



**2023**  
**Annual Report**  
**Alabama Opioid Overdose**  
**and Addiction Council**

December 31, 2023

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.

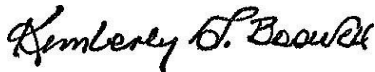
Addressing Alabama's opioid crisis requires active engagement of all stakeholders. The Council has continued to convene more than 100 experts, stakeholders, community members, those with lived experience and family members to move its initiatives forward. We are proud of the work conducted by members of the Council and its eight standing 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 see such generosity of time and expertise.

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

- Current view of the State's Opioid Crisis and recent trends
- Advancements in harm reduction measures and training
- Furtherance of evidence-based practices along the continuum of care in Alabama
- Standing Committee Reports

The message of the Substance Abuse and Mental Health Services Administration (SAMHSA), "*Behavioral health is an essential part of overall health in which prevention works, treatment is effective, and people recover,*" is taken to heart in all aspects of this report. 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. Thank you for the opportunity to serve in this important mission.

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 Members of the Opioid Council Standing Committees for their dedication, innovative ideas, and contributions to the Annual Report.

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## Executive Summary

The Alabama Opioid Overdose and Addiction Council was established in August 2017 by Governor Kay Ivey through Executive Order 708. The Governor charged the Council to develop a comprehensive and coordinated strategic plan to combat Alabama's opioid crisis and reduce the number of deaths and adverse consequences in the state.<sup>1</sup> The Executive Order also states the Council's purpose includes gathering and reviewing data characterizing the impact of the opioid crisis each year, which is included in this report.

Now in its sixth year, the Council and its eight standing committees continue its mission to survey, assess, and address the opioid crisis in Alabama. The committees include Data, Workforce, Law Enforcement, Maternal Substance Use and Child Health, Rescue, Prescribing and Dispensing, Treatment and Recovery, and Community Engagement.

The committees have formed recommendations for evidence-based practices as well as strategies for harm reduction, included in this report. The Council looks forward to continued collaboration with the Oversight Commission on Alabama Opioid Settlement Funds providing lawmakers with the information they need to make data-driven and impactful decisions, based on guidance found in the 2022 Alabama Opioid Overdose and Addiction Council Report to the Governor.

Collectively, this year's report includes the work of 300 providers, subject matter experts, State officials, State agency leadership, people with lived experiences, industry leaders, and medical professionals from across Alabama. While the opioid crisis continues to evolve into what is now being considered a fourth wave of opioid related overdoses<sup>2</sup>, the Council and Standing Committees of the Opioid Council have remained committed to enlarging the state's efforts to fight the opioid crisis. Many strategies have been completed; new strategies have been developed, while other strategies require continued effort based on the state-wide commitment to harm reduction, decreasing overdoses, and improving access to care for those struggling with substance misuse. As a result of all these and continued efforts, lives have been saved.

While this report provides an extensive review of the state of the opioid crisis and this year's impact of the council, below are key highlights.

### **FY 2023 Council Highlights**

- **Training Modules for Medical Professionals:** With the June release of Alahope.org (Alabama Health Professionals Opioid and Pain Management Education Course), the Prescribers and Dispensers Committee made available intensive resources and training in the treatment of individuals with substance use disorder and chronic pain conditions to medical professionals. These modules, offered as curriculum, serve to equip medical personnel in responding to the critical and emergent needs of people struggling with substance use challenges, particularly those at risk of opioid misuse. Multidisciplinary continuing education credit is offered upon completion of the courses, including American Medical Association Category 1 Continuing Medical Education which meets the educational requirements for Drug Enforcement Agency registrants.

- **Anti-Stigma Campaigns and Conferences:** The Treatment and Recovery Committee, in partnership with VitAL, provided anti-stigma campaigns and conferences offering opportunities to build awareness of disparities and to decrease barriers from stigma. These were met with such a positive response from providers that additional conferences will continue into the next year with a greater focus on trauma-informed care.
- **Naloxone Kits & Fentanyl Test Strips:** Expansive efforts of the Rescue Committee resulted in widespread adoption of harm reduction services and the use of overdose reversal agents, particularly naloxone kits and fentanyl test strips. This year, kit distribution numbers and those trained in the administration of naloxone more than doubled from the previous year.
- **New Partnerships:** With the addition of new treatment providers, assessment services, and stronger alliances with faith-based support services, the Treatment and Recovery Committee made a broader impact in the unreached or hard to reach regions of the state.
- **Treatment in Jails and Prisons:** In a collaborative effort with the Law Enforcement and other Council committees, treatment services in prison and jail systems have expanded to include Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD) and other harm reduction measures, providing intensive evidenced based care to those with an opioid use disorder.
- **Increased Crisis Services:** Providers and citizens of Alabama now have increased access to care through additional Crisis Centers, Mobile Crisis Response teams, and the utilization of recovery support services through various warm lines and crisis hotlines statewide.
- **Connect Alabama App:** The Connect Alabama application, launched in 2022, has grown exponentially this year providing even more vital resources to our citizens struggling with substance use disorders. Additions to the application include immediate placement assessment linkage for substance use treatment, a direct link to receive free naloxone, education resources, and helplines for domestic violence, human trafficking, runaway safe lines, education, and training assistance.
- **Data Collection:** While we face marked challenges as new waves of opioid crisis were seen, we gained remarkable ground in the collection of data. The Data Committee added new surveillance measures to assess critical strategies, identifying points of crisis, collecting field data from emergency room encounters, and providing improved reporting in the Central Data Repository.
- **Screening Tools for Pregnant Women:** The Maternal and Child Health Committee worked to implement and utilize evidence-based screening tools for pregnant women. Providing timely assessment of needs serves a vital role in acquiring immediate care and legal protection where families are at risk for negative impact due of substance use, stigma, or lack of education regarding mental health needs.

## I. Current Perspectives on the Opioid Crisis in Alabama

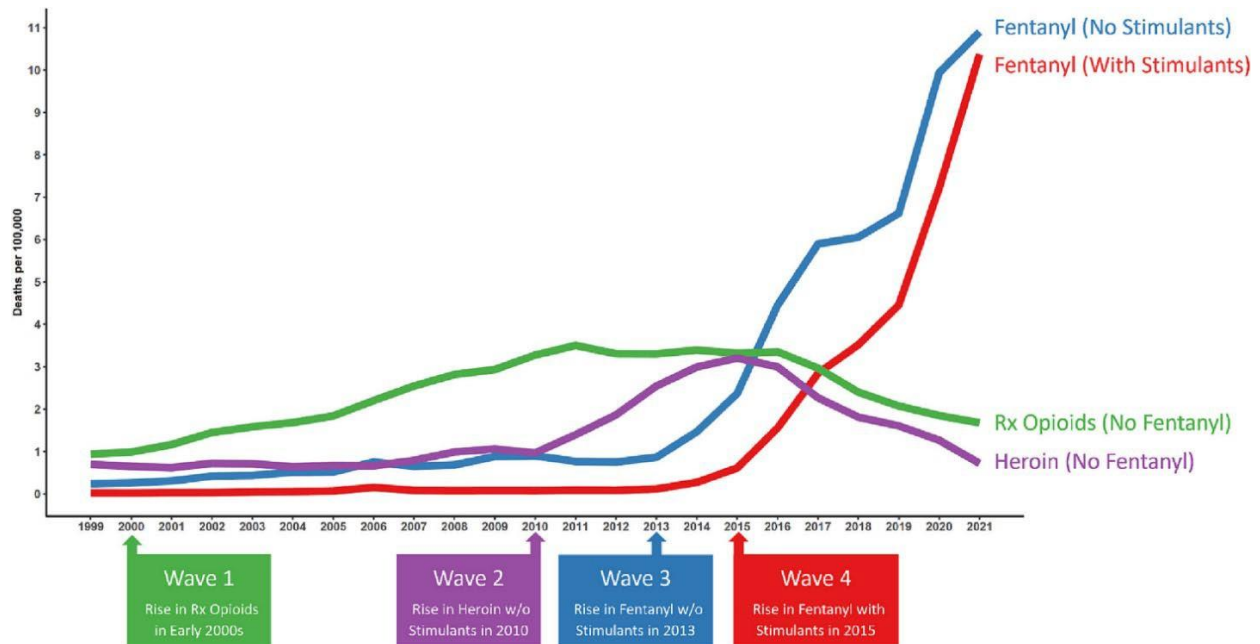
Since the creation of the Alabama Opioid Overdose and Addiction Council, the root cause of the crisis has shifted considerably from the over-prescribing of opioid medication to heroin, then fentanyl, and most recently to synthetic psychoactive substances or “street drugs” spiked with fentanyl. These shifts have resulted in surging overdose deaths.

