2025
Annual Report
Alabama Opioid Overdose and Addiction Council

December 31, 2025

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 as well as to Debbi Metzger, state opioid coordinator, for writing this report and facilitating council events.

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

Dear Governor Ivey:

It is with great respect and a shared purpose that we, the co-chairs of the Alabama Opioid Overdose and Addiction Council, present the 2025 Annual Report. This report highlights the continued progress, collaborative achievements, and forward-looking strategies of the Council as we address the evolving challenges of substance use, addiction, and overdose in our state.

While the opioid crisis continues to impact communities across Alabama, this past year has marked a pivotal point in our collective response. For the first time since the Council's establishment in 2017, Alabama experienced a notable decline in substance-related overdose deaths – a 30 percent decrease from April 2024-April 2025 based on provisional data from the Centers for Disease Control and Prevention.[1] This progress represents the outcome of coordinated statewide efforts and reflects the commitment of those who serve on the Council and its eight Standing Committees.

These dedicated members – public health leaders, law enforcement officials, healthcare providers, policymakers, persons with lived experience, and community advocates – have worked tirelessly to implement strategies grounded in data, compassion, and accountability. Their contributions have strengthened prevention, expanded access to treatment and recovery support, and increased the availability of naloxone and other overdose reversal agents across the state. Their spirit embodies resolution, resilience, and collaboration.

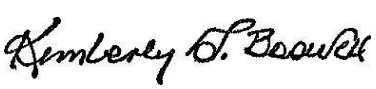
The 2025 Annual Report details the outcomes of these initiatives, including:

- Positive trends and measurable reductions in overdose fatalities statewide
- Expansion of harm reduction education, outreach, and training initiatives
- Growth in treatment and recovery services supported by Opioid Settlement Funds
- Progress in removing systemic barriers and improving pathways to care
- Enhanced coordination to ensure rapid access to lifesaving interventions

As the landscape of substance use continues to evolve, the Council is steadfast in its mission to reduce the impact of addiction and overdose in Alabama. Our focus as we move forward is on sustaining and strengthening these positive outcomes through evidence-based action, collaboration, and accountability.

On behalf of the Council, we thank you for your continued leadership and support. Your commitment to addressing this public health challenge empowers our collective work and reaffirms Alabama's dedication to saving lives, strengthening families, and building stronger and healthier communities.

With respect and gratitude,



Kimberly G. Boswell
Commissioner,
Alabama Department of Mental Health

Steve Marshall
Attorney General of
Alabama Office of the
Attorney General

Scott Harris, MD, MPH
State Health Officer,
Alabama Department of
Public Health

Table of Contents

Executive Summary 1
I. Points of Impact 2
II. Current Perspectives on the Opioid Crisis in Alabama 7
III. Statewide Commitment to the Reduction of Harm 13
IV. New Concerns Facing Alabama 18
V. Ongoing Priorities and Strategies 21
APPENDIX A: Standing Committee Reports 23
APPENDIX B: Council Members 37
APPENDIX C: Standing Committee Members 42
APPENDIX D: References 43

Executive Summary

The 2025 Annual Report of the Alabama Opioid Overdose and Addiction Council highlights the state's significant progress in combating the opioid crisis in Alabama.[2]

As a result of coordinated statewide efforts and the hard work and dedication of the council's eight Standing Committees, Alabama marked noteworthy accomplishments in FY25:

- **Growth in treatment and recovery services,** with funding supported by Oversight Commission on Alabama Opioid Settlement Funds, more than 50 new service providers in a two-year period added; the accreditation of 11 new recovery support programs, and the certification of 616 new certified recovery support specialists (CRSS)
- **Expansion of medication-assisted treatment (MAT) in jails and prisons,** with funding supported by Oversight Commission on Alabama Opioid Settlement Funds, 11 Alabama Department of Corrections (ADOC) facilities offering substance abuse programs and medication for opioid use disorder (MOUD); 17 offering pre-treatment and aftercare, and three providing recovery support to women
- **Widespread distribution of naloxone kits and fentanyl test strips,** with more than 48,000 naloxone kits distributed through mail, kiosks, and vending machines
- **High-quality training for providers, community members, and law enforcement,** including 67 sessions at the Alabama School for Alcohol and Other Drug Studies (ASADS) conference, five anti-stigma summits hosted by VitAL, online training modules, and other in-person trainings
- **Decrease in opioid prescription counts and the quantity of opioids dispensed,** with the number of opioid prescriptions (including full and partial opioid agonists) decreasing from more than 4.6 million in 2024 to just over 3.3 million in 2025; and the total quantity of opioids dispensed dropping from more than 265.4 million in 2024 to some 190.8 million in 2025

