2024
Annual Report
Alabama Opioid Overdose and Addiction Council

December 31, 2024

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

Dear Governor Ivey:

It is with pleasure we, the Chairs of the Alabama Opioid Overdose and Addiction Council, present to you the 2024 Annual Report of the Council's achievements and plans for future action.

Addressing the opioid related and overdose needs of our state is far from over, especially considering the toxicity of illicit substances infiltrating the drug supply in an everchanging drug market. However, for the first time since its inception in 2017, the Council is celebrating a slight decrease in substance related overdoses for the state of Alabama - largely credited to the collective efforts of the members of the Opioid Council Standing Committees. Efforts include the implementation of unique strategies to address drug use trends of our state, expanding prevention, treatment and recovery support services, and the wide-spread distribution of naloxone and other overdose reversal agents. These leaders, subject matter experts, persons with lived experiences, stakeholders, and community members continue to serve the mission of this Council with intent and purpose. The generosity of their time to these efforts and the collective collaboration has been the driving force behind the momentum to move initiatives forward. We are proud of the work conducted by members of the Council and its eight standing committees.

The highlights and progress you will see in this year's annual report include:

- Improvements in trends for Alabama
- Continued advancements in harm reduction measures and training
- Increases in services provided because of Opioid Settlement Fund appropriations.
- Outcomes related to removing barriers to care.
- Pathways to increase rapid and effective access to care.

We remain inspired to encourage and support the work of this Council. We continue to look at critical points needed to maintain positive outcomes in our opioid response, addiction prevention, and overdose rates. Thank you for the opportunity to serve.

Sincerely,

Kimberly G. Boswell,
Commissioner
Alabama Department of Mental Health

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

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

Acknowledgments

The Co-Chairs would like to express their gratitude to the Council Members and the Members of the Opioid Council Standing Committees for their dedication, innovative ideas, and contributions to the Annual Report. And to Debbi Metzger, State Opioid Coordinator, for her writing of this report and Council events facilitation.

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Executive Summary

During the nearly ten years of the opioid crisis plaguing our state and nation, The Alabama Opioid Overdose and Addiction Council Annual Report has become an essential resource for local, state, and national leaders seeking information on effective activities and strategies to combat this crisis. The Opioid Council, established in August 2017 by Governor Kay Ivey through Executive Order 708, has developed a comprehensive strategic plan to combat Alabama's opioid crisis and reduce the number of deaths and adverse consequences in the state.[1]

Now in its seventh year, the Council and its eight standing committees continue to assess and address the impact of opioid and other substance misuse in Alabama. The committees include Data, Workforce, Law Enforcement, Maternal Substance Use and Child Health, Rescue, Prescribing and Dispensing, Treatment and Recovery, and Community Engagement. The committees are comprised of subject matter experts, state officials, state agency leadership, treatment providers, people with lived experiences, industry leaders, and medical professionals from across Alabama. Members meet monthly to study, discuss, research, and plan initiatives that strategically address pressing barriers for those at risk for overdose and struggling with substance misuse. Events, trainings, processes, and policies are among changes that emerge each year – all building on previous platforms, current trends, and on-going strategies.

This year, the Council highlights beginning trends in the decrease of overdose related deaths – particularly notable in the final quarter of this year. Decreases are largely attributed to the vast distribution efforts and education around harm reduction methods. This included training on the use of and wide-spread accessibility to naloxone and other overdoes reversal agents, expansions in prevention, treatment and recovery support services, education on safer use practices, significant decreases in the number of opioid prescriptions, stigma reduction education, addressing language barriers, educating the workforce and others in the use of verbiage that promotes healing and sensitivity, training providers on alternatives to pain management, and targeted efforts to increase linkage to care through the utilization of resources such as Certified Recovery Support Specialists and enhancements to the Connect Alabama Application. Efforts expanded to make substance use evaluations readily accessible to more high-risk and unreached populations.

Improved models of care, such as providing stigma reduction and trauma sensitive training to law enforcement and correctional officers, have improved their ability to recognize and respond to individuals struggling with substance misuse and mental health crises. Pregnant, parenting women, and those providing kinship services, are now being provided guided responses to care and support. Historically, pregnant women have experienced systemic barriers which prevented them from receiving MAT for substance misuse - particularly those individuals needing medication for opioid use disorders who are involved in the justice system, or those who test positive for opioids in neonatal units. Education is now being consistently provided to medical personnel, community partners, and women needing care on best practices for treatment of Opioid Use disorders with pregnant females.

Many new pathways were laid this year as Faith-based and Recovery Housing initiatives grew exponentially as reliable resources in the continuum of care. Additionally, workforce expansion, the utilization of telehealth, and the elimination of restrictions on the prescribing of medications

for withdrawal management has allowed many others to receive services faster and more effectively - furthermore reducing the likelihood of return to use and death. Due largely to the initiatives, and recommendations of the Council and Standing Committees, agencies, partners, leaders, experts, providers, people in long-term recovery, lay leaders, and family support organizations have continued the advancements of quality care models. This was accomplished by working collaboratively, removing the prevalence of silo driven ideals, and by pooling resources that were reliable, expedient, and accurate in response. As a result, we have discovered and created new resources and partnerships. We are constantly building on the skills and ideas of many. Funding streams have allowed for braided support across many state resources. Community leaders, mayors, judges, and local governments have sought support and guidance for the most effective use of funds to address the varying needs of their communities – all working to impact the ever-changing, and ever-present continuing drug use crisis affecting Alabama.

The Council applauds both the Oversight Commission on Alabama Opioid Settlement Funds and the Alabama Legislature for their commitment to spending funds on prevention, treatment, and recovery efforts. Through Act 2023-384, the first round of the state's Opioid Settlement Funds was appropriated in the following manner: $1.5 million to Alabama Department of Corrections (ADOC) for substance use treatment and $8.5 million to ADMH for prevention, treatment, and recovery grants. Both appropriations allowed for the expansion and implementation of needed new programs and services, many of which were also recommended by the Council.

ADOC's Opioid Settlement Fund appropriation allowed for the provision of Medication for Opioid Use Disorder (MOUD) for incarcerated individuals. Implementation began in five correctional facilities, with plans to expand in 2025.

To administer the $8.5 million appropriated for prevention, treatment, and recovery grants, ADMH published a Request for Proposal. The following amounts were awarded:

- 10 awards for prevention services, totaling $2,161,490.85
- 13 awards for treatment services, totaling $4,006,131.24
- 9 awards for recovery support services, totaling $2,332,377.91

The grant and awards process proved to be highly successful for the purposes of expanding and increasing services, adding 8 new service providers to the system of care in Alabama under the regulatory responsibility of The Alabama Department of Mental Health.

Providers and stakeholders rely heavily on the annual Opioid Council reports to provide guidance for the types of services needed at the community level. Members of the Opioid Council engaged in supportive partnerships with many of these agencies to offer support in the utilization of evidence-based practices and strategies for harm reduction.

I. Notable Points of Impact

Alabama Recovery Advocacy Day (ALRAD) – A Focus on Recovery: The Law Enforcement Committee held the state's inaugural Alabama Recovery Advocacy Day kick off on March 5, 2024. More than 250 guests crowded the Alabama State House to share testimonies of recovery and life change. The rally and celebration featured key state leaders and advocates for recovery. A noted highlight included Governor Kay Ivy issuing a Proclamation for Recovery Advocacy Day in Alabama, recognizing the efforts of recovery support specialists across the state. One hallmark of saving lives is sustained recovery supports and efforts. The dedication of these individuals to both respond, support, guide, and direct lives in crisis is critical for sustained recovery. Currently there are primarily two Recovery Support Organizations (ROSS and PEIR) employing around 100 Certified Specialist across the state. In addition to these service organizations, we have seen an increase in the number of recovery housing support resources across this state. Many are accredited through The Alabama Alliance for Recovery Residences. These settings provide increased support to care access and offer essential safe places for those in the beginning stages of recovery.

Naloxone & Fentanyl Test Strips Distribution/Reversal Awareness: Overdoses in Alabama have seen a slight decrease for the first time since the opioid crisis began.[2,3] Key reasons for the early predictions are largely attributed in part to the increased availability of naloxone – an over-the-counter opioid reversal agent, and the expansions in treatment services. The Rescue Committee's participation in Save a Life Day, community events, and the widespread distribution of naloxone kits and fentanyl test strips among state and local partners resulted in the distribution of more than 65,370 kits and 48,800 fentanyl test strips this year in Alabama, exceeding last year's numbers by nearly 40%.

