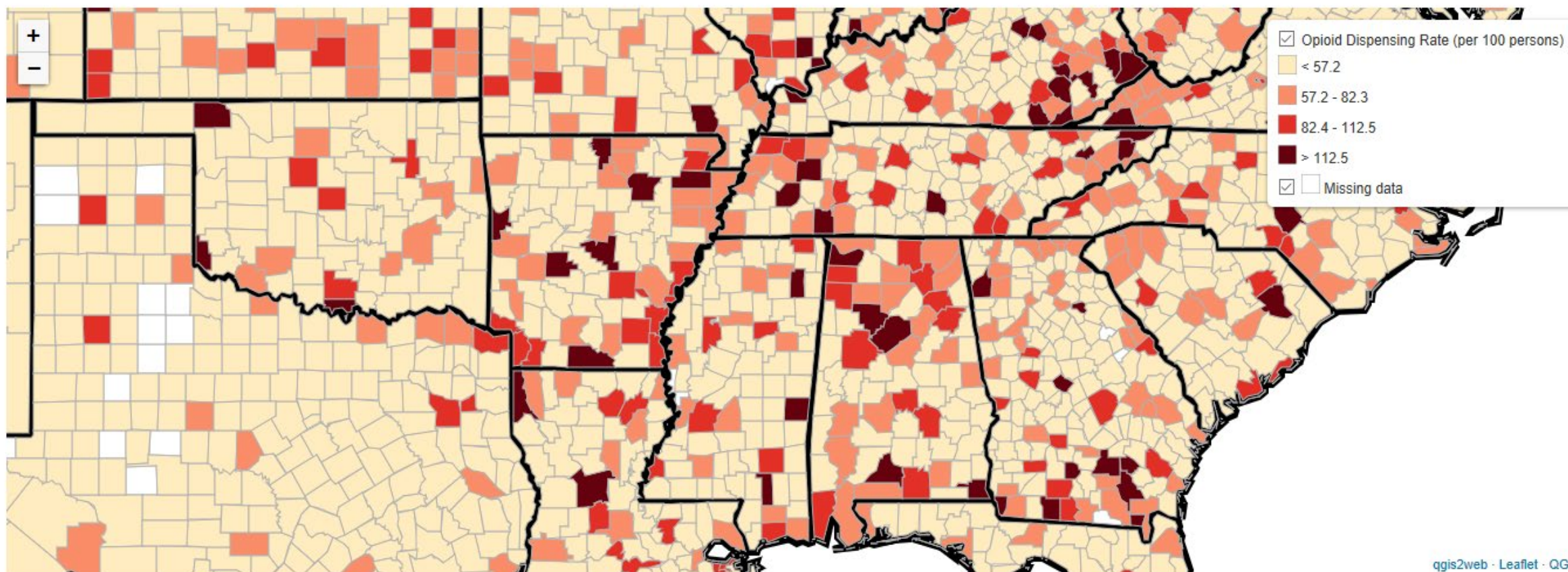




# U.S. County Opioid Dispensing Rates, 2020

[< U.S. County Opioid Dispensing Rates, 2019](#)

[U.S. Opioid Dispensing Rate Maps](#)







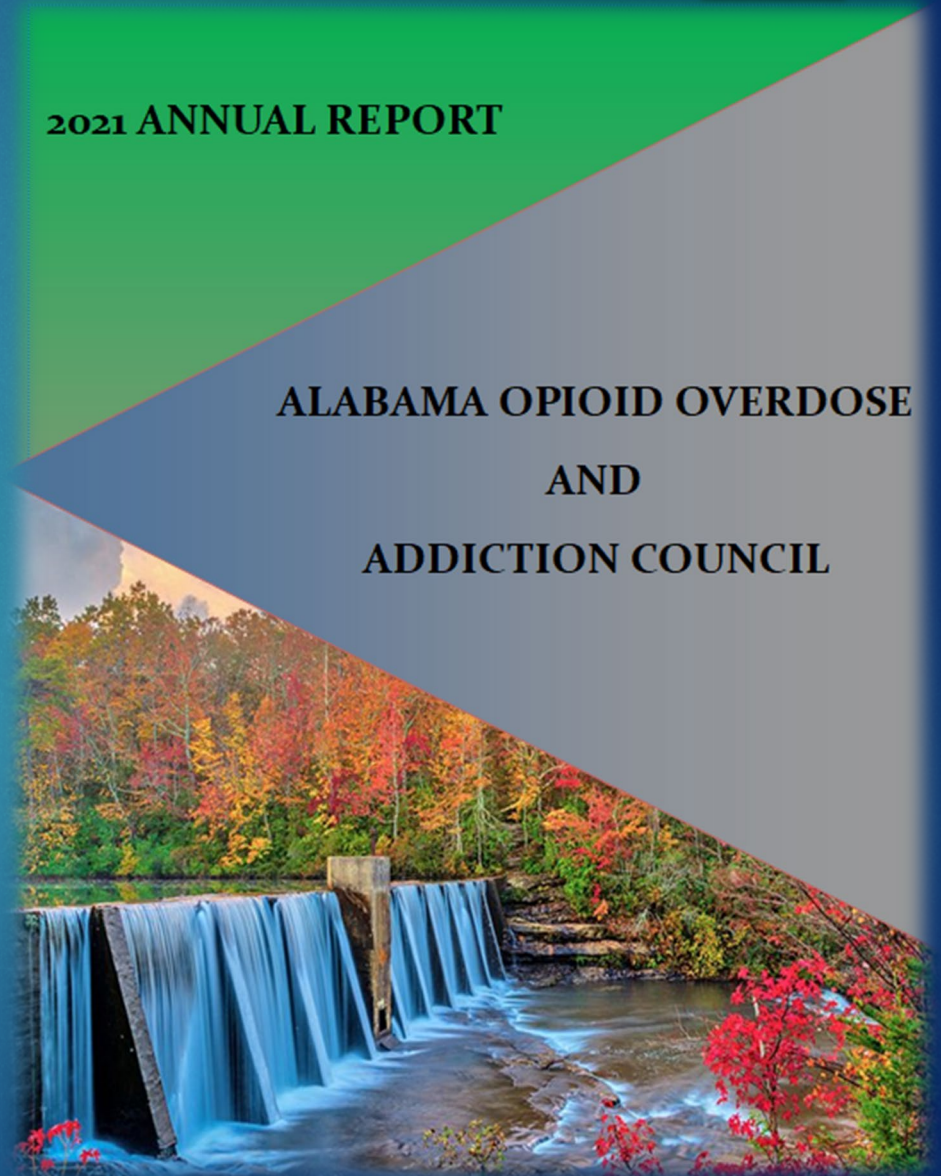
**Other Council Business**



➤ Annual report is currently in development.

➤ Next Steps:

- ❖ Subcommittees will begin work on their sections for the annual report.
- ❖ Draft will be sent to Council Co-chairs and subcommittee chairs and co-chairs for review.
- ❖ Final Report will be sent to Governor Ivey by Dec 31, 2021.
- ❖ Final report will be sent to all Council and subcommittee committees.
- ❖ Placed on the Understanding the Opioid Crisis on ADMH website.







**Next meeting  
TBA**



*Happy Thanksgiving!*