Looking ahead, the council endeavors to maintain and build on these positive results through evidence-based action, teamwork, and accountability. The goals for the coming years include:

- **Expanding treatment access** – expand MAT availability statewide, with a focus on rural and underserved counties
- **Strengthening harm reduction opportunities** – sustain and expand naloxone distribution and training at the community level
- **Building a skilled, supported workforce** – expand and strengthen provider training in addiction medicine, safe prescribing, and referral
- **Enhancing recovery infrastructure** – expand peer recovery services, supportive housing, and employment pathways
- **Strengthening prevention and community education** – expand evidence-based prevention programs in schools, workplaces, and community settings
- **Ensuring accountability and responsible stewardship of funds** – continue to require transparent, measurable use of settlement funds and state appropriations

The council remains steadfast in its goal of reducing the impact of opioid misuse, addiction, and overdose in Alabama. This report underscores and illustrates the importance of continued leadership and support from state officials in addressing this challenge and reaffirms the state's commitment to saving lives, strengthening families, and building healthier communities.

I. Points of Impact 2025

Expanding Recovery Support Efforts to Colleges and Universities

Trends of overdose impacting young adults have been a growing concern across the nation and our state. While barriers have long affected the ability to increase service responsiveness to those on college campuses, the Treatment and Recovery Support Committee of the Council managed to bridge the gaps in offering Recovery Now events during the month of September to increase awareness of and need for "safe spaces" for young adults needing treatment and recovery support services. Meetings were held to create awareness of overdose resources available in local communities and to engage on-campus student affairs offices in providing recovery-affirming and supportive services for students seeking connection for substance use challenges. Ten of these community supported college meetings were held, with 637 people attending.

MAT Expansion of Treatment in Jails and Prisons and Continuity of Care Focus

Overdose – especially opioid overdose – is a major cause of death immediately following release from incarceration, with that risk soaring to 10 times or more compared to the general population, particularly within the first two weeks. Programs offering medications for opioid use disorder and naloxone at release are proven to significantly reduce this risk. Historically, losses to overdoses both in Alabama's correctional facilities and among those leaving prison have reached staggering numbers. People who have been incarcerated are up to 40 times more likely to die because of a drug overdose. Initiating or continuing treatment with medication of opioid use disorder (MOUD) during re-entry reduces the risk of death by 75 percent. Programs distributing naloxone (opioid overdose reversal medication) at release also have been shown to reduce fatalities.[3,4,5,6]

The Law Enforcement Committee members – comprised of justice partners from all levels of intervention – have devised expansive ways to positively impact the reduction of overdoses among justice-involved persons. The Alabama Department of Corrections (ADOC) reports progress in its Medication-Assisted Treatment (MAT) Program, which launched in 2024 to provide evidence-based addiction treatment to incarcerated individuals. All incarcerated Alabamians entering ADOC are screened for a history of substance use and recommended for appropriate drug treatment interventions.

Since program inception, more than 500 residents have been inducted on treatment, with some 246 individuals currently actively engaged on MOUD. Thirteen individuals have entered ADOC already on MOUD and maintained their medications as part of a committed continuum-of-care approach while incarcerated. Currently, 11 ADOC facilities offer substance abuse programs and MOUD, 17 offer pre-treatment and aftercare, and three are providing recovery support to women.

Additionally, the ADOC has seen a significant drop in overdose-related deaths. From October 2023 to September 2024, 292 deaths were recorded, compared to 207 from October 2024 to September 2025. The department attributes part of this improvement to the effective use of naloxone to reverse overdoses. During the earlier period, there were 3,174 overdoses and 3,802 doses of naloxone used. In the most recent year, there were 1,179 overdoses and 1,443 doses used – a reduction of more than 50 percent in overdose occurrences.

The Alabama Bureau of Pardons and Paroles (ABPP) has documented a drop in recidivism from 34 percent to 28 percent, ranking the state 12th lowest nationally. ABPP Director Cam Ward credits the improvement to data-driven investments and the expansion of day reporting centers that provide treatment, counseling, and employment services for individuals on probation and parole.

Approximately 67 percent of Alabama's 44,500 probation and parole clients have a history of substance use. New settlement-funded initiatives include reopening the Thomasville facility as an all-women's recovery and re-entry center, offering trauma-informed care and vocational programs for women leaving prison. Transportation continues to be a major barrier for individuals seeking treatment, specifically in rural areas. To address this, ABPP has funded more than 1,200 rides for clients attending treatment programs in high-need counties.[7]

Increases in Recovery Support Services

The largest impact of the increase in services lies with the expansion of recovery support services. These services provide individuals with the wealth of support provided best by those with lived experience in recovery. Most services are at low or no cost to consumers and provide guided care and wrap-around services that truly meet individuals where they are in their own personal journeys of recovery – all without shame, stigma, or judgment.