According to the National Center for Drug Abuse Statistics, drug overdose deaths are up 30% year-over-year. Drug overdoses have been the cause of death for nearly a million people since 1999. The opioid epidemic is considered a public health emergency, with 136 deaths per day and climbing. Annually, over 10 million people misuse opioids. Fentanyl is now considered the deadliest opioid, causing almost half of all overdose deaths nationwide.

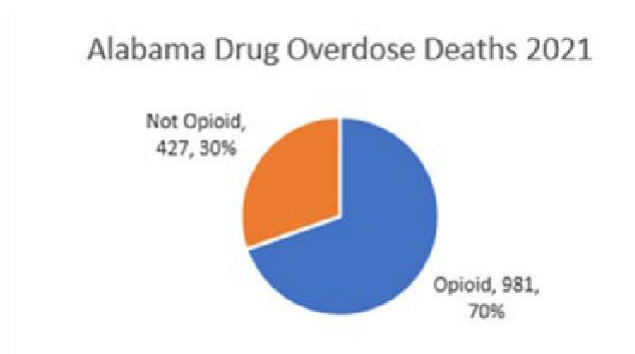
In 2021, the Centers for Disease Control and Prevention (CDC) reported the number of people who died from a drug overdose was more than six times the number reported in 1999, with overdose deaths rising to 80,411<sup>11</sup>.

- More than 75% of the reported overdose deaths nationwide involved an opioid (2021).
- Heroin-involved death rates decreased nearly 32% as synthetic opioid-involved death rates (excluding methadone) increased over 22% largely due to fentanyl (2021).
- Nearly 88% of opioid-involved overdose deaths include a synthetic opioid (2021).

The following chart illustrates the national impact of the four distinct trends of the everchanging opioid epidemic.



In 2021, the Alabama Department of Public Health (ADPH) reported 1,408 overdose deaths. Of those, 981 (or 70%) of those were opioid related. The remaining 427 (or 30%) were classified as overdose deaths but not opioid related<sup>14</sup>.



Nearly 49 million people in the U.S. ages 12 and older reported a substance use disorder, according to the 2022 SAMHSA National Survey on Drug Use and Health<sup>12</sup>. According to the report, over six million individuals surveyed stated they had an opioid use disorder. However, in the same year, 8.9 million people reported having misused opioids.

Currently, fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths claiming over 150 lives daily, nationwide.<sup>5</sup> Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine.<sup>4</sup> It is a major contributor to fatal and nonfatal overdoses in the U.S. The potency makes it a higher overdose risk than heroin and other prescription opioids. Pills manufactured to include fentanyl are difficult to distinguish from authentic prescription pills, creating a false sense of security among people using the pills, and making toxicology analysis complicated.

A lethal dose of fentanyl is two milligrams. The Drug Enforcement Agency (DEA) states that more than 59 million fentanyl-laced fake pills and more than 13,000 pounds of fentanyl powder were seized in 2022. These seizures are equivalent to 396 million lethal doses of fentanyl. Alabama has experienced an alarming increase in the number of fentanyl-related overdose deaths in recent years from 121 in 2018, to 193 in 2019, and to 428 in 2020. Preliminary numbers show 830 Alabama resident deaths in 2021 and 835 deaths in 2022 related to this powerful drug.<sup>6</sup>

The presence of fentanyl in Alabama continues to be a challenge, especially with recent trends of the drug being mixed with polysubstance chemicals of misuse such as methamphetamine. According to the 2022 Gulf Coast High Intensity Drug Trafficking Area (HIDTA) Treatment Assessment Survey, methamphetamine and fentanyl are almost tied as being the drugs with the greatest threat in Alabama. Heroin is second, followed by controlled prescription drugs, marijuana, cocaine, and new psychoactive drugs. In 2021, fentanyl and other opioids became the greatest drug as reported by law enforcement, outranking methamphetamine by only 3%<sup>13</sup>.



The Alabama Law Enforcement Agency (ALEA) and the Alabama Drug Enforcement Task Force seized more than one million grams of illegal substances in 2023, with 1% noted as opioids and fentanyl. By volume, well over half of the seizures were marijuana. Other major sources of illegal substances were cocaine and methamphetamines.

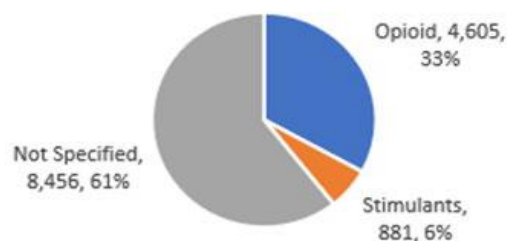
A growing focus of concern is children – both babies exposed to drugs prenatally, and children living in homes with parents who misuse substances. Children exposed to a parent’s substance misuse or in homes of parents with substance use disorders (SUD) are at increased risks to experience educational delays, inadequate medical and dental care, mental and behavioral problems - including SUDs. In this study, it is reported almost a quarter of children with mothers who have an identified SUDs do not receive routine child health maintenance services in their first two years of life.

Parental drug abuse in Alabama and its effects on children is a serious problem. In FY2022, the Alabama Department of Human Resources reported that 44.29% of admitted foster care cases cited parental substance use as a reason for entry. This is almost double the second leading reason for entry, which is neglect at 22.32%. Undoubtedly, SUD is the number one driver of foster care cases in Alabama, resulting in family separation, complex trauma, and tremendous risks for the children involved.

Nationally, nonfatal opioid overdoses have increased over the past year (June 2022-June 2023) by a margin of 1%, based on emergency department visit rates - fueled by fentanyl contamination of other illicit substances. For this same period, Alabama has seen a 9% increase at this rate with suspected opioid overdoses, a significant increase.<sup>7</sup>

- Walker County has the 3<sup>rd</sup> highest rate of nonfatal opioid overdoses in the country, with the 5<sup>th</sup> highest percent increase in the country as of 2022.<sup>8</sup>
- The last reported drug overdose mortality for Alabama according to the National Center for Health Statistics in 2021 is 1,408 persons, a rate of 30.1 per 100,000 individuals.
- Drug overdose emergency department admissions increased from 12,440 in 2019, to 13,927 in 2020.
- There were 4,669 EMS calls to probable drug overdose victims in the first six months of 2022.
- The Alabama 2022 Emergency Room visit drug overdose data accounted for 4,605 (or 33%) Opioid overdoses, 881 (or 6%) Stimulant overdoses and 8,456 (or 61%) of the reported drug overdoses were not specified<sup>15</sup>.

Alabama ER Drug Overdoses 2022



In Alabama, the rates of drug overdose in several counties have increased with respect to emergency medical services calls. While not as populous as metropolitan counties, Coffee and Winston counties experienced 50% and 19% increases in rates of drug overdoses respectively. More populous counties with marked increases include Jefferson, Montgomery, Elmore, and Chilton.

