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# STATE OF ALABAMA OPIOID ACTION PLAN

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Kay Ivey, Governor



DECEMBER 31, 2017

ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

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## Acknowledgments

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**THE ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL**  
**ESTABLISHED BY EXECUTIVE ORDER OF GOVERNOR KAY IVEY**

December 31, 2017

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

Dear Governor Ivey,

Over 42,000 Americans died from opioid overdoses in 2016, and in the state of Alabama, the number of drug overdose deaths, including opioid deaths, climbed 82 percent from 2006 to 2014. For the second straight year in the United States, opioid deaths have led to a decrease in overall life expectancy, according to the Centers for Disease Control and Prevention (CDC). Beyond the personal tragedies experienced by families and loved ones, the crisis has also affected many institutions in our state, including our hospitals, schools, prisons and our business community.

Opioids are a class of drugs that includes heroin as well as prescription pain relievers such as oxycodone, hydrocodone, morphine, and fentanyl. These drugs work by binding to the body's opioid receptors in the reward center of the brain, diminishing pain as well as producing feelings of relaxation and euphoria. While most overdose deaths are caused by illegal drugs, many people first become addicted to opioids by using prescription drugs that were legally obtained.

The Alabama Opioid Overdose and Addiction Council was established by Governor Kay Ivey 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 our state. The Action Plan in this document was developed through the efforts of Council members and other subject matter experts who served on the Council's seven subcommittees.

This Action Plan provides a four-pronged approach to addressing Alabama's opioid crisis, including interventions in the areas of *prevention* of opioid misuse, *intervention* within the law

enforcement and justice systems, *treatment* of those with opioid use disorders (OUD), and *community response* that engages ordinary Alabamians to become involved with finding solutions at a local level. Each area identifies discrete needs or problems, lists the goals to be obtained, and includes the necessary objectives that must be achieved. In most cases, the strategic plan defines metrics that will allow measurements of success.

*Prevention* strategies include modernization of the state's Prescription Drug Monitoring Program (PDMP) to fully realize technological improvements in how prescription opioids are prescribed and dispensed, continuing improvements in the education of prescribers and prescribers-in-training, the reduction of stigma, and the development of a centralized data repository that can be used to understand and combat the problem. *Intervention* strategies address drug trafficking laws and working with drug courts in Alabama to encourage the use of medication assisted treatment (MAT) for those with OUD. *Treatment* strategies include increasing access to care for those with OUD in Alabama and encouraging the use of evidence-based practices to improve the identification and treatment of those with OUD. *Community response* strategies focus on expanding the availability and usage of naloxone, a potentially lifesaving opioid reversal drug, the building of partnerships with businesses, educational institutions and community organizations to improve awareness and involvement, and encouragement for counties to adopt the Stepping Up Initiative, which provides tools to create data driven strategies that work within the judicial system.

Achieving the goals of this Action Plan will enable Alabama to strengthen communities, reduce addiction, and prevent deaths.

Respectfully submitted by the Alabama Opioid Overdose and Addiction Council and its Council Co-Chairs,



Lynn Beshear  
Commissioner, Alabama  
Department of Mental Health



Steve Marshall  
Attorney General of Alabama



Scott Harris, MD, MPH  
Acting State Health Officer

## Understanding the Crisis

The opioid crisis is a public health and economic crisis that is eroding the quality of life for Alabama residents. People are dying and families are being devastated. It impacts every sector of our economy, including healthcare, education, business, and local governments. The opioid crisis recognizes no neighborhood, no race, and no class. It is neither limited to backstreets in urban settings nor isolated in rural communities.

From 2006 through 2014 there were 5,128 deaths from overdoses in Alabama. The state's death rate per 100,000 in 2014 was 14.9. The number of overdose deaths climbed 82 percent from 2006 to 2014. In 2016 there were 741 overdose deaths attributed to the increase of 15.3 deaths per 100,000. The overdose deaths are not limited to opioids, but the Centers for Disease Control and Prevention has indicated prescription opioids and heroin account for the majority of drug deaths.

Opioids are a class of drugs that includes heroin as well as prescription pain relievers such as oxycodone, hydrocodone, morphine, and fentanyl. These drugs work by binding to the body's opioid receptors in the reward center of the brain, diminishing pain as well as producing feelings of relaxation and euphoria.

In 2012 Alabama was first place in the nation for per capita opioid prescriptions with 143.8 prescriptions per 100 residents. While the rate per capita is decreasing each year in Alabama, the state was still the highest per capita opioid prescribing state in 2016 with a rate of 121 prescriptions per 100 persons, which is equivalent to 1.2 prescriptions for every man, woman and child in our state.

Far too many individuals who are now addicted to opioids began their journey with the use of physician-prescribed medicines. Once addicted, they are often driven to acquire the drug in any manner necessary leading to prescription fraud, thefts, and other crimes. Addiction to prescription drugs is not Alabama's only opioid challenge. A resurgence of heroin use, often in combination with fentanyl, along with a growing list of related overdose casualties, has created an opioid problem of epidemic proportions for this state.

## Addressing the Crisis

Recognizing the extent of the crisis, Governor Kay Ivey established the Alabama Opioid Overdose and Addiction Council on August 8, 2017 naming three co-chairs, the Commissioner of the Alabama Department of Mental Health (ADMH), the State Health Officer, and the State Attorney General, as the Council leadership. The Council was charged with the task of developing a comprehensive strategic plan to abate the opioid crisis in Alabama.

Per the governor's order, six standing committees were assembled to explore the problem and make recommendations. The workgroups are identified below.

1. Data
2. Prescriber-Dispenser
3. Rescue (Naloxone)
4. Treatment-Recovery
5. Prevention-Education
6. Law Enforcement

Due to the magnitude of the opioid crisis impact on communities, community involvement is essential in resolving the problem. The Council co-chairs, thus, added an additional standing committee, Community Engagement. Each of the seven sub-committees include Council members and many additional experts and community stakeholders.

## Actions Recommended

The Council recognizes substance use disorders (SUD) as complex, multifactorial health disorders that can be prevented and treated. This plan is intended to be dynamic. As the opioid crisis evolves, the actions identified in this plan will change as needed. For this plan to be fully implemented, it will require additional resources at many levels.

The plan is designed to stabilize the issue in the short term while offering important long-term strategies. The plan focuses on four overarching goals:

1. Prevention
2. Intervention
3. Treatment
4. Community Response

## PREVENTION

### Safer Prescribing and Dispensing

Healthcare workers are required by ethics and by law to help fight the crisis of prescription drug abuse. A delicate balance must be struck between helping patients safely manage pain and deterring those who may be seeking controlled substances for illegitimate reasons, all while staying compliant with state and federal regulations and requirements for reporting on controlled substances. Two key strategies to help address this priority are:

- Increase the percentage of prescribers using the Alabama Prescription Drug Monitoring Program (PDMP).
- Reduce the volume of inappropriate and high-risk opioid prescribing through improved prescriber education and the use of safe prescribing guidelines.

**Strategy 1:** Leverage technology for better-informed prescribing by requesting the Governor to support and the Legislature to appropriate a \$1.1 million line-item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.

**Strategy 2:** Encourage “self-regulation” of prescribers by encouraging all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.

**Strategy 3:** Strengthen prescription data and research capabilities.

**Objective 1:** Support maintaining Alabama Department of Public Health as the repository of all PDMP information.

**Objective 2:** Facilitate conducting legitimate PDMP research to combat the drug misuse crisis.

**Objective 3:** Create a unique identifier for each individual patient within PDMP.

**Strategy 4:** Ensure tomorrow’s prescribers 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.

**Strategy 5:** Ensure future legislation does not negatively impact oncology and hospice care patients. Regulators should make exclusions for providers who are treating cancer-related pain and for patients who are receiving hospice care to avoid inappropriate restriction of appropriate pain control in these vulnerable populations.

## Monitoring and Communication

A coordinated response to a public health crisis is aided by rapid access to current data. Creating a process for data sharing and analysis that addresses legal and confidentiality concerns and assesses efforts related to opioid addiction and overdose is critical in addressing the crisis.

**Strategy 1:** Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies, thus allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.

**Objective 1:** Issue a Request for Information (RFI) to determine vendor’s approach to the defined needs of the CDR.

**Objective 2:** Identify funding to begin CDR.

**Objective 3:** Identify participating partners in CDR.

**Objective 4:** Identify vendor/agency to house data and develop dashboard, policies and procedures.

## Education and Stigma Reduction

The stigma associated with opioid misuse and addiction is overwhelming and often prevents people from seeking help. A messaging campaign should be developed to destigmatize addiction and educate all Alabamians on the science of drug addiction. Opioid education and awareness messaging should be improved and its reach expanded to target populations. Alabama should develop an educational campaign for people in addiction and their families, which should focus on hope and positive outcomes.

**Strategy 1:** Reduce or eliminate the stigma of opioid addiction by creating [www.addictionisdisease.org](http://www.addictionisdisease.org), a website and educational media campaign to educate Alabamians on the disease model of addiction, and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.

**Strategy 2:** Create targeted messaging regarding opioids, including other mind-altering drugs and alcohol through peer-to-peer engagement. Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.

- Strategy 3:** Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.
- Objective 1:** Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people, and motivates them to get the help they need.
- Objective 2:** Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a Mother (choose relationship) of a Heroin (choose substance) user in Walker County, Alabama (choose location). Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using a particular substance.
- Strategy 4:** Increase the effect and reach of opioid education and awareness messaging in Alabama.
- Objective 1:** Create [www.livethelabel.org](http://www.livethelabel.org), a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted. The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing community leaders and stakeholders with access to a captivating awareness tool. The Live the Label concept is one simple message that markets an approach in educating individuals and communities to understand the danger associated with opioids, recognize the importance of not sharing opioids with friends or relatives, following their prescribing physician’s orders and properly disposing of all prescription drugs.
- Objective 2:** Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama, and require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.
- Objective 3:** Expand partnerships with all youth-based organizations across Alabama, and utilize their reach to promote opioid awareness and education.
- Strategy 5:** Law Enforcement (LE) Officers and the Judiciary come into contact frequently with individuals and families struggling with substance misuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best

practices for dealing with these individuals. Through a partnership with the ADMH, provide training on addiction to LE agencies and the Judiciary.

**Objective 1:** Provide training on addiction to new officers in the Academy.

**Objective 2:** Provide a Request for Proposals (RFPs) for training on addiction to the Education Committee for consideration by February 2018 to present at the judges' conference in July 2018.

**Strategy 6:** Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.

**Objective 1:** Implement a traditional and social media campaign targeting adults ages 18-55.

**Objective 2:** Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access information on opioid dependence and addiction and available resources and services in the state.

**Objective 3:** Increase the ability of families to access treatment for family members who have OUD.

## INTERVENTION

### Legislative

Under current law, there are no crimes that specifically prohibit trafficking in fentanyl or trafficking in carfentanil. The current trafficking statutes for opioid crimes are insufficient to address this growing problem. The weight threshold for trafficking in opioids is four grams. See Ala. Code § 13A-3-231(3). This amount is unsuitable to successfully address the dangers posed by fentanyl and carfentanil, which are much more potent than other opioids. By way of comparison, a lethal dose of heroin is approximately 30 mg, but a lethal dose of fentanyl is approximately 3 mg, 1000 times less than a lethal amount of heroin. The disparity is even greater with carfentanil, which is as much as 100 times more lethal than fentanyl. Given the danger posed by even small amounts of fentanyl and carfentanil, new crimes should be established to confront the specific dangers presented by those drugs. Thus, the Legislature should create separate crimes for trafficking in fentanyl and trafficking in carfentanil. The threshold amounts should be far lower than the amounts listed in the opioid trafficking statutes. It is the subcommittee's recommendation that the thresholds be measured in micrograms, and the council should consider the opinions of its members as to how low the thresholds should be set.