Our recovery support community has seen a remarkable increase in the types of service options this year, welcoming options that not only promote long-term recovery, but also include an array of services teaching whole person wellness. This year alone, Alabama Alliance of Recovery Residences (AARR) accredited 11 new programs, community drop-in centers launched in new counties, and two new recovery cafés were opened with the use of Opioid Settlement Funds. The impact was even more widely evidenced in the certification of 616 new Recovery Support Specialist (CRSS) working in our state. The growth not only coincides with decreases in overdoses due to engagement, but also the positive impact on the workforce in developing more employment for those in long-term recovery who then "give back" by providing care and service to those seeking sobriety and the cessation of substance use.

Naloxone and Fentanyl Test Strips Distribution/Reversal Awareness

The effective use and widespread distribution of naloxone has become a cornerstone of overdose prevention in Alabama, where innovative placement of naloxone boxes, community-driven events, and peer-supported outreach efforts have contributed to a measurable decline in overdose deaths by ensuring this lifesaving medication is accessible far beyond traditional emergency response or hospital settings.

The collaborative work of the Rescue Committee and partners led to 48,179 boxes of naloxone being distributed to support Peer Recovery Support events and efforts across the state, community events, national and state level conferences and trainings, treatment providers serving high-risk individuals, local and rural law enforcement officers, first responders, and statewide education events. The committee will detail these distribution efforts more fully in their report to follow.

This past year we saw increased use of naloxone overdose reversal kits, OneBox distribution to many local businesses, and a wider interest from academic institutions and personnel in equipping everyone with training on the use of overdose reversal agents. These efforts allowed these resources to be provided to more common, public-facing establishments.

Additionally, the FREEDOM project (funded by the CARA grant in partnership with ADMH and the University of Alabama's VitAL) reports a total number of 8,170 first responders received training from Nov. 1, 2024, to Oct. 31, 2025. These individuals received not only current training on administration, but also critical information for linking individuals to care as well as training on post-administration of overdose-reversing medication to victims of overdose.

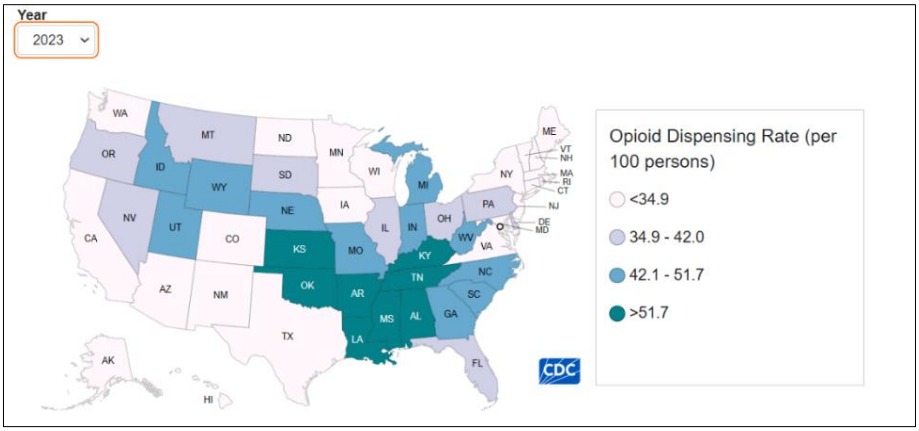
Focus on Offering Training to Providers

Continuing education and high-quality training are essential to effective care for people affected by substance use. As the field evolves with new research, treatment approaches, and community needs, providers must stay current and skilled. Ongoing professional development strengthens the workforce by deepening clinical competence, boosting confidence, and promoting consistent, high-quality performance across settings. It also improves service accuracy and effectiveness while enhancing job satisfaction by helping providers feel supported and connected to a culture of excellence. When providers receive comprehensive, evidence-based training, clients experience more responsive, compassionate, and effective care. They benefit from interventions grounded in current science and delivered with cultural humility, trauma-responsive practice, and person-centered approaches. Continued learning is not just a professional requirement – it is an investment in the well-being, dignity, and long-term recovery of those impacted by substance use.