While experiencing a decline since last year, Walker County continues to have the highest rates of drug overdoses in the state. Many counties report encouraging decreases in drug overdoses - most notably in Talladega, Pike, Bibb, Lauderdale, Marshall, and Marion.

While fentanyl is at the heart of the latest wave of the opioid crises, many have died from the use of legal opioids used for medical purposes such as oxycodone and hydrocodone. Alabama garnered much negative attention early in the opioid epidemic for the overprescribing of high-powered prescription opioids, topping the nation with a rate of 143.8 prescriptions per 100 people, in 2012. While Alabama continues to have one of the highest per capita in opioid dispensing rates in nation, the dispensing rate has fallen to 80.4 opioid prescriptions per 100 persons in 2020. The national rate in 2020 was reported to be 43.3 prescription per 100 people.

Based on data from the Alabama Prescription Drug Monitory Program, Alabama has seen a 19% reduction in overall opioid prescriptions from 2015 to 2022<sup>16</sup>, a 30% reduction in quantity of opioids dispensed, and a 41% reduction in the morphine milligram equivalents (MMEs) of opioids dispensed in Alabama.

Thanks, in part, to the work of the ADPH and the Council's Prescribing and Dispensing Committee, these rates have declined significantly over the last eight years. Physicians and medical personnel have received support and training in the safe and effective use of opioid medication, and the essential uses of evidence-based treatment for substance use disorders; enhanced use of the Prescription Drug Monitoring Program; and broader coalitions have been formed with providers to learn more about alternative pain management options.

## **II. Statewide Commitment to the Reduction of Harm**

Through evidence-based prevention, treatment and recovery strategies, Alabama is at work and saving lives. Communities have grown in awareness and resources are increasingly offered to our citizens, thanks to raised priorities and funding. Agencies, community leaders, and organizations have created frameworks of support that mirror, meet, and surpass models being implemented across the country. We have moved from a crisis framework to a response approach based on solutions that meet the needs of individuals but impact the entire systems of care.

### **Expanding 24/7 Access to Care**

Alabama's Crisis System of Care has become a critical entry point for citizens and families in need of help. Thus, many people with SUD or opioid use disorder (OUD) begin their treatment journey through crisis services.

- Since its launch in July 2022 to October 2023, Alabama’s 988 Suicide and Crisis Lifeline has received 61,032 contacts<sup>17</sup>.
- The number of individuals with a presenting symptom of a substance use disorder, seen at Crisis Centers from January 2022-November 2023 was 2404.
- From January to November 2023, Alabama’s five Crisis Centers served more than 4,980 people. The Crisis Centers have diverted 3,881 people from emergency departments and 845 from jail<sup>17</sup>.

Alabama’s Crisis Centers have become a key aspect in the intervention and treatment of individuals with SUD and OUD. They are equipped to provide detox services, as well as the induction of MAT if appropriate. Most importantly, Crisis Centers can now refer individuals to the best level of continued treatment according to their needs.

### **Distribution of Narcan, Fentanyl Test Strips, and other Opioid Reversal Agents**

A commitment to reduction to harm, care and life is evident in the descriptions of The Council’s and Standing Committees collaborative work, outlined below. The primary focus of the Rescue Committee, in partnership with Alabama Department of Mental Health and the Alabama Department of Public Health (ADPH), was the distribution of Narcan, fentanyl test strips, and other opioid overdose reversal agents across the state. With funding provided by federal grants such as SAMHSA’s State Opioid Response funds – now in its fourth year, and CARA/FREEDOM/First responders grant, ADMH provided over 51,000 naloxone kits to be distributed to first responders, school resource officers, on college campuses, at community events, and to citizens in our communities. Project Freedom (North and South) distributed 3,192 kits to First Responders, training 1,367 emergency response personnel in the administration of naloxone.

Additionally, ADMH distributed kits to the Department of Corrections, The Alabama School of Alcohol and other Drug Studies Conference, schools, local law enforcement, and at community events. The numbers and sources of naloxone distribution through September 2023 are reflected below:

- 1,596 to Jefferson County Department of Health
- 13,481 distributed to local governments, law enforcement, and school resource officers
- 21,912 to Project Freedom for events outside of first responder training
- 2,800 to Department of Corrections

Through the Jefferson County Department of Health mail order naloxone training program Naloxone kits have been made available to individuals in Alabama free of charge with:

- 15,319 naloxone kits were distributed statewide
- 41,780 fentanyl test strips were distributed statewide to 8356 individuals

The distribution is focused mainly on high-risk counties such as those areas surrounding the Birmingham, Huntsville, and Mobile metropolitan areas.

The real success is the number of reversals reported. While reporting measures remain inconsistent and lack a systematic way to gather data, of the processes currently in place, there have been 2,494 overdose reversals reported to ADMH and 36 reported to Jefferson County Department of Health (JCDH). The Department of Corrections reports 2,466 overdose reversals from 16 facilities in the state. Of those attempts with naloxone, there were 80 reported deaths to ADMH, and 317 confirmed to JCDH with another 54 suspected between January and October 31<sup>st</sup> of this year.

### **Regulatory Improvements**

Nationally, we saw advancements in the lessening of restrictions for the administration of medications for opioid use disorders. The Drug Addiction Treatment Act of 2000 permitted 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.

Under the Consolidated Appropriations Act of 2023, all practitioners holding current DEA registration that include Schedule III authority, are granted authority to prescribe buprenorphine for Opioid Use Disorder. In January 2023, SAMHSA announced clinicians no longer needed a federal waiver to prescribe buprenorphine for treatment of opioid use disorder; though clinicians were still required to register with the federal Drug Enforcement Agency (DEA) to prescribe controlled medications. Beginning on June 27, the DEA registration required all applicants to affirm they completed an eight-hour training. Exceptions for the new training requirement are practitioners who are board certified in addiction medicine or addiction psychiatry, and those who graduated from a medical, dental, physician assistant, or advanced practice nursing school in the U.S. within five years of June 27, 2023. This action eliminates barriers to the number of physicians who could prescribe buprenorphine.

### **Healthcare Workforce and Training**

The Council and its partners released the ALAHOPE curriculum, an effort to offer resources and training for medication prescribers, dispensers, and other medical personnel in June 2023. This has been a collaboration of the Jefferson County Department of Health, the Department of Health Services Administration at the University of Alabama of Birmingham School of Health Professions, and the Alabama Board of Medical Examiner. Free continuing education credit is available for ALAHOPE courses and has been approved for physicians, dentists, pharmacists, nurses, and social workers. Since launching the platform, 692 course completions have been documented of the 12 courses that are currently live. Other modules will be released in 2024.

The Workforce Committee has worked to study, develop, implement, and analyze data from the Workforce Survey completed this year. The survey recently closed with 1,132 participants across multiple sectors, including Advanced Manufacturing, Construction, Healthcare, Information Technology, Transportation, Distribution, and Logistics. From the data gathered, the Committee plans to develop several brief reports in the coming year. The toolkit to be developed is intended as an introduction to the following topics: Mental Health, Substance Use, Workplace Culture Evaluation, and Actions that can Improve Workplace Culture. Part One will provide an overview on how-to-use the toolkit. Part Two will provide information on mental health and substance use recovery. Part Three will provide actionable information on creating a positive workplace environment and evaluation.

### **Services for Pregnant Women & Other At-Risk Individuals**

This past year saw the full implementation of processes to improve immediate access to services, including the use of Screening, Brief Intervention, Referral and Treatment (SBIRT) screening tool, specifically with pregnant women needing treatment services. SBIRT is SAMHSA's recommended approach to help at-risk substance users engage in the appropriate levels of care for substance use. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.<sup>9</sup> The program was largely successful in meeting its stated goals and targeted objectives.

By the end of the project period, the effort had trained over 100 providers working in nearly 50 different clinical sites in Alabama. Today, SBIRT remains a utilized model approach in several hospitals and primary care clinics in over 20 Alabama Counties and communities. SBIRT Counties actively providing the tool across the state - Barbour, Bibb, Butler, Chilton, Dallas, Fayette, Greene, Hale, Henry, Lamar, Macon, Marengo, Montgomery, Perry, Pickens, Russell, Sumter, Tuscaloosa, Walker, Wilcox.

Additionally, The Maternal and Child Health Committee partnered with the Maternal Health Taskforce to work on a training as part of Project Freedom that focuses on maternal health as well as a Narcan initiative in birthing hospitals. Out of that program, Jefferson County Family Wellness Court served a total of 97 clients. ADMH served 358 clients in Special Women's programs.

The Committee recognized the need for Integrated Care programs, where women receive perinatal care (prenatal and postpartum) in conjunction with substance use treatment, and actively worked to see growth of these models in the maternal care system. This model served 114 pregnant women and 51 parenting clients. Additional support offered through Peer Support Services was provided to 21 pregnant clients and 19 parenting clients.

Pregnant and parenting women have little choice for treatment and often must travel to the adjacent county, for specialized women's services. In 2021, ADMH funded a pilot program, She Recovers, in Walker County. This program offers a one-stop model to serve pregnant and postpartum women with 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, She Recovers has screened 43 women. Of the 43 screened, 36 were enrolled in the She Recovers outpatient program.

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 professionals.

### **Assessment Only Level of Care Program**

In 2021, ADMH funded a pilot of an Assessment Only Level of Care program with the Recovery Resource Center (RRC). The project was designed to eliminate the wait by providing assessments by appointment, by walk-in or by telehealth. As assessments are a required component of services, it is now available statewide through telehealth. A Certified Recovery Support Specialist is assigned to every individual to help assist them with navigating the treatment continuum of care.

From October through December 2021, there were 565 assessments conducted and 531 referrals to treatment. From January through December 2022, there were 2,308 assessments conducted and 2,300 referrals to treatment. This program, with a far-reaching impact, has proven to be very successful at reducing the wait for an assessment.

For FY23, The Recovery Recourse Center reports the following:

- 2376 completed assessments and updates.
- 2347 referrals to treatment
- 1023 recorded admissions.
- The average wait time of 12 days for individual needing enrollment in a treatment program has been reduced approximately 18 days.

### **In-Jail or Prison Treatment**

People with opioid use disorders who leave prison may have high risks of death by overdose. A study by researchers at Oregon Health and Science University found that the risk of overdose death is nearly 10 times higher among people recently released from prison than the general population.<sup>10</sup>

The Treatment and Recovery Committee, along with the ADMH Office of Substance Use Treatment Services, worked closely with Walker County Jail system as part of the Building Bridges planning initiative. This is a project currently being developed in Alabama as issued by the Institute for Intergovernmental Research on behalf of the U.S. Department of Justice, and Bureau of Justice Assistance. This nine-month planning initiative will support jails systems, increase access to opioid use disorder treatment options for individual within the jails, and work in collaboration with community-based providers to improve access to services.

In a 4<sup>th</sup> quarter report from July – September 2023, 246 individuals were booked and incarcerated within Walker County Jail with reported use on related charges; 136 reported using methamphetamine; 47 reported using fentanyl; 38 reported using a combination of methamphetamines and fentanyl; four reported using heroin; two reported using oxycodone.

The current plan is to utilize an Alabama certified provider to provide treatment services within the jail setting. A team comprised of jail administrators and treatment personnel will be representing Alabama in Washington D.C. for the first in-person Building Bridges collaboration with other states.

### **Anti-Stigma Campaigns & Community Engagement**

Many initiatives and trainings have raised awareness, educated, and addressed stigma related to the use of opioids. The Treatment and Recovery Support and Community Engagement Committees facilitated the following events statewide this year:

- National Take Back Days to increase disposal of unused medications
- Partnering with local pharmacies to distribute drug disposal pouches (ADMH prevention providers 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 two incinerators)
- Partnering with Alkermes to provide OUD education
- “Hold on, Pain Ends” Campaign
- MAT and MATE training to educate medical professionals on current waiver status changes in partnership with VitAL
- Alabama A+ Summits to address health disparities, advancing health equity, and achieving healthier Alabamians initiatives
- The Alabama School of Alcohol and other Drug Studies (ASADS) hosted a four-day conference in March to nearly 800 attendees
- VitAL Alabama Annual Conference-2023 Theme: *Changing the Lens of Behavioral Health*
- Over 75 in-person and virtual training opportunities through the Alabama Department of Mental Health (ADMH) Substance Use Treatment Services division to providers and others across the state

To combat stigma, The Stop Judging; Start Healing Stigma Summits were developed to define stigma and overcome barriers that are often present with people with an SUD. The summits focused on all aspects of stigma on those with a substance use disorder, medication assisted treatment, strategies for reducing stigma, criminal justice system; perinatal substance use, best practices within the court system, and person-first language. In partnership with ADMH and ADPH, VitAL hosted the summits in eight locations this year with 736 people attending. This is an increase of 287 attendees recorded in 2022, marking the importance and interest of providers.

Often people needing help will seek out guidance and support of their local faith leaders. The Treatment and Recovery Support continued work alongside the Agency for Substance Abuse Prevention (ASAP) in their implementation of the Faith-Based Support Specialist (FBSS) certification, a training program designed to equip faith-based leaders with the tools to assist individuals who are affected by substances. There are approximately 75 individuals certified as a faith-based support specialist for FY23.

This program has now expanded, offering a national conference in December 2023 in Birmingham. To date, around 300 registrants are expected to attend as this training grows to teach lay persons in the faith-based community evidence-based skills in working with those struggling with substance misuse.

A necessary aspect of education and treatment support is the utilization of web-based services and social media. The Connect Alabama App is now in its third year with remarkable impact on the ability to access care and provide critical information on substance misuse. This year alone, there have been a total of 7,762 downloads of the Connect App to new users.

New features this year included: telehealth SUD Assessment access point, speaker requests portal, text box search to find information anywhere in the app, crisis centers available with a new map for easy connection in the helplines section and added to the directory, hot topic rolling banner, new recovery housing and other additional supports. and services. Features in the next year will include screening for SUD and mental health, United Way of Alabama directory, and a provider portal for agency requests.

In 2023, Project FREEDOM, a targeted project to train first responders in the administration of naloxone and linkage to care, reached over 19,000 individuals on social media. This was an increase of 130% over the previous year. A video campaign targeting 18–34-year-olds, portrayed a somber yet realistic message about the risks of taking a drug not prescribed, even when acting responsibly or celebrating a special occasion. Over 566,824 impressions on combined campaigns have been delivered with 564 clicks through to the website (Project Freedom: Odds Are Bachelorette Party).

### **Caregiver and Children’s Services**

Families and children are often the silent victims of substance misuse. The Treatment and Recovery Committee identified a lack of services provided to family members of those struggling with substance use. As a result, the committee identified the need of training for family members to become parent/peer coaches. The ADMH Substance Use Division, in collaboration with partners and The Partnership to End Addiction, teamed up to offer two six-week trainings to family members of loved ones struggling with substance use. This training was designed to provide the tools to enable family members to be effective coaches. The project had 26 family participants complete the intensive training. Participants have continued access to resources with other providers as a means of enhancing and enlarging family support.

Other Maternal Substance Use and Child Health initiatives included work with The Agency for Substance Abuse Prevention (ASAP) and their Opioid Round Table Committee. This group met monthly to strategize on ways of fighting the opioid epidemic. This evidence-based coalition building has led to strong partnerships with the Northern District U.S. Attorney's office, local treatment facilities and local law enforcement.

ASAP continues its partnership with the local hospital, Northeast Alabama Regional Medical Center, to learn about neonatal abstinence syndrome and fetal exposure. They are exploring options on how they can help pregnant/nursing mothers avoid substance misuse and/or assist them and find resources to prevent birth defects/problems with underweight babies from substance use issues.

### **Data Collection**

The Data sub-committee has expanded the previously developed Central Deposit Repository (CDR). The focus this year was to increase the frequency of data updates and decrease the time lag needed to report to the CDR. Additionally, the Administrative Office of Courts has begun



sharing court case data involving substance use. Efforts to collaborate with the Department of Corrections is underway. Importantly, a view of treatment services of substance use disorder and opioid use disorder specifically was launched November 2022 and was provided by the state's two largest healthcare payers: Alabama Medicaid Agency and Blue Cross Blue Shield of Alabama. A data panel was added showcasing opioid exposure provided by the Alabama Poison Information Center. This system of care partnership is critical to both knowledge, awareness, analysis, and the collection of data rich information in determining the most emergent needs of our state relative to opioid misuse.

### **III. Ongoing Priorities and Strategies**

On May 24, 2023, the Oversight Commission on Alabama Opioid Settlement Funds (HJR-204) was created for the stated purpose “...to develop a statewide plan for the investment and use of opioid settlement funds and review the expenditure of funds appropriated to agencies and entities to ensure expenditures achieve the best results for Alabama’s opioid crisis.” The Oversight Commission is tasked with making recommendations to the Legislature for the allocation of funds from opioid settlements. The Legislature has the final decision on how to distribute funds with priority for those recommendations that directly target the opioid epidemic and have evidence of success.

Through Act 2023-384, the Alabama State Legislature appropriated the first \$10 million opioid settlement payment, which included \$8.5 million to the Alabama Department of Mental Health for programs to prevent and treat addiction and \$1.5 million to the Alabama Department of Corrections for opioid and co-occurring substance use treatment. With the funds allocated to the Alabama Department of Mental Health, community providers will be able to apply for grants to use the money on proven programs to treat and prevent opioid misuse. The Alabama Department of Corrections is expected to use its portion on inpatient treatment, services, and medication for inmates with substance use disorder.

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.

Upon the creation of The Governor’s Opioid Overdose and Addiction Council, eight priorities were carefully identified in addressing and meeting Alabama’s response to the opioid crisis. With opioid settlement resources now coming into the state, the Council remains committed to implementing processes to reduce the impact opioids and other illicit drugs of misuse have in our state and on our citizens.

The Council supports ongoing recommendations as outlined in the previous year’s report for the use of settlement funds in the 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 change the trajectory of the opioid crisis in Alabama. Furthermore, in keeping with the State Opioid Plan, the following priorities and strategies remain not only relevant, but critical.

## **APPENDIX A**

### **Standing Committee Reports**

Below are reports providing updates on current goals and updates for each of the eight Standing Committees of the Opioid Overdose and Addiction Council.

#### **A. Treatment and Recovery Support Committee**

**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

The goal of the committee is to expand the quality/availability/accessibility of evidence-based treatment and recovery efforts for persons with opioid use disorders.

**Objective #1:** Increase the number of drug courts who allow the use of MAT/MOUD defined as the allowable use of all FDA approved medications for the treatment of opioid use disorders without time restrictions

Activities:

- Compile a report on drug courts/jails and types/intensities of treatment/recovery support services offered in conjunction with each court.
- 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 who MAT and providers of recovery support services.
- Create a standardized presentation to educate drug court and related professionals on the system of care and specific MAT services in Alabama.
- Create an informational handout to educate drug courts and related professionals on MAT.

**Objective #2:** Expand relationships and collaboration among the systems of care including certified and non-certified treatment and recovery support providers

Activities:

- Implement weekly treatment and recovery resources calls to allow agencies and providers to share about their programs and create a space to share knowledge about programs and access to those programs. These will be open to all certified and non-certified agencies. The sessions will be recorded and available online for future viewing. (a Minimum of 20 per year)
- Develop a flyer to illustrate the array of services available across the state of AL, which will be available to providers for use with a person seeking treatment to make an informed and autonomous decision about their treatment through a share decision making encounter.

- Develop relationships across recovery housing efforts with Alabama Alliance for Recovery Residences, Association of Christian Recovery Ministries, Oxford House, and other recovery/transitional housing providers across the state.
- Collaborate with Agency for Substance Abuse Prevention in implementing/sustaining the Faith Based Support Specialist Program.

**Objective #3:** Educate Alabama providers and Alabamians seeking care on the Mental Health Parity and Addiction Equity Act (Parity Act)

Activities:

- Seek technical assistance from Insurance Commission on how the Parity Act is implemented in AL.
- Create consistent content and information on the Parity Act.
- Create a PR from ADMH on the Parity ACT.
- Disseminate information on Connect AL and stakeholder websites.
- Create and disseminate a social media campaign to educate providers and Alabamians seeking care on the Parity Act.

**Objective #4:** Develop and track opioid overdose initiatives

Activities:

- Peer RX
- ROSS Helpline
- Assessment Only Level of Care
- Central Registry
- Connect AL

## **B. Rescue Committee**

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

The goal of the committee is to expand the distribution of naloxone.

**Objective #1** - Critical expansion of overdose education and naloxone distribution through continued distribution of prescription naloxone by standing order and/or direct dispensing as allowed by laws and regulations throughout the state

Activities:

- Distribute to areas where needed through various means, including but not limited to:
  - a) Online training and distribution via the Jefferson County Department of Health.
  - b) Targeted community outreach events.
  - c) Hospitals and emergency departments
  - d) First responders who have not had access to naloxone, including law enforcement.
  - e) School and college campuses
  - f) Addiction treatment entities
  - g) Certified Recovery Support Specialists and Peers

**Objective # 2** - Explore new strategies to improve access to naloxone that will be possible with the over the counter (OTC) (non-prescription) version

Activities:

- Access by way of methods to include:
  - a) Leave-behind naloxone by Emergency Medical Services
  - b) OTC naloxone in public health vending machines
  - c) OTC naloxone in other selected areas or among other high risk population groups.
  - d) Targeted OTC naloxone distribution via non-medical personnel in peer agencies and other groups working to prevent overdose deaths.
  - e) Because OTC naloxone for purchase may not be accessed by some high-risk people due to cost or stigma, pursue funding for purchase of OTC naloxone for strategic, targeted distribution free of charge.
  - f) Explore new opportunities for prevention of overdose deaths as new threats emerge, and as new tools for prevention emerge. For example, Xylazine test strips are now available.

### **C. Workforce Committee**

**Priority 3.** Develop state-level Recovery Friendly / Supportive Workplace resources for Alabama

The goal of the committee to promote workplaces that support Alabamians with opioid use and other substance use disorders as well as mental illness.

**Objective #1:** Survey Alabama workforce on their attitudes and beliefs about their workplaces

**Objective #2:** Develop a state-level Recovery Friendly / Supportive Workplace Toolkit for Alabama

**Objective #3:** Develop a Recovery Friendly / Supportive Workplace training program for Alabama.

Activities:

- Workforce survey completed
- Data analysis for reporting

### **D. Data Committee**

**Priority 4.** Expand our State's Central Data Repository (CDR)

**The goal of the committee to:** Further expansion and maintenance of the CDR and contributing partners.

**Objective #1:** Further describe data needs to assess impact of substance misuse and identify solutions that use data to drive prevention and treatment efforts.

Activities:

- Review deficit in available substance misuse related data to assess the statewide impact of substance misuse

- Determine how data visualization can assist state agencies, community advocates, and local community leaders in developing strategies to reduce substance overdose deaths

**Objective #2:** Support measurement of initiatives to address substance misuse

Activities:

- Continue to offer the Opioid Overdose and Addiction Council subcommittees consultation for data collection and reporting

**Objective #3:** Continue to advise Centralize Data Repository (CDR) Governance Board

Activities:

- Continue to serve the CDR Governance Board as subject matter experts and advisors.
- Increase the frequency with which our partners share data and decreasing the time lag of reporting data publicly.
- Identify barriers in data synchronization encountered, coordinating data with coroners, medical examiners, Department of Forensics, and ADPH Center for Health Statistics to better streamline reports of overdose deaths.
- Expanding work by adding data regarding demographics and social determinants of health (poverty, education, crime, etc.)
- Additionally, we are assisting the Community Engagement Committee with a disparity analysis report to support their work and have begun collaboration with the Maternal Child Health Committee to develop a Maternity data panel on the dashboard.

#### **E. Community Engagement and Outreach Committee**

**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

The goal of the committee is to 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 #1:** To create the Health Equity Resource Guide

**Objective #2:** Provide guide to other committees & Co-Chair review prior to final dissemination by December 2023

Activities:

- Researched and identified various health disparity and healthy equity resources.
- Established a framework for capturing information in a user-friendly format.
- Developed graphics to visually demonstrate narrative.
- Health Equity Guide for Alabama Preliminary Draft
- Other Community Engagement efforts through the ADMH Office of Prevention:

## **F. Law Enforcement Committee**

**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

The goal of the committee is to continue to develop targeted objectives to increase awareness of resources to address the opioid abuse crisis for members of the law enforcement community.

**Objective #1:** Create initiatives to increase awareness of the availability of Naloxone kits and other opioid related resources for law enforcement

**Objective #2:** Establish a workgroup and research best practices for recovery housing options for incarcerated individuals upon release

**Objective #3:** Establish a work group to research possible benefits of expanding MAT programs in the state

Activities:

- HALT Fentanyl Act passed in the US House of Representatives making all fentanyl-related substances Schedule 1
- In addition to pilot programs with DOC for the administration of MAT for incarcerated persons with SUD, Naloxone distribution to officers has been a priority. DOC and other related agencies in the justice system are looking at other ways to educate and make overdose reversal agents available to key personnel and others.
- A group of interested stakeholders toured a Kentucky Recovery Housing program November 6-7, 2023. This is a program of the Fletcher Group which has provided reliable evidence-based success outcomes in transitioning incarcerated persons back into the community who have past histories of having struggled with substance use. Housing has been a significant barrier to recovery for many of the individuals in this population.
- Fentanyl test strips distribution and utilization.
- Narcan expansion in jails and prisons.
- Use of MAT/MOUD in jails and prisons for people with OUD.
- Researching access to recovery housing for those coming out of incarceration.

## **G. Maternal Child Health/Substance Use Committee**

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

The goal of the committee to improve maternal and child health by addressing the challenges faced by pregnant women with SUD and infants born with neonatal opioid withdrawal syndrome.

**Objective #1:** Provide education

Activities:

- Educate providers and families around resources available for pregnant and parenting women with substance use disorder.
- Increase knowledge around the use of Narcan during pregnancy.

**Objective #2:** Develop policies to address needs of women and children

Activities:

- Work with community stakeholders to address barriers to care due to the chemical endangerment law.

**Objective #3:** Develop services and supports

Activities:

- Educate providers on mandatory reporting as it relates to pregnant women with substance use disorder.
- Increase number of Special Women's in-patient treatment beds in South Alabama.

**Objective #4:** Develop protocols

Activities:

- Clarify referral system for early intervention
- Improve opioid education within hospital discharge process for those going home with opioids

#### **H. Prescriber/Dispenser Practices –**

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

The goal of the committee is to ensure tomorrow's prescribers and dispensers are educated in opioid prescribing today by encouraging all Alabama medical schools and residency programs, osteopathy, podiatry, optometry, dentistry, and veterinary science, as well as their postgraduate training programs to include opioid education as a standard part of their curriculum.

**Objective #1:** Launch and support the development of ALAHOPE

Activities:

- The committee is receiving monthly data analytics reports regarding the utilization, including profession and demographic data, as well as the pretest and posttest data and course evaluations.

## APPENDIX B

### Alabama Opioid Overdose and Addiction Council Membership 2023

Kimberly Boswell, Co-Chair  
Scott Harris, MD, MPH, Co-Chair  
Steve Marshall, Co-Chair

Commissioner, Alabama Department of Mental Health  
State Health Officer, Alabama Department of Public Health  
Attorney General of Alabama, Office of the Attorney General

Debbi Metzger, Facilitator

Alabama Dept. of Mental Health, State Opioid Coordinator

Mark H. LeQuire, MD  
David Herrick, MD  
Susan Alverson, Pharm.D.  
Zack Studstill, DMD  
Blake Strickland  
Marilyn Lewis, Ed. D.  
Nancy Buckner  
Steven Dozier  
William M. Babington  
Kelli Littlejohn Newman  
Rich Hobson  
Darrell Morgan  
Hal Taylor  
Sam Adams  
John Hamm  
RETIRING - Ann Slattery, Pharm.D.  
Barry Matson  
Susan Staats-Combs, M.Ed.  
Dr. Leah Leisch  
Brian McVeigh  
Neil Rafferty  
OPEN – formerly Gwen Meadows  
Billy Beasley  
OPEN – formerly Jim McClendon  
Mark Litvine  
Julie Ray  
Shereda Finch  
Laura Corley  
David L. Albright, PhD, MSW  
Fitzgerald Washington  
Stephen Smith  
Ed Castile  
Jacqueline Allen  
Louise F. Jones  
Brent Boyett, DO  
Michael Catenacci, MD  
Darlene Traffanstedt, MD  
Bobby Lewis, MD  
Boyde J. Harrison, MD  
Christopher Jahraus, MD

Alabama Board of Medical Examiners  
Medical Association of the State of Alabama  
Alabama Board of Pharmacy  
Alabama Dental Association  
Alabama Board of Dental Examiners  
Alabama State Department of Education  
Alabama Department of Human Resources  
Insurance Consumer Services Division  
Alabama Dept. of Economic and Community Affairs  
Alabama Medicaid Agency  
Alabama Administrative Office of Courts  
Alabama Bureau of Pardons and Paroles  
Alabama Law Enforcement Agency  
Alabama Law Enforcement Agency  
Alabama Department of Corrections  
Alabama Regional Poison Control Center  
Alabama Drug Abuse Task Force  
Alabama Methadone Treatment Association (ALMTA)  
Jefferson County Department of Health  
Alabama District Attorney's Association  
Alabama House of Representatives  
Alabama House of Representatives  
Alabama State Senate  
Alabama State Senate  
Recovery Organization of Support Specialists (ROSS)  
Recovery Organization of Support Specialists (ROSS)  
Council on Substance Abuse (COSA)  
Council on Substance Abuse (COSA)  
University of Alabama, School of Social  
Alabama Department of Labor  
Alabama Department of Labor  
Alabama Industrial Development Training (AIDT)  
Alabama Industrial Development Training (AIDT)  
Alabama Pharmacy Association  
Boyett Health Services  
Blue Cross Blue Shield of Alabama  
Jefferson County Department of Health  
American College of Emergency Physicians, AL Chptr  
Alabama Academy of Family Physicians  
American Society of Radiation Oncology, AL Chptr



Michael Humber  
Nick Moore  
Nancy Bishop  
Denice Morris  
Matt Hart  
Donna Oates  
Beverly Johnson  
Honour McDaniel  
Suzanne Muir

UAB Hospital Alabama Association of Nurses  
Governor's Office of Education and Workforce  
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**  
**Standing Committees of the Opioid Overdose and Addiction Council**

*Data – Chair/Co-chair: Chris Sellers and Nancy Bishop*

Christopher Sellers	Chair, Alabama Department of Mental Health
Nancy Bishop	Co-chair, Alabama Department of Public Health
Rich Hobson	Alabama Administrative Office of Courts
Blake Thomas	Alabama Board of Pardons and Paroles
Erin Shonsey	Alabama Department of Forensic Services
Jan Casteel	Alabama Department of Human Resources
Deb Crook	Alabama Department of Corrections
Clay Crenshaw	Alabama Office of the Attorney General
Rosemary Blackmon	Alabama Hospital Association
Susan Staats-Combs	Alabama Methadone Treatment Association
Maury Mitchell	Alabama Law Enforcement Association
Gary Parker	Alabama Medicaid Agency
Ann Slattery	Alabama Poison Information Center
Becky Patterson	Blue Cross Blue Shield of Alabama
Mariyam Javed	Gulf Coast High Intensity Drug Trafficking Assn
Darlene Traffanstedt	Jefferson County Health Department
Dr. David L. Albright	University of Alabama, School of Social Work

*Law Enforcement – Chair/Co-chair: Darrell Morgan and Donna Oates*

Darrell Morgan	Alabama Bureau of Pardons & Paroles
Donna Oates	Administrative Office of Courts
Brian Forster	Alabama Dept. of Economic & Community Affairs
Dr. David Herrick	Pain Management Physician
Christopher Sellers	Alabama Department of Mental Health
Barry Matson	Alabama Office of Prosecution Services
Dr. Ed Kern	Alabama Department of Corrections
Michael Dean	Attorney General Office – State of Alabama
Derrick Cunningham	Montgomery County Sherriff Office
Cedric Leonard	Shelby County District Attorney Office
Jason Jinkins	Southern Immediate Care
Sean Malloy	Alabama State Board of Pharmacy
Brian Dixon	Gulf Coast High Intensity Drug Trafficking
Deborah Crook	Alabama Department of Corrections
Curt Lindsey	Alabama Alliance for Recovery Residences
Felicia Greer	Alabama Department of Corrections

*Treatment and Recovery Support – Chair/Co-chair: Denice Morris and Shanna McIntosh*

Denice Morris	Alabama Department of Mental Health
Shanna McIntosh	University of Alabama, VitAL
Elana Merriweather	Alabama Department of Mental Health
Lisa Bright	The Will Bright Foundation
Kristen Otts Rhudy	Recovery Organization of Support Specialists (ROSS)
April Turner	Alabama Department of Rehabilitation

Curt Lindley	Alabama Alliance for Recovery Residences
William Wainscott	Kolbe Clinic
John Bayles	Recovery Resource Center
Richetta Muse	ADMH – Medicaid Specialist
Susan Staats-Combs	Provider, ALMTA
Patty Sykstus	Not One More Alabama
Rachel Puckett	The Healing Network
Donna Oates	Administrative Office of Courts
Mark Litvine	Recovery Organization of Support Specialists (ROSS)
Judd Drake	ACRM
Luciana Coleman	Alabama Department of Mental Health
Molly Brooms	Behavioral Health Alliance
Christopher Sellers	Alabama Department of Mental Health

*Community Outreach and Engagement – Chair/Co-chair: Beverly Johnson and David Albright*

Beverly Johnson	Alabama Department of Mental Health
David Albright	The University of Alabama
Brandon Folks	Alabama Department of Mental Health
Brenae’ Waters	Alabama Department of Mental Health
Vandlyn Pierre	Drug Education Council
Candi Williams	American Association of Retired Persons, AL Chapter
Representative Neil Rafferty	District 54
Susan Short	Covington County Children's Policy Council
Carie Wimberly	Addiction Prevention Coalition
Shaundalyn Elliott	Alabama State Department of Education
Shereda Finch	Council on Substance Abuse
Kimbley Terrell	The University of Alabama
Christopher Sellers	Alabama Department of Mental Health
Wanda Williams	Alabama Department of Medicaid
Liza Nicholson	West Central Alabama Area Health Education Centers
Rosie London	West Central Alabama Area Health Education Centers
CSM Richard Moore	Alabama Joint Counterdrug Task Force
Major Rickeisha Robinson	Alabama Joint Counterdrug Task Force

*Rescue – Co-chair: Darlene Traffanstedt*

Darlene Traffanstedt, MD	Jefferson County Department of Health
Bret Eddins	Synergy Laboratories
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 Dept. of Economic & Community Affairs
Christopher Sellers	Alabama Department of Mental Health
Vicki Walker	Alabama Department of Public Health
Donna Yeatman	Alabama Board of Pharmacy
Chansica Lanier	West Central Alabama AHEC
Samantha Lawrence	Alabama Department of Mental Health

Prescriber/Dispenser Practices – Chair/Co-chair: Darlene Traffanstedt and Matt Hart

Darlene Traffanstedt, MD	Jefferson County Department of Health
Matt Hart	Alabama Board of Medical Examiners
Abby Migliore	Alabama Board of Nursing
Andrew Edwards	UAB, Department of Emergency Medicine
Ann Slattery	Children's of Alabama, Poison Control Center
Ashely Williams	Alabama Board of Optometry
Billy Beasley	Alabama Senate
Blake Strickland	Board of Dental Examiners of Alabama
Brent Boyett	Boyett Health
Brent Fox	Auburn University, Harrison School of Pharmacy
Cameron McEwen	Alabama Board of Podiatry
Carla Kruger	Alabama Board of Medical Examiners
Christie Shelton	Jackson State University, School of Health Professions
Christopher Jahraus	Radiation Oncology/Shelby Baptist Medical Center
Christopher Sellers	Alabama Department of Mental Health
Clay Simmons	Bradford Health Services
Crystal James	Tuskegee University
Dale O'Banion	Alabama State Board of Veterinary Medical Exam.
David Herrick	Pain Management Physician
Donna Yeatman	Alabama Board of Pharmacy
Edwin Rogers	Alabama Board of Medical Examiners
Elaine Beech	Statewide Health Coordinating Council
Elizabeth Steele	UAB, School of Optometry
Ellen Robertson	University of Alabama, School of Social Work
Haley Phillipe	Auburn University, Harrison College of Pharmacy
Heather Martin	UAB, School of Health Professions
Helen Coronel	University of North Alabama, School of Nursing
Jamey Durham	Alabama Department of Public Health
Jean Leuner	AUM, 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
John Rogers	Alabama Dept. of Economic & Community Affairs
Kathy Bydalek	University of South Alabama Health Sciences
Kelli Littlejohn-Newman	Alabama Medicaid Agency
Kevin Leon	UAB, School of Medicine
Lacy Smith	Cahaba Family Medicine Residency Program
Lauren Walter	UAB, 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 McIlwain	Board of Dental Examiners of Alabama
Melanie Baucom	UAB, School of Nursing
Missy Mason	Troy University School of Nursing
Monika Wedgeworth	University of Alabama, Capstone College of Nursing
Morissa Ladinsky	UAB, Department of Pediatrics
Nancy Bishop	Alabama Department Public Health
Nico Geurs	UAB, School of Dentistry
Paul M. Harrelson	Samford University

Peggy Benson	Alabama Board of Nursing
Phillip Steele	UAB 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	UAB, School of Medicine
Stephanie McGilvray	USA, Department of Physician Assistant Studies
Stephanie Wynn	Samford University, School of Nursing
Sue Duran	Auburn University, College of Veterinary Medicine
Sue Feldman	UAB, School of Health Professions
Susan Alverson	Alabama Board of Pharmacy
T.J. 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	UAB, Physician Assistant Studies Program
Valerie Prince	Samford McWhorter School of Pharmacy

Workforce – Chair/Co-chair: David Albright, Jacqueline Alen, and Stephen Smith

Dr. David L. Albright	University of Alabama, School of Social Work
Jacqueline Allen	Alabama Industrial Development and Training
Stephen Smith	Alabama Department of Labor
Virginia Guy	Drug Education Council
Mary Kate Hillis	Office of the Governor
Jimmy Lester	Alabama Department of Commerce
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)
Carie Wimberly	Addiction Prevention Coalition
Ed Castille	AIDT
Mercedes Lightfoot	West Central Alabama Area Health Education
Rosie London	West Central Alabama Area Health Education
Nick Moore	Governor’s Office of Education and Workforce
Fitzgerald Washington	Alabama Department of Labor
Liz Nicolson	West Central Alabama Area Health Education

Maternal Child Health/Substance Use – Chair/Co-chair: Honour McDaniel and Suzanne Muir

Honour McDaniel	March of Dimes
Suzanne Muir	UAB
Alexis Barnes	NICU Nurse
Amie Martin	VitAL Alabama
Andrew Wesley Stubblefield	Alabama Department of Public Health

Angela Hayes	Alabama Department of Mental Health
Ashley Lovell	Alabama Prison Birth Project
Audra W. Toney	VitAL Alabama
Bakeba Raines	Medicaid
Becky Bevis	Department of Human Resources
Brian Brocato	University of Alabama Birmingham
Britta Cedergren	Alabama Perinatal Quality Collaborative
Brooke Whitfield	Alabama Department of Mental Health
Candace Knight	Nurse-Family Partnership
Candace Rachel	Jefferson County Department of Health
Carolyn Miller	Alabama Department of Public Health
Carolyn Webster MD	Comprehensive Addiction in Pregnancy Program
Carrie Buntain	Jefferson County Family Resource Center
Casey Wylie	My Care Alabama - Central
Catherine Lavender	University of Alabama
Cathy Nichols	Alabama Department of Public Health
Chauntel Norris	Alabama Prison Birth Project
Christopher Sellers	Alabama Department of Mental Health
Lisa Costa	University of Alabama
Dallas Rabig	Alabama Department of Early Childhood Education
Dana Sussman	Pregnancy Justice
Darlene Traffanstedt	Jefferson County Department of Health
Debra Florea	Alabama Department of Mental Health
Dr. Travis Houser	Medicaid
Emma Roth	Pregnancy Justice
Felicia Carswell	Alabama Department of Rehabilitation Services
Ginnie Prater	Blue Cross Blue Shield of Alabama
Hannah Stone	University of Alabama Birmingham
Hee Yun Lee	University of Alabama
Holly Horan	University of Alabama Birmingham
Jane Duer	Alabama Department of Mental Health
Jennifer Key	Decatur Morgan Hospital
Jessica Letson	United Ability
John Bayles	Crisis Center Birmingham
Khalilah Brown MD	Jefferson County Department of Health
Laura Thompson	North Alabama Community Care
LaWana Kennedy	Alabama Department of Mental Health
Leslie Moon	Comprehensive Addiction in Pregnancy Program
Linda Lee	Alabama Association of Pediatrics
Lindsay Harris	Alabama Department of Public Health
Lindsey Bender	Alethia House
Lora Ham	Alabama Perinatal Quality Collaborative
Lori Chandler	Eastern OBGYN
Morissa Ladinsky	University of Alabama Birmingham
Myriam Peralta-Carcelen	University of Alabama Birmingham
Nancy Gardner	United Ability
Nicole Hall	University of Alabama
Rachel Geiger	Alabama Department of Mental Health
Rachel Whiteley	People Engaged in Recover (PIER)
Regan Moss, MPH	Student at Columbia University
Robin Carmack	University of Alabama Birmingham

Rosemary Blackmon  
Samantha Goldfarb  
Shajuane Jones  
Shaneka Walker  
Shanika Webb  
Sheri Burdell  
Stacy Copeland  
Taisha Watkins  
T. Butler  
Samuel Trendle  
Tyesha Durr  
Whitney Krutulis  
Tara Wood  
Yvette Burt

Alabama Hospital Association  
Alabama Resident  
SAFECare  
People Engaged in Recover (PIER)  
Recovery Organization of Support Specialists (ROSS)  
Alabama Care Network Southeast  
My Care Alabama - Northwest  
Impact Counseling  
University of South Alabama  
Alabama Department of Public Health  
Alabama Department of Mental Health  
Alabama Care Network Mid-State  
University of Alabama at Birmingham  
Jefferson County Department of Health

## APPENDIX D

### References

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<sup>3</sup> CDC, National Center for Health Statistics. May 18, 2023; last reviewed August 8, 2023. <https://www.cdc.gov/nchs/>

<sup>4</sup> Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. *MMWR Morb Mortal Wkly Rep* 2020; 69:290–297.

<sup>5</sup> NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015-2019 are based on final data (available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>).

<sup>6</sup> Alabama Public Health; State Health Officer Message; April 3, 2023. “Odds Are Alabama” Focuses on Fentanyl Dangers and Offers Resources”. [“Odds Are Alabama” Focuses on Fentanyl Dangers and Offers Resources \(alabamapublichealth.gov\)](https://alabamapublichealth.gov)

<sup>7</sup>CDC, National Center for Health Statistics, June 2023 Nonfatal Overdose Dashboard [DOSE Dashboard: Nonfatal Overdose Syndromic Surveillance Data | Drug Overdose | CDC Injury Center](https://www.cdc.gov/drugoverdose/nonfatal/dose/surveillance/dashboard/index.html); (December 2023); <https://www.cdc.gov/drugoverdose/nonfatal/dose/surveillance/dashboard/index.html>

<sup>8</sup> National EMS Information System (NEMSIS). (December 2023). Non-fatal Opioid Overdose Surveillance Dashboard. Access <https://nemsis.org/opioid-overdose-tracker>.

<sup>9</sup>Substance Abuse and Mental Health Services Administration (SAMHSA) – SBIRT: Screening, Brief Intervention, and Referral to Treatment; [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](https://www.samhsa.gov/sbirt)

<sup>10</sup> Journal of Substance Use and Addiction Treatment; Vol 147; April 2023, 208971; Fatal and nonfatal opioid overdose risk following release from prison: “A *retrospective cohort study using linked administrative data.*”

<sup>11</sup> Drug Overdose Deaths Remained High in 2011. CDC. <https://www.cdc.gov/drugoverdose/deaths/index.html>



<sup>12</sup> HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/newsroom/press-announcements/20231113/hhs-samhsa-release-2022-nsduh-data#:~:text=In%202022%2C%2048.7%20million%20people,an%20AUD%20and%20a%20DUD>.

<sup>13</sup> The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) Drug Threat Assessment. 2022. [https://www.alabamapublichealth.gov/pharmacy/assets/drugthreatassessment\\_2022.pdf](https://www.alabamapublichealth.gov/pharmacy/assets/drugthreatassessment_2022.pdf).

<sup>14</sup> Opioid Related Deaths in Alabama. 2023. <https://opioidcdr.ua.edu/opioidrelateddeaths.html>.

<sup>15</sup> EMS Overdose Data. 2023. <https://opioidcdr.ua.edu/emsoverdoses.html>.

<sup>16</sup> Prescription Drug Monitoring Program (PDMP). 2023. <https://www.alabamapublichealth.gov/pdmp/>.

<sup>17</sup> Alabama Department of Mental Health. Alabama Crisis System of Care Data Reports. 2023. <https://mh.alabama.gov/988-report-card/> <https://mh.alabama.gov/crisis-center-report-card/>