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# STATE OF ALABAMA OPIOID AND OVERDOSE AND ADDICTION COUNCIL

## PROGRESS REPORT

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Kay Ivey, Governor



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ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL



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## Progress Report

Since the introduction of the Governors' Alabama Opioid and Overdose Council on August 8, 2017 seven sub-committees have met regularly to implement activities in the plan, assess progress, and identify emerging issues related to opioid misuse and opioid overdose in Alabama. The seven sub-committees are:

- Data
- Prescribers/Dispensers
- Rescue (Naloxone)
- Treatment/Recovery
- Prevention/Education
- Law Enforcement
- Community Engagement



As activities change, sub-committees have modified and added pieces to their work plan. This progress report highlights the goals and accomplishments for each of the sub-committees.

## SUB-COMMITTEES GOALS AND ACCOMPLISHMENTS

### **DATA**

**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.

### ACCOMPLISHMENTS

- Submitted a Bureau of Justice Assistance (BJA), grant for establishment of the CDR. It is a three-year grant for one million dollars. Notification should be received prior to September 30, 2018.
- June 21, 2018 a meeting was held where all vendors who expressed an interest in this project were given time to conduct a presentation on what they would do to provide what we desire in a CDR. The sub-committee selected two of the seven vendors.
- August 21, 2018 the two selected vendors presented a more detailed version of their solution. The sub-committee has decided on the solution and will make a recommendation to the Council at the September meeting.
- A smaller workgroup of agencies has been developed to begin working on the dashboard for the CDR. The recommended organizations are Alabama Department of Mental Health (ADMH), Alabama Department of Public Health (ADPH) and State of Alabama Office of Attorney General. The next step will be to organize a meeting of the three agency heads and their legal representatives to develop the Data Sharing Agreement.

## Prescribers/Dispensers

- GOAL 1:** Leverage technology for better-informed prescribing.
- GOAL 2:** Encouraging “self-regulation” of prescribers.
- GOAL 3:** Strengthen prescription data and research capabilities.
- GOAL 4:** Ensure tomorrow’s prescribers are educated in opioid prescribing today.

### ACCOMPLISHMENTS

- Data from the Alabama Board of Examiners (ABME) indicates the number of prescriptions written for opioids have decreased from one hundred and twenty-one per one hundred in 2016 to one hundred and seven per one hundred in 2017.

State and National Totals of Retail Filled Prescriptions: All Opioid Analgesics, 2013-2017

State	2013	2014	2015	2016	2017	Cumulative % change 2013-2017	Percent change 2016-2017
Alabama	6,814,305	6,393,791	5,840,754	5,638,226	5,226,453	-23.3%	-7.3%

- Prescription Drug Monitoring Program (PDMP) funding approved by the legislature.
- ADPH is the repository for all PDMP information.
- Established standards for opioid continuing education and accessing the PDMP.
- Medical Board and Dental Board PDMP and mitigation strategies completed. Continuing education pending.

## Rescue

- GOAL 1:** Increase access through pharmacies by expanding awareness and use of existing stranding order.
- GOAL 2:** Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdose.
- GOAL 3:** Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.
- GOAL 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.
- GOAL 5:** Reduce morbidity and mortality from prescription overdose, ensure that education/training on rescue breathing is included in all overdose response education material and training.
- GOAL 6:** Increase general, public awareness of naloxone availability.

### ACCOMPLISHMENTS

- Pharmacy students at Auburn and Samford Universities have been educated on the existence of the state health officer’s naloxone standing order, which is on the ADPH website.
- ADPH is working on the possibility of having an online registry of pharmacies who have adopted the naloxone standing order.

- June 15, 2018 Attorney General Steve Marshall sent out a statewide memo, along with a memo from State Health Officer Scott Harris, to all law enforcement agencies with information on naloxone and the Alabama law granting immunity from liability to those who administer it in a suspected overdose.
- A sub-committee member presented at the summer 2018 Alabama Sheriffs Association Meeting and the Alabama Chiefs of Police Association meetings about law enforcement being equipped with naloxone and handed out Alabama-specific brochures on this topic at these meetings.
- UAB Emergency Department continues to pilot a program of Narcan dispensing to people who come in after an overdose or who are seeking treatment for addiction.
- ADMH sent emails to local law enforcement entities across the state offering free Narcan Nasal Spray from their grant-supported supply.
- All the deputies of the Jefferson County Sheriff's Department are being trained on overdose response and naloxone administration and given Narcan Nasal Spray to carry with them. Training and distribution to over two hundred deputies is due to be complete the end of September 2018.
- Over 6000 Narcan Nasal Spray 2-dose kits from the ADMH federal grant-supported supply have been distributed to high risk individuals or their companions or caregivers via Substance Abuse Treatment Centers and community events, and to low-resource first responders such as volunteer fire departments and rescue squads.
- 800 Evzio (naloxone auto-injector) kits were distributed to low-resource fire/rescue departments by ADPH; at least twelve overdose reversals have been reported from these agencies.
- ABME approved a change to the Risk and Abuse Mitigation Strategies to include the recommendation that the clinician consider the co-prescribing of naloxone in patients deemed appropriate by the treating physician.

## **Treatment/Recovery**

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

**GOAL 2:** Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.

**GOAL 3:** Expand access to care for opioid use disorders.

**GOAL 4:** Establish equitable access to Opioid Use Disorder (OUD) treatment in Alabama.

**GOAL 5:** 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.

**GOAL 6:** Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

## **ACCOMPLISHMENTS**

- ADMH submitted the State Opioid Response (SOR) grant. It will overlap with 21<sup>st</sup> Century Cures Act, State Targeted Response (CURES/STR) funding. SOR will support the funding of new evidenced based models of services especially in underserved areas. It will also sustain what was started with the CURES/STR funding.
- The SOR grant allows the use of funds for recovery housing. ADMH has approved the Oxford House Model and contracted with the National Oxford House Association to begin opening recovery homes in Alabama. A total of five recovery homes have opened; three in Montgomery and two in Mobile. The goal is to have nine to ten houses across the state by the end of the year.
- Eight full-time and eight-part time peers have been hired to work in regions of the state to increase engagement and access to treatment and outreach into hospitals.
- A hotline/helpline was developed and implemented through CURES/STR funding. It opened on July 2, 2018 and is a 24/7 helpline. The agency is completely staffed by peers. The number is 1-844-307-1760
- SOR grant will allow for the expansion of peer services in Substance Abuse Planning Region III which contains the following counties: Greene, Sumter, Choctaw, Hale, Marengo, Perry, Dallas, Wilcox, Autauga, Lowndes, Elmore, Montgomery, Tallapoosa, Chambers, Macon, Lee, Russell, Bullock and Pike. This area has been targeted for expansion as eight of the nineteen counties do not have certified substance abuse agencies or services.
- ADMH prevention is conducting ongoing trainings with the workforce including reaching out to colleges.
- In June, ADMH met with The Foundry at the Bessemer location to begun discussions around how to integrate faith-based programs into the continuum of care.
- September is Recovery Month. During the established recovery month activities, CURES/STR staff will present information on OUD for people who are non-clinical or outside of the normal scope for ADMH. There are two recovery month rallies identified that will take place in September and will attract a large number of individuals: September 15<sup>th</sup> in Mobile and September 22<sup>nd</sup> in Birmingham.
- ADMH has identified nine counties without any substance use resources as priority counties. Those counties are Bullock, Coffee, Lawrence, Lowndes, Washington, Wilcox, Perry, Autauga and Coosa. SOR funding will be using to develop a hub and spoke model to these particular areas.
- Three agencies from Jefferson County were approved for beginning care coordination/navigation pilot project. A flow chart is being developed by each agency to help clarify how this project will work. Each agency has established the project director and responsible staff.
- SBIRT operating in four agencies in the Tuscaloosa area: Veterans Administration, two Whatley locations, and ADPH Clinic. ADMH will soon be expanding SBIRT in ADPH Family Planning clinics in Montgomery, Macon and Russell in the upcoming months.

## **Prevention/Media**



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

**GOAL 2:** Reduce or eliminate the stigma of opioid addiction.

**GOAL 3:** Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.

### **ACCOMPLISHMENTS**

- The media campaign called “My Smart Dose” funded through CURES/STR grant is complete. The campaign will target college age students to increase awareness on proper dosing. Social media, radio and print platforms will be created to feature PSA's and other activities. The link is <http://www.mysmartdose.com/>
- Copperwing is also working on another media campaign through CURES/STR funding targeting the general public. The purpose of the campaign is to raise awareness and encourage individuals with opioid dependence issues to get help.
- ADMH has enhanced its webpage to include a section dedicated to the opioid crisis. This page offers valuable information for persons who are struggling with OUD and their families. It also provides useful information on opioids for first responders, health care providers and much more. ADMH encourages everyone to place this link on their home page for their agency. The link to ADMH website is [http://www.mh.alabama.gov/MHSA/Opioids/UnderstandingTheOpioidCrisis.aspx?sm=c\\_i](http://www.mh.alabama.gov/MHSA/Opioids/UnderstandingTheOpioidCrisis.aspx?sm=c_i)
- Efforts are underway to identify ways to work with school systems across the state to implement prevention messages and resources/information.

## **Law Enforcement**



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

**GOAL 2:** Through a partnership with the ADMH, provide training on addiction to Law Enforcement agencies and the Judiciary.

**GOAL 3:** Begin six-month pilot program with an Memorandum of Understanding (MOU) between Alabama Department of Corrections (DOC) and UAB TASC at the St. Clair facility to begin administering Vivitrol.

### **ACCOMPLISHMENTS**

- ADMH and National Alliance on Mental Illness (NAMI) partnered to develop an eight-hour curriculum on behavioral health issues that is now being taught at all law enforcement academies for new officers. In addition, a four-hour curriculum was developed for seasoned officers in the field.
- Legislation was introduced for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil. Passage of a bill was accomplished with modifications to the required amounts for trafficking charges and separate

charging tract was created for pure amounts of fentanyl and carfentanil versus those mixed with other substance.

- Administrative Office of Courts (AOC) submitted at grant application to fund a Drug Court outcome study.
- ADOC is continuing work with their pilot project. A vendor for Vivitrol has been identified and ADMH will supply funding for the community provider to provide injections. The MOU required for this project is pending in ADOC legal office.

## **Community Engagement**

**GOAL 1:** Establish Community Anti-Coalitions of America (CADCA) in every county.

**GOAL 2:** Encourage implementation of the Stepping Up Initiative across all 67 counties in the state.

**GOAL 3:** Create a group to identify and develop recommendations for Alabama veteran population both within and outside Veterans Administration (VA) health care system.

### **ACCOMPLISHMENTS**

- Sub-committee has identified the appropriate advocate to engage with Presiding Circuit Judges and/or Drug Court Judges in each Circuit to begin work on CADCA. A draft letter has been created to send to each Drug Court Judge.
- CADCA has been contacted to obtain customized training options for the committee to consider.
- Members have been identified and have agreed to participate in the Veterans Opioid Task Force with a to be convened in September/October.
- Stepping Up is a National Initiative to Reduce the Number of People with Mental Illnesses in Jails initiative has begun. ADMH issued an RFP last spring to Alabama's twenty-six mental health centers requesting a proposal to employ a Case Manager to support the department's priorities to build capacity to decrease the number of people with mental illness in jails and ERs. Six mental health centers responded and all qualified and were notified last week that they are receiving a grant of \$50,000 to implement "Certified Case Management Engagement Incentive Program for Persons with Mental Illness or Co-occurring Mental Illness and Substance Use Disorders in Jails and Emergency Rooms". It is anticipated the contracts will be approved by October 1, 2018. The goal is to meet with all members of the six teams no later than October 10, 2018 for the official kick-off.