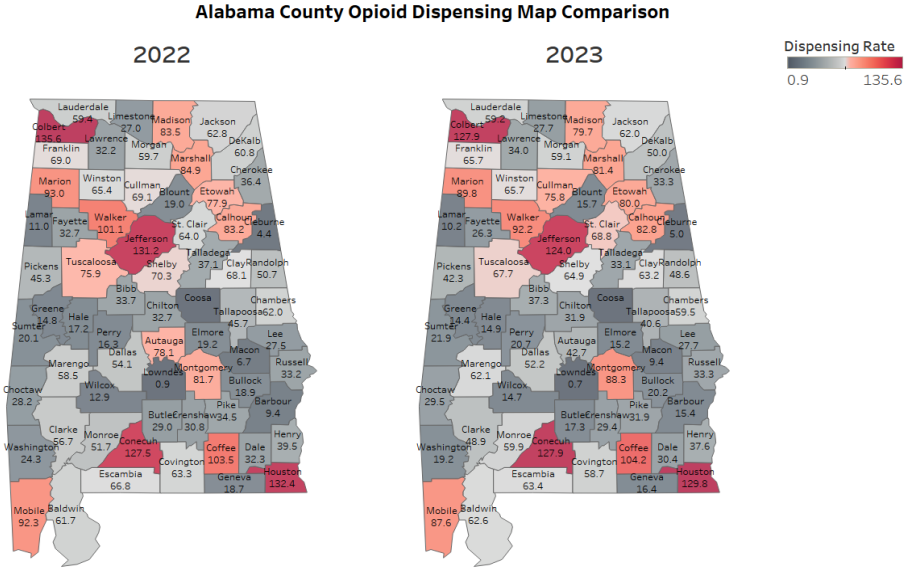
The Alabama School of Alcohol and Other Drug Studies (ASADS) Conference held in March offered continuing education hours in 67 courses to 503 participants. ADMH offered 49 (232.5 hours of continuing education) trainings this year, equipping 1,245 providers with information on best practices for the treatment of substance use. Five Anti-Stigma Summits hosted by VitAL were offered at locations across Alabama. ALAHOPE.org – with guidance from the Prescribers/Dispensers Committee – recorded a course completion rate of 3,370 this year for medical professionals seeking training in substance use and alternatives for pain management. Additional resources in the provision of care to pregnant women and first responders were added to the Connect Alabama app. Those efforts will continue into 2026.

Decreases in Opioid Dispensing Rates

Prescription drug monitoring programs (PDMP) provide a way to track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMP's 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 Public Health (ADPH). The program monitors controlled substances (schedules II - V). Although opioid prescription rates have fallen dramatically in the state, Alabama is still among the states with the highest opioid dispensing rates, 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. These rates remain highest in the Southern states. The state's prescription rate dropped from 143.8 per 100 people in 2012 (the nation's highest) to 71.4 prescriptions per 100 residents in 2023, a reduction of nearly 50 percent. Despite this, Alabama still ranks second in the nation, behind only Arkansas. 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.[9]

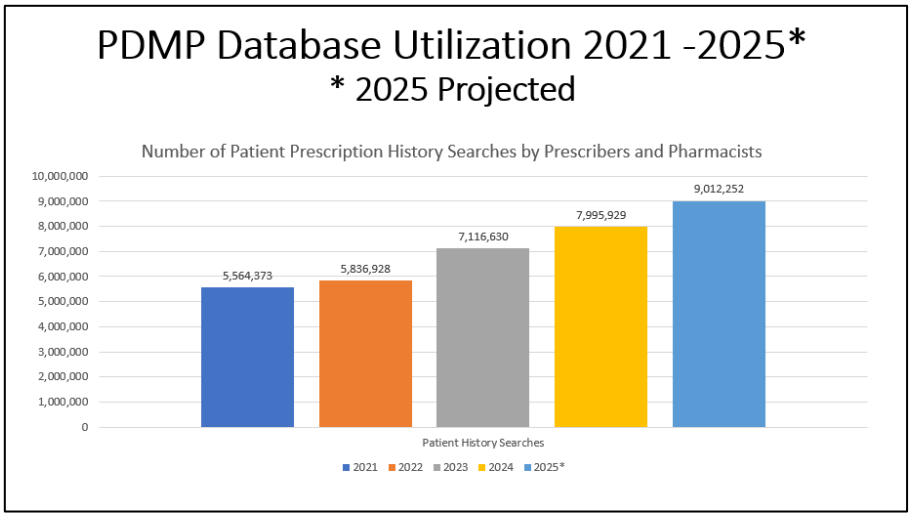


The maps below are visual depictions of Alabama's county-level opioid dispensing rates in 2022 and 2023. The maps show that rates are predominately higher within the metropolitan areas of the state as well as the state's border counties. These counties – including Baldwin, Colbert, Houston, Jefferson, Madison, Mobile, Montgomery – are all high traffic areas and have high accessibility to major roadways, such as Interstate 65 and 85. The largest number of opioids is dispensed through these areas and even have the potential to be trafficked to other areas of the country by using major highways to other states.