MAT Expansion of Treatment in Jails and Prisons and Continuity of Care Focus: Historically, losses to overdoses both in Alabama's correctional facilities and those leaving prison have reached staggering numbers.[4, 5] This year alone, ADOC reports the need to administer 2,849 doses of Narcan, with 2,293 of those individuals being recovered. This year we saw successful implementation of treatment services, advances in the provision of MAT and evidence-based practice for the treatment of opioid use disorder, and effective transition strategies offered to those who are justice-involved. Currently there are 142 inmates on Medication for Opioid Use Disorder (MOUD) in 7 facilities being prescribed Buprenorphine/Naloxone, Naltrexone, or Buprenorphine. Methadone is available to pregnant women who arrive on methadone. After attending The GAINS Center national policy academy in March, members of the Law Enforcement Committee and state agency partners met to develop state level policies for the implementation of MAT in places of incarceration. Efforts to provide treatment access post-release paved the way for the State's first successful continuum of care transfer between facilities without a disruption in treatment. Substance use programs and services have been implemented in 16 correctional facilities across Alabama, with plans for implementation at sites across the state. Near the end of 2023, the Council's Treatment and Recovery Committee supported the Walker County Bridges Pilot Program. The Walker County jail has now developed The Community Addiction and Recovery Treatment Program (CART) to address recidivism and sustaining active engagement in recovery. Compared to figures collected in 2022, the program reports a 67% decrease in return to incarceration. The program is being extended to other city/county level jails. Together, these initiatives, along with funding support

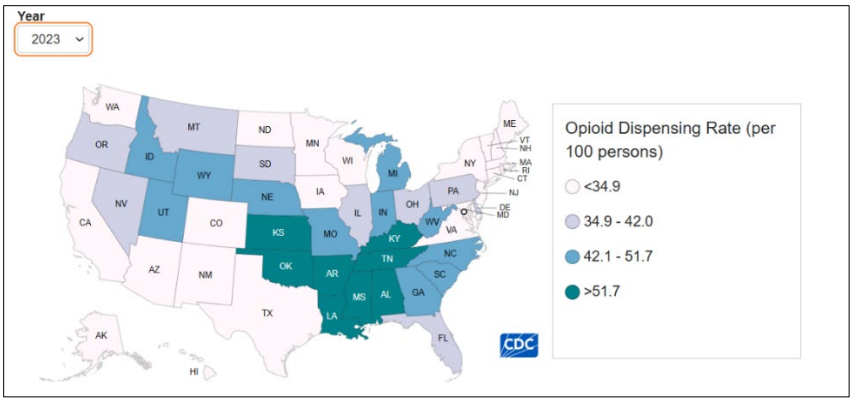
from the Opioid Settlement funds, are widening the paths to recovery for justice involved individuals. Additionally, the Alabama Board of Pardons and Paroles - with continued support from the Law Enforcement Committee initiatives - report a provision of 1, 717 hours of Cognitive Behavior Therapy provided through the Day Reporting Centers for those struggling with substance misuse; 1, 637 received housing assistance; and over 554,000 hours of substance use education provided to participants.

Increased Focus on Education Across the Lifespan: In May 2024, Gov Ivey signed into law Act 2024-221 [6] requiring researched based instruction on fentanyl prevention and drug poisoning awareness to students in grades 6 through 12. The act included guidelines establishing age-appropriate and developmentally based drug and alcohol education as well as prevention programs in schools. Members of the Community Engagement and Law Enforcement Committees were instrumental in supporting the passage of this legislation.

Focus on Equipping Providers with Training: Treatment providers were offered more than 210 continuing education hours through The Alabama School of Alcohol and Other Drug Studies conference held in March 2024; 250 training hours over 46 modules on the treatment of substance use disorders and best practices were offered by The Alabama Department of Mental Health; and 7 Anti-Stigma Summits were offered at locations across Alabama hosted by VitAL. Expansions to the online medical professionals training platform, AlaHOPE.org, created in part with guidance from members of the Prescribers and Dispensers Committee resulted in the addition of 5 new courses; a total of 1,668 course completions were documented this year. Additional resources in the care of Veterans, Adolescents, and Vaping Prevention were added to the Connect Alabama App. Additionally, the Community Engagement Committee created four age-specific podcasts on the dangers of opioid misuse, harm reduction and access to care. Those efforts will continue into 2025.

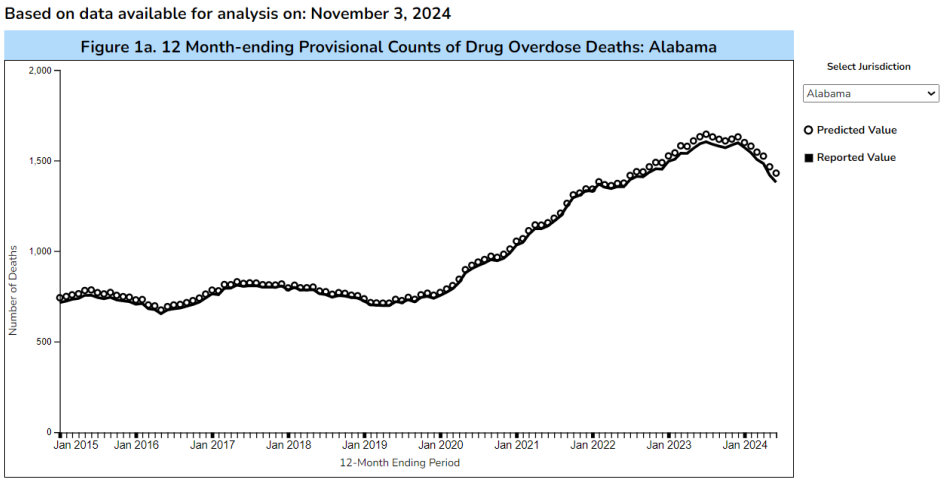
Decreases in Opioid Dispensing Rates: Prescription Drug Monitoring Programs (PDMP) track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs assist in patient care, providing warning signs of impending drug epidemics, and detecting drug diversion and insurance fraud. Alabama's operating PDMP, the Controlled Substances Prescription Database, was established in 2006 by the Alabama Department of Health. The program monitors controlled substances (schedules II - V).[7]

Even though opioid prescription rates have fallen dramatically in the state, Alabama is still among states with the highest opioid dispensing rates of 71.4 based on 2023 data.[8] The overall national opioid dispensing rate declined steadily from a rate of 46.8 opioid prescriptions dispensed per 100 persons in 2019 to a rate of 37.5 opioid prescriptions dispensed per 100 persons in 2023. Dispensing rates for opioids vary widely across states and counties. The drops in Alabama are largely the result of education to medical providers in the provision of care to opioid using persons with emphasis on alternative treatments for pain and interdisciplinary care.



II. Current Perspectives on the Opioid Crisis in Alabama

This year, we celebrate a consistent decline in the number of overdose deaths in the state of Alabama. From Jan 2024 through the end of October 2024, there have been 266 confirmed overdose deaths in the state; we are set to see a much lower overdose death rate then preceding years. In 2022, Alabama documented 1,492 overdose deaths - 31.5 overdoses per 100,000 people. Comparatively for the state, June 2023 there were 1,592 documented deaths – 494 confirmed in Jefferson County alone; in June 2024, 1,380 deaths were reported.[9, 10.] This declining trend is also being seen throughout the state as indicated in the graph below.



National Perspective

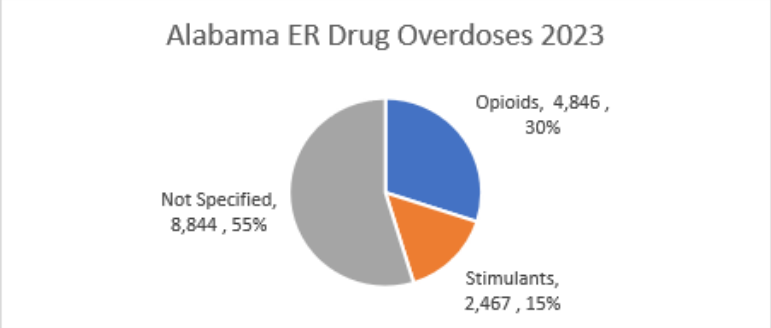
Provisional data from CDC's National Center for Health Statistics indicate there were an estimated 107,543 drug overdose deaths in the United States during 2023—a decrease of 3% from the 111,029 deaths estimated in 2022. This is the first annual decrease in drug overdose deaths since 2018. New data shows overdose deaths involving opioids decreased from an estimated 84,181 in 2022 to 81,083 in 2023. While overdose deaths from synthetic opioids (primarily fentanyl) decreased in 2023 compared to 2022, deaths from cocaine and psychostimulants (like methamphetamine) increased over that same period of time.

Fentanyl has become a significant driver of the country's opioid crisis. Nationally, in approximately three quarters of US states, the last 6 months of 2023 brought slight drops in opioid deaths nationally, compared to the same months in 2022[11] However, the sharp increases in recent years were fentanyl related. Fentanyl-involved opioid deaths drove rises in overall overdose deaths, by over 23-fold in the last decade.[12] Prescription opioid deaths stayed steady and heroin deaths declined. In July 2023, deaths were 2% lower than in July 2022, and by December, they were 20% lower compared to December 2022. Looking at 2023 alone, opioid deaths dropped from 6,928 in July to 5,841 in December, a decrease of over 1,000 deaths. The early provisional and partial data for 2024 point to a continuation of this downward trend has continue.[13]

Statewide Perspective

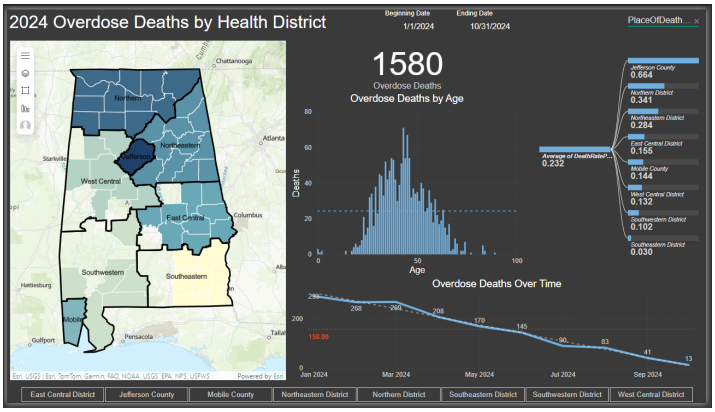
According to the Alabama Department of Public Health, trends are documented utilizing data from the Drug Overdose Surveillance and Epidemiology System and the State Unintentional Drug Overdose Reporting System, as well as data collected of overdoes death records from the Alabama Coroner's Association. In 2023 Alabama had an estimated 14,663 overdose cases requiring an emergency department visit, with an average of 1,221 cases per month. This is an average of around 67 overdose cases per 10,000 ED visits. In 2023 Opioids accounted for the largest percentage of overdose cases with approximately 29% of the 14,600 cases detected through the DOSE system. Jefferson County comprised the highest percentage consistent with the population density. When taking population into account, the county with the highest overdose rate is Bibb County with a rate of 137 overdoses per 10,000 ED visits. Walker and Calhoun Counties followed close behind those rates. Of the 2023 cases identified, 52% were between the ages of 18-44 with 54% identifying as male, 73% were individuals identified as white. Of the 14,663 overdose cases in 2023, at least 1,469 were confirmed to have resulted in fatal overdose (approximately 1 in 10 fatal overdoses).[14] Alabama's 67 counties saw increases in overdose deaths. Leveraging varied data analytic tools has led to data driven decisions on where to place peer recovery resources in local emergency rooms, how and where to distribute lifesaving naloxone and, most recently, fentanyl test strips. Since January 2015 drug overdose deaths per month increased by over 114% in Alabama, with 2023 being the worst overdose death year to date. While opioid overdose trending declines are certainly welcomed, we are vigilant to the reality overdose rates from all substances remain very high.

While the implicated substance in most ER drug overdoses is unknown during the event, opioids were determined to be involved in almost a third of such cases in Alabama, according to The Alabama Department of Mental Health and data from the Central Data Repository.



Local Perspective

Jefferson County Department of Health with data provided by the Alabama Department of Public Health provides the following breakdown of confirmed deaths by state health districts. The date range for this data is January 1 - October 31, 2024. Jefferson County and the northern sections of the state record the highest numbers.

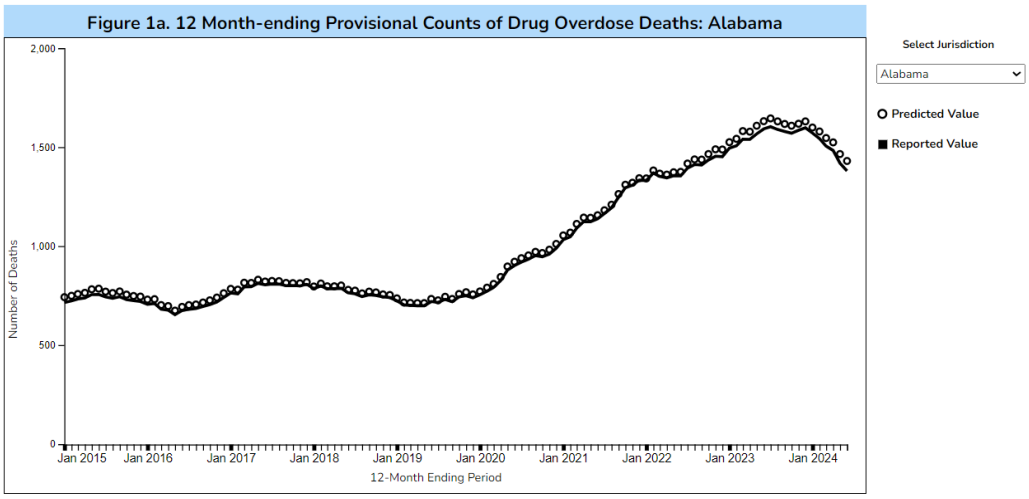


Several initiatives have improved connections to care and lifesaving tools in Alabama, including the following:

- FDA's approval for over-the-counter naloxone
- Increased resources from Opioid Settlement Funds
- Distribution of harm reduction tools like Fentanyl Test Strips
- Public awareness campaigns about the dangers of fentanyl and opioids
- Permanent/extended changes in Federal policies related to requirements for methadone and buprenorphine treatment.
- Implementation of 988 and Alabama's Crisis System of Care

Data regarding treatment admissions across the state indicate admissions for heroin treatment have decreased (from 25% in 2023 to 16% in 2024) while those for fentanyl have increased (35% in 2023 to 39% in 2024).[15] While treatment admissions to Opioid Treatment Programs has decreased 50% since 2018, this is in part largely a result of the advancement of harm reduction measures, and the expansion MAT treatment options, such as the use of buprenorphine, reducing barriers to care.

Based on data available for analysis on: November 3, 2024



III. Statewide Commitment to the Reduction of Harm

The Opioid Council and Standing Committees remain committed to the advancement of harm reduction measures in our state. Alabama has met every provision required by the CDC in 2020 to prevent overdose related deaths. We continue to expand and implement the following initiatives first laid out in the CDC's strategies:[16.]

- Expand the provision and use of naloxone and overdose prevention education.
- Expand access to and provision of treatment for substance use disorders.
- Intervene with individuals at the highest risk of overdose.
- Improve detection of overdose outbreaks due to fentanyl, novel psychoactive substances, or other drugs to facilitate an effective response.

The crisis support, prevention, treatment, and recovery support framework of care for Alabama remains strong – particularly in our abilities to work collaboratively with state and local partners. Our vast resources are expanding greatly as Alabamians have grown more aware of the opioid crisis, and particularly its effects on the local community. The scope of impact is wider than ever. The Opioid Council and its members from across the state remain committed to training in and implementation of evidence-based and promising practices to further impact and decrease opioid substance misuse and overdoses in the state. The following priorities remain the focus of targeted effort for the Council and our partners.

Expanding 24/7 Crisis Care, Access to Treatment

Alabama's Crisis System of Care remains a critical entry point for citizens and families in need of substance use services. Hospital Emergency Departments often lack the mental health training and resources to effectively assist those in crisis and experiencing overdose. Alabama's Crisis response systems of care expanded this year marking 5 centers currently open with a sixth opening in early 2025. This year alone, the Crisis Centers have served more than 6,936 individuals. Crisis centers are detox capable, allowing for the induction of MAT do those with Opioid Use Disorder when needed. Between January and September 2024, Alabama's 988 Suicide and Crisis Lifeline has received 49,616 contacts.[17,18] The number of individuals with a

presenting symptom of a substance use disorder, seen at Crisis Centers from January 2024-October 2024 was 2,854. The Crisis Centers have diverted 5,610 people from emergency departments and 1190 from jail. Some may have been diverted from the jail and the hospital.

Access to Assessments and Care

The Recovery Resource Center continues to maintain and expand the Assessment Only Level of Care program, now in its third year. The program, initially a project of the Treatment and Recovery Support Committee, is designed to eliminate the wait and reduce barriers to recovery. The Center provides assessments by appointment, and this year began offering telehealth services to more remote regions of the state. In addition to several services offered including meals, clothes closets, and housing assistance, a Certified Recovery Support Specialist is assigned to every individual to help assist them in navigating the treatment continuum of care. Since November 1, 2023 – October 31, 2024, the agency has completed a total of 2,150 placement assessments and 360 assessment updates. Sixty-three percent of the assessments were completed via Telehealth; services have been provided to clients across all 67 Alabama counties. A total of 2,381 individuals were connected to treatment with a total of 3,691 people served.

The Recovery Organization of Support Specialists (ROSS) 24/7 Helpline received 24,938 calls between September 30, 2023, through September 29, 2024. The Helpline is answered by a Certified Peer Support Specialist who assists individuals, family and other professionals with support and assistance in connection to treatment resources.

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

Since naloxone was made an over-the-counter medication in March of 2023,[19, 20] efforts to expand distribution have greatly increased. It is largely believed a focus on treatment and the availability of naloxone have contributed significantly to the decrease of overdoses in the nation.

ADMH significantly increased naloxone distribution as funding sources shifted and allowed for realignment of plans to increase saturation efforts. As a result, 46,482 kits were distributed to support Back to School events, community events such as End Addiction Walks, national and state level conferences and trainings, treatment providers serving high-risk individuals, local and rural law enforcement officers, first responders, and state-wide education events.

In addition to the widespread distribution of naloxone, Project FREEDOM North and South 2024 trained first responders in the administration of naloxone and linkage to care. The project distributed 5,679 kits, to the 3,493 trained emergency personnel this year across the state. Beginning in 2024, project will merge but continue to provide training to first responders.

Through Jefferson County Department of Health (JCDH), the free mail order naloxone training program continued, meeting record numbers in distribution. Naloxone kits and Fentanyl test strips have been made available to individuals in Alabama. These free resources were provided in partnership with hospitals, community-based organizations, law enforcement agencies, first responders, through local community events, schools, and pharmacies in the Jefferson County and surrounding areas. Additionally, the training offered Spanish translation options to greater serve the Latino population. Since January 1, 2024, JCDH has distributed 4,922 Narcan kits and 14,870 Fentanyl test strips to Jefferson County residents; and nearly double those numbers to

other counties across the state outside of Jefferson County totaling 8,288 Narcan kits and 33,995 Fentanyl test strips.

Regulatory Improvements and 42CFR Changes

Significant changes in January 2023 to federal waivers restrictions in the prescribing of buprenorphine for treatment of opioid use disorder had positive outcomes in eliminating barriers in the number of physicians who could prescribe medication. Training exceptions were permitted allowing for an increase in the number of providers. In September 2024, changes in Federal Guidelines allowed for additional improvements in treatment access.[21] These changes included (1) increasing starting doses from 25mg to 50mg – allowing those using fentanyl to experience an immediate effect in stabilizing withdrawals; (2) Requiring individuals to have been in treatment for one year prior to admission for MOUD was removed as an unnecessary barrier; (3) the number of take home medication permitted within the first 31 days and following was increased when treatment engagement is paired with individualized clinical judgment, safeguards, and patient education; (4) the ruling permits the screening patients for initiation of methadone via audio-visual telehealth under certain conditions which expands access to care for those in rural communities; (5) To address physician shortages, permission was granted for nurse practitioners and physicians assistants to admit and adjust medications for dispensing at the Opioid Treatment Program. Alabama requires nurse practitioners and physicians' assistants to have a QSACSC and limits dispensing to Buprenorphine medications only; (6) Pregnancy testing is available but no longer required to initiate MAT with pregnant women seeking treatment. [22]

Workforce and Training

At the close of 2023, The Workforce Committee completed a survey to determine workforce related issues and needs of the state. From the survey, a toolkit was developed over the year providing employers guidance and education on the employment of those of the recovery community seeking jobs. The effort has now expanded to create a program which will house a full-time resource consultant to effectively connect individuals to work resources. The Committee is also exploring the use of a web-based platform to assist with related activities.

Improved Resources for Providers of Care to Substance Using Mothers:

Since 2019 the rates of babies born substance exposed have been increasing. While this can present complexities for child protective services, families, and caregivers - there are evidence-based resources available to assist with each encounter. Interagency coordination is essential to address the difficult and pivotal points of care.[23] The Maternal and Child Health Committee, in conjunction with local partners, created and began distribution of two evidence-based resource pamphlets for those serving pregnant and parenting women. The documents provide direction on the use of Narcan with someone who is pregnant, and the other on education for substance use disorders. The Committee has prioritized identifying services needed in Alabama geared to family and maternal substance use treatment across the stages of pregnancy, delivery, and early parenting in the coming year.

IV. New Concerns Facing Alabama

To continue the downward trend of overdose deaths in Alabama, we must continue to identify and respond to emerging trends that drive the state's opioid crisis and continue efforts to distribute naloxone and drug-testing strips. Due to the prevalence of fentanyl, as well as other new and dangerous contaminants such as xylazine ("trank") and nitazine, the drug supply in Alabama is not getting safer[24]. Xylazine involved overdose deaths doubled in the past year, and some nitazine related deaths have been reported - although local numbers for this are currently limited due to limited testing resources. Both are often contaminants in fentanyl and possibly other drugs.

Xylazine is a horse tranquilizer that potentiates the high of fentanyl and is associated with skin wounds and increased risk of death. Nitazines are synthetic opioids that are even more potent than fentanyl. Because Xylazine is often mixed with fentanyl, and nitazines are opioids themselves, naloxone can be helpful in overdose events involving both contaminants.

Naloxone remains a critical component of reducing overdose deaths. There are commercially available test strips for nitazines, similar to fentanyl test strips.[25] At the present, these testing strips are illegal in Alabama under the drug paraphernalia law. The Rescue Standing Committee is currently supporting the Law Enforcement Standing Committee in efforts to seek legalization of such testing measure so individuals may avoid accidental exposure. Teaching these harm reduction measures to those who are thinking of recovery is a life-sustaining measure allowing for more time and engagement of support resources.

There are growing concerns regarding the misuse of ketamine in Alabama as well. During July 2019–June 2023, ketamine was detected or involved in <1% of all overdose deaths and was the only drug involved in 24 deaths in the US. During this period, the percentage of overdose deaths with ketamine detected in toxicology reports increased from 0.3% (47 deaths) to 0.5% (107 deaths). Approximately 82% of deaths with ketamine detected in toxicology reports involved other substances, including illegally manufactured fentanyl, methamphetamine, or cocaine. Overdose deaths with ketamine detected have increased.[26] According to the 2025 Drug Threat Assessment, Ketamine has been found in combination with other drugs of misuse in Alabama.[27]

V. Ongoing Priorities and Strategies

The State of Alabama and its local governments have a shared commitment to using abatement funds recovered from statewide opioid settlements to strengthen resources available to substance use prevention, treatment, and recovery efforts.

The Office of the Attorney General has reached multiple settlements allocating opioid settlement funds to local and state governments. Funds from each settlement have been shared evenly with local governments, county health departments, and public hospitals. So far, local entities have received over $115 million, which has been distributed based on a formula developed by the court-appointed special master that looks at various factors, including number of persons suffering from opioid use disorder, number of overdose deaths, and the amount of opioids distributed, to determine each community's share. Funds have been distributed to local recipients

from Johnson and Johnson, Walmart, and McKesson. The Office of the Attorney General has also reached settlements with Cardinal Health, Cencora (formerly AmerisourceBergen), Teva, Allergan, CVS, Walgreens, and Kroger. The Attorney General has also reached settlements as part of the Mallinckrodt and Endo bankruptcies. [28]

Through Act 2023-383, the Oversight Commission on Alabama Opioid Settlement Funds was established to "develop a statewide plan for the investment and use of opioid settlement funds and review the expenditure of funds appropriated to agencies and entities to ensure expenditures achieve the best results for Alabama's opioid crisis." In 2023, the Commission recommended to the Legislature, and the Governor and Legislature passed the first Opioid Settlement Fund appropriation of $10 million through Act 2023-384. The Alabama Department of Corrections (ADOC) received a $1,500,000.00 appropriation to deliver opioid and co-occurring substance abuse treatment, FDA-approved medication, and pre- and post-release services to justice-involve individuals. The Alabama Department of Mental Health (ADMH) received an $8,500,000.00 appropriation to establish competitive prevention, treatment, and recovery grants.

After successful passage and implementation of the first round of Opioid Settlement Funds, the Oversight Commission recommended to the Legislature a $30 million appropriation of Opioid Settlement Funds, and the Legislature appropriated its second round of Opioid Settlement Funds through Act 2024-426. Line items included the following:

- $20.51 million for the Department of Mental Health
    - $2,000,000.00 for Medicaid state match
    - $1,000,000 for residential detox
    - $1,150,000.00 for prevention and improved outcomes
    - $3,000,000.00 for 988 crisis line
    - $8,060,000.00 for prevention, treatment, and recovery grants
    - $1,300,000.00 for statewide marketing campaign
    - $1,000,000.00 mental health courts
    - $3,000,000.00 for a veteran's pilot program through RFP process.
- $5.49 million for the Board of Pardons and Paroles:
    - $1,515,000.00 shall be used for substance abuse disorder treatment services for women.
    - $2,300,00.00 shall be used for recovery and facility services including housing and transitional space for those suffering for SUD.
    - $175,000 shall be used to expand prevention services.
    - $1,500,000 to implement a program to streamline navigation of services for people with or affected by SUD.
- $1 million for the Department of Corrections to support the implementation or expansion of medication for opioid use disorders in state prisons.
- $1 million for Auburn University to expand the School of Pharmacy, K-12 Education Program and Pharmacy Training related to substance abuse.
- $1 million for the University of Alabama at Birmingham for residencies in psychiatry related to the study and treatment of substance abuse.
    - 500,000.00 for a residency in Montgomery

- $1,000,000.00 to Alabama Department of Public Health
    - For purchase and distribution of naloxone to local and state agencies.

At the time of this writing, The Alabama Department of Mental Health received 67 grant proposals for the use of these allocated funds and looks forward to awards being issued prior to the end of this year for implementation of services early 2025.

APPENDIX A

Standing Committees of The Alabama Opioid Council Annual Reports

The eight priorities, established on the creation of The Governor's Opioid Overdose and Addiction Council, remain guiding principles for the ongoing work of the Council. With the ever-changing drug market and increasing concerns of lethality, the Council remains committed to implementing strategies and processes to reduce the impact opioids and other illicit drugs of misuse have on our citizens. In keeping with the State Opioid Plan, the following priorities and strategies remain relevant and critical. Below are reports providing updates on this year's activities for each of the eight Standing Committees of the Opioid Overdose and Addiction Council.

A. Treatment and Recovery Support Committee

Priority 1:

Support culturally appropriate services and programs, including Medication Assisted Treatment (MAT), for Opioid Use Disorders (OUD) and any co-occurring substance use or mental health conditions (SUD/MH) in targeted communities. The goal of this committee is to expand the quality, availability, and accessibility of evidence-based treatment and recovery efforts for persons with opioid use disorders, family members, friends, and those in long-term recovery.

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

Activities:

- Compiled and reported on drug courts/jails and types/intensities of treatment/recovery support services offered in conjunction with each court.
- Provided education to 50% of the current drug courts on the best practices in the areas of MAT, stigma associated with misuse and MAT, and substance use disorder treatment to drug court and jail professionals through in-person and virtual options provided by the Alabama Association of Drug Court Professional Conferences and VitAL's annual Stigma Summits held in October, January, and February. The committee continues to use these channels to ensure drug courts and similar professionals have regular access to relevant education and training related to the use of MAT.
- Assisted drug courts in developing collaborative relationships with providers of substance use disorders, MAT, and recovery support services.
- Created a standardized presentation to educate drug court professionals on Alabama's system of care and MAT services, showcased at the Administrative Office of the Courts (AOC) 2024 Winter Conference. This will be a regular feature at events dedicated to drug court professionals.
- Created an informational handout on MAT on the basics of MAT, benefits, and its role in substance use disorder treatment.
- In October 2024, the committee launched a survey to better understand the needs of drug courts and the agencies that serve drug court participants. The results support improved education and training to drug courts.

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

Activities:

- The committee successfully implemented twice-a-month virtual (recorded for future use) Treatment and Recovery Calls allowing agencies and providers to share knowledge about and access to programs over multiple pathways to care. These were open to all certified and non-certified agencies (total of 20). This will be a sustained effort in 2025.
- The committee developed an information card to encourage those seeking treatment to explore services and supports available in Alabama through the Connect Alabama app. This card will assist individuals in making informed and autonomous decisions through a share decision making encounter. The Connect AL app is continuously revised to ensure services and supports are made accessible to those who visit the app for education, information, access to helplines/hotlines/crisis lines, and to providers across the state.
- Collaboration between recovery and transitional housing entities has improved. The efforts with Alabama Alliance for Recovery Residences, Association of Christian Recovery Ministries, Oxford House, and other recovery/transitional housing providers across the state has enabled learning about pathways, promoting referrals with confidence due to certification processes for AARR and ACRM.
- The committee reached out to the Faith Based Support Specialist Program (FBSS) to help support the sustainability of their training efforts. FBSS report being fully supported.

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

Activities:

- The committee explored national efforts and processes in parity reformation.
- The committee met with the Georgia Department of Mental Health and Developmental Disabilities, The Council of State Governments, key stakeholders, and contributors to reformation in the states of Kentucky and New York, the Legal Action Center, and The Kennedy Forum. Added resources and information were gathered informing of best practices in addressing the Parity Act. One resounding commonality among each of the groups was the involvement of legislation throughout the process.
- The committee has joined a newly formed learning collaborative of stakeholders from various states - all are in the initial stages of exploring and advancing parity.
- The committee will continue to review information on parity to determine how to best create/curate consistent content for the state of Alabama for dissemination to providers and Alabamians seeking care.

Objective #4: Develop and track opioid overdose initiatives.

Activities:

- Monitor and respond to key access points currently being utilized in Alabama.
- In addition to the Helpline and placement assessment information noted above, the committee continues to track utilization of the Connect AL App – a featured resource provided through The Alabama Department of Mental Health and VitAL.

- Since November 2023, there have been a total of 14,702 downloads of the app by users.
- New features currently available include Veterans and Military content, Self-Screening tools for substance use and mental health, Adolescent and Vaping content, Spanish content access, Crisis Center Maps, and Directory Access.

B. Rescue Committee

Priority 2:

Support efforts to prevent and reduce deaths from overdoses or other opioid-related harms through evidence-based or evidence-informed programs and strategies, such as increasing access to naloxone and employing other life saving measures. The committee prioritizes overdose reversal awareness, outreach, training, and distribution efforts, as well as other potential ways to reduce overdose deaths, including potential opportunities that would require policy changes when needed. The committee works to explore new opportunities for prevention of overdose deaths as new threats emerge, and as new tools for prevention emerge.

Objective #1: Critical expansion of overdose education and naloxone distribution through prescription naloxone by standing order and/or direct dispensing as allowed by laws and regulations throughout the state to areas where it is needed, through various means, including but not limited to:

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

Objective #3: Explore new opportunities for prevention of overdose deaths as new threats emerge, and as new tools for prevention emerge. For example, Xylazine test strips are now available.

Activities:

The distribution of naloxone, Fentanyl Test Strips, and other opioid overdose prevention strategies and reversal agents was accomplished through collaborations with Alabama Department of Mental Health (ADMH), Alabama Department of Public Health (ADPH), Jefferson County Department of Health (JCDH), Project Freedom, Mobile County Health Department (MCHD), The Crisis Center, Addiction Prevention Coalition (APC) and many others. Efforts were supported with funding from SAMHSA's State Opioid Response funds, CARA/FREEDOM/First responders grants, the CDC's Overdose Data to Action grant, and Opioid Settlement Fund awards.

- ADMH distributed over 46,482 naloxone kits: 31% to campus/educational institution use; 31% to treatment providers for direct distribution to at-risk patients; 28% to law enforcement; 13% to first responders for leave behind naloxone; and 5% distributed through community events.
- Jefferson County Department of Health, in collaboration with ADMH and ADPH, distributed 13,210 naloxone kits and 48,865 fentanyl test strips across Alabama through its online distribution platform.

- Addiction Prevention Coalition is placing *OneBox* [29] kits in at-risk areas. The boxes contain naloxone and automated videos on recognizing overdose and administration of naloxone.
- Project Freedom trains First Responders on substance use treatment and use of naloxone.

In 2025, the Rescue Committee will assess and develop strategies around data-driven public health vending machines, naloxone kiosks, and expanded distribution through peer-led initiatives. The committee will explore avenues to decrease drug-related harms including initiatives involving xylazine and nitazines, wound care distribution efforts, reforms needed to drug paraphernalia laws, and community education on emerging drugs in Alabama drug supply.

C. Workforce Committee

Priority 3:

Alabama's labor force and economy are among the hardest hit by the opioid crisis. The Workforce Committee believes health and wellbeing are vital for workplace productivity, workforce retention, and healthier local economies. Promoting and fostering workplaces that support mental wellbeing throughout the state is the over-arching goal. The committee seeks to connect unemployed or underemployed individuals affected by the opioid misuse with recovery services and rapid reskilling opportunities. Efforts include attention to the development of state-level recovery friendly and supportive workplace resources for Alabama, and developing strategies that promote a healthy workplace for people with opioid use and other substance use disorders, as well as mental illnesses.

Objective #1: Survey Alabama workforce on attitudes and beliefs about their workplaces, benefits, and behavioral health needs.

Activities:

The survey addressed work experiences and job environment characteristics shown to have an impact on mental health and substance use.[30, 31] Employed Alabamians were asked how the following factors relate to one's behavioral health. Questions about depressive symptoms, anxiety symptoms, substance use behaviors, and overall well-being were included.

1. *Job Satisfaction* includes
2. *Workplace Positive Attitude towards Mental Health*
3. *Workplace Knowledge of Mental Health*
4. *Organizational Support*
5. *Attitudes on Diversity in the Workplace*
6. *Workplace Relationships*
7. *Moral Injury*
8. *Work/Life Balance*

- The survey was completed by 1,132 employed Alabamians (both supervisors and non-supervisors) across multiple industries including: Advanced Manufacturing, Construction, Healthcare, Information Technology, Transportation, Distribution, and Logistics.

- Analysis of results revealed the following outcomes:
    - Survey participants across industries reported mostly similar experiences.
    - Survey highlights on workplace influence on mental health, include:

- Individuals with higher job satisfaction had lower depression and higher well-being.
- Individuals working in places with more knowledge of mental health had higher well-being.
- More organizational support was associated with individual lower anxiety.
- Individuals working in organizations that valued workplace diversity had lower levels of depression and substance use, and higher levels of well-being.
- Individuals who experienced more moral injury events had higher levels of depression, anxiety, and substance use behavior.
- Greater work-life balance was associated with better wellbeing, lower depression, and lower anxiety.

- Four different workplace typologies independent from industries were identified and include:

  Mentally Healthy Workplace: 42% of individuals surveyed worked in a Mentally Healthy Workplace, had the best overall well-being, the lowest levels of anxiety, depression, and substance use.

  Unhealthy Workplace Environment: 35.9% of the sample worked in an Unhealthy Workplace Environment and on average had low levels of substance use behavior, and relatively medium levels of depression, anxiety, and well-being compared to the other typologies.

  Toxic Workplace Environment: 15.1% of the sample worked in a Toxic Workplace Environment, had poor well-being and elevated levels of depression, anxiety, and substance use behavior.

  High Stress with Positive Attributes: 6.6% of the sample belonged to the High Stress with Positive Attributes Workplace Environment. These individuals had medium levels of overall well-being, but elevated levels of depression, anxiety, and substance use behavior.

Survey takeaways include:

- The environment a person works in has a tremendous influence on their overall mental health including depression, anxiety, substance use, and overall well-being.
- Less than 50% of surveyed employed Alabamians report working in a mentally healthy workplace.
- Around 15% of surveyed Alabamians work in an environment they deem to have very poor mental health practices and report experiencing the effects of this environment.
- Individuals in advanced manufacturing and information technology had the worst reported mental health compared to other industries; construction had high rates of reported substance use.

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

Activities:
Recovery recognizes substance use disorder as a chronic condition from which individuals can recover. However, it requires access to evidence-based treatments and long-term support. A tool kit was developed offering resources for employers and individuals seeking employment in recovery-friendly workspaces. For complete access to the toolkit and additional resources, please visit: https://vitalalabama.com/resources/professionals/awsp-toolkit/.

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

Activities:
The committee reports the hiring a full-time person to develop a program for the state. The program will support employers who desire to prevent substance misuse, reduce stigma, and encourage recovery in the workplace. The program will be designed to help employers (1) foster a safe and recovery friendly environment, (2) engage their employees in addiction & behavioral health education and prevention, (3) retain healthy and productive employees, and (4) promote prevention and recovery in their local communities.

Additionally, the Committee is evaluating the development of a central portal of job-related resources for persons living with behavioral health challenges (tentative).

D. Data Committee

Priority 4:
Leading stewards and experts of substance use data across the state monitor trends by exploring complexities of sharing, analyzing, interpreting, and reporting substance use data. The Data committee functions to develop the capacity to provide rapid access to current data from various statewide agencies to address the opioid crisis and overdoses. Solutions are identified and implemented relative to the impact of opioid misuse and overdose, to include guiding development of resulting policies. The development, maintenance, and expansion of the State's Central Data Repository (CDR) and it's contributing partners has been a primary means of data collection supported by the committee.

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

Activities:
- Review deficits in available data to assess the statewide impact of substance misuse.
- Determine how data visualization can assist state agencies, community advocates, and local community leaders in developing strategies to reduce substance overdose deaths.
- Increase the frequency with which our partners share data and decreasing the time lag of reporting data publicly.

Half of the data-sharing partners submit data on a quarterly basis. These partners include the Alabama Department of Mental Health, the Alabama Department of Public Health, and the Alabama Poison Information Center.

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

Activities:

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

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

Activities:

- The grant funds used to develop and maintain the CDR since inception were expected to expire in FY24. Efforts to secure future funding included exploring options to ensure data-sharing activities would continue and public data dashboards would remain available. Finding there was on-going interest among our data-sharing partners, a new approach to management and funding has been adopted. As a result, ADMH and ADPH will jointly manage the CDR in FY25 with both agencies providing financial and administrative support.
- Continue to serve the CDR Governance Board as subject matter experts and advisors.

E. Community Engagement and Outreach Committee

Priority 5:

The Community Engagement and Outreach committee believes achieving optimal health is the cornerstone of opioid use prevention, treatment, and recovery. Supporting culturally appropriate services and programs and addressing the disparities that exist within systems and services are pivotal to the health and well-being of individuals within the State of Alabama – particularly for vulnerable populations (i.e., homeless, youth in foster care), incarcerated individuals, citizens of racial, ethnic, geographic, and socio-economic differences. The committee seeks to increase outreach capacity to educate and train individuals, communities, and organizations by providing culturally competent messaging to address the needs of diverse populations and mitigate behavioral risks that may be associated with opioid use/misuse, and to ensure all Alabamians have access to prevention services.

Objective #1: By the end of 2025, Community Engagement and Outreach will employ at least two opioid use/misuse media outreach efforts.

Activities:

- A collaboration with higher education students was established to interview and record podcasts for education and awareness of Opioid use and misuse. [32] Four podcasts ("Opioids", Part 1 & 2, and "Laced and Untraced", Part 1 & 2) have been recorded and available for listening/download. The committee will review data points and analytics monitoring demographics of listeners to guide in future media efforts.

- A virtual statewide townhall to include local efforts from prevention implementation partners, law enforcement and persons with lived experiences is slated for early 2025. Surveys have been disseminated that will provide information crucial to the content of the townhalls.

- Other Community Engagement efforts through the ADMH Office of Prevention i.e. National Prescription Drug Take Back Day, Drug Deactivation Kits, et al. as well as

identified targeted education and prevention needs of under-resourced populations in the state will be explored.

F. Law Enforcement Committee

Priority 6:

To increase awareness of resources to address the opioid crisis for members of the law enforcement community is the primary goal of the Law Enforcement committee. The committee is tasked with identifying and developing ways to educate and equip the law enforcement community in both harm-reduction and harm-prevention approaches in working with those struggling with substance misuse and co-occurring conditions. Additionally, the committee addresses the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system. One key aspect of this response is trauma-informed care responses and policies for those in law enforcement and working with incarcerated individuals.

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

Activities:

- Alabama Recovery Advocacy Day (ALRAD) 2024 – March 5 at the Alabama State House.
- Narcan Family Day event – This collaboration with the Prescribers and Dispensers Committee began as a pilot project in Birmingham (April). The potential for overdose and high return to use risk among those coming out of incarceration was the intended focus of effort. The committee included partnerships with Jefferson County Department of Health, other health organizations, and The Alabama Bureau of Pardons and Paroles (ABPP) to facilitate events at all 5 urban Day Reporting Centers located in Birmingham, Mobile, Montgomery, Huntsville, and Tuscaloosa. These events were open to the justice involved persons in the ABPP supervised community and their families. Training provided included information on overdose reversal practices, resources for access to care, and Narcan kits were provided along with fentanyl test strips. A total of 296 individuals participated; 314 Narcan kits along with 260 Fentanyl Test strips were distributed.
- The Committee collaborated with VitAL in the creation of First Responder Resource Kits including an on-line First responders Guide for Behavioral Health Crisis Response. Funding support is being considered for the continuation of this effort into next year.
- Given the increase in fentanyl related overdoses, the committee, along with ABPP legislative lobbyist, submitted a proposal for the continuance of the Opioid Council. Support was obtained for research and development of projects aimed to achieved Council objectives and goals with Governor Ivey's signature on April 29, 2024. [33]
- The Committee joined the Maternal Child Health committee and provided a presentation at this year's Alabama Council on Crime and Delinquency Conference to increase law enforcement officer's understanding of treatment and mental health needs within the pregnant and nursing mothers' population.

- The committee continues to increase access to overdose reversal agents behind the walls where diversion and security breaches remain high. The Alabama Department of Corrections reports 4,662 doses of Narcan have been provided as of September 2024.

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

Activities:

- Committee members and interested stakeholders continued interstate discussions with key resources in Kentucky to tour programs offering gender specific Recovery Housing, a men's housing program, and community programs in February 26-28, 2024.
- The housing workgroup met with the Fletcher Group to determine best efforts in next steps for Recovery Housing initiatives in Alabama. The team offered free consultation following tours of identified facilities; guidance on best efforts with the use of braided funding and Therapeutic Community models in recovery housing efforts was provided for future continuity of care steps.
- The housing workgroup met with US Probation for a presentation regarding implementation of MOUD to justice involved populations.
- ABPP incorporated critical objectives for housing bids with the release of Requests for Proposals for use of allocated Opioid Settlement Funds, with guidance from the Committee encounters.

Objective #3: Establish a workgroup to research best efforts in the implementation of MOUD programs in a correctional setting to include reliable continuations of care.

Activities:

- Committee representatives from ADOC/ADMH/ABPP attended SAMSHA's Policy Academy on Advancing Medication for Opioid Use Disorders in State Prisons.
- ADOC has implemented an MOUD policy allowing for greater access to medication to treat opioid use disorders within state correctional facilities. ADOC has trained health care staff and expanded treatment into 5 major facilities across the state, with implementation planned for an additional 2 facilities before the end of this year.
- ADOC has partnered with ABPP to secure and implement a continuum of care model for MOUD treatment from incarceration to community supervision for best efforts in reducing or eliminating treatment gaps and reducing overdoses post incarceration.
- ADOC/ABPP Continuum of Care procedure has been solidified & additional training is planned for the Parole Board and ABPP staff in November 2024.
- The committee in coordination with ADOC and other state agency efforts have established partnerships to connect Peer Support Specialists to assist with the Continuation of Care from a correctional setting to a community supervision setting, to include reentry housing.
- The first County Jail to ADOC transfer of a person on MOUD with no lapse in treatment was successfully completed this year, establishing a protocol for the continuity of care.

- MOUD treatment was established and maintained in the Walker County Jail. This Building Bridges Program is the first of its kind in Alabama.

G. Maternal Child Health/Substance Use Committee

Priority 7:

Improve maternal and child health by addressing the challenges faced by parenting and pregnant women with substance use disorders, infants born with neonatal opioid withdrawal syndrome, and child health needs in families and homes in which substance using persons reside. The committee is tasked with the development and identification of resources to both educate and equip providers and families needing support services; working with stakeholders regarding barriers to care and policy issues; and ensuring resources for referrals are provided at vital access points in the continuum of care.

Objective #1: Provide education.

Activities:

The Education Workgroup prioritized educating providers and families with resources to increase knowledge around the use of Narcan during pregnancy.

- Flyers were created by the Alabama Perinatal Quality Collaborative (ALPQC) for first responders and providers around the use of Narcan on pregnant women and symptoms of substance use disorders in pregnant women.
- The ALPQC created first responder trainings in conjunction with VitAL on topics including myths about pregnancy, maternal mental health, pregnancy laws, and pregnancy emergency complications. These modules should be available at the beginning of 2025.
- Through the OD2A grant, R.O.S.S. in collaboration with SafeCare, worked with 3 hospitals and 2 agencies to provide training around pregnancy, substance use, harm reduction measures, Opiate Use Disorder, and how to administer Narcan.
- Committee members presented at conferences including Alabama Council on Crime and Delinquency and the Alabama School of Alcohol and Drug Studies.

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

Activities:

The Policy Workgroup prioritized working with community stakeholders to address barriers to care due to the chemical endangerment law. The workgroup spoke with many partners about the services available to women within the justice system, including those who are incarcerated. The workgroup is exploring opportunities for diversion into treatment as well as resources needed to maintain a healthy pregnancy while incarcerated. This workgroup focused effort on materials to address and dispel myths about pregnancy and mental health including:

- Selective serotonin reuptake inhibitors (SSRIs) are safe (indicated) during pregnancy.
- Medicated Assisted Recovery (MAR)/Narcan is safe during pregnancy.

- There are pregnancy complications that look like substance use disorder, such as stroke.
- Best way to take care of mom and baby: get them connected to care, especially community focused care.

Objective #3: Develop services and supports.

Activities:
The Services and Support Workgroup:

- Educated providers on mandatory reporting related to pregnant women with substance use disorder.
- Prioritized efforts to increase the number of Special Women's in-patient treatment beds in South Alabama.
- Gathered qualitative information from mandatory reporters on resources needed such as supports and facilitators for mothers experiencing substance use disorder.
- Conducted focus groups with nurses and plans to meet the next year with social workers providing similar care to women.
- Worked with other states to learn see what others are doing to integrate services between substance use treatment and prenatal care.
- The workgroup was selected to be the advisory council for the state's Pregnant and Postpartum Women's grant from SAMHSA that provides treatment services for pregnant and parenting women in Etowah, Franklin, Lawrence, and Colbert counties, which kicked off on October 1, 2024.

Objective #4: Develop protocols.

Activities:
The Protocols Workgroup clarified the referral system for early intervention for infants with NOWS and improving opioid education upon hospital discharge. The workgroup met with Department of Rehabilitation Services to learn about early intervention and outlined next steps to get families to services. The workgroup is working with identified hospitals to make Narcan available to women in labor and delivery units and to their families at discharge; further discussions are needed to overcome barriers.

In 2025, the Maternal and Child Health Committee will reorganize to allow for more intensive study of needs of women pre, during, and post-delivery. This format will allow members and stakeholders to consider the education, policy, and service needs for the identified population. The model will provide a guided flow in the continuum of care to better target obstacles through the stages of maternal care. The model will enable expanded opportunities to work directly with experts at all three stages.

H. Prescriber/Dispenser Practices –

Priority 8:
The Prescribers and Dispensers committee is tasked with ensuring tomorrow's prescribers and dispensers are educated in safe opioid prescribing and best practices. The Prescribers and Dispensers Subcommittee is comprised of prescribing and dispensing healthcare professionals

and educators throughout the State of Alabama. The committee seeks to 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. The committee continues to support and promote the use of the Alabama's Prescription Drug Monitoring Program (PDMP) that enables healthcare providers to review an individual's controlled-substance prescription history prior to writing an opioid prescription.

Objective #1: On-going development of ALAHOPE. The platform launched successfully in May 2023 with twelve modules on substance use. More content will be added in 2025.

Activities:

- Five additional courses were added this year:
    - Pharmacology of Opioids, Stimulants, and Benzodiazepines
    - Maternal Child Health and Substance Use Disorder
    - Substance Use Disorder Legal and Ethical Considerations
    - Substance Use Disorder and Social Determinants of Health
    - Substance Use Disorder in the Emergency Department

- Podiatry, Optometry, and Pharmacy Technician Continuing Education Credit are now available, and the Pain Unit was updated.
- Added lectures include Pharmacologic Treatment of SUD and related disorders; SUD Assessment, Diagnosis and Risk Factors; SUD and Associated CO-Morbidities; Overdose Risk Factors, Signs, and Response; Neuro-mechanics of SUD, Substance Use in the US; Overdose Antidote Therapy; Safe Tapering of Benzodiazepines; and Patient Communication.

Objective #2: Monthly data analytics reports regarding the utilization of ALAHOPE, including profession and demographic data, as well as the pretest and posttest data and course evaluations.

Activities:

In 2024, the Prescribers and Dispensers Committee remained focused on development of the Alabama Health Professionals' Opioid and Pain Management Education platform, known as ALAHOPE (www.alahope.org). As of September 30, 2024, there have been 1,668 course completions within the ALAHOPE platform, offering a significant amount of free continuing education credit to health professionals in Alabama. Users include Physicians, Nurse Practitioners, Pharmacists, Educators, Social Workers, Counselors, and Dentists. The curriculum has been utilized by health professionals in nineteen additional states and one Canadian province.

Objective #3: Annual monitoring and reporting of statewide opioid prescribing/dispensing data.

Activities:

Each year, the Prescribers and Dispensers Committee provides opioid dispensing data obtained from the Alabama Prescription Drug Monitoring Program to monitor opioid prescribing and dispensing trends. Alabama continues to see a decline in the opioid prescribing and dispensing rates. Data through October 31, 2024, indicates the following successes: Opioid Prescription counts (which includes full opioid agonists and partial opioid agonists) are down from 4,581,773

in 2023 to 3,846,794. The number or quantity of opioids dispensed have equally seen a marked decrease from 276,498,852 in 2023 to 219,505,471 January 1, 2024, through October 31, 2024. The total of morphine milligram equivalents (MME) which is the value used to compare measures of opioid dose potency has also declined from a total of 3,027,090,821 in 2023 to 2,316,250,499 as of October 31, 2024.

APPENDIX B

Alabama Opioid Overdose and Addiction Council Membership 2024

Kimberly Boswell, Co-Chair	Commissioner, Alabama Department of Mental Health
Scott Harris, MD, MPH, Co-Chair	State Health Officer, Alabama Department of Public Health
Steve Marshall, Co-Chair	Attorney General of Alabama, Office of the Attorney General
Debbi Metzger, Facilitator	Alabama Dept. of Mental Health, State Opioid Coordinator

Charles Rogers, MD	Alabama Board of Medical Examiners
David Herrick, MD	Medical Association of the State of Alabama
Susan Alverson, Pharm.D.	Alabama Board of Pharmacy
Zack Studstill, DMD	Alabama Dental Association
Blake Strickland	Alabama Board of Dental Examiners
Marilyn Lewis, Ed. D.	Alabama State Department of Education
Nancy Buckner	Alabama Department of Human Resources
Steven Dozier	Insurance Consumer Services Division
William M. Babington	Alabama Dept. of Economic and Community Affairs
Kelli Littlejohn Newman	Alabama Medicaid Agency
Rich Hobson - Retired 2024	Alabama Administrative Office of Courts
Darrell Morgan – Retired 2024	Alabama Bureau of Pardons and Paroles
Hal Taylor	Alabama Law Enforcement Agency
Sam Adams	Alabama Law Enforcement Agency
John Hamm	Alabama Department of Corrections
Jessica Rivera Pescatore	Alabama Regional Poison Control Center
Barry Matson	Alabama Drug Abuse Task Force
Susan Staats-Combs, M.Ed.	Alabama Methadone Treatment Association (ALMTA)
Mark Wilson – Retired 2024	Jefferson County Department of Health/Pills to Needles
Brian McVeigh	Alabama District Attorney's Association
Neil Rafferty	Alabama House of Representatives
OPEN – formerly Gwen Meadows	Alabama House of Representatives
Billy Beasley	Alabama State Senate
OPEN – formerly Jim McClendon	Alabama State Senate
Mark Litvine	Recovery Organization of Support Specialists (ROSS)
Julie Ray	Recovery Organization of Support Specialists (ROSS)
Shereda Finch	Council on Substance Abuse (COSA)
Laura Corley	Council on Substance Abuse (COSA)
David L. Albright, PhD, MSW	University of Alabama, School of Social
Fitzgerald Washington - Retired 2024	Alabama Department of Labor
Stephen Smith – RETIRED 2024	Alabama Department of Labor
Ed Castile	Alabama Industrial Development Training (AIDT)
Jacqueline Allen	Alabama Industrial Development Training (AIDT)
Louise F. Jones	Alabama Pharmacy Association
Brent Boyett, DO	Boyett Health Services
Michael Catenacci, MD	Blue Cross Blue Shield of Alabama
Darlene Traffanstedt, MD	Alabama Medicaid Agency
Bobby Lewis, MD	American College of Emergency Physicians, AL Chptr
Boyde J. Harrison, MD	Alabama Academy of Family Physicians
Christopher Jahraus, MD	American Society of Radiation Oncology, AL Chptr
Michael Humber	UAB Hospital Alabama Association of Nurses

Nick Moore	Governor's Office of Education and Workforce
Nancy Bishop	Alabama Department of Public Health
Denice Morris	Alabama Department of Mental Health
Matt Hart	Alabama Board of Medical Examiners
Donna Oates	Alabama Administrative Office of Courts
Beverly Johnson	Alabama Department of Mental Health
Honour Hill	March of Dimes
Suzanne Muir – RETIRED 2024	University of Alabama at Birmingham

APPENDIX C

Standing Committees of the Opioid Overdose and Addiction Council

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

Christopher Sellers	Co-chair, Alabama Department of Mental Health
Nancy Bishop	Co-chair, Alabama Department of Public Health
Rich Hobson	Alabama Admin. Office of Courts
Blake Thomas	Alabama Board of Pardons and Paroles
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Jan Casteel	Alabama Department of Human Resources
Felica Greet	Alabama Department of Corrections
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Maury Mitchell	Alabama Law Enforcement Association
Gary Parker	Alabama Medicaid Agency
Jessica Pescatore	Alabama Poison Information Center
Hannah Brasher	Blue Cross Blue Shield of Alabama
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Michael Dean	Attorney General Office-State of Alabama
Brain Forster	Alabama Dept of Economic & Community Affair
Felicia Greer	Alabama Department of Corrections
Dr. David Herrick	Pain Management Physician
Dr. Edward Kern	Alabama Department of Corrections
Cedric Leonard	Shelby County
Curt Lindsley	Alabama Alliance for Recovery Residences
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Barry Matson	Alabama Office of Prosecution Services
Kevin Murphy	Montgomery County Sheriff Office
Liza Nicholson	West Central Alabama AHEC
Lisa Olsen	Freedom South - VitAL
Randy Pollard	Montgomery County Sheriff Department
Marcia Robinson	Alabama Bureau of Pardons & Paroles
Kim Randolph	Yes Care Corporation
Christopher Sellers	Alabama Department of Mental Health
Nicholas Snead	Alabama Department of Mental Health
John Venegoni	Alabama Law Enforcement Agency SBI
Sam Adams	Alabama Law Enforcement Agency
Griffith Waller	Alabama Bureau of Pardons & Paroles

Matthew Wells	USDJ DEA
Justin White	Walker County Building Bridges Program
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Candace Rachel	Alabama Department of Corrections
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Elana Merriweather	Alabama Department of Mental Health
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Whitney Johnson	University of Alabama Birmingham
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William Wainscott	Kolbe Clinic
John Bayles	Recovery Resource Center
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Susan Staats-Combs	Provider, ALMTA
Patty Sykstus	Not One More Alabama
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Mark Litvine	Alabama Department of Mental Health
Judd Drake	ACRM
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Luciana Coleman	Alabama Department of Mental Health
Julie Ray	Recovery Organization of Support Specialists
Sheree Towne	Provider, ASADS Board of Directors

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David Albright	The University of Alabama
Brandon Folks	Alabama Department of Mental Health
David Albright	The University of Alabama
Azzie Oliver	Montgomery County District Attorney Office
Brandon Folks	Alabama Department of Mental Health
Brenae' Waters	Alabama Department of Mental Health
Candi Williams	American Association of Retired Persons, AL Chptr
Carie Wimberly	Addiction Prevention Coalition
Christopher Sellers	Alabama Department of Mental Health
CSM Richard Moore	Alabama Joint Counterdrug Task Force
Ken Rysedorph	BayMark Health Service
Kendrikka Suddith	Alabama Department of Mental Health
Kimberly Terrell	The University of Alabama
Liza Nicholson	West Central AL Area Health Education Centers
Major Rickeisha Robinson	Alabama Joint Counterdrug Task Force
Representative Neil Rafferty	District 54
Rosie London	West Central AL Area Health Education Centers
Susan Short	Covington County Children's Policy Council
Shaundalyn Elliott	Alabama State Department of Education

Shereda Finch	Council on Substance Abuse
Vandlyn Pierre	Drug Education Council
Wanda Williams	Alabama Department of Medicaid

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Shane Herring	Addiction Prevention Coalition
Wendi Hogue	Project Freedom, University of Alabama
Louise Jones	Alabama Pharmacy Association
Rachel Kiefer	Alabama Department of Public Health
Chansica Lanier	West Central Alabama AHEC
Samantha Lawrence	Alabama Department of Mental Health
Ashley Loftis	Addiction Prevention Coalition
Kevin Michaels	Mobile County Health Department
Field Morton	Birmingham Police Department
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Lacey Peacock	Alabama Department of Public Health
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Vikki Thomas Forte	UAB Beacon Recovery
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Luke Engeriser, MD	Altapoint Health Systems
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Andrew Edwards	UAB, Department of Emergency Medicine
Allison Litton	UAB, Physician Assistant Studies Program
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Billy Beasley	Alabama Senate
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Carla Kruger	Alabama Board of Medical Examiners
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Christopher Sellers	Alabama Department of Mental Health
Clay Simmons	Bradford Health Services
Crystal James	Tuskegee University
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David Herrick	Pain Management Physician
Donna Yeatman	Alabama Board of Pharmacy
Edwin Rogers	Alabama Board of Medical Examiners
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Ellen Robertson	University of Alabama, School of Social Work

Fallon Lotson	UAB Physician Assistant Studies Program
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Heather Martin	UAB, School of Health Professions
Helen Coronel	University of North Alabama, School of Nursing
Jean Leuner	AUM, College of Nursing and Health Sciences
Jerry Harrison	MD Alabama Academy of Family Physicians
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Jessica Rivera Pescatore	Children's of Alabama, Poison Control Center
John Rogers	Alabama Dept. of Economic & Community Affairs
Kathy Bydalek	University of South Alabama Health Sciences
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Stephanie Wynn	Samford University, School of Nursing
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Sue Feldman	UAB, School of Health Professions
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Workforce – Chair/Co-chairs: David Albright, Jacqueline Alen, and Heather Hall

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Heather Hall	Alabama Department of Labor
Chansica Lanier	West Central Alabama AHEC
Chris Sellers	ADMH
Larry Vahle	People Engaged in Recovery

Mickey Trimm	Kolbe Health Services
Nichole Dawsey	Addiction Prevention Coalition
Susan Staats Combs	Chilton and Shelby Treatment Centers
Ted Sexton	Phoenix House of Tuscaloosa
Virgina Guy	Drug Education Council
Wendi Hogue	VitAL – Alabama Workforce Stabilization Program

Maternal Child Health/Substance Use – Chair/Co-chair: Honour Hill and Julie Ray

Honour Hill	March of Dimes
Julie Ray	ROSS
Adrian Collier	West Central Alabama AHEC
Alexis Barnes	NICU Nurse
Amie Martin	VitAL Alabama
Amy Fisher	Alabama Department of Rehabilitation Services
Andrew Wesley Stubblefield	Alabama Department of Public Health
Angela Hayes	Alabama Department of Mental Health
Ashley Lovell	Alabama Prison Birth Project
Audra W. Toney	VitAL Alabama
Britta Cedergren	Alabama Perinatal Quality Collaborative
Brooke Whitfield	Alabama Department of Mental Health
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Christopher Sellers	Alabama Department of Mental Health
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Darlene Traffanstedt	Alabama Medicaid Agency
Emma Roth	Pregnancy Justice
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Jennifer Key	Decatur Morgan Hospital
Laura Thompson	North Alabama Community Care
LaWana Kennedy	Alabama Department of Mental Health
Leslie Moon	Comprehensive Addiction in Pregnancy Program
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Lisa Costa	University of Alabama
Lora Ham	Alabama Perinatal Quality Collaborative
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Regan Moss	March of Dimes
Samantha Goldfarb	Alabama Resident
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Tom Butler	University of South Alabama
Travis Houser	Medicaid
Tyesha Durr	Alabama Department of Mental Health

Tara Wood — University of Alabama at Birmingham
Yvette Burt — Jefferson County Department of Health

APPENDIX D
References and Citations

[1] Executive Order No. 708 Establishing the Alabama Opioid Overdose and Addiction Council. August 8, 2017: https://governor.alabama.gov/newsroom/2017/08/executive-order-no-708/

[2] Opioid Deaths Fell in Mid-2023, But Progress Is Uneven and Future Trends are Uncertain | KFF

[3] Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data

[4] https://www.pbs.org/newshour/nation/how-the-opioid-crisis-is-driving-deaths-and-abuse-in-prisons

[5] Journal of Substance Use and Addiction Treatment; Vol 147; April 2023, 208971; Fatal and nonfatal opioid overdose risk following release from prison: "*A retrospective cohort study using linked administrative data."*

[6] https://arc-sos.state.al.us/ucp/L1539736.AI1.pdf

[7] http://www.namsdl.org/resources/Alabama1.pdf

[8] Opioid Dispensing Rate Maps | Overdose Prevention | CDC

[9]Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data

[10] Alabama Funding Priorities | Injury Center | CDC

[11]U.S. Overdose Deaths Decrease in 2023, First Time Since 2018

[12] Opioid Deaths Fell in Mid-2023, But Progress Is Uneven and Future Trends are Uncertain | KFF

[13] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[14] Alabama Department of Public Health (ADPH)

[15] The University of Alabama's Institute of Data and Analytics (IDA), Alabama Drug Use Central Data Repository, Alabama Department of Mental Health (ADMH). May 2024. https://druguse.alabama.gov/treatment.html

[16] https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Increase-in-fatal-drug-overdoses-across-us-driven-by-synthetic-opioids-before-and-during-COVID-19.pdf

[17] https://mh.alabama.gov/wp-content/uploads/2024/08/Crisis-Center-Report-Card-Cumulative-21-24.pdf

[18] https://www.usnews.com/news/health-news/articles/2022-01-07/emergency-departments-a-frayed-safety-net-for-behavioral-mental-health

[19] Non-prescription ("Over-the-Counter") Naloxone Frequently Asked Questions | SAMHSA

[20] Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data

[21] Frequently Asked Questions for Buprenorphine Waiver Applicants | SAMHSA

[22] 42 CFR Part 8 Final Rule | SAMHSA

[23] https://dhr.alabama.gov/wp-content/uploads/2023/07/2023-Alabama-APSR-Final.pdf, p145

[24] Xylazine co-occurrence with illicit fentanyl is a growing threat in the Deep South: a retrospective study of decedent data | Harm Reduction Journal | Full Text

[25] Xylazine in Overdose Deaths and Forensic Drug Reports in US States, 2019-2022 | Substance Use and Addiction Medicine | JAMA Network Open | JAMA Network

[26] Notes from the Field: Ketamine Detection and Involvement in Drug Overdose Deaths — United States, July 2019–June 2023 | MMWR

[27] The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) Drug Threat Assessment drugthreatassessment_2025.pdf

[28] https://www.alabamaag.gov/wp-content/uploads/2023/10/Opioid_Settlements.pdf

[29] OneBox - APCBham

[30] Allan, B. A., Dexter, C., Kinsey, R., & Parker, S. (2018). Meaningful work and mental health: Job satisfaction as a moderator. *Journal of mental health, 27(1),* 38-44.

[31] Sirgy, M. J., & Lee, D. J. (2018). Work-life balance: An integrative review. *Applied Research in Quality of Life*, *13*, 229-254.

[32] https://proudtobefreebaldwin.org/podcasts-what-if-you-knew

[33] SJR51 https://arc-sos.state.al.us/cgi/actdetail.mbr/detail?year=2024&act=%20125&page=year; https://arc-sos.state.al.us/ucp/L1532979.AI1.pdf