**Strategy 1:** Establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

**Objective 1:** Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

**Objective 2:** Work to have legislation passed.

**Objective 3:** Notify law enforcement agencies of bill's passage.

**Strategy 2:** Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone.

**Objective 1:** Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.

## Justice Involved Population

Overdoses in Alabama are associated with release from incarceration. Statistics have shown opioid overdoses are more than 50 times higher for those leaving incarceration or enforced abstinence. The tolerance of these persons to opioids is lower and, as such, they are more likely to overdose when resuming their previous patterns of use.

**Strategy 1:** Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.

**Objective 1:** To establish if a negative correlation or inverse relationship exists between Alabama’s opioid related overdose deaths and involvement in criminal justice related treatment.

**Objective 2:** Establish an ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for OUD.

**Strategy 2:** Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.

## TREATMENT AND RECOVERY

Assuring ready access to treatment and related recovery support services is a critical component of an effective strategy for addressing the state’s opioid crisis. There are critical challenges within Alabama’s system of care for opioid use disorders that hinder such accessibility, including:

- **Funding:** Alabama’s public system of care for treatment and recovery of substance use disorders is significantly underfunded in relation to identified needs. The state’s opioid crisis has further stressed an already overburdened system. Access to OUD treatment in Alabama can be especially problematic for individuals living in areas of the state that are without such services, and for those with no insurance or low incomes.
- **Retention:** There is currently a high treatment dropout rate for individuals receiving treatment for OUDs. More widespread use of evidence based practices within the OUD service delivery system will likely improve both treatment engagement and retention.
- **Interagency Collaboration:** Very little collaboration exists between Opioid Treatment Programs (OTPs), state-funded substance use disorder (SUD) treatment programs, primary care physicians, office-based treatment providers, and faith based organizations, each of which provides some aspect of care for individuals who have OUDs. Successfully addressing the holistic

needs of individuals who have OUDs requires interdisciplinary care and recognition that there are many paths to recovery.

- Workforce Readiness: Alabama’s workforce has not been consistently trained to provide evidence-based practices for OUD treatment and recovery support.
- Service Access: Accessing OUD treatment and recovery support can be difficult, and the process for doing so is not well known to the public.

**Strategy 1:** Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

- Objective 1:** Develop, sponsor, and pass comprehensive legislation to provide sustainable funding:
- (a) To increase the State’s capacity for providing evidence-based treatment services for OUD.
  - (b) To increase supportive housing options for individuals who are undergoing or who have completed treatment for OUD.
  - (c) To increase funding for peer and other recovery support services for opioid use disorders.
  - (d) To sustain a skilled prevention, treatment, and recovery support workforce.

**Strategy 2:** Expand access to care for OUDs.

- Objective 1:** A formal collaborative process will be established between the ADMH and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community based care.
- Objective 2:** Develop and implement a voucher payment system to support access to recovery support services for OUDs.

**Strategy 3:** Establish equitable access to OUD treatment in Alabama.

- Objective 1:** Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment
- Objective 2:** Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.

**Strategy 4:** Increase the availability of qualified medical personnel to address the needs of persons with OUDs.

- Objective 1:** Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.

**Strategy 5:** Increase the ability of families to access treatment for family members who have OUDs.

- Objective 1:** Establish a client/patient navigator system and widely disseminate information regarding access to such.

**Strategy 6:** Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence-based practice, into public systems of care to increase the identification and treatment of SUDs and reduce the impact of related mental and physical diseases.

**Objective 1:** Build capacity for integrated treatment and systems within areas with a high prevalence of SUDs, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent SUDs.

**Objective 2:** Identify and leverage existing programs and resources to expand access to treatment and related services and support for SUDs.

**Objective 3:** Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.

**Objective 4:** Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.

**Objective 5:** Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.

## COMMUNITY RESPONSE

### Rescue-Naloxone

There remains a lack of public awareness that naloxone can be purchased directly from pharmacies under the state health officer's standing orders. It is unclear how many pharmacies are utilizing the standing orders.

**Strategy 1:** Increase access through pharmacies by expanding awareness and use of the existing standing orders.

**Objective 1:** Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.

**Objective 2:** Develop mechanism to create and maintain a list of all pharmacies that have adopted the State Health Officer's standing orders for naloxone and make that information available to the public.

**Strategy 2:** Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).

**Objective 1:** Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

**Objective 2:** Seek opportunities to educate law enforcement personnel on naloxone and related issues.

**Strategy 3:** Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.

**Objective 1:** Develop and distribute model practice document for hospitals and emergency departments

**Strategy 4:** Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.

**Objective 1:** Make naloxone readily available to first responders who identify a need for it and who are under-resourced.

**Objective 2:** Conduct overdose response/naloxone training events at ADMH approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.

**Objective 3:** Make sure naloxone is available to appropriately trained staff in facilities where people with opioid use disorder reside or receive services, including SA treatment centers and jail and prison infirmaries.

**Strategy 5:** Reduce morbidity and mortality from prescription drug overdoses.

**Objective 1:** Develop and promote statewide guidelines to encourage naloxone co-prescribing for high-risk patients.

**Objective 2:** Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.

**Strategy 6:** Ensure that education/training on rescue breathing is included in all overdose response education material and training.

**Objective 1:** Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing is included.

**Objective 2:** Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.

**Strategy 7:** Increase general, public awareness of naloxone availability.

**Objective 1:** Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.

**Objective 2:** Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.

## **Cohesive Communities**

Greater community awareness and participation in implementing prevention strategies is required given **highly addictive and lethal opioids** are now increasingly available throughout the state.

**Strategy 1:** The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a

wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each of the 41 Judicial Circuits is a reasonable starting point. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts, and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies. Establish CADCA Community Coalition in each Judicial Circuit; with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.

**Strategy 2:** Ensure accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.

**Objective 1:** Develop training materials and one-hour seminars to distribute to businesses, higher education institutions, and private-sector networks.

**Objective 2:** Develop a comprehensive, mobile friendly website with information about OUD in Alabama as well as resources for users, friends, family and employers.

**Objective 3:** Request Governor Ivey proclaim an Opioid Prevention and Awareness week, while encouraging the participation of the business and higher education communities.

**Strategy 3:** Encourage implementation of the Stepping Up Initiative across all 67 counties in the state. Alabama's rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health system. Unfortunately, there are insufficient data to inform policy makers who can develop a system-wide response. One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through the various parts of the booking/judicial system. Currently eleven counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative, and encourage the remaining fifty-six counties to pass similar resolutions.

**Strategy 4:** Create a group to identify and develop recommendations for the Alabama veteran population both within and outside the Veterans Health Administration (VHA) health care system. Alabama is home to over 414,000 veterans who are at risk for comorbid mental and SUDs, including addiction to opioid painkillers. Use of these medications for service-related conditions are too often the beginning of SUDs. Many veterans do not use VHA health care; however, those veterans receiving VHA inpatient or outpatient services are twice as likely to die from an accidental overdose compared to the non-veteran population.

## Appendix 1- Glossary of Terms

- **Abstinence:** Refraining from further drug use
- **Addiction Assessment:** A way to determine the prevalence of chemical dependency in a client or the extent of one's addiction (considers sociological, psychological, physical, and family factors, etc.)
- **Addiction Treatment:** The application of professionally planned, managed, administered, or monitored clinical procedures or evidenced-based interventions to identify, stabilize, minimize, or alleviate the harmful consequences of substance use disorders, and to restore impaired health and functionality relative to sucy.
- **Addiction:** A repeated activity that continuously causes harm to oneself or others (e.g. a substance's continuous presence in the bloodstream).
- **Addictive Personality:** A trait/traits that develops in response to drug use
- **Adverse Reaction:** A detrimental reaction to a drug (not the desired reaction)
- **Age at Onset:** The age at which one's addictive behavior began; an important factor in addiction assessment
- **Agonist:** A drug that activates a receptor in the brain
- **Analgesic:** Medication designed to treat pain
- **Antagonist:** A substance that can nullify another's effects (a drug that does not elicit a response)
- **Benzodiazepine:** A group of depressants used to induce sleep, prevent seizures, produce sedation, relieve anxiety and muscle spasms, etc.
- **Buprenorphine:** A semi-synthetic partial agonist opioid derived from thebaine; used for pain relief (e.g. Buprenex)
- **Center for Substance Abuse Treatment (CSAT):** Promotes community-based substance abuse treatment services
- **Certified Chemical Dependency Counselor (CCDC):** Manages clients in chemical dependency programs to help with addiction recovery
- **Clinical Opiate Withdrawal Scale (COWS):** Used to determine the severity of opioid withdrawal
- **Codeine:** The pain-relieving sedative agent contained in opium
- **Detoxification (Detox):** The process of removing a toxic substance (e.g. a drug) from the body
- **Drug Misuse:** One's use of a drug not specifically recommended or prescribed when there are more practical alternatives; when drug use puts a user or others in danger
- **Endogenous Opioid:** The opioids that the body naturally produces in order to help us tolerate pain
- **Endorphins:** Opium-like substances produced by the brain; natural painkillers
- **Euphoria:** A pleasurable state of altered consciousness; one reason for the preference of one addictive behavior or substance over another
- **Evidence-based Treatment:** Scientifically validated treatment approaches
- **Fetal Drug Syndrome (FDS):** Birth defects/abnormalities in babies of drug abusing mothers
- **Harm Reduction:** Often the first stage of addiction treatment; reducing therapy instead of stopping the target behavior
- **Heroin:** A full opioid agonist
- **Hydrocodone:** An effective narcotic analgesic first developed as a cough medication
- **Addiction Illegal/Illicit Drugs:** Drugs that are illegal to produce, use, and sell
- **Induction:** Beginning phase of buprenorphine treatment

- **Lortab:** a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. **Lortab** is used to relieve moderate to severe pain
- **Maintenance:** Stabilization of a patient who is indefinitely on a drug's lowest effective dose
- **Medical Model:** An addiction theory that considers addiction a medical rather than social issue
- **Metabolism (of drugs):** The chemical and physical reactions carried out by the body to prepare for a drug's execution
- **Methadone:** A long-acting opiate (synthetically produced)
- **Morphine:** A major sedative/pain reliever found in opium
- **Naloxone:** An opioid antagonist that blocks the effects of opioid agonists
- **Naltrexone:** A narcotic antagonist that blocks the effects of opioids
- **Narcotic:** A drug that produces sleep/drowsiness and that also relieves pain while being potentially dependence producing
- **Opiate:** The poppy's natural ingredients and their derivatives (opium, morphine, codeine, and heroin)
- **Opioids:** Opium's synthetic form
- **Opium:** One of the most popular drugs; contained in muscle-relaxers, sleeping pills, and tranquilizers
- **Oxycodone:** A medicine used for relief of moderate to high pain
- **Painkillers:** Analgesic substances (opioids and non-opioids)
- **Partial Agonists:** Bind to and activate receptors to a lesser degree than full agonists
- **Physical Dependence:** The body's physiologic adaptation to a substance
- **Precipitated Withdrawal Syndrome:** Can occur when a patient on full-agonist opioids takes an antagonist
- **Rapid Detox:** Anesthesia-assisted detoxification (injection of high doses of an opiate antagonist, followed by an infusion of naloxone)
- **Recidivism:** One's return to a negative behavior (relapse) (e.g. drug use)
- **Recovery Rates:** The percentage of addicted persons undergoing treatment who partake in abstinence in their first year
- **Recovery:** Reducing or ceasing substance abuse; often followed by one's personal life being turned around by way of a supportive environment
- **Relapse:** Symptom recurrence after a period of sobriety or drug use cessation
- **Screening:** Measurement tool for the extent of one's addiction (e.g., self-completion questionnaire/life-history assessment)
- **Titration:** The gradual adjustment of the amount of a drug
- **Tolerance:** Condition in which one must increase their use of a drug for it to have the same effect
- **User:** Outdated term used to describe one who misuses alcohol or drugs
- **Withdrawal Symptoms:** Severe and excruciating physical and emotional symptoms that generally occur between 4 to 72 hours after opiate withdrawal (e.g., watery eyes, yawning, loss of appetite, panic, insomnia, vomiting, shaking, irritability, jitters, etc.)
- **Withdrawal Syndrome:** Combined reactions or behaviors that result from the abrupt cessation of a drug one is dependent on
- **Withdrawal:** The abrupt decrease in or removal of one's regular dosage of a psychoactive substance

## Appendix 2 – Subcommittee Members

### ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL SUB-COMMITTEE MEMBERS

#### Data

Yolanda Ballentine

**Diane Baugher (Chair)**

**Nancy Bishop (Co-Chair, Learning Lab)**

Susan Staats Combs

Steven Dozier

Brian Forster

Randy Helms

Dr. Darlene Traffanstedt

James Whitehead

Andrea Headrick

Bruce Kimble

Casey Wiley

Debbie Robbins

Dr. David Tytell

Melanie Harrison

Catina James

Jay Moseley

Jessica Gratz

Kim McCoy

Lori McCulloch

Mary Harris

Nicole Walden

Steve Marshall

Ann Slattery

Anne Schmidt

AL. Dept. of Mental Health -IT

**AL. Dept. of Mental Health**

**AL. Dept. of Public Health**

AL. Methadone Treatment Association (ALAMTA)

AL. Dept. of Insurance

ADECA

Administrative Office of Courts

Internal Medicine Physician

AL. Dept. of Medicaid

AL. Dept. of Forensic Science

AL. DOC

AL. Dept. of Mental Health

AL. Dept. of Public Health

AL. DOC

AL. Dept. of Mental Health

AL. Dept. of Mental Health

ALEA

Pardons and Parole

AL. Dept. of DHR

AL. DOC

Circuit Clerk, Shelby County Alabama

AL. Dept. of Mental Health

Attorney General's Office

Children's Hospital of Alabama

Blue Cross/Blue Shield

#### Law Enforcement/Criminal Justice

Scottie Chandler

Brian Forster

Randy Helms

Dr. David Herrick

Bruce Kimble

Natasha Marvin

Barry Matson

**Darrell Morgan (Chair)**

**Denise Shaw (Co-Chair, Learning Lab)**

Dr. David Tytell

Sheriff Wally Olson

Chief Tommy Reese

ALEA

ADECA

ALACOURT

Pain Management Physician

AL. DOC

AL. Dept. of Mental Health

AL. Office of Prosecution Services

**Pardons and Parole**

**Administrative Office of Courts**

AL. DOC

Dale County Sheriff's Office

City of Demopolis

#### Treatment and Recovery Support

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**Dr. David Albright (Co-Chair)**

Dr. Brent Boyett

Pam Butler

Susan Staats Combs

Myra Frick

**AL. Dept. of Mental Health**

**UA School of Social Work**

Boyett Health

AL. Dept. of Mental Health

ALAMTA

AL. Dept. of Insurance

Eddie Olszewski  
Deirdre Johnson  
Mark Litvine  
Pearl Partlow  
Ellen Strunk  
Bobbi Jo Taylor  
Wendy Taylor  
Dr. Mark Wilson  
Gayle Sexton  
Brandon Lackey  
Tim Naugher  
Patty Sykstus  
Steven Dozier  
Mary Finch  
Morissa Ladinsky  
Shereda Finch

Public Speaker in Recovery  
Council of Substance Abuse -NCADD  
Recovery Organization of Support Specialists  
Council of Substance Abuse -NCADD  
Rehab Resources and Consulting  
University of Alabama in Birmingham  
ADECA  
Jefferson County Dept. of Health  
Family Advocate  
The Foundry in Aurora  
The Bridge Inc.  
Bradford Health Systems  
AL. Dept. of Insurance  
Alabama Primary Care Association  
UAB Dept. of Pediatrics  
COSA

**Prevention/Education/Media**

Dr. David Albright  
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Dr. Jerry Harrison  
Dr. David Herrick  
Beverly Johnson  
Deirdre Johnson/Council on Substance Abuse

**Josh Johnson (Chair)**

Marilyn Lewis  
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Reginald Pulliam  
Dr. Anne Schmidt  
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UA School of Social Work  
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**WSFA**

AL. Dept. of Education  
AL. Office of Prosecution Services  
Coastal Alabama Insurance  
Blue Cross/Blue Shield  
AL. Dept. of Mental Health

**AL. Medicaid**

Bradford Health Systems  
ADECA  
AL. Dental Association

**Rescue**

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John Rogers  
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Crossroads to Intervention  
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**Prescriber/Dispenser Practices**

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Sen. Billy Beasley  
Rep. Elaine Beech  
Dr. Brent Boyett  
Carter English  
Samuel Nixon Gillespie, MD  
Dr. Jerry Harrison  
Dr. David Herrick  
Stefan Kertesz  
**Sen. Jim McClendon (Chair)**  
Dr. Robert Moon  
**Edwin Rogers (Co-Chair, Learning Lab)**  
John Rogers  
Dr. Clay Simmons  
Dr. Darlene Traffanstedt  
Rep. April Weaver  
Rita Wingard  
Louise Jones  
Matt Hart  
Ann Slattery

AL. Board of Pharmacy  
AL Senate  
House of Representatives  
Boyett Health  
AL. Dept. of Mental Health  
Family Medicine Physician  
Alabama Academy of Physicians  
Pain Management Physician  
UAB School of Medicine  
**AL. Senate**  
AL. Medicaid  
**AL. Board of Medical Examiners**  
ADECA  
Bradford Health Systems  
Internal Medicine Physician  
House of Representatives  
AL. Dept. of Mental Health  
AL. Pharmacy Association  
AL. Board of Dental Examiners  
Children’s of Alabama

**Community Engagement**

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Bob Bailey  
Lynn Beshear  
Derrick Cunningham  
Ernest Finely  
Bill Franklin  
Joe Godfrey  
Brian Hardin  
Dr. Scott Harris  
Jimmy Hill  
Randall Houston  
Steve Marshall  
**Alan Miller (Chair)**  
Kate O’Day  
Susan Short  
Mark Thompson  
Kandace VanWanderham  
Shannon Williams  
John Bowman  
James Harry  
Jamey Durham  
Jenny Hamilton  
Beverly Johnson  
Robin Mackey  
Susan Short

**UA School of Social Work**  
Montgomery County DA  
Montgomery Family Court Judge  
AL. Dept. of Mental Health  
Montgomery County Sheriff  
Montgomery Police Dept.  
Elmore County Sheriff  
AL. Citizens Action Program  
ALFA  
Acting State Health Officer, AL. Dept. of Public Health  
United Way  
Autauga, Elmore, Chilton County DA  
Attorney General  
**Compact 2020**  
CEO Gateway  
ED, Covington County Children’s Policy Council  
Prattville Police Dept.  
Help the Hills Coalition  
Student, Alabama State University  
Montgomery Police Dept.  
Prattville Police Dept.  
AL. Dept. of Public Health  
Autauga, Elmore, Chilton County DA  
AL. Dept. of Mental Health  
AL. Network of Family Resource Centers  
Covington County Children’s Policy Council

## Appendix 3 - Acronyms

AACRC	Association of Christian Recovery Ministries
ADMH	Alabama Department of Mental Health
ADPH	Alabama Department of Public Health
ADOC	Alabama Department of Corrections
AHSAA	Alabama High School Athletic Association
APH	Alabama Public Health
CADCA	Community Anti-Drug Coalitions of America
CDR	Central Data Repository
CDC	Center for Disease Control
LE	Law Enforcement
MHPAEA	Mental Health Parity and Addiction Equity Act
MME	Morphine Milligram Equivalents
ODD	Opioid Use Disorder
OTP	Opioid Treatment Program
PDMP	Prescription Drug Monitoring Program
RFI	Request for Information
RFP	Request for Proposal
SA	Substance Abuse
SBIRT	Screening Brief Intervention and Referral to Treatment
SUD	Substance Use Disorder
VHA	Veterans Health Administration



## OPIOID FACTS

ALABAMA RANKS #1 AS THE  
HIGHEST PAINKILLER PRESCRIBING  
STATE IN THE NATION PER CAPITA

Opioids are strong prescription medications such as Vicodin, Percocet, and OxyContin.

Opioids are chemical cousins for heroin and are highly addictive.

Four in five new heroin users started out misusing prescription painkillers.

Overdose from heroin and other opioids now kills more than 27,000 people per year.

Opioid addiction is driving the overdose death epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015 in the U.S.

In 2016, over 42,000 people in the U.S. died from overdose deaths. Alabama recorded 324 opioid overdose deaths the same year.

Drug overdoses now kill more Americans than car crashes.

Nearly 30,000 Alabamians over the age of 17 are estimated to be dependent upon heroin and prescription painkillers.

For the first time ever, in 2015 admissions for opioid use disorders exceeded those for alcohol use disorders.

**Naloxone** is an opioid antagonist. When an opioid enters the brain, it attaches to neurotransmitters that give the user a hit or a high. Naloxone goes to the same opioid receptors, removes the drug, and binds to the receptors to block the opioid. If a person is overdosing and stops breathing, administering Naloxone can restore normal breathing and save a life.

There are effective ways to address the crisis through **prevention, intervention, treatment** and **active community engagement**.

**Medication-assisted treatment (MAT)** is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates.

## Appendix 5: FUNDING CONSIDERATION

As mentioned in the body of the action plan, additional resources are needed to bring the entire plan to fruition. Below is a depiction of each action item displayed in a column (left column) that denotes the ability to put this strategy in play with no additional funding or whether there is a requirement for additional funding (right column) before the strategy can become a reality.

Additional Funding <b>NOT</b> Required	Additional Funding Required
Encourage “self-regulation” of prescribers by encouraging all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.	Leverage technology for better-informed prescribing by requesting the Governor to support and the Legislature to appropriate a \$1.1 million line-item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.
Strengthen prescription data and research capabilities. <b>Objective 1:</b> Support maintaining Alabama Department of Public Health as the repository of all PDMP information. <b>Objective 2:</b> Facilitate conducting legitimate PDMP research to combat the drug misuse crisis. <b>Objective 3:</b> Create a unique identifier for each individual patient within PDMP.	Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies, thus allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.
Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone. <b>Objective 1:</b> Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.	Reduce or eliminate the stigma of opioid addiction by creating <a href="http://www.addictionisdisease.org">www.addictionisdisease.org</a> , a website and educational media campaign to educate Alabamians on the disease model of addiction, and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.
Establish the crimes of trafficking in fentanyl and trafficking in carfentanil. <b>Objective 1:</b> Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil. <b>Objective 2:</b> Work to have legislation passed. <b>Objective 3:</b> Notify law enforcement agencies of bill’s passage.	Create targeted messaging regarding opioids, including other mind-altering drugs and alcohol through peer-to-peer engagement. Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.

<p>Law Enforcement (LE) Officers and the Judiciary come into contact frequently with individuals and families struggling with substance abuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best practices for dealing with these individuals. Through a partnership with the ADMH, provide training on addiction to LE agencies and the Judiciary.</p> <p><b>Objective 1:</b> Provide training on addiction to new officers in the Academy.</p> <p><b>Objective 2:</b> Provide a Request for Proposals (RFPs) for training on addiction to the Education Committee for consideration by February 2018 to present at the judges’ conference in July 2018.</p>	<p>Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.</p> <p><b>Objective 1:</b> Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people, and motivates them to get the help they need.</p> <p><b>Objective 2:</b> Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a Mother (choose relationship) of a Heroin (choose substance) user in Walker County, Alabama (choose location). Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using a particular substance.</p>
<p>Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.</p> <p><b>Objective 1:</b> To establish if a negative correlation or inverse relationship exists between Alabama’s opioid related overdose deaths and involvement in criminal justice related treatment.</p> <p><b>Objective 2:</b> Establish an ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for OUD.</p>	<p>Increase the effect and reach of opioid education and awareness messaging in Alabama.</p> <p><b>Objective 1:</b> Create <a href="http://www.livethelabel.org">www.livethelabel.org</a>, a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted. The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing</p>

	<p>community leaders and stakeholders with access to a captivating awareness tool. The Live the Label concept is one simple message that markets an approach in educating individuals and communities to understand the danger associated with opioids, recognize the importance of not sharing opioids with friends or relatives, following their prescribing physician's orders and properly disposing of all prescription drugs.</p> <p><b>Objective 2:</b> Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama, and require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.</p> <p><b>Objective 3:</b> Expand partnerships with all youth-based organizations across Alabama, and utilize their reach to promote opioid awareness and education.</p>
<p>Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.</p>	<p>Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.</p> <p><b>Objective 1:</b> Implement a traditional and social media campaign targeting adults ages 18-55.</p> <p><b>Objective 2:</b> Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access information on opioid dependence and addiction and available resources and services in the state.</p> <p><b>Objective 3:</b> Increase the ability of families to access treatment for family members who have OUD.</p>
<p>Create a group to identify and develop recommendations for the Alabama veteran population both within and outside the Veterans Health Administration (VHA) health care system. Alabama is home to over 414,000 veterans who are at risk for comorbid mental and SUDs, including addiction to opioid painkillers. Use of these medications for service-related conditions are too often the beginning of SUDs. Many</p>	<p>Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.</p> <p><b>Objective 1:</b> Develop, sponsor, and pass comprehensive legislation to provide sustainable funding:</p> <ul style="list-style-type: none"> <li>(a) To increase the State's capacity for providing evidence-based treatment services for OUD.</li> </ul>

<p>veterans do not use VHA health care; however, those veterans receiving VHA inpatient or outpatient services are twice as likely to die from an accidental overdose compared to the non-veteran population.</p>	<p>(b) To increase supportive housing options for individuals who are undergoing or who have completed treatment for OUD.</p> <p>(c) To increase funding for peer and other recovery support services for opioid use disorders.</p> <p>(d) To sustain a skilled prevention, treatment, and recovery support workforce.</p>
<p>Increase the availability of qualified medical personnel to address the needs of persons with OUDs.</p> <p><b>Objective 1:</b> Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.</p>	<p>Expand access to care for OUDs.</p> <p><b>Objective 1:</b> A formal collaborative process will be established between the ADMH and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community based care.</p> <p><b>Objective 2:</b> Develop and implement a voucher payment system to support access to recovery support services for OUDs</p>
<p>Increase access through pharmacies by expanding awareness and use of the existing standing orders.</p> <p><b>Objective 1:</b> Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.</p> <p><b>Objective 2:</b> Develop mechanism to create and maintain a list of all pharmacies that have adopted the State Health Officer’s standing orders for naloxone and make that information available to the public.</p>	<p>Increase the ability of families to access treatment for family members who have OUDs.</p> <p><b>Objective 1:</b> Establish a client/patient navigator system and widely disseminate information regarding access to such.</p>
<p>Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.</p> <p><b>Objective 1:</b> Make naloxone readily available to first responders who identify a need for it and who are under-resourced.</p> <p><b>Objective 2:</b> Conduct overdose response/naloxone training events at ADMH approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.</p> <p><b>Objective 3:</b> Make sure naloxone is available to appropriately trained staff in facilities where people with opioid use disorder reside or receive services, including SA treatment centers and jail and prison infirmaries.</p>	<p>Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence-based practice, into public systems of care to increase the identification and treatment of SUDs and reduce the impact of related mental and physical diseases.</p> <p><b>Objective 1:</b> Build capacity for integrated treatment and systems within areas with a high prevalence of SUDs, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent SUDs.</p> <p><b>Objective 2:</b> Identify and leverage existing programs and resources to expand access to</p>

	<p>treatment and related services and support for SUDs.</p> <p><b>Objective 3:</b> Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.</p> <p><b>Objective 4:</b> Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.</p> <p><b>Objective 5:</b> Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.</p>
<p>Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).</p> <p><b>Objective 1:</b> Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.</p> <p><b>Objective 2:</b> Seek opportunities to educate law enforcement personnel on naloxone and related issues.</p>	<p>Ensure accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.</p> <p><b>Objective 1:</b> Develop training materials and one-hour seminars to distribute to businesses, higher education institutions, and private-sector networks.</p> <p><b>Objective 2:</b> Develop a comprehensive, mobile friendly website with information about OUD in Alabama as well as resources for users, friends, family and employers.</p> <p><b>Objective 3:</b> Request Governor Ivey proclaim an Opioid Prevention and Awareness week, while encouraging the participation of the business and higher education communities.</p>
<p>Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.</p> <p><b>Objective 1:</b> Develop and distribute model practice document for hospitals and emergency departments.</p>	<p>Increase general, public awareness of naloxone availability.</p> <p><b>Objective 1:</b> Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.</p> <p><b>Objective 2:</b> Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.</p>

<p>Reduce morbidity and mortality from prescription drug overdoses.</p> <p><b>Objective 1:</b> Develop and promote statewide guidelines to encourage naloxone co-prescribing for high-risk patients.</p> <p><b>Objective 2:</b> Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.</p>	<p>Establish equitable access to OUD treatment in Alabama.</p> <p><b>Objective 1:</b> Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment</p> <p><b>Objective 2:</b> Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.</p>
<p>Ensure education/training on rescue breathing is included in all overdose response education material and training.</p> <p><b>Objective 1:</b> Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing is included.</p> <p><b>Objective 2:</b> Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.</p>	
<p>The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each of the 41 Judicial Circuits is a reasonable starting point. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts, and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies. Establish CADCA Community Coalition in each Judicial Circuit; with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.</p>	
<p>Encourage implementation of the Stepping Up Initiative across all 67 counties in the state. Alabama’s rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health</p>	

system. Unfortunately, there are insufficient data to inform policy makers who can develop a system-wide response. One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through the various parts of the booking/judicial system. Currently eleven counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative, and encourage the remaining fifty-six counties to pass similar resolutions.

## Appendix 6 - Strategic Plan

Following is the full strategic plan from which the Action Plan originates. The strategic plan provides more detail on how the strategies and objections develop.

### Problem/Need 1-Data Committee:

A coordinated response to a public health crisis is aided by rapid access to current data. Creating a process for data sharing and analysis that addresses legal and confidentiality concerns and assesses efforts related to opioid addiction and overdose is critical in addressing the crisis.

**GOAL 1:** Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.

**Objective #1 :** Issue a Request for Information (RFI) to determine vendors approach to the defined needs of the CDR.

**Metrics:** RFI issued and responses analyzed for vendors who can meet the CDR Defined Needs

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
RFI written.		12/31/2017	Data Committee via Brian Forster
Responses analyzed.		2/12/2018	Data Committee
Vendors selected for issuance of RFP.		2/12/2018	Data Committee

**Objective #2:** Identify funding to begin CDR project.

**Metrics:** Funding identified.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Identify Funding mechanism via grant, agency participation, Governor/Legislative, etc.		4/9/2018	Data Committee

**Objective: #3** Identify participating partners in CDR.

**Metrics:** 100% participation of all agencies contributing identified data.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
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Each vendor presents their CDR program and how it meets the needs identified in the RFI. The decision maker, legal counsel, and IT representative from each participating state agency will be invited to attend the presentation.		3/31/2018	Data Committee
Answer all questions each agency presents.		3/31/2018	Vendors and Data Committee
Secure commitment of each agency.		5/31/2018	Agency Head
<b>Objective #4:</b> Identify vendor/agency to house data and develop dashboard, policies and procedures.			
<b>Metrics:</b> Agency identified and contracted.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Issue RFP.		7/1/2018	Data Committee
RFPs graded and agency selected.		8/31/2018	Data Committee

**Problem/Need 2 - Prescribers and Dispenser (P&D):**

Healthcare workers are required by ethics and by law to help fight the crisis of prescription drug abuse. A delicate balance must be struck between helping patients safely manage pain and deterring those who may be seeking controlled substances for illegitimate reasons, all while staying compliant with state and federal regulations and requirements for reporting on controlled substances.

Prescribers accessing Alabama’s Prescription Drug Monitoring Program (PDMP) find it cumbersome, overly time consuming and complicated, and discourage widespread use when not specifically required (the Alabama Board of Medical Examiners does require PDMP checks in its rules).

- Funding a software upgrade for the PDMP that provides a full interactive dashboard for prescribers can make the PDMP an effective patient safety tool for prescribers to monitor patients at risk for drug interactions and overdose potential and help reduce unnecessary/duplicative prescriptions from being issued.
- Physicians, dentists, optometrists, and other prescribers already help fund the PDMP through PDMP-specific license fees and pharmacists contribute to the PDMP through prescription information upload fees, hence, the cost for upgrading the PDMP software should not be borne by prescribers or dispensers.

**GOAL 1: Leverage technology for better-informed prescribing.**

**Objective #1** Request the Governor support – and the Legislature to appropriate – a \$1.1 million-line item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.

**Metrics:** PDMP is a line item in General Fund Budget.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Discuss line item feasibility with General Fund Chair.	Other – line item		Senator McClendon

**Problem/Need 3- P&D:**

Self-regulation, as undertaken by the Alabama Board of Medical Examiners (ALBME) in its Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules, is the ideal solution for policing the prescribing-end of this epidemic in Alabama.

Adoption of similar rules by all professional licensing boards with authority over controlled substance prescribing will further help ensure that prescribers are held to established standards and required to receive opioid-specific continuing education.

**GOAL 2:** Encouraging “self-regulation” of prescribers.

**Objective #1** Encourage all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners (ALBME) and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.

**Metrics:** Adoption of similar ALBME rules by all professional licensing boards with authority over controlled substance prescribing.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Each board identifies an individual responsible for reviewing ALBME’s Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules.	Policy/Regulations	12/31/17	
Each board determines if adoption is feasible.	Policy/Regulations	1/31/18	
Each board develops potential rules, based upon the ALBME’s Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules, and vets the rules with board members.	Policy/Regulations	6/30/18	
Implement the risk mitigation strategies rules.	Policy/Regulations	12/31/18	

**Problem/Need 4- P&D:**

The Alabama Department of Public Health (ADPH) has been the repository for the private prescription information of Alabama patients since the Prescription Drug Monitoring Program’s (PDMP) inception. As a public health-focused state agency, ADPH should remain the repository of all PDMP information to ensure continuity for prescribers and dispensers and security for patients.

To facilitate the conducting of legitimate PDMP research to combat the drug abuse epidemic while at the same time ensuring the privacy of patient prescription information, all data released for research must be completely de-identified with respect to patients, prescribers, and dispensers and an institutional review committee should be created to review all requests for research prior to any de-identified PDMP data being released.

To assist state agencies engaged in the provision of medical and/or other health services in monitoring prescriptions of patients under their care, ADPH – as the repository of PDMP information – should be contacted to create a unique identifier for each individual patient within the PDMP.

**GOAL 3:** Strengthen prescription data and research capabilities.

**Objective #1:** Support maintaining Alabama Department of Public Health (ADPH) as the repository of all PDMP information.

**Metrics:** PDMP remains within ADPH.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity

**Objective #2:** Facilitate conducting legitimate PDMP research to combat the drug misuse crisis.

**Metrics:** De-identified data is allowed for research purposes and an institutional review committee is created.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Amend laws relating to the PDMP, specifically amending Sections 20-2-12 allowing for de-identified data and creating an institutional review committee.	Legislation	12/15/17	Dr. Harris

**Objective #3:** Create a unique identifier for each individual patient within PDMP.

**Metrics:** Unique identifier created.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
The ADPH Pharmacy Division will assess if this is feasible within the APPRISS system.	System upgrade	12/31/17	Nancy Bishop

**Problem/Need 5- P&D:**

To ensure the prescribers of tomorrow are prepared to face the realities and responsibilities of opioid prescribing, standard opioid education in school is a necessity.

**GOAL 4:** Ensure tomorrow’s prescribers are educated in opioid prescribing today.

**Objective #1:** Encourage 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.

**Metrics:** Opioid education is a standard part of curriculum.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Alabama medicals schools, dental schools, nurse practitioner and physician assistant programs should develop curriculum and teach diagnosis and treatment of Substance Use Disorder.			
Medical internship and residency programs where graduates will potentially write scheduled drugs should require that the student be credentialed with X-DEA privileges (minus dentists) prior to graduation.			

**Problem/Need 6- P&D:**

Regulators need to recognize the unique situation of patients with cancer-related pain and patients on hospice care, by making exception to stringent requirements on prescribers when treating cancer-related pain or patients on hospice.

Regulations should make exclusion for such patients from requirements that would be burdensome to prescribers caring for these patients, to avoid inappropriate restriction of appropriate pain control in this vulnerable population.

**GOAL 5:** Ensure future legislation does not negatively impact oncology and hospice care patients.

**Objective #1:** Regulators should make exclusions for providers who are treating cancer-related pain and for patients who are receiving hospice care to avoid inappropriate restriction of appropriate pain control in these vulnerable populations.

**Metrics:** Informational

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity

**Problem/Need 7-Law Enforcement (LE):**

Under current law, there are no crimes that specifically prohibit trafficking in fentanyl or trafficking in carfentanil. The current trafficking statutes for opioid crimes are insufficient to address this growing problem. The weight threshold for trafficking in opioids is four grams. See Ala. Code § 13A-3-231(3). This amount is unsuitable to successfully address the dangers posed by fentanyl and carfentanil, which are much more potent than other opioids. By way of comparison, a lethal dose of heroin is approximately 30 mg, but a lethal dose of fentanyl is approximately 3 mg, 1000 times less than a lethal amount of heroin. The disparity is even greater with carfentanil, which is as much as 100 times more lethal than fentanyl. Given the danger posed by even small amounts of fentanyl and carfentanil, new crimes should be established to confront the specific dangers presented by those drugs. Thus, the Legislature should create separate crimes for trafficking in fentanyl and trafficking in carfentanil. The threshold amounts should be far lower than the amounts listed in the opioid trafficking statutes. It is the subcommittee’s recommendation that the thresholds be measured in micrograms, and the council should consider the opinions of its members as to how low the thresholds should be set.

**GOAL 1:** Establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

**Objective #1:** Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

**Metrics:** Legislation developed.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Write legislation.	Legislation		AG’s Office, OPS
Identify sponsor for legislation.	Legislation		AG’s Office, OPS

**Objective #2:** Work to have legislation passed.

**Metrics:** Legislation passed.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Inform legislators of the proposal.	Legislation		AG’s Office, OPS, Law Enforcement Sub-Committee
Rally community support for the legislation.	Legislation		The Council
Pass legislation.	Legislation		Alabama State Legislature

<b>Objective #3</b> Notify law enforcement agencies of bill's passage.			
<b>Metrics:</b> Press release crafted.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Public announcement of new legislation in the form of a rally or press conference at AG's office.			AG's office, OPS

**Problem/Need 8 LE:**

Law Enforcement Officers and the Judiciary come into contact frequently with individuals and families struggling with substance misuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best practices for dealing with these individuals.

**GOAL 1:** Through a partnership with the ADMH, provide training on addiction to Law Enforcement agencies and the Judiciary.

**Objective #1:** Provide training on addiction to new officers in the Academy.

**Metrics:** Number of cadets graduating academies with opioid training.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Partner with ALEA, Pardons and Paroles, the Police Chiefs Association, the Department of Mental Health and Sherriff's Association to create a training session to submit to APOSTC to implement in the Basic Police Academy Program for all LE trainees.	Program Development		LE Sub-committee
Submit training session template to APOSTC.	Program Development		LE Sub-committee
Evaluation of session by APOSTC.	Program Development		APOSTC
Implementation by APOSTC.	Procedure		APOSTC

**Objective #2:** Provide Request for Proposals (RFP's) for training on addiction to the Education Committee for the judge's conference for consideration by February 2018 to present at judges' conference in July 2018.

**Metrics:** Number of training sessions presented to Judiciary.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
RFP's formulated by ADMH to present to the Education Committee of the Judges Conference.	Program Development	January 10, 2018	Natasha Marvin
Evaluation by Education Committee.	Program Development	February 2018	Judges Conference Education Committee
Acceptance by Education Committee.	Program Development	February 2018	Judges Conference Education Committee
Presentation at conference.	Training	July 2018	Dept. of Mental Health

**Problem/Need 9 LE:**

Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.

**GOAL 1:** Begin 6-month pilot program with an MOU between ADOC and UAB TASC at the St. Clair facility to begin administering Vivitrol.

**Objective #1:** By utilizing Vivitrol for the 6 months prior to release and working with Pardons and Paroles to continue Vivitrol after release to reduce recidivism due to drug use.

**Metrics:** ADOC and Pardons and Paroles to follow participants in pilot site for 1 year after release.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Dr. Tytell with ADOC to obtain MOU.	Program Development	January 2018	ADOC/UAB
Begin pilot program after MOU is signed.	Program Development	January 2018	ADOC
ADOC works with Pardons and Parole to identify eligible candidates for parole once the candidate completes pilot program.	Program Development		ADOC/Pardons and Parole
Tracking begins for released participants of the pilot program.	Data gathering		ADOC/Pardons and Parole
Yearly reports submitted to Council on project's progress.	Data sharing		ADOC

## Problem/Need 10-Treatment and Recovery Support (T&R):

According to the Centers for Disease Control, doctors in Alabama wrote 5.8 million prescriptions for pain pills in 2015. That amounted to an average 1.2 prescriptions per person, compared to the national average of 0.71. The Alabama Department of Mental Health (ADMH) indicates that 4.71% of Alabama's population over the age of 17 (175,000+ individuals) are estimated to have used pain relievers for *nonmedical* purposes in the past year. In reviewing the statistics for nonmedical use of pain relievers between 2006 -2012, in all but two years (2009-2011), the rate of nonmedical use in Alabama was higher than the rate of nonmedical use in the U.S. as a whole. Per capita, Alabama ranks #1 as the highest painkiller prescribing state in the nation. Alabama is, thus, one of the highest opioid users in the world, in that the United States has only about 5% of the world's population, but uses approximately 80% of all the opioid drugs. In addition, ADMH states that nearly 30,000 Alabamians over the age of 17 are estimated to be dependent upon heroin and/or prescription painkillers. Furthermore, in 2015, for the first time ever, admissions to substance abuse treatment for opioid use disorders exceeded those for alcohol use disorders in Alabama.

The Alabama Department of Mental Health's (ADMH) Substance Abuse Block Grant (SABG) 2015 report indicates only 1,061 persons throughout the State received recovery support services in 2014 -2015. At the same time 8,743 persons received services through intensive outpatient, partial hospitalization, clinically managed care, intensive inpatient and mobile crisis. This means only 11% of persons having achieved some level of recovery also received on-going peer recovery support through State services.

As the state looks to address an emerging opioid epidemic, it is essential to bolster family support by providing education, information and access to resources to assist loved ones seeking recovery.

**GOAL 1:** Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.

**Objective #1 :** Implement a traditional and social media campaign targeting adults age 18-55.

**Metrics:** Reach: 1 million Alabamians will be reached through the campaign.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Identify other efforts taking place across the state that involve social media campaigns (i.e. other state departments, organizations, etc.).	Procedure	3/1/18	Treatment and Recovery Support Committee
Establish budget for a campaign based on collaboration opportunities and secure funding.	Procedure	4/1/18	Treatment and Recovery Support Committee
Obtain appropriate approvals, implement Request for Proposals (RFP) to solicit a vendor to create campaign.	Procedure	6/1/18	Treatment and Recovery Support Committee
Select vendor, develop and implement campaign.	Procedure	3/1/19	Treatment and Recovery Support Committee

<b>Objective #2:</b> Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access to information on opioid dependence and addiction and available resources and services in the state.			
<b>Metrics:</b> Centralized website is created and accessed by individuals with OUDs and families.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Identify website capabilities at state departments (i.e. ADMH, ADPH) and assess feasibility of using alternative websites.	Procedure	2/1/18	Treatment and Recovery Support Committee
Research all available resources across the state pertaining to OUDs, and resources.	Procedure	4/1/18	Treatment and Recovery Support Committee
Finalize website portal to use as centralized site.	Procedure	6/1/18	Treatment and Recovery Support Committee
Complete infrastructure improvements.	Policies and Procedures	12/1/18	Treatment and Recovery Support Committee
Develop marketing/PR plan to run concurrently with media campaign.	Procedure	3/1/19	Treatment and Recover Support Committee
<b>GOAL 1:</b> Increase the ability of families to access treatment for family members who have opioid use disorders.			
<b>Objective #3</b> Create a family navigator system.			
<b>Metrics:</b> The family navigator system will be operational within nine months of the Governor's order.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Research patient navigator models used in the healthcare industry and select a model that works best for substance use disorder services in Alabama.	Procedure		Treatment and Recovery Support Committee
Cost out the model and secure funding resources.	Procedure		Treatment and Recovery Support Committee
Develop written operational policies and procedures.	Policy, Regulations		Treatment and Recovery Support Committee
Implement services.	Procedure		Treatment and Recovery Support Committee

**Problem/Need 11-T&R:**

Overdoses in Alabama are associated with release from incarceration. Statistics have shown that opioid overdoses are more than 50 times higher for those leaving incarceration or enforced abstinence. The tolerance of these person to opioids is lower and, as such, they are more likely to overdose when resuming their previous patterns of use.

**GOAL 1:** Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.

**Objective #1:** To establish if a negative correlation or inverse relationship exists between Alabama's opioid related overdose deaths and involvement in criminal justice related treatment.

**Metrics:** Missing outcome information from drug courts, coroners and other related entities will be compiled and evaluated within six months of the Governor's order.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Develop an exit interview process for persons failing or dropping out of drug court.	Regulation	May 2018	ADMH; AOC; ADPH
Develop and regulate use of Coroners' completion of a standard questionnaire that includes past incarceration history for opioid related overdose deaths.	Regulation	May 2018	ADMH; ADPH;; Alabama Coroners Association
Develop and regulate use of Coroners/police report if an overdose person has been in jail past month, 6 months, year.	Regulation	May 2018	ADMH; ADPH; Alabama Coroners Association; ALEA
Establish routine reporting of drug court drop-out rates.	Regulation		ADMH; AOC
Compile and disseminate report of data gathered on an annual basis, inclusive of recommendations to support reduced overdoses and overdose related deaths.			ADMH

<b>Objective #2:</b> Establish ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for Opioid Use Disorders.			
<b>Metrics:</b> The number of educational training sessions conducted.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Research best practices to address OUD stigma reduction.	Procedure		Treatment and Recovery Support Committee; ADMH
Establish a stigma reduction training committee to develop a training curriculum. and identify local, state, and national resources to support the training.	Procedure		ADMH
Identify venues for providing training and establish a schedule of presentations.	Procedure		Committee
Establish a process to evaluate the effectiveness of the training and modify the training strategies as needed.	Procedure		Committee

**Problem/Need 12-T&R:**

There are untapped resources across the State of Alabama that could be utilized by our citizens if they were given quality information, resources and a fully transparent choice to include recognized but non-certified recovery support services in their recovery story. Umbrella agencies such as the Alabama Association of Christian Recovery Ministries (AACRC) seek a more collaborative relationship with the State of Alabama to work hand-in-hand with the Department of Mental Health, the Alabama Department of Corrections and the various municipal, district and federal court agencies to provide low-or-no cost access to citizens wanting quality recovery program choices with some of the oldest, largest and most effective non-profit agencies in Alabama.

**Problem:** Lack of Information, access and choice for consumers. Consumers need to be informed about the full continuum of community-based recovery support services that are available.

**Problem:** Single Focus/Silo Mentality - Multiple states clearly share quality information through their mental health department web sites by demarcation, segregation or disclaimer. Alabama’s ADMH web site is geared more toward providers than consumers.

**Problem:** Funded Choice - Multiple states participate in voucher systems that continually rank highly in customer satisfaction, especially with consumers who prefer non-disease modalities of care or faith-based service providers. Service providers who provide higher quality services and outcomes would naturally be the benefactors of market place economics.

**GOAL 1:** Expand access to care for opioid use disorders.

**Objective #1:** A formal collaborative process will be established between the Alabama Department of Mental Health and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community based care.

**Metrics:** Modification of the ADMH Administrative Code to recognize a broader scope of community providers.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Research and document findings of other state collaborative efforts with faith-based and uncertified community agencies that provide care for individuals who have opioid use disorders, along with other resources.	Procedure		Treatment and Recovery Support Committee; ADMH; AACRM
Convene a meeting between faith-based and uncertified community agencies to discuss research findings.	Procedure		Treatment and Recovery Support Committee; ADMH; AACRM

Develop policies, procedures, and draft regulations governing ADMH'S recognition of nontraditional providers.	Procedure		Treatment and Recovery Support Committee; ADMH; AACRM
Promulgation of regulations.	Regulation		ADMH
Establish AACRM representation on State agency planning bodies to support collaborative planning and quality assurance activities.	Policy		ADMH; AACRM; ADOC; AOC
Support Alabama's continuum of care by providing technical support and data assessment for recovery support services similar to the HMIS system utilized by One Roof to evaluate recovery support services programs.	Policy and Procedure		ADMH
<b>Objective #2:</b> Develop a voucher payment system to support access to recovery support services for opioid use disorders.			
<b>Metrics:</b> Establishment and implementation of a voucher reimbursement system by ADMH within 12 months of the Governor's order.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Review ADHM past plans for implementation of a voucher system for relevance to the stated objective and modify as needed.	Procedure		ADMH
Disseminate new policy for review and comment, finalize, and obtain appropriate approvals.	Procedure		ADMH
Modify ADMH SA Software Package as needed to accommodate new billing process.	Procedure		ADMH
Modify ADMH contract billing manual to accommodate new voucher process.	Procedure		ADMH

**Problem/Need 13 T&R:**

The number of opioid overdose deaths in the United States has quadrupled since 2000 and continues to escalate rapidly.<sup>1</sup> More than 53,000 people in the U. S. died from opioid overdose in 2016. That is more than the number of Americans who lost their lives in the Vietnam War and Gulf War combined. To help put this number into further perspective, this is about as many deaths per year as we witnessed at the peak of the AIDS epidemic in the mid 1990s.

According to the World Health Organization, the United States makes up about 4.5% of the world’s population and yet in 2011 Americans consumed around 80% of the world’s opioid pain medication supply. This fact exists in the absence of any evidence that Americans suffer from any increase in rates of painful diseases compared to the rest of the world.

In 2013 the Centers for Disease Control looked at the per capita opioid prescription rates by state and found that not all states prescribed opioids at the same rate. The CDC’s data revealed that the Appalachian region of the country uses far more prescription opioid pain reliever per capita than rest of the nation. In 2013 the CDC ranked Alabama at number one in the nation for per capita rate of opioid pain reliever prescriptions. In 2013 Alabama doctors prescribed enough opioid pain medication for every citizen to have almost one and a half opioid pain pill prescriptions. During that same period the states with the highest rates of legally prescribed pain pills, including Alabama, also tended to post the lowest rates of diagnosed opioid use disorders.

As city, state and federal authorities struggle to find solutions to stem the tide of the rapidly escalating illegal drug trade, another silent epidemic, opioid use disorder (OUD), is flying under the radar of detection of our public health systems. Emerging evidence reveals that illegal drug use in many parts of our nation may only be the tip of the iceberg of America’s drug problem.

It is also estimated that 600,000 Americans are addicted to heroin and illicit synthetic opioids like fentanyl. According to the National Institutes of Health, in the 1960s more than 80% of patients entering treatment for heroin addiction actually started with heroin as their first opioid of abuse. Today NIH estimates that over 80% of heroin addicts actually started using prescription pain pills and moved to heroin as dose demands increased. Many of these patients started taking the pills after a documented injury or surgical procedure.<sup>4</sup>

In 2011 the CDC looked at the age distribution of opioid overdose death rate by age. The data found that the highest risk age range for overdose death was unexpectedly the 45 to 54 year age range. This was a departure from the drug abuse statistics of the past which was a much younger demographic.

**GOAL 1:** Establish equitable access to OUD treatment in Alabama.

**Objective #1 :** Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment.

**Metrics:**

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
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Encourage the use of the “Six Step Parity Compliance Guide” in order to assist state insurance carriers in their compliance of the Mental Health Parity and Addiction Equity Act.	Policy		Treatment and Recovery Support Committee; Alabama Department of Insurance
<b>GOAL 2:</b> Increase the availability of qualified medical personnel to address the needs of persons with OUDs.			
<b>Objective 1:</b> Establish a committee to investigate the formation of two addiction medicine fellowships in Alabama.			
<b>Metrics:</b> Establishment of two addiction medicine fellowships in Alabama within 36 months.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.	Education Program Policy		ADMH Treatment and Recovery Support Committee

**Problem/Need 14 T&R:**

Need for early intervention and treatment for individuals at risk of developing substance use disorders or those who already have developed these disorders.

**GOAL 1:** Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence based practice, into public systems of care to increase the identification and treatment of substance use disorders and reduce the impact of related mental and physical diseases.

**Objective #1 :** Build capacity for integrated treatment and systems within areas with a high prevalence of substance use disorders, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent substance use disorders.

**Metrics:**

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Cataloguing and evaluation of existing system and workforce capacities available to provide treatment and services within Alabama’s hospital, primary care, and pharmacy and dental networks.			
Identify statutory, regulatory and financial barriers preventing identified systems and resources from fully leverage treatment and service capacities.			
Develop specific proposals to reduce and/or eliminate administrative and reimbursement barriers which prevent public systems of care from more fully providing screening, treatment, and referral services to individuals with substance use disorders.			
Facilitate and increase the ability to exchange health information between medical and behavioral health care providers to improve the integration of care and related support for individuals with substance use disorders.			
Review and facilitate a process for targeted providers (i.e., hospitals, primary care, dental, etc.) to screen individuals at highest risk and/or with existing substance use disorders through a standardized method so			

that earlier detection and/or intervention and support can be established.			
Determine what barriers most need to be addressed during implementation via training, resource allocation, model adaption.			
<b>Objective #2:</b> Identify and leverage existing programs and resources to expand access to treatment and related services and support for substance use disorders.			
<b>Metrics:</b>			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Optimize deliver of referral and treatment resources in existing care settings across hospitals, primary care networks, community mental health centers, and dental providers.			
<b>Objective #3</b> Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.			
<b>Metrics:</b>			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Conduct a comprehensive review of related statutory, regulatory and administrative policies for Alabama’s predominate health insurance programs and identify barriers to the provision and sustainability of SBIRT services.			
Establish coverage and reimbursement for screening, treatment, and related services through state public health programs (i.e., Medicaid, Mental Health) for individuals at highest risk and/or with substance use disorders (at defined income limit) that would make related services available (i.e., paid for) through primary care providers.			
Make physicians, physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, certified addiction specialists, and other provider services eligible for reimbursement across public systems of care.			
Address Medicare, Medicaid billing barriers, e.g., same day service, billing CPT codes.			

Payment reform for screening, treatment and related services.			
<b>Objective #4</b> Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.			
<b>Metrics:</b> Number of social workers and other health care professionals receiving related CEU/CMEs annually.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Develop educational programs through public health systems, provider networks, and professional associations to increase awareness and competency of the SBIRT process.			
Identify the most challenging barriers facing hospital, primary care, and pharmacy & dental networks in implementing and/or expanding SBIRT.			
<b>Objective #5</b> Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.			
<b>Metrics:</b> Number of new professional students trained by discipline annually.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Identify and convene representatives from each professional school to formulate strategy for realization, given accreditation requirements and available resources.			

**Problem/Need 15 T&R:**

Funding provided by the Alabama Legislature to the Alabama Department of Mental Health for support of the state’s public system of care for substance use disorders has remained static for a number of years. The system has consistently been unable to provide treatment services for more than 10% of Alabamians needing this service. In addition, no state funds are dedicated to the provision of recovery support services, a critical component of the substance abuse service delivery continuum of care. Alabama’s opioid crisis has provided further stress to an already overburdened system. Although Federal funding for opioid use disorders has provided some relief, there are no current plans to sustain these funds beyond a two-year period. The state is also facing a workforce shortage. Positions for credentialed workers to serve in the addictions field in Alabama are hard to fill, especially in rural areas of the state. This shortage of workers is expected to escalate as baby boomers retire and below average salaries fail to attract other individuals to the field. More state funds are needed to sustain Alabama’s public substance abuse service delivery system, address the current opioid crisis and future drug use trends, and support its rapidly declining credentialed workforce. Legislation is required to authorize the utilization of designated state revenue to address the state’s opioid crisis.

**GOAL 1:** Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

**Objective #1 :**

1. Develop, sponsor and pass comprehensive legislation to provide sustainable funding:
  - (a) To increase the state’s capacity for providing evidence-based treatment services for opioid use disorders.
  - (b) To increase supportive housing options for individuals undergoing or who have completed treatment for an opioid use disorder.
  - (c) To increase funding for peer and other recovery support services for opioid use disorders.
  - (d) To sustain a skilled prevention, treatment, and recovery support workforce.

**Metrics:** There will be an increase in state funding to the Alabama Department of Mental Health to sustain a skilled workforce, a full continuum of care for substance use disorders, and address emerging drug use trends.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Secure copies of other state substance abuse funding legislation.	Legislation		Treatment and Recovery Support Committee
Draft legislation.	Legislation		Legislative Reference Service
Secure sponsors for legislation.	Legislation		Council Co-Chairs
Rally community support for legislation.	Legislation		The Council
Pass Legislation.	Legislation		Alabama State Legislature

**Objective #2:** Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.

**Metrics:** All decisions governing apportionment of funding provided by the Alabama State Legislature for substance abuse treatment, recovery support and workforce development will be based upon a formal needs assessment process developed and implemented by the Alabama Department of Mental Health.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Guidance documents for development of a formal statewide needs assessment will be assembled.	Procedure		ADMH
Policies and procedures for a statewide needs assessment shall be developed.	Policy		ADMH
Funding allocation decisions are linked to data presented in the needs assessment.	Policy		ADMH

**Problem/Need 16 - Rescue :**

It needs to be easier to distribute naloxone to laypersons throughout the state, especially at locations where people are at high-risk of overdose, and including areas with physician shortages.

Bystanders in drug overdose situations need to be encouraged to call 911 and assist overdose victims. Fear of arrest or prosecution for drug or drug paraphernalia possession charges may make it less likely for people to provide this assistance, and immunity from prosecution for people giving assistance is very limited in the existing law.

**GOAL 1:** Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone.

**Objective #1:** Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.

**Metrics:** Legislation introduced and passed.

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Draft a bill for the 2018 legislative session.	(Legislation)	Done	ADPH
Find a bill sponsor.			ADPH/ Opioid Council
Stakeholder engagement – State Committee of Public Health.			Dr. Scott Harris
Stakeholder engagement – MASA.			ADPH, Dr. Mark Wilson (JCDH)
Stakeholder engagement - Trial Lawyers Association.			TBD
Stakeholder engagement – Pharmacy Board, Association.			TBD
Stakeholder engagement – PA Association.			Mark Wilson
Stakeholder engagement – Nurse Practitioner Association.			Mark Wilson
Stakeholder Engagement – Other, TBD.			TBD

**Problem/Need 17 Rescue:**

There remains a lack of public awareness that naloxone can be purchased directly from pharmacies under the state health officer’s standing orders.

It is unclear how many pharmacies are utilizing the standing orders.

**GOAL 1:** Increase access through pharmacies by expanding awareness and use of the existing standing orders.

**Objective #1:** Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.

**Metrics:** Pharmacy Schools that provide education on naloxone standing orders to their students.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Ask Auburn and Samford Schools of Pharmacy to make their pharmacy students aware of the standing orders in Alabama.	(A voluntary practice; could possibly become school policy)	Done	Carter English

**Objective #2:** Develop mechanism to create and maintain a list of all pharmacies that have adopted the state health officer’s standing orders for naloxone and make that information available to the public.

**Metrics:** 1) Change to ADPH website (Pharmacy/naloxone-dispensing section) to ask participating pharmacies to “register” as adopter of the standing orders.  
2) Number of pharmacies registered.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Make changes to ADPH website to ask participating pharmacies to register.		February 2018	Mark Wilson/Nancy Bishop
Place list of participating pharmacies on ADPH website.		Begin by Feb 2018 - ongoing	Mark Wilson/Nancy Bishop

**Problem/Need 18 Rescue:**

Law enforcement personnel are sometimes first on the scene of an opioid overdose, and equipping law enforcement with naloxone can be an effective means to prevent overdose deaths.

Some law enforcement entities in Alabama have been reluctant to carry naloxone; it is unclear how much of this reluctance is due to a) concerns about the cost of doing this, b) short response times by local emergency medical services, c) a need for more education on the medical and legal issues and the nature of addiction, or d) stigma.

Resources are not available to equip *all* law enforcement personnel with naloxone on an ongoing basis, so there is a need to prioritize this strategy.

**GOAL 1:** Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).

**Objective #1:** Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

**Metrics:**

- 1) Local jurisdictions with the highest overdose death rates.
- 2) Local jurisdictions/areas where law enforcement is most likely to be the first responder on the scene of an overdose (e.g. hard data, surveys).

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Collect overdose data to identify counties with highest numbers of overdose deaths.		TBD	ADPH
Determine a way to assess likelihood of law enforcement being the first responder to overdose calls within the above high-risk counties.		TBD	Rescue Comm/TBD
Reach out to law enforcement entities in above-identified to facilitate equipping of law enforcement personnel with naloxone.		TBD	Rescue Comm/TBD

**Objective #2:** Seek opportunities to educate law enforcement personnel on naloxone and related issues.

**Metrics:** Number of events where education is provided to law enforcement.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Ask to get on the agenda for a statewide police chief's conference.		December 2018	Mark Wilson

Ask to get on the agenda for a statewide sheriff's conference.		December 2018	Mark Wilson
Seek other educational opportunities (including local).		December 2018	Rescue Committee Members/Network

**Problem/Need 19 Rescue:**

1) Opioid overdose victims are often brought to emergency departments and then sent out with no intervention other than acute stabilization; this represents an opportunity to provide overdose prevention with resource information and possibly direct provision of naloxone kits, along with other addiction treatment and recovery information and resources.

**GOAL 1:** Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.

**Objective #1 :** Develop and distribute model practice document for hospitals and emergency departments.

**Metrics:**

- 1) Model Practice Document
- 2) Number of Champions Identified who are willing to advocate for this

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Develop the model practice document		March 2018	Mark Wilson and UAB partners
Identify potential leaders in emergency medicine or healthcare system administration who can be champions for implementing this model.		June 2018	Rescue Comm/TBD

**Problem/Need 20 Rescue:**

- 1) While naloxone has become more available through various grants and funding sources, it is expensive and the supply is limited compared to the potential need statewide.
- 2) Some of the most effective naloxone distribution strategies have been those a) targeting first responders who do not otherwise carry naloxone, and b) targeting people with opioid addiction along with people who live in close contact with them.

**GOAL 1:** Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.

**Objective #1:** Make naloxone to first responders who identify a need for it and who are under-resourced.

**Metrics:**

- 1) Number of first responder entities, including law enforcement, who were contacted with information about how to access naloxone.
- 2) Amount of grant-supplied naloxone distributed to first responders in need of it.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Contact first responders across the state about availability of grant-supplied naloxone.		Done	ADMH, ADPH
Keep a record of the number of first responder entities who requested and received grant-supplied naloxone.		December 2018	ADMH, ADPH
Keep a record of the amount of grant-supplied naloxone distributed to first responders.		December 2018	ADMH, ADPH

**Objective #2:** Conduct overdose response/naloxone training events at Department of Mental Health approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.

**Metrics:**

- 1) Number of SA program sites where naloxone training/distribution has occurred.
- 2) Quantity of naloxone distributed via these SA program sites.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Identify substance abuse (SA) programs in counties with the highest overdose risk who can host naloxone trainings and distribution			Nicole Walden (ADMH)

Identify qualified medical personnel who can conduct naloxone trainings and distribution at the SA program sites.			Nicole Walden (ADMH), Mark Wilson (JCDH)
Link people at risk of opioid overdose to these SA program-hosted trainings/distributions via other programs such as local drug courts, probation and parole, community corrections, other social service agencies and addiction/recovery support groups.			Local SA treatment programs
<b>Objective #3:</b> Make sure naloxone is available to appropriately trained staff in facilities where people with OUD reside or receive services, including SA treatment centers and jail and prison infirmaries.			
<b>Metrics:</b> Amount of naloxone distributed to SA treatment centers.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Distribute available naloxone to ADMH-approved SA treatment centers.		Underway	Nicole Walden (ADMH)
Discuss strategies for making sure naloxone is stocked in jails/prisons .		June 2018	TBD/ Rescue Committee

**Problem/Need 21 Rescue:**

People on high dose opioids, on combinations of opioids and benzodiazepines, or people on opioids who also suffer from certain comorbid physical or mental health conditions, are at higher risk of prescription opioid overdose.

Members of households in which people are on high dose opioids or combinations of opioids and benzodiazepines are at increased risk of overdose, either by accidental ingestion or illicit diversion and use, including children.

Patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse may be at risk of turning to illicit opioids such as heroin with a concomitant increased risk of overdose. In some areas, heroin and illegally-produced fentanyl overdose deaths have increased at the same time the amount of opioids prescribed and the number of prescription drug overdose deaths has decreased.

**GOAL 1: Reduce morbidity and mortality from prescription drug overdoses.**

**Objective #1:** Develop and promote statewide guidelines to encourage naloxone co-prescribing for high risk patients.

**Metrics:**

- 1) Adoption of amendments to ALBME Risk and Abuse Mitigation Strategies.
- 2) Number of prescription opioid overdose deaths (potentially).

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Ask the Alabama Board of Medical Examiners to consider adding recommendations for physicians to co-prescribe naloxone to patients on high-dose opioids or opioid/benzodiazepine combinations, or who otherwise are at risk of overdose due to comorbid conditions.	Change to ALBME "Risk and Abuse Mitigation Strategies" (Policy/Guideline)	June 2018	Mark Wilson to discuss with representative on ALBME

**Objective #2:** Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.

**Metrics:** Potential statewide guideline.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Discuss with representative(s) of the Board of Medical Examiners for consideration of ways to promote this practice.	(Policy or guideline)	February 2018	Mark Wilson

**Problem/Need 22 Rescue:**

Naloxone is expensive and scarce compared to the magnitude of the opioid overdose problem

Rescue breathing is an essential part of overdose response even when naloxone is available, because naloxone takes time to take effect; also, naloxone not restore adequate breathing in all overdose situations, such as those in which opioids are mixed with other drugs, or in which the opioid is extremely potent.

Rescue breathing can keep an opioid overdose victim alive until medical help arrives, even when naloxone is not available. Training on rescue breathing (or CPR) is an effective, low-cost, and sustainable strategy.

**GOAL 1: Ensure that education/training on rescue breathing is included in all overdose response education material and training**

**Objective #1:** Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing education and training targeted at areas where there us high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.is included.

**Metrics:** Number of training materials and protocols reviewed

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Develop inventory of widely used training materials and protocols		June 2018 (? ongoing)	Rescue Committee
Review materials and protocols and make recommendations as needed			Rescue Comm/TBD

**Objective #2:** Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.

**Metrics:** TBD

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Strategy discussion		June 2018	Rescue Committee
Identify partners		June 2018	Rescue Committee
Develop and implement plan		December 2018	TBD

**Problem/Need 23 Rescue:**

Despite publicity and education efforts thus far, many people are still unaware of ways they can access naloxone, including the ability to purchase it directly from pharmacists who have adopted the state health officer's standing orders.

**GOAL 1:** Increase general public awareness of naloxone availability.

**Objective #1:** Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.

**Metrics:**

- 1) Social Media messages produced.
- 2) Social Media "likes" and "shares."

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Identify someone to develop naloxone/overdose response messaging for use on social media.		Done	Bobbi Jo Taylor
Develop strategy for grass roots dissemination of social media messaging.		June 2018	Rescue Committee

**Objective #2:** Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.

**Metrics:** Number of agencies and partners who agree to disseminate naloxone messaging.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity

**Problem/Need 24 Community Engagement (CE):**

Greater community awareness and participation in implementing prevention strategies is required given that **highly addictive and lethal opioids** are now increasingly available throughout the state.

**GOAL 1:**

**Objective #1 :** The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each Judicial Circuit (41 of them) is a reasonable goal. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts, and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies.

**Metrics:** Number of coalitions in each circuit.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Presiding and/or Specialty Court Judges and District Attorneys of each circuit encouraged to formulate these coalitions for prevention purposes.			Governor, Attorney General, Chief Justice
ADMH established recommended guidelines for implementation of prevention strategies with emphasis on utilization/implementation of EVIDENCE BASED prevention strategies/practices, with CADCA model identified as model to be followed by community coalitions.			ADMH
Coalition Coordinator selected by each Presiding and/or Specialty Court Judge and District Attorney.			Presiding Circuit Judges/District Attorneys
Name and contact information for Coalition Coordinators submitted to ADMH Prevention Director.			Presiding Circuit Judges/District Attorneys
ADMH establishes training opportunities for Coalition Coordinators through CADCA.			ADMH
CADCA Training Conducted for all Coalition Coordinators.			ADMH/CADCA
Build Coalition Capacity (all sectors of community represented) and initiate Strategic Planning for EVIDENCE BASED prevention Strategies.			Coalition Coordinators

Evidence Based Strategic Prevention Plans submitted to local stakeholders and ADMH along with metrics to be used to measure effectiveness over time.			Coalition Coordinators
Metrics and data reported to local stakeholders and ADMH annually.			Coalition Coordinators
ADMH, in conjunction with community stakeholder representatives, validates metrics and identifies best prevention practices from around the state.			ADMH and Community Stakeholders

<b>Problem/Need 25 CE:</b>			
<b>GOAL 1:</b> Ensure that accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.			
<b>Objective #1 :</b> Develop training materials and one-hour seminars to distribute to businesses, higher education institutions and private-sector networks.			
<b>Metrics:</b>			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Develop one-hour seminars or training sessions that employers, business networks, civic clubs and collegiate organizations can use to create awareness about opioid addiction and connect Alabamians to helpful information and resources.			ADMH and Private Sector Partners
Develop an intensive training curriculum and materials for Human Resource Departments and employers. This should include guidance on how to talk to employees about potential addiction issues and the rights employers have to know about the prescriptions they are covering. Employers can sign up for these materials via the website, or the information can be distributed through private-sector networks.			ADMH and Private Sector Partners
Distribute employer materials, information and seminar sign ups to the following networks: Alabama's chapter of the Society of Human Resource Management, Business Council of Alabama, Alabama Council of Association Executives, Alabama Chambers of Commerce Association, Alabama Farmers Federation, Manufacture Alabama, Alabama Hospital Association, Alabama Small Business Development Center, Alabama Association of Nonprofits, Rotary Clubs, Mason Clubs, Kiwanis Clubs, Civitan Clubs, Jaycees, Exchange Clubs and others.			ADMH and Private Sector Partners  Please note that this subcommittee has spoken to several of the listed groups
Distribute materials, information and seminar sign ups to higher education groups and collegiate clubs: Faculty/Staff college orientation groups, Panhellenic Councils, Interfraternity Councils, sorority/fraternity chapters, Student Government Associations,			ADMH and Private Sector Partners

Athletic Departments, Divisions of Student Affairs and other student clubs.			
<b>Objective #2:</b> Develop a comprehensive, mobile friendly website with information about Opioid Use Disorder in Alabama as well as resources for users, friends, family and employers.			
<b>Metrics:</b>			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Develop check lists or questionnaires for users, family members, friends, medical professionals and employers to evaluate changes in behavior and whether someone is potentially addicted to opiates.			ADMH and Private Sector Partners
Develop tips on how to talk to a family member, friend or employee about opioid addiction and how to help.			ADMH and Private Sector Partners
Have all of the materials developed in objective number one available on the website, as well as online signups for one-hour seminars.			ADMH and Private Sector Partners
List all of the resources and rehabilitation centers available in Alabama on the website.			ADMH and Private Sector Partners
List the rights employers have (and do not have) combatting opioid addiction in their workforce.			ADMH and Private Sector Partners

**Problem/Need 26 CE:**

Alabama’s rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health system. Unfortunately, there are insufficient data to inform policy makers who can then develop a system-wide response.

One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through various parts in the booking/judicial system. Currently 11 counties in Alabama have passed resolutions to support this initiative.

An opportunity exists to galvanize communities around this initiative, and encourage the remaining 56 counties to pass similar resolutions.

**GOAL 1:** Encourage implementation of the Stepping Up Initiative across all 67 counties in the state.

**Objective #1 :**

**Metrics:**

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Encourage all 67 counties pass resolutions implementing the Stepping Up framework.			

**Problem/Need 27 CE:**

Alabama is also home to over 414,000 Veterans who are at risk for comorbid mental and substance use disorders, including addiction to opioid painkillers that are too often the beginning of substance abuse for service-related conditions, and twice as likely to die from an accidental opioid overdose compared to the general population. Many of these veterans do not use VA healthcare.

**GOAL 1:** Create a group to identify and develop recommendations for Alabama veteran population both within and outside Veterans Administration (VHA) health care system.

**Objective #1 :****Metrics:**

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
Creation of state task force.			
Identification of the needs of military and veteran communities.			
Identification of available resources.			
Development of a strategic plan for accomplishing its purposes.			

**Problem/Need 28 Prevention and Education (P&E):**

**PREVENTION**

Opiate education and awareness messaging should be improved and its reach expanded, especially youth-specific educational and awareness efforts.

**GOAL 1:** Increase the effect and reach of opioid education and awareness messaging in Alabama.

**Objective #1:** Create [www.livethelabel.org](http://www.livethelabel.org), a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose, and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted.

The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing community leaders and stakeholders with access to a captivating awareness tool. The Live the Label concept is one simple message that markets an approach in educating individuals and communities to understand the danger associated with opioids, recognize the importance of not sharing opioids with friends or relatives, following their prescribing physician’s orders and properly disposing of all prescription drugs.

**Metrics:** Launch and promote the “Live the Label” PR campaign and website in 2018.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
The <a href="http://www.livethelabel.org">www.livethelabel.org</a> URL has already been purchased and will be donated to the state.			
Appropriate state agencies should create content for website.			
Find grant monies to fund development of website.			
Utilize grant money to fund significant, multiplatform media campaign to promote website and concept.			
Identify and enlist a list of speakers/influencers who can help spread the message via in-person speaking engagements, social media, digital media and traditional media.			

**Objective #2:** Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama, and require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.

<b>Metrics:</b> Develop curriculum ASAP, then have AHSAA/AISA codify and incorporate into their continuing education for coaches.			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Develop opioid education curriculum geared towards athletes.			
Meet with AHSAA/AISA to solicit their input and involvement.			
<b>Objective #3</b> Expand partnerships with all youth-based organizations across Alabama, and utilize their reach to promote opioid awareness and education.			
<b>Metrics:</b>			
<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Identify youth organizations with significant membership.			
Develop and provide them with evidence-based information they can distribute to their teachers, supporters and membership.			

**Problem/Need 29 P&E:**

## EDUCATION

The stigma associated with opioid misuse and addiction is overwhelming, and often prevents people from seeking help. A messaging campaign should be developed to destigmatize addiction and educate all Alabamians on the science of drug addiction.

**GOAL 1:** Reduce or eliminate the stigma of opioid addiction.

**Objective #1:** Create [www.addictionisdisease.org](http://www.addictionisdisease.org), a website and educational media campaign to educate Alabamians on the disease model of addiction, and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.

**Metrics:** Launch and promote the “Addiction is Disease” PR campaign and website in 2018.

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity
The <a href="http://www.addictionisdisease.org">www.addictionisdisease.org</a> URL has already been purchased and will be donated to the state.			
Appropriate state agencies should create content for website.			
Find grant monies to fund development of website.			
Utilize grant money to fund significant, multiplatform media campaign to promote website and concept.			
Identify and enlist a list of speakers/influencers who can help spread the message via in-person speaking engagements, social media, digital media and traditional media.			

**Problem/Need 30 P&E:**

**Education/outreach**

Peers listen to other peers. Outreach to youth in Alabama regarding opioids can be enhanced by creating a peer-level messaging campaign.

**GOAL 1:** Create targeted messaging regarding opioids (drug and alcohol use) through peer-to-peer engagement.

**Objective #1 :** Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.

**Metrics:** Fund the creation of an Ambassador Corp. to engage in outreach and education efforts (including social media engagement).

<b>Tasks</b>	<b>Policy, Regulations, Legislation, Other (Please Specify)</b>	<b>Due Date</b>	<b>Responsible Person/Entity</b>
Partner with organization with significant youth membership such as the Boys and Girls Clubs and YMCA among others, who already engage and train youth in these matters. Allow the partnerships to serve as pools from which to begin drawing youth Ambassadors (other speakers).			
Appropriate state agencies should help hone content for messaging with evidence-based information.			
Find grant money (other resources) to support effort.			
Utilize grant money (other resources) to fund social media campaign, to promote website and, to further develop concept with partnering organizations.			

**Problem/Need 31 P&E:****EDUCATION**

People in addiction are bombarded with negative, fear-based messaging – “scared straight” doesn’t really work for those who are chemically addicted to opiates. Alabama should develop an educational campaign for people in addiction and their families, and it should focus on hope and positive outcomes.

**GOAL 1:** Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.

**Objective #1:** Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people, and motivates them to get the help they need.

**Objective #2:** Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a (choose relationship) Mother of a (choose substance) Heroin user in (choose location) Walker County, Alabama. Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using heroin.

**Metrics:**

**Problem/Need 30 P&E:****EDUCATION**

People in addiction are bombarded with negative, fear-based messaging – “scared straight” doesn’t really work for those who are chemically addicted to opiates. Alabama should develop an educational campaign for people in addiction and their families, and it should focus on hope and positive outcomes.

**GOAL 1:**

**Objective 1 :** Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people, and motivates them to get the help they need.

**Metrics:**

Tasks	Policy, Regulations, Legislation, Other (Please Specify)	Due Date	Responsible Person/Entity

**Objective 2:** Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a (choose relationship) Mother of a (choose substance) Heroin user in (choose location) Walker County, Alabama. Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using heroin.

**Metrics:**