ADPH continues to track patient histories searches requested by prescribers and pharmacists annually. Using this data over a five-year comparison allows for an accurate illustration of how the PDMP use has increased. The information is then used to help identify gaps and training/support needed to improve use of this very important reporting system.

The Prescriber/Dispenser Committee has established efforts to educate more practitioners on the necessary reporting to further reduce over-prescribing and to work with educational institutions across the state to increase course offerings encouraging and equipping providers in the practice of addictionology and research around abuse and treatment. Those efforts are expected to further advances in care.



Opioid prescription counts (which includes full opioid agonists and partial opioid agonists) were down from more than 4.6 million in 2024 to just over 3.3 million in 2025. The number or quantity of opioids dispensed has equally seen a marked decrease, from more than 265.4 million in 2024 to some 190.8 million in 2025. The total of morphine milligram equivalents (MME), which is the value used to compare measures of opioid dose potency, also has declined from a total of almost 2.8 billion in 2024 to just below 2 billion as of Sept. 30, 2025.

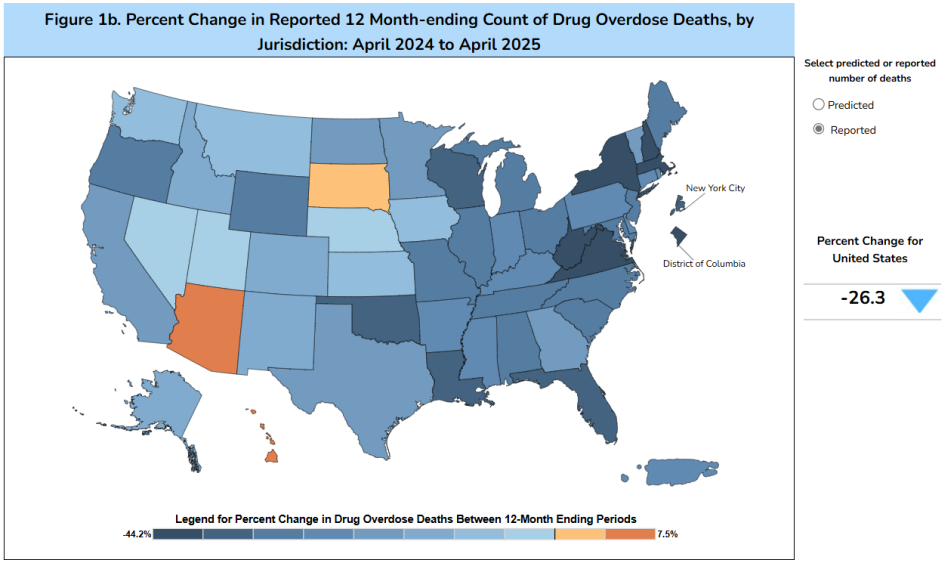
II. Current Perspectives on the Opioid Crisis

Since 1999, nearly 1 million people in the U.S. have died from opioid overdoses. In 2017, President Trump declared the opioid crisis a public health emergency, spurring new investments in overdose prevention. Cities and states also have received substantial settlement funds, expanding resources for harm reduction and response. This year, the White House released the Drug Policy Priorities outlining key efforts to continue addressing the impact of illicit drugs in America.[9] The CDC reports that overdose remains the leading cause of death for Americans ages 18 to 44, with synthetic opioids – mainly fentanyl – driving most fatalities. Between 2023 and 2024, overdose deaths fell by 27 percent, the lowest annual total since 2019. This decline underscores the impact of prevention strategies such as public education, increased funding, and wider access to low-cost tools like naloxone. Still, progress varies widely across states, which differ in their prevention efforts, substance use education, and access to treatment and recovery services.

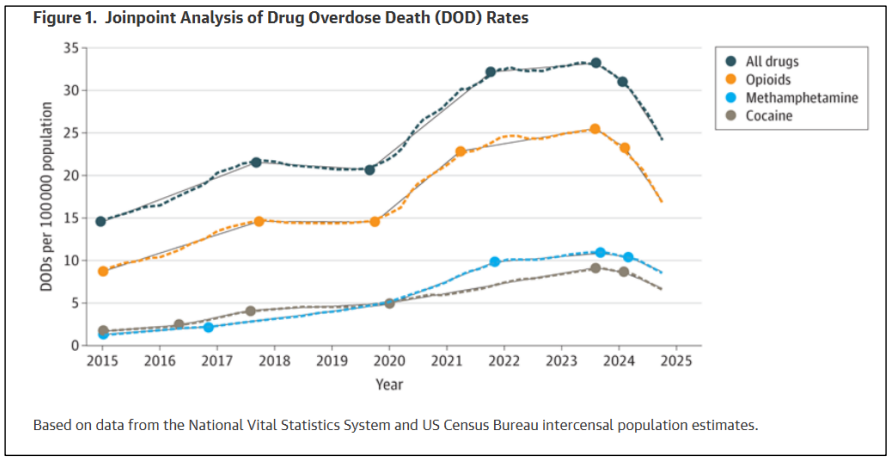
Addressing the opioid crisis requires sustained, coordinated action to protect lives and expand pathways to treatment and long-term recovery. This report provides state-level data and recommendations across the continuum of prevention, treatment, and recovery, highlighting where early education and life-saving resources are most urgently needed with guidance from the State of Opioid Overdose and Response in the U.S. Publication for Mental Health America.[10]

National Perspective

Provisional data from the CDC's National Center for Health Statistics indicate there were an estimated 101,363 drug overdose deaths in the United States during 2025 – a decrease of 24.5 percent from the estimated 76,516 deaths in 2024. These numbers are the latest confirmed; however, provisional data for 2025 indicate further reductions in overdose deaths.



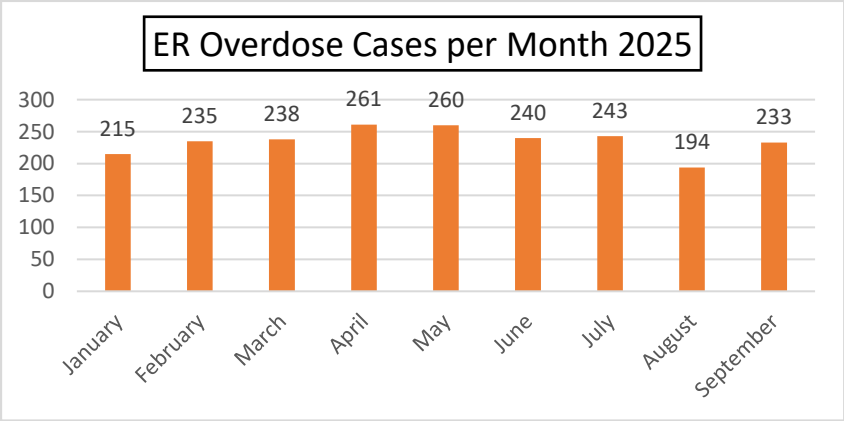
Fentanyl continues to play a significant role in the country's opioid crisis, along with more recently cited drugs in the illicit drug supply, including nitazenes and medetomidine. Medetomidine is used to sedate dogs and cats; however, this drug is an emerging and dangerous adulterant in the illicit drug supply and is often mixed with fentanyl. Information from the National Vital Statistics System provides the following illustration on overdoses relative to drug prevalence since the opioid crisis began.[11,12]



Statewide Perspective

According to ADPH, trends are documented using data from the Drug Overdose Surveillance and Epidemiology System (DOSE) and the State Unintentional Drug Overdose Reporting System, as well as data collected of overdose death records from the Alabama Coroner's Association. Confirmed data are only available for previous years once reports are assimilated for analysis. In 2024, Alabama had an estimated 12,545 overdose cases requiring an emergency department (ED) visit. This is an average of around 54 overdose cases per 10,000 ED visits. In 2024, opioids accounted for the largest percentage of overdose cases, with approximately 24 percent of the 12,545 cases detected through the DOSE system. When taking population into account, the county with the highest overdose rate is Houston County, with 139 overdoses per 10,000 ED visits. Walker and Calhoun counties were close behind (110 and 105 cases respectively). Of the 2024 cases identified, 46 percent were between the ages of 18 and 44, with 51 percent identifying as male, while 66 percent were individuals identified as white. Of the 12,545 overdose cases in 2024, at least 1,151 were confirmed to have resulted in fatal overdose.[13,14]

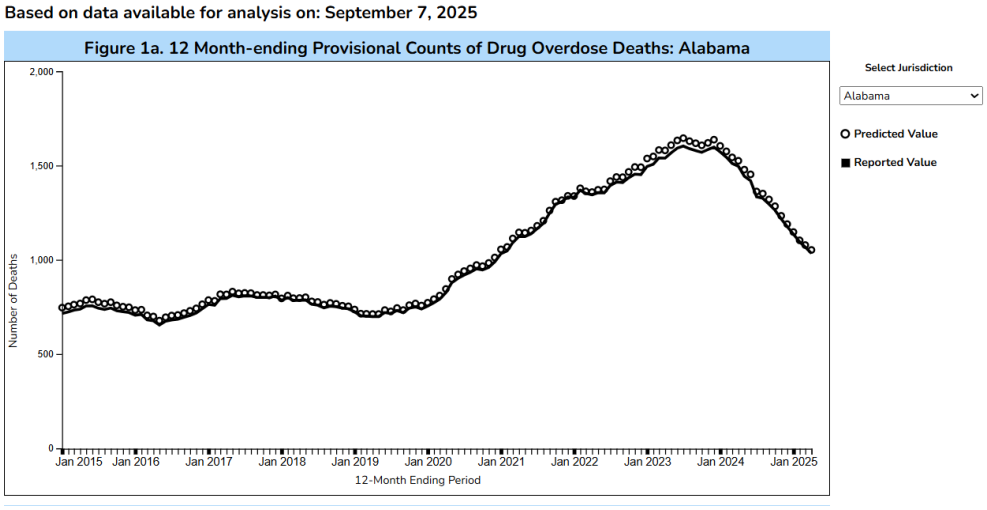
Currently, data for 2025 using emergency room overdose cases in Alabama resulted in the following outcomes as reported by the Rescue Committee:



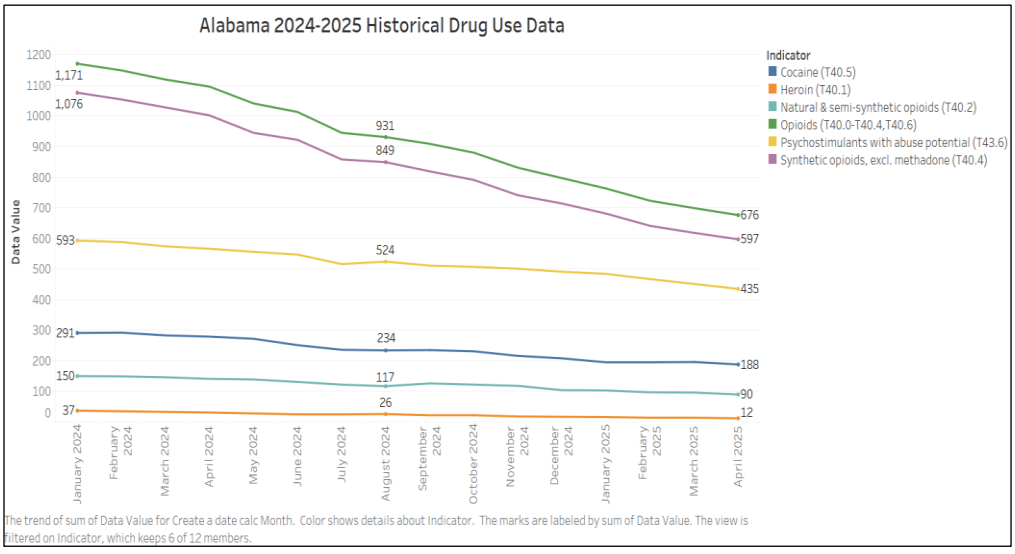
The provisional unintentional drug overdose death rate in Alabama for the year spanning June 2024 to May 2025 was 19.7 – a total of 1,007 deaths for this period. That rate places Alabama in the 50.1

to 75 percentiles of the nation. For the first time since the overdose crisis began, this rate is below the national average, currently at 20.1, with 67,276 death deaths reported nationwide.

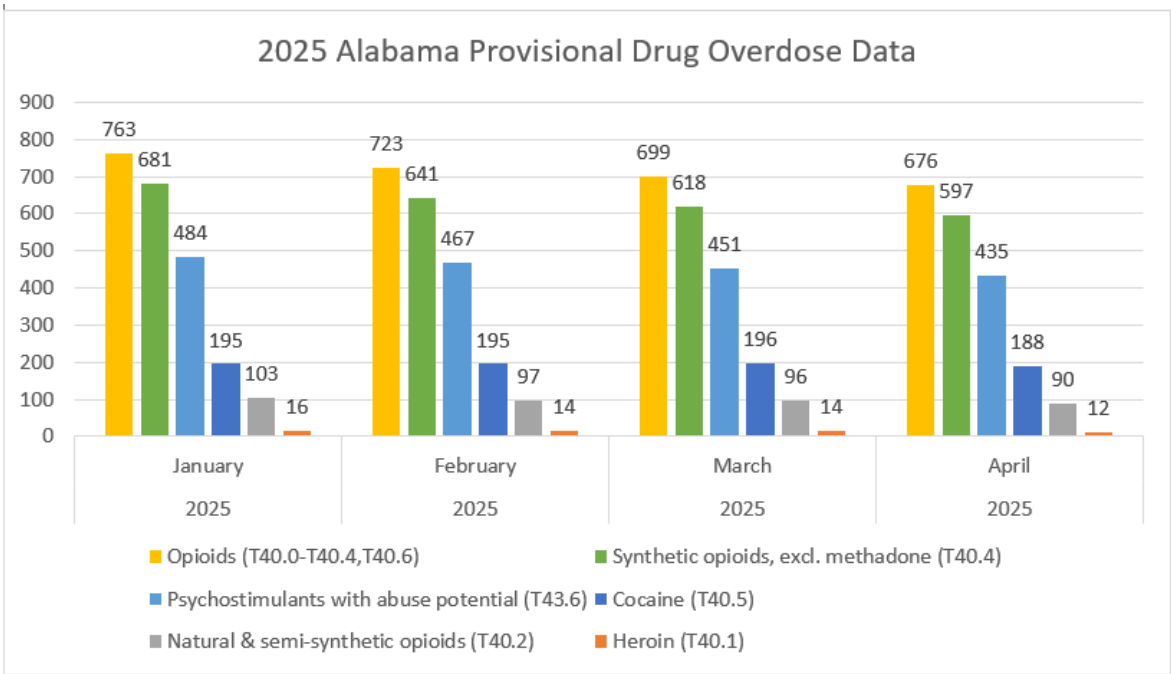
From January 2025 through the end of October 2025, there were 266 confirmed overdose deaths in the state – a much lower overdose death rate then in preceding years. In 2025, Alabama documented 1,052 overdose deaths – 31.0 overdoses per 100,000 people. In June 2024 there were 1,525 documented deaths, with 494 confirmed in Jefferson County alone. This decline is also being seen throughout the state as indicated in the CDC graph shown below.[15,16]



The chart below shows opioid drug use in Alabama from January 2024 through April 2025. Overall, opioid use remained the most common, followed by synthetic opioids and psychostimulants. While opioid misuse gradually declined over this period, the use of natural and semi-synthetic opioids, heroin, and cocaine remained relatively stable, with no significant fluctuations that would raise concern.



Based on Alabama's provisional drug overdose data, the first four months of 2025 show a high involvement of opioids, cocaine, heroin, and other stimulants in reported overdose cases. During the subsequent three-month period, the prevalence of each substance remained relatively steady before beginning a gradual decline. Although complete data for the remaining months of the year are not yet available, the current trend suggests that misuse of these substances – particularly opioids – may continue to decrease as the year progresses.



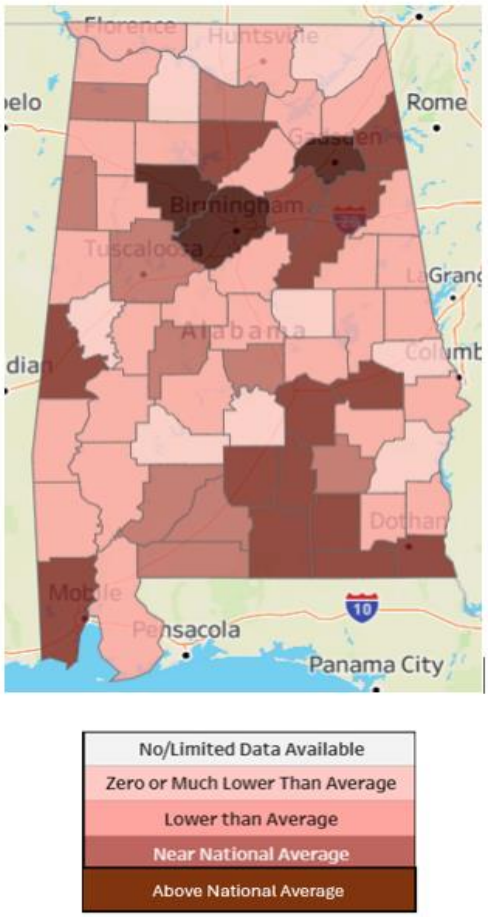
Local Perspective

In recent years, counties in Alabama have demonstrated that a coordinated, data-driven approach at the local level can make a meaningful difference in reducing drug overdoses. Through efforts led by public health departments, emergency medical services (EMS), coroners' offices, and hospitals, communities have begun to track and respond to overdose events more systematically. At the heart of these efforts is ADPH, which manages a statewide data platform known as the Alabama Drug Use Central Data Repