



December 31, 2022

The Honorable Kay Ivey
Governor of Alabama
State Capitol, 600 Dexter Avenue
Montgomery, AL 36130

Dear Governor Ivey:

We are honored to serve as the Co-Chairs for the Alabama Opioid Overdose and Addiction Council (Council). With a diverse council membership, deep community engagement, and key leaders' commitment, the process has provided an impressive foundation for the development of this year's report.

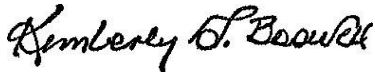
The Council has continued to convene more than 100 diverse experts, stakeholders, community members and those with lived experience and family members to continue to move the Council's initiatives forward. We are proud of the work conducted by members of the Council and its eight sub-committees, and we are grateful for their dedication and innovative ideas. Everyone involved understands the importance of their individual and team roles in meeting the expectations of the Council. It is humbling and encouraging to the three of us to see such generosity of time and expertise. This is a crisis that truly requires active engagement from all stakeholders.

The progress you will see in this year's annual report is:

- Council's Current View of the State's Opioid Crisis
- Statewide Commitment to Abatement
- Approved State Use of Abatement Funds
- Sub-committee's Reports

We appreciate the opportunity to serve in this important mission and have taken to heart the Substance Abuse and Mental Health Services Administration message that behavioral health is an essential part of overall health in which prevention works, treatment is effective, and people recover. We have been inspired to see each of these critical points observed as we continue to implement the Council's initiatives to help all Alabamians.

Sincerely,



Kimberly G. Boswell,
Commissioner
Alabama Department of Mental Health



Steve Marshall,
Attorney General of Alabama
Office of the Attorney General



Scott Harris, MD, M PH
State Health Officer
Alabama Department of Public Health

Acknowledgments

The Co-Chairs would like to express their gratitude to the Council Members and the Subcommittee Members for their dedication, innovative ideas, and contributions to the Annual Report.

A special thanks to Kathy House, State Opioid Coordinator, for her support and dedication.

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Executive Summary

The Council was established by Governor Kay Ivey in Executive Order 708, signed in August 2017, with a charge to develop a comprehensive coordinated strategy to combat Alabama's opioid crisis and reduce the number of deaths and other adverse consequences in the state. The Council's purpose includes developing a comprehensive, coordinated strategic plan to combat the opioid crisis in Alabama, and gathering and reviewing data characterizing the impact of the crisis.

Alabama is committed to building on the state's efforts to fight the opioid crisis by taking actions to reduce inappropriate opioid prescribing and dispensing; increase public awareness about naloxone distribution and access to care; ensure a pathway to recovery for individuals with substance use disorder; and provide vital resources to all Alabamians living with substance use disorders, including their family members, community providers and healthcare, and law enforcement professionals. This work is accomplished through sub-committees. Their work is summarized in this report. A list of sub-committees can be found at the end of the report. Their dedication to this work and saving lives is remarkable. The co-chairs would especially like to thank Kathy House, the State Opioid Coordinator, for facilitating the council meetings and compiling this annual report.

A. FY 2022 Highlights

1. As the opioid settlement funds begin coming into the state, the Council devoted much time to developing guidance for approved uses of those funds for the state. The Council's recommendations begin on page 7.
2. The Connect Alabama smart phone application (APP) launched in July 2022. The app provides information and education to end users about Substance Use, Mental Health, and Prevention. End users can find treatment and resources using the (APP) directory as well as directly connect with hotlines. Phase I information is all available with or without access to data. Since its launch, there have been 2,129 total downloads across iPhone Operating System (IOS) and Android.
3. The Treatment and Recovery Support sub-committee has made significant progress in areas that provide individuals and professionals with tools to address the opioid epidemic. The development of the Faith-Based Support Specialist Program, which is a certification designed to equip faith-based leaders with the tools to assist individuals who are affected by substances. Over 80 faith-based professionals attended these trainings in FY2022. The assessment/peer pilot program has been very successful and continues to provide a statewide needed service. These are only a few of the highlights from the year but are demonstrations of the hard work by the committee members.
4. As of October 31, 2022, the year-to-date total amount of naloxone distributed free of charge by the Rescue sub-committee and other partners such as Jefferson County Department of Health (JCDH), Alabama Department of Mental Health (ADMH), and the University of Alabama's Project Freedom, was 14,720 kits or 29,440 doses. This is a major increase from 2021.

5. One of the main new accomplishments for the Rescue sub-committee in 2022, with critical support from the Law Enforcement sub-committee, was removal of fentanyl test strips from the list of illegal drug paraphernalia in Alabama state law by the legislature. With the growing threat of overdose deaths from people using other drugs laced with fentanyl without the user being aware of it, fentanyl test strips can now be used legally to test a variety of drugs for the presence of fentanyl contamination.
6. The Data sub-committee has expanded the kinds of data available and increased the timeliness of reporting for others. Importantly, a view of treatment services of substance use disorder and opioid use disorder specifically was launched November 2022 provided by the state's two largest healthcare payers, Alabama Medicaid Agency, and Blue Cross Blue Shield of Alabama. Additionally, a data panel has been added showcasing opioid exposure provided by the Alabama Poison Information Center. To ensure continued operation of this program, a Bureau of Justice grant has been secured to support this work through FY2024.
7. In FY2022, the Prescribers and Dispensers sub-committee continued work on the pain and substance use curriculum, ALAHOPE, the Alabama Health Professionals Opioid and Pain Management Education Course. As of November 30, 2022, 18 of 22 lectures in the Substance Use unit are being prepared to be placed on the website.

I. Council's Current View of the Opioid Crisis

Over the last five years, the Council has continued to study the state's current opioid crisis and identified a focused set of strategies to reduce the number of deaths and other adverse consequences of the opioid crisis in Alabama. The Council continually monitors and evaluates implementation of the state's strategic plan and the activities and initiatives undertaken to combat Alabama's opioid-use epidemic.

The opioid crisis remains a major area of concern. According to the US Centers for Disease Control (CDC), using provisional data available for analysis on October 2, 2022, in the 12-month period that ended December 31, 2021, at least 107,521 people in the US are reported to have died from drug overdose and toxins in the supply of banned drugs. The CDC predicts the final number of overdose deaths in the calendar year 2021 will be 108,886.¹

The increase of fentanyl in Alabama's drug supply presents new challenges. Fentanyl is many times more powerful and carries a higher overdose risk than heroin and other prescription opioids. These pills are difficult to distinguish from authentic prescription pills, creating a false sense of security among people using the pills. Tragically, fentanyl fatally poisons one person in America every 8.57 minutes, killing 175 people every single day. The need to address this crisis is more important now than ever.²

Nonfatal drug overdoses have increased over the past two years assumedly fueled by fentanyl contamination of other illicit substances. Non-fatal opioid overdose incidents have increased nationally with Walker County having the 5th highest percent increase in the country.

In fact, 13 of Alabama's 67 counties have a much higher than average percent change increase in non-fatal opioid overdose incidents.³ Drug overdose emergency room admissions increased from 12,440 in 2019 to 13,927 in 2020, and emergency medical services (EMS) responses to probable drug overdoses increased each year between 2019 and 2021 (7,868 in 2019; 9,083 in 2020 and 10,408 in 2021). There were 4,669 EMS calls to probable drug overdose victims in the first 6 months of 2022. The staggering rise of opioid overdose deaths since 2018 through 2021, a nearly 2.5-fold increase, spotlights the continued need for prevention, treatment, and recovery support services. Death statistics for 2020 and 2021 have not been finalized by the Alabama Center for Health Statistics. Fentanyl and analog related deaths accounted for over one third, or 40.7%, of the total drug overdose deaths in 2020. Methamphetamine represented 26.9% and heroin 14.6%. 2020 was the first year in which methamphetamine-associated deaths were exceeded by those associated with fentanyl. While there have been many opioid overdoses reversed by naloxone distributed throughout the state, opioid overdoses continue to rise, mainly due to increasing penetration of fentanyl into illicit drug supplies, including an increasing number of non-opioid drugs. Therefore, efforts to make naloxone and fentanyl test strips widely available must continue as part of the overall response to the ongoing opioid overdose crisis.⁵

In the State of Alabama, stigma (defined as a set of negative beliefs that a group or society holds about a topic or group of people) presents as a barrier to seeking treatment, as it directly affects the way an individual views themselves and their ability to access treatment. The World Health Organization has classified stigma as having a detrimental effect on the treatment of individuals and is a huge barrier to recovery. Public attitudes about various stigmatizing conditions indicate that individuals with a substance use disorder are viewed more negatively than individuals with a mental health disorder. This stigma promotes the vicious cycle that is embedded in the disease of substance use disorder.

To combat stigma, The Stop Judging; Start Healing Stigma Summit was developed to define stigma and understand the base for its impact and outcomes, identify the need to address the language we use and how to more appropriately interact with an individual with a substance use disorder (SUD), address strategies to reduce structural stigma, and begin to bring awareness to the significant stigma surrounding Medication Assisted Treatment (MAT).

Seven stigma summits were hosted in FY 2022 with a total of 359 attendees. Based on the evaluations, outcomes of the attendees included increased consciousness of decreasing stigmatizing language and modifying interactions with patients/clients to enhance communication.

In FY 2023, eight summits are scheduled and will focus on the impact of stigma on those with a substance use disorder, Medication Assisted Treatment stigma, strategies for reducing stigma, impact of stigma on the criminal justice system, perinatal substance use, best practices within the court system, and person-first language.

The Council's Treatment and Recovery sub-committee recognizes the need to improve access to care for those with an opioid use disorder (OUD) and have been working to address this issue for the past two years. In 2021, the Alabama Department of Mental Health (ADMH) funded an Assessment Only Level of Care pilot program with the Recovery Resource Center (RRC).

The pilot project opened in October 2021. The pilot project was designed to eliminate the wait for an assessment by providing assessments by appointment, by walk in or by telehealth. As assessments are a required component of services, the program is located in one county but is now available statewide through telehealth. A Certified Peer Support Specialist is also assigned to every client to help assist them with navigating the treatment system. From October 2021 through December 2021, there were 565 assessments conducted and 531 referrals to treatment. From January 2022 through December 2022, there were 2,308 assessments conducted and 2,300 referrals to treatment. This pilot program has had a far-reaching impact in every county of the state and has proven to be very successful at reducing the wait for an assessment and will continue into 2023.

The Recovery Organization of Support Specialists (ROSS) Helpline continues to receive over 9,500 calls per year. Of these, almost half were calls related to opioids and stimulants. The Helpline is available 24/7 and is answered by a Certified Peer Support Specialist who assists individuals, family and other professional in navigating Alabama's system of care.

Walker County has been at the forefront of overdose events and deaths since the opioid epidemic first became headline news. Pregnant and parenting women have little choice for treatment and often must travel to the adjacent, Jefferson County, for specialized women's services. In 2021, ADMH funded a pilot program, titled She Recovers, in Walker County. The program was based off a promising model established by the University of Alabama at Birmingham called the Comprehensive Addiction in Pregnancy Program (CAPP) which was established to address the rising number of infants born with substance exposure in Jefferson County, Alabama. This program offers a one-stop model to serve pregnant and postpartum women with substance use disorders (SUD). The program is composed of three components: community outreach, integrated prenatal care and co-located substance use treatment to include medications for opioid use disorder (MOUD), and outpatient substance use treatment for parenting women. Other services offered include case management and peer recovery support. To build support for the program, it is marketed to professionals and those individuals seeking help. The first patient was enrolled in March of 2022. As of November 2022, the She Recovers program has screened 43 women. Of those 43, 36 were enrolled in the She Recovers outpatient program.

Alabama has long struggled with the opening of additional residential services, especially for women. The COVID-19 epidemic high-lighted the on-going problem the state has regarding beds for females who are not parenting women. In October 2021, ADMH funded a 46-bed residential program for adult females in the southeastern part of the state. From July 1, 2021, through June 30, 2022, the program has admitted 143 women into their program.

According to information published by the American Medical Association (AMA), total opioid prescriptions dispensed in Alabama have fallen by 41.6% from 6,766,965 in 2012 to 3,954,116 in 2021.⁴ Similar data published by the AMA indicates an 851.2% increase in naloxone dispensed by retail pharmacies from 1,405 in 2016 to 13,364 in 2021⁶ and a 55.3% increase in total dispensed prescriptions to treat opioid use disorder from 266,652 in 2012 to 414,055 in 2021.⁷ According to data available from the Center for Disease Control (CDC), Alabama's opioid dispensing rate has fallen from its peak of 143.8 opioid prescriptions per 100 persons in 2012 to 80.4 opioid prescriptions per 100 persons in 2020.⁸

Per the CDC, in 2020, Alabama continues to have the highest per capita opioid dispensing rate in the United States. The Prescribers and Dispensers sub-committee remains committed to educating prescribers and dispensers in the State of Alabama around the safe and effective use of opioid medications, evidence-based assessment and treatment of substance use disorder and the evidence-based assessment and treatment of acute and chronic pain.

The Drug Addiction Treatment Act of 2000 (DATA 2000) permits physicians who meet certain qualifications to treat individuals with opioid use disorders with medications approved by the FDA including buprenorphine in treatment settings other than Opioid Treatment Programs (OTP) to improve access to OUD and SUD treatment. Through extensive efforts to enhance substance use treatment provider capacity, the number of DATA 2000 waived providers has increased over 25% since January 2021. Almost half of the DATA 2000 waived providers are eligible to treat larger patient groups (as many as 100 or 275 patients at a time). With continued support, the state could have over one thousand DATA 2000 waived providers.⁹

The opioid crisis in Alabama has impacted Alabamians and created more barriers to addressing various health disparities across the state. The Alabama Department of Mental Health Office of Prevention Services continues to work closely with certified prevention providers to assist in combatting the opioid crisis in Alabama. Many of these efforts include incorporating various outreach opportunities for the community to dispose of any expired or unused medication. Throughout the year, ADMH prevention providers have collected over 4,000 lbs. of prescription medication, placed 16 permanent drop box locations throughout the state, distributed 600 prescription lock boxes, distributed 1,500 prescription disposal pouches, and secured 2 incinerators. With the utilization of medication disposal pouches, permanent medication dropbox locations, and drug incinerators, ADMH Prevention providers have been able to educate the community while aiding in the reduction of possible opioid misuse and overdoses.

II. Statewide Commitment to Abatement

The State of Alabama and its local governments have a shared commitment to using abatement funds recovered from statewide opioid settlements to supplement and strengthen resources available to Alabama communities and families for substance use disorder prevention, harm reduction, treatment, and recovery in a manner that:

- a. Reflects the input of our communities, of people who have personal experience with the opioid crisis, of experts in treatment and prevention, and of staff and organizations that are carrying out the abatement work;
- b. Addresses disparities in existing services and outcomes and improves equity and the health of individuals most effected by the opioid crisis;
- c. Addresses mental health conditions, substance use disorders, and other behavior health needs that occur together with opioid use disorder (OUD);

- d. Leverages programs and services already reimbursed by state agencies and programs, including direct care reimbursed by Alabama Department of Mental Health (ADMH); and
- e. Encourages innovation, fills gaps and fixes shortcomings of existing approaches; supplements rather than supplants resources for prevention, treatment, and recovery; includes evidence-based, evidence-informed, and promising programs; and takes advantage of the flexibility that is allowed for these funds.

This document sets forth how abatement funds must be used by the state.

III. Approved State Use of Abatement Funds

The agreement reached by the State of Alabama with various parties restricts the use of any settlement funds to abatement strategies only. The priorities recommended by the Council align with the approved strategies. The core strategies are as follows:

- a. Naloxone or other FDA approved drugs to reverse opioid overdose
- b. Medication Assisted Treatment (MAT) distribution and other opioid related treatment
- c. Services for Pregnant and post-partum women
- d. Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- e. Expansion of warm hand-off programs and recovery services
- f. Treatment for incarcerated population
- g. Prevention Programs
- h. Establish syringe services programs, evidenced-based data collection and research analyzing the effect of the abatement strategies within the state

The Council recommends the settlement funds be utilized to support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that would assist in changing the trajectory of the opioid crisis in Alabama.

The Council's list of priorities are as follows:

A. Priority 1. Support existing treatment and availability of treatment that includes culturally appropriate services and programs, including Medication Assisted Treatment (MAT), for Opioid Use Disorders (OUD) and any co-occurring substance use or mental health conditions (SUD/MH) in communities and criminal justice.

- a. Funding for evidence-based treatment and recovery resources with special emphasis on women's programming and an integrated healthcare system for women to receive adequate and timely prenatal care.

- b. Funding for MAT using existing Alabama Department of Mental Health (ADMH) certified providers in counties with little services.
- c. Funding for recovery support services and peer recovery centers to provide a full continuum of recovery services for OUD and any co-occurring SUD/MH conditions including employment training/education, supportive/recovery housing, community navigations, food pantries, clothes closets, mobile shower, use of washers and dryers and supportive transportation.
- d. Engage non-profits and faith-based communities/coalitions as a system to support people in treatment and recovery and to support family members that includes prevention, treatment, and recovery support in partnership with medical and social service sectors.
- e. Funding to continue the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid use disorders and other risk factors and know how to appropriately counsel, treat or refer a patient with mental health and substance use disorders.
- f. Support successful recovery models for recovering opioid users including, but not limited to, college recovery programs, peer support agencies, recovery high schools, sober events, and community programs, etc.
- g. Funding for additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use and to assist the parents in seeking treatment.

Responsible State Agencies:

Alabama Department of Mental Health
Alabama Bureau Pardons and Paroles
Administrative Office of Courts
Alabama Department of Corrections
Alabama Department of Human Resources

B. Priority 2. Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies.

- a. Increase availability and distribution of naloxone and other drugs that treat opioid overdoses by continuing the purchase and distribution of naloxone and fentanyl test strips widely and free of charge to prevent opioid overdose deaths. This need will continue even if naloxone becomes available over-the-counter, because pricing and stigma will continue to be barriers to broad public access.

- b. Funding necessary infrastructure and personnel to support public awareness, targeted outreach, training, and distribution of naloxone and fentanyl test strips, by in-person, virtual, mail order and other means.
- c. Funding to offset the costs for emergency medical services providers who have incurred significant costs for naloxone and naloxone administration for opioid overdoses.
- d. Funding the purchase of Sciex instrumentation to allow advanced analysis of toxicology specimens and wastewater to detect novel psychoactive substances that may be contributing to overdose deaths in Alabama.

Responsible State Agencies:

Alabama Department of Mental Health
 Alabama Department of Public Health
 Alabama Department of Forensic Sciences

C. Priority 3. Develop a state-level Recovery Friendly/Supportive Workplace Toolkit for Alabama.

- a. Funding to develop and educate/train employers on recruiting and retaining workforce, workplace supports to promote mental wellbeing, prevent/reduce burnout, pregnant and postpartum women - and adopt strategies that improve organizational culture.
- b. Funding to develop educate/train incumbent workers, dislocated workers, and other special populations who have behavioral health challenges for workplaces.
- c. Funding to develop educate/train interested people for the behavioral health field, including on the potential use of student aid forgiveness and additional incentive programs.
- d. Funding of an Addiction Medicine Fellowship position at UAB with coverage of position at University of South Alabama (USA).
- e. Funding of the ongoing development of the web-based ALAHOPE prescribing and dispensing curriculum which trains healthcare professionals to avoid over-prescribing and dispensing of opioids as well as how to recognize and address substance use disorders.

Responsible State Agencies:

Alabama Department of Mental Health
 Alabama Department of Labor
 Alabama Department of Public Health
 Alabama Department of Human Resources

D. Priority 4. Expand our State’s Central Data Repository (CDR).

- a. Funding to continue to collect state-level data on a regular basis with a dedicated team.
- b. Continue utilizing the existing CDR which provides a comprehensive hub for data, which is useful in assessing the many efforts by state agencies and local communities in the fight to end the opioid crisis.
- c. Funding for improvements at the partner-level to support accurate and timely data-sharing across the state.

Responsible State Agency:

Alabama Department of Mental Health

E. Priority 5. Support culturally appropriate services/programs that address health disparities in prevention services and in treatment for persons with OUD and mental health disorders, including programs for vulnerable populations (i.e., homeless, youth in foster care, etc.), incarcerated individuals, citizens of racial, ethnic, geographic, and socio-economic differences, and ensure that all Alabamians have access to prevention and treatment, and recovery support services for OUD that meet their needs.

- a. Funding to address the disparities that may exist within some systems and services to ensure social determinants of health are addressed and increase messaging that behavioral health is equal to physical healthcare which are pivotal to the health and well-being of individuals within the State of Alabama.
- b. Funding for the continuation of the Stop Judging Start Healing Stigma statewide campaign to reduce stigma, train workforce to ensure the necessary culturally relevant competencies that supports a person with OUD.

Responsible State Agencies:

Alabama Department of Mental Health

Alabama Department of Public Health

Alabama Department of Corrections

Alabama Bureau of Pardons and Paroles

Alabama Department of Human Resources

F. Priority 6. Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system.

- a. Funding to expand the current Connect Alabama APP to developing a section to enhance the ability of the court system and law enforcement to ensure participants are meeting curfew, not visiting prohibited venues, attending scheduled treatment appointments, and attending any other required meetings. The APP would also assist the person with OUD in keeping track of their scheduled treatment appointments, recording attendance at required meetings, and reminding of court dates and check-ins with probation officers.

Responsible State Agencies:

Alabama Department of Mental Health
Administrative Office of Courts
Alabama Department of Corrections
Alabama Bureau of Pardons and Paroles

G. Priority 7. Implementation of a best practice toolkit among hospitals for treatment of pregnant women with OUD.

- a. Fund the cost and implementation of Alliance for Innovation on Maternal Health (AIM) safety bundle focused on disseminating best practices and resources on treating and working with mothers with opioid use disorder throughout the family's perinatal journey.

Responsible State Agencies:

Alabama Department of Mental Health
Alabama Department of Public Health
Alabama Department of Economic and Community Affairs

H. Priority 8. Support and promote Alabama's Prescription Drug Monitoring Program (PDMP) that enables healthcare providers to review and individual's-controlled substance prescription history prior to writing an opioid prescription.

- a. Fund the annual cost of PDMP administration, including an enhancements/improvements and additional staff as needed.

Responsible State Agency:

Alabama Department of Public Health.

Appendix A: Subcommittee Reports

A. Community Engagement and Outreach

The Community Engagement and Outreach sub-committee believes achieving optimal health is the cornerstone of opioid use prevention, treatment, and recovery. Addressing the disparities that exist within systems and services are pivotal to the health and well-being of individuals within the State of Alabama. As a result, the Community Engagement and Outreach sub-committee has accomplished the following:

- Researched and identified various health disparity and healthy equity resources
- Established a framework for capturing information in a user-friendly format
- Currently exploring graphics to visually demonstrate narrative
- Health Equity Guide Preliminary Draft

B. Data

The Data sub-committee has expanded the kinds of data available and increased the timeliness of reporting for other data sets. Importantly, a review of health service utilization in treatment of substance use disorder and opioid use disorder was launched November 2022 and provided through the state's two largest healthcare payers: Alabama Medicaid Agency, and Blue Cross Blue Shield of Alabama. Additionally, we have added a data panel showcasing opioid exposure provided by the Alabama Poison Information Center. To ensure continued operation of this program, a Bureau of Justice grant has been secured to support this work through FY2024.

The sub-committee has added several new partners providing data and expertise to help us describe the impact of opioids across the state. They include:

- Drug Enforcement Agency's Birmingham field office
- Gulf Coast High Intensity Drug Trafficking Areas
- Alabama Poison Information Center
- Blue Cross Blue Shield of Alabama
- Alabama Administrative Office of Courts

The most comprehensive collection of statewide opioid data is presented through an online dashboard (druguse.alabama.gov). Through this site, stakeholders have shared data relating to drug arrests for opioid crimes, healthcare treatment services for those with opioid use disorder, overdose events (including EMS, ED, and deaths), and opioid prescriptions.

C. Law Enforcement

In order to reverse opioid overdoses, the Law Enforcement sub-committee spent a considerable amount of time training law enforcement officers to carry and use Naloxone. Thanks to these efforts, more than 5502 units were distributed to law enforcement between January 1, 2022, and October 31, 2022.

Further, every officer from the Bureau of Pardons and Paroles is trained and certified to carry Naloxone. Four hundred and eight units were distributed to Bureau officers.

The sub-committee also assisted the Rescue sub-committee with passage of SB 168. More information can be found in the Rescue sub-committee's report below.

The sub-committee's goal for FY 2023 is to help advertise the Connect Alabama APP to law enforcement, so officers have a referral tool for those in crisis.

D. Prescribers and Dispensers

In 2022, the Prescribers and Dispensers sub-committee continued work on the pain and substance use curriculum, ALAHOPE: Alabama Health Professionals Opioid and Pain Management Education Course. As of November 30, 2022, 18 of 22 lectures in the Substance Use unit are in progress. Once the Substance Use unit is complete, work will begin on the lectures proposed for the Pain unit. The curriculum will be housed on a unique site driven by the Auburn University Harrison College of Pharmacy learning management system. A multidisciplinary continuing education credit will be available for the curriculum and will be conferred by the Auburn University Harrison College of Pharmacy. The website is expected to go live in late fourth calendar quarter of 2022 or early first calendar quarter of 2023.

The Prescribers and Dispensers sub-committee expects to continue working on the curriculum content and completing the project in 2023. The sub-committee will work on setting future goals once the curriculum content is complete and deployed to health professions training programs in Alabama.

E. Rescue

As of October 31, 2022, 14,720 kits or 29,440 doses of Naloxone were distributed free of charge by the Rescue sub-committee and other partners such as Jefferson County Department of Health, Alabama Department of Mental Health (ADMH) and University of Alabama, Project Freedom.

The Rescue sub-committee, along with the Law Enforcement sub-committee, recommended removal of fentanyl test strips from the list of illegal drug paraphernalia in Alabama state law. This allows individuals suffering from opioid use disorder to test substances for the presence of fentanyl. This was a pressing need because of a recent dramatic increase in fentanyl overdose deaths among people who were using other drugs without knowing they were laced with fentanyl. Previous studies had shown that individuals who are able to use test strips detect the presence of fentanyl contamination will alter their drug use based on this information.

In partnership with the Council and the Alabama Legislature, SB 168 was successfully signed into law and went into effect July 1, 2022. Upon the removal of fentanyl test strips from the list of illegal drug paraphernalia, the Jefferson County Department of Health launched an online fentanyl test strip training video and request system. This allows Alabamians to obtain test strips free of charge via mail.

As of October 31, 2022, a total of 3180 fentanyl test strips were mailed to Alabama recipients via this on-line system. (636 mail-outs of five strips each).

F. Treatment and Recovery

The overall goal of the Treatment and Recovery Support sub-committee is to expand the quality and availability of evidenced-based treatment for persons with opioid use disorders.

The sub-committee has worked on strategies around increasing the number of drug courts who allow the use of medication assisted treatment (MAT). In conjunction with the Law Enforcement Committee, two speakers presented on MAT at the Alabama Court Referral conference. Topics presented were “Justice, Corrections and Medicine Building Collaboration Across Systems” and Cultivating Law and Medicine Partnerships to Support Justice Involved Individuals with Substance Use Disorders.” Upcoming work will include completing initial surveys to drugs courts and to providers of treatment services to establish how many courts now allow MAT and how many providers have an officially established relationship with drug courts.

As noted in the executive summary, ADMH partnered with the Agency for Substance Abuse Prevention (ASAP) in implementing a Faith Based Support Specialist Program (FBSS). The FBSS Program is a certification designed to equip faith-based leaders with the tools to assist individuals who are affected by substances. Three trainings have been held since the beginning of the year with over 80 individuals trained. One more training is scheduled for this year and four for FY23.

The 24/7 helpline, which is operated by R.O.S.S., continues to grow and add staff so all calls can be answered. They are currently receiving over 9,500 call per year. Oxford House, an evidenced-based model of recovery housing, is a self-run, self-supported recovery housing model, served 948 residents during the current time frame and has a total of 47 houses, with 12 opening in 2022. The current capacity for all Oxford Houses is 350 residents. The Alabama Alliance for Recovery Residences (AARR), which is the Alabama Chapter for the National Alliance for Recovery Residences, certified 8 new homes during FY22.

G. Workforce

The Workforce sub-committee believes good health is vital for workplace productivity, workforce retention, and healthier local economies. Our goal is to develop strategies that promote a healthy workplace for people with substance use disorders as well as mental illness. To that end, our committee continues to:

- Develop workplace resources to support a culture of health for employers and employees;
- Survey Alabama workforce on their attitudes and beliefs about their workplaces, benefits, and behavioral health needs; and
- Increase public understanding that behavioral health is an integral component

of health through its ‘Stop Judging, Start Healing’ campaign to address stigma.

H. Maternal Child Health/Substance Use

The Maternal Child Health and Substance Use sub-committee has four workgroups.

1. The Protocols workgroup focuses on examining and making recommendations of best practices to improve engagement in prenatal care/substance use treatment as well as ensuring in-utero substance exposure is an automatic eligibility for early intervention services. Our goal of disseminating best practices for protocol includes incorporating SBIRT and depression screening into care, disseminating best practices for screening for Neonatal Opioid Withdraw Syndrome, and improving data collection and reporting strategies for Neonatal Opioid Withdraw Syndrome.
2. The Treatment and Recovery workgroup focuses on establishing standards of care at various points of entry for mother and infant. Currently, the Alabama Perinatal Quality Collaborative helps disseminate best practices for care for Neonatal Opioid Withdraw Syndrome; however, the workgroup is hoping to get funding to expand their focus to include best practices for care of mothers at point of delivery. As well, the workgroup is working on gathering and analyzing data around obstetric care providers who can prescribe medications for opioid use disorder.
3. The Education workgroup has been working closely with VitAL to create portions of the Connect Alabama App aimed at mothers and pregnant women. We have also been working with VitAL Alabama to include maternal and infant health information to their Project Freedom training for law enforcement and other first responders.
4. The Policy workgroup has outlined priorities for the 2023 General Session that would affect women with substance use disorder. We are currently working with the Law Enforcement sub-committee to finalize details to ensure best practices within Alabama systems.

Appendix B: Alabama Opioid Overdose and Addiction Council Members

Kimberly Boswell, Co-Chair	Commissioner, Alabama Department of Mental Health
Scott Harris, MD, MPH, Co-Chair	State Health Officer, Alabama Department of Public Health
Steve Marshall, Co-Chair	Alabama Attorney General, Office of the Attorney General
Kathy House, Facilitator	Alabama Department of Mental Health
Mark H. LeQuire, MD	Alabama Board of Medical Examiners
David Herrick, MD	Medical Association of the State of Alabama
Susan Alverson, Pharm.D.	Alabama Board of Pharmacy
Zack Studstill, DMD	Alabama Dental Association
Blake Strickland	Alabama Board of Dental Examiners
Marilyn Lewis, Ed. D.	Alabama State Department of Education
Nancy Buckner	Alabama Department of Human Resources
Steven Dozier	Insurance Consumer Services Division
William M. Babington	Alabama Department of Economic and Community Affairs
Kelli Littlejohn Newman	Alabama Medicaid Agency
Rich Hobson	Alabama Administrative Office of Courts
Darrell Morgan	Alabama Bureau of Pardons and Paroles
Hal Taylor	Alabama Law Enforcement Agency
John Hamm	Alabama Department of Corrections
Ann Slattery, Pharm.D.	Alabama Regional Poison Control Center
Barry Matson	Alabama Drug Abuse Task Force
Susan Staats-Combs, M.Ed.	Alabama Methadone Treatment Association (ALMTA)
Mark Wilson, MD	Jefferson County Department of Health
Brian McVeigh	Alabama District Attorney's Association
Neil Rafferty	Alabama House of Representatives
Gwen Meadows	Alabama House of Representatives
Billy Beasley	Alabama State Senate
Jim McClendon	Alabama State Senate
Mark Litvine	Recovery Organization of Support Specialists (ROSS)
Julie Ray	Recovery Organization of Support Specialists (ROSS)
Shereda Finch	Council on Substance Abuse (COSA)
Laura Corley	Council on Substance Abuse (COSA)
David L. Albright, PhD, MSW	University of Alabama, School of Social
Fitzgerald Washington	Alabama Department of Labor
Stephen Smith	Alabama Department of Labor
Ed Castile	Alabama Industrial Development Training (AIDT)
Jacqueline Allen	Alabama Industrial Development Training (AIDT)
Louise F. Jones	Alabama Pharmacy Association
Brent Boyett, DO	Boyett Health Services
Michael Catenacci, MD	Blue Cross Blue Shield of Alabama
Darlene Traffanstedt, MD	Jefferson County Department of Health
Bobby Lewis, MD	American College of Emergency Physicians, Alabama Chapter
Boyde J. Harrison, MD	Alabama Academy of Family Physicians

Christopher Jahraus, MD

Michael Humber

Nick Moore

Nancy Bishop

Nicole Walden

Matt Hart

Donna Oates

Beverly Johnson

Honour McDaniel

Suzanne Muir

American Society of Radiation Oncology, Alabama
Chapter

University of Alabama at Birmingham Hospital,

Alabama Association of Nurses

Governor's Office of Education and Workforce
Transformation

Alabama Department of Public Health

Alabama Department of Mental Health

Alabama Board of Medical Examiners

Alabama Administrative Office of Courts

Alabama Department of Mental Health

March of Dimes

University of Alabama at Birmingham

Appendix C: Alabama Opioid Overdose and Addiction Council Subcommittees

Community Engagement and Outreach

Beverly Johnson, Chair	Alabama Department of Mental Health
Dr. David L. Albright, Co-Chair	University of Alabama, School of Social Work
Kathy House, Facilitator	Alabama Department of Mental Health
Shereda Finch	Council on Substance Abuse (COSA)
Brandon Folk	Alabama Department of Mental Health
Shaundalyn Johnson	Alabama State Department of Education
Marilyn Lewis	Alabama State Department of Education
Stephanie Logan	Alabama Medicaid Agency
Vandlynn Pierre	Drug Education Council
Neil Rafferty	Representative, District 54
Susan Short	Covington County Children's Policy Council
Kimberly Terrell	University of Alabama
Tom Warner, LTC	Counterdrug Program
Candi Williams	American Association of Retired Persons
Wanda Williams	Alabama Medicaid Agency
Carie Wimberly	Addiction Prevention Coalition
Anna Harris	Rural Addiction Prevention

Data

Nicole Walden, Chair	Alabama Department of Mental Health
Nancy Bishop, Co-Chair	Alabama Department of Public Health
Kathy House, Facilitator	Alabama Department of Mental Health
Christopher Sellers	Alabama Department of Mental Health
Blake Thomas	Alabama Board of Pardons and Paroles
Erin Shonsey	Alabama Department of Forensic Sciences
Jan Casteel	Alabama Department of Human Resources
David Tytell	Alabama Department of Corrections
Clay Crenshaw	Office of the Attorney General
Rich Hobson	Alabama Administrative Office of Courts
Gary Parker	Alabama Medicaid Agency
Ann Slattery	Alabama Poison Information Center
Rosemary Blackmon	Alabama Hospital Association
Maury Mitchell	Alabama Law Enforcement Agency
Hannah Brasher	Blue Cross Blue Shield of Alabama
Darlene Traffanstedt, MD	Jefferson County Department of Health
Susan Staats Combs	Alabama Methadone Treatment Association (ALMTA)
Andrea Miles	Drug Enforcement Agency, Birmingham Office
Dr. David L. Albright	University of Alabama, School of Social Work

Law Enforcement

Darrell Morgan, Chair
Donna Oates, Co-Chair
Kathy House, Facilitator
Brian Forster
Richard Hobson
Dr. David Herrick
Christopher Sellers
Barry Matson
Dr. Ed Kern
Michael Dean
John Venegoni
Derrick Cunningham
Gayle Atchison
Cedric Leonard
Jason Jinkins
Sean Malloy
Brian Dixon

Alabama Bureau of Pardons and Paroles
Administrative Office of Courts
Alabama Department of Mental Health
Alabama Department of Economic and Community Affairs
Alabama Administrative Office of Courts
Pain Management Physician
Alabama Department of Mental Health
Alabama Office of Prosecution Services
Alabama Department of Corrections
Attorney General Office – State of Alabama
Alabama Law Enforcement Agency SBI
Montgomery County Sherriff Office
Montgomery County Sherriff Office
Shelby County District Attorney Office
Southern Immediate Care
Alabama State Board of Pharmacy
Gulf Coast High Intensity Drug Trafficking Area

Prescribers/Dispensers

Darlene Traffanstedt, MD, Chair
Matt Hart, Co-Chair
Kathy House, Facilitator
Abby Migliore
Andrew Edwards

Ann Slattery
Ashely Williams
Billy Beasley
Blake Strickland
Brent Boyett
Brent Fox
Cameron McEwen
Carla Kruger
Carter English
Christie Shelton

Christopher Jahraus
Christopher Sellers
Clay Simmons
Crystal James
Dale O'Banion
David Herrick
Donna Yeatman
Edwin Rogers

Jefferson County Department of Health
Alabama Board of Medical Examiners
Alabama Department of Mental Health
Alabama Board of Nursing
University of Alabama at Birmingham, Department
of Emergency Medicine
Children's of Alabama, Poison Control Center
Alabama Board of Optometry
Alabama Senate
Board of Dental Examiners of Alabama
Boyett Health
Auburn University, Harrison School of Pharmacy
Alabama Board of Podiatry
Alabama Board of Medical Examiners
Alabama Department of Mental Health
Jackson State University, School of Health
Professions
Radiation Oncology/Shelby Baptist Medical Center
Alabama Department of Mental Health
Bradford Health Services
Tuskegee University
Alabama State Board of Veterinary Medical Exam.
Pain Management Physician
Alabama Board of Pharmacy
Alabama Board of Medical Examiners

Elaine Beech	Statewide Health Coordinating Council
Elizabeth Steele	University of Alabama at Birmingham, School of Optometry
Ellen Robertson	University of Alabama, School of Social Work
Gary Hill	Edward Via College of Osteopathic Medicine
Haley Phillipe	Auburn University, Harrison College of Pharmacy
Heather Martin	University of Alabama at Birmingham, School of Health Professions
Helen Coronel	University of North Alabama, School of Nursing
Jamey Durham	Alabama Department of Public Health
Jean Leuner	Auburn University at Montgomery, College of Nursing and Health Sciences
Jerry Harrison, MD	Alabama Academy of Family Physicians
Jessica Jackson	Statewide Health Coordinating Council
Jill Cunningham	Samford University School of Nursing
Jim McClendon	Alabama Senate
John Rogers	Alabama Department of Economic & Community Affairs
Kathy Bydalek	University of South Alabama Health Sciences
Kelli Littlejohn-Newman	Alabama Medicaid Agency
Kevin Leon	University of Alabama at Birmingham, School of Medicine
Lacy Smith	Cahaba Family Medicine Residency Program
Lauren Walter	University of Alabama at Birmingham, Department of Emergency Medicine
Leanda Livesey	Tuskegee University, College of Veterinary Med.
Louise Jones	Alabama Pharmacy Association
Louise C. O'Keefe	University of Alabama in Huntsville, School of Nursing
Mark Mellwain	Board of Dental Examiners of Alabama
Melanie Baucom	University of Alabama at Birmingham, School of Nursing
Missy Mason	Troy University School of Nursing
Monika Wedgeworth	University of Alabama, Capstone College of Nursing
Morissa Ladinsky	University of Alabama at Birmingham, Department of Pediatrics
Nancy Bishop	Alabama Department Public Health
Nico Geurs	University of Alabama at Birmingham, School of Dentistry
Paul M. Harrelson	Samford University
Peggy Benson	Alabama Board of Nursing
Phillip Steele	University of Alabama at Birmingham, Physician Assistant Studies Program
R. Wayne Parker	Alabama College of Osteopathic Medicine

Richard Beverly	Blue Cross Blue Shield of Alabama
Roger Lander	Samford, McWhorter School of Pharmacy
Salisa C. Westrick	Auburn University, Harrison College of Pharmacy
Scott Nickerson	Alabama Board of Nursing
Starr Miller	Auburn University, College of Veterinary Medicine
Stefan Kertesz	University of Alabama at Birmingham, School of Medicine
Stephanie McGilvray	University of South Alabama, Department of Physician Assistant Studies
Stephanie Wynn	Samford University, School of Nursing
Sue Duran	Auburn University, College of Veterinary Medicine
Sue Feldman	University of Alabama at Birmingham, School of Health Professions
Susan Alverson	Alabama Board of Pharmacy
TJ Hundley	University of South Alabama, College of Medicine
Tammy Morrow	Jackson State University, School of Health Professions
Thomas Branch	Alabama State Board of Veterinary Medical Examiner
Tosi Gilford	University of Alabama at Birmingham, Physician Assistant Studies Program
Valerie Prince	Samford McWhorter School of Pharmacy

Rescue

Mark Wilson, MD, Chair	Jefferson County Department of Health
Darlene Traffanstedt, MD, Co-Chair	Jefferson County Department of Health
Kathy House, Facilitator	Alabama Department of Mental Health
Bret Eddins	Synergy Laboratories
Carter English	Alabama Department of Mental Health
Sarah Estopinal	Jefferson County Department of Health
Wendi Hogue	Project Freedom, University of Alabama
Louise Jones	Alabama Pharmacy Association
Tawanna Morton	Crossroads to Intervention
John Rogers	Alabama Department of Economic and Community Affairs
Christopher Sellers	Alabama Department of Mental Health
Bobbi Jo Taylor	University of Alabama at Birmingham Psychiatry Community Justice Programs
Nicole Walden	Alabama Department of Mental Health
Vicki Walker	Alabama Department of Public Health
Donna Yeatman	Alabama Board of Pharmacy

Treatment and Recovery Support

Denice Morris, Chair	Alabama Department of Mental Health
Shanna McIntosh Co-Chair	University of Alabama, VitAL
Kathy House, Facilitator	Alabama Department of Mental of Mental Health
Clay Simmons	Bradford Health Services
Pamela Butler	Consumer
Luciana Coleman	Alabama Department of Mental Health
Shannon Roberts	Not One More
Mark Litvine	Recovery Organization of Support Specialists (ROSS)
Morissa Ladinsky	University of Alabama Birmingham
Patty Sykstus	Not One More
Debbi Metzger	Alabama Department of Mental Health
Susan Staats-Combs	Alabama Methadone Treatment Association (ALMTA)
April Turner	Alabama Department of Rehabilitation
Christopher Sellers	Alabama Department of Mental Health
Lisa Bright	The Will Bright Foundation
Richetta Muse	Alabama Department of Mental Health
Stuart Hoyle	Alabama Department of Public Health
Curt Lindley	Alabama Alliance for Recovery Residences
Donna Oates	Administrative Office of Courts
Haley Beason	Alabama Alliance for Recovery Residences
Kristen Otts	Recovery Organization of Support Specialists (ROSS)
Rachel Puckett	The Healing Network

Workforce

Dr. David L. Albright, Chair	University of Alabama, School of Social Work
Jacqueline Allen, Co-Chair	Alabama Industrial Development and Training
Stephen Smith, Co-Chair	Alabama Department of Labor
Kathy House, Facilitator	Alabama Department of Mental Health
Aubin Cawthon	Recovery Organization of Support Specialists (ROSS)
Whit Freeman	Recovery Organization of Support Specialist (ROSS)
Virginia Guy	Drug Education Council
Mary Kate Hillis	Office of the Governor
Jimmy Lester	Alabama Department of Commerce
Faye Nelson	Alabama Department of Human Resources
Jane Bartlett Nenstiel	Drug Education Council
Lorilei Sanders	Alabama Department of Commerce
Ted Sexton	Phoenix House
Susan Staats-Combs	Shelby County Treatment Center
Mickey Trimm	Kolbe Clinic
Valerie Trull	University of Alabama, VitAL Alabama
Rachel Whiteley	People Engagement in Recovery (PEIR)

Maternal Child Health/Substance Use

Honour McDaniel, Chair	March of Dimes
Morissa Ladinsky, Co-Chair	University of Alabama at Birmingham
Kathy House, Facilitator	Alabama Department of Mental Health
Carolyn M Webster, MD	University of Alabama at Birmingham
Laura Thompson	North Alabama Community Care
Emma Roth	Advocates for Pregnant Women
Taisha Watkins	IMPACT Family Counseling
LaCrecia Day	IMPACT Family Counseling
Darlene Traffanstedt, MD	Jefferson County Department of Health
Andrew Wesley Stubblefield	Alabama Department of Health
Khalilah Brown, MD	Jefferson County Department of Health
Dana Sussman	Advocates for Pregnant Women
Cathy Nichols	Alabama Department of Public Health
Lindsey Bender	Alethia House
Samantha Goldfarb	University of Alabama at Birmingham
Candace Rachel	Jefferson County Department of Health
John Bayles	Recovery Resource Center
Casey Wylie	My Care Alabama
Beniria White	Addiction Prevention Coalition
Yvette Burt	Jefferson County Department of Health
Stacy Copeland	My Care Alabama
Brooke Whitfield	Alabama Department of Mental Health
Shajuane Jones	SafeCare
Myriam Peralta-Carcelen	University of Alabama at Birmingham
Ginnie Prater	Blue Cross Blue Shield of Alabama
Leslie Moon	University of Alabama at Birmingham
Becky Bevis	Alabama Department of Human Resources
Brian Brocato	Alabama Perinatal Quality Collaborative
Hannah Stone	University of Alabama at Birmingham
Jessica Letson	United Ability/Hand in Hand
Bakeba Raines	Alabama Medicaid Agency
Nancy Gardner	United Ability/Hand in Hand
Dr. Travis Houser	Alabama Medicaid Agency
Lindsay Harris	Maternal Mortality Review Committee
Catherine Lavender	University of Alabama
Shanika Webb	Recovery Organization of Support Specialists (ROSS)
Rosemary Blackmon	Alabama Hospital Association
Shaneka Walker	People Engagement in Recovery (PEIR)
Robin Carmack	Alabama Care Network - Southeast
Whitney Krutulis	Alabama Care Network, Mid-State

Nicole Hall
Carolyn Miller
Jennifer Key
Sheri Burdell
Linda Lee
Lori Chandler
Holly Horan
Chauntel Norris
Ashley Lovell
Britta Cedergren
Amie Martin
Trip Carpenter

University of Alabama, VitAL Alabama
Alabama Department of Public Health
Decatur Morgan Hospital
Alabama Care Network - Southeast
American Academy of Pediatrics
Eastern OBGYN
University of Alabama
Alabama Prison Birth Project
Alabama Prison Birth Project
Alabama Perinatal Quality Collaborative
University of Alabama, VitAL Alabama
National Advocates for Pregnant Women

Appendix D: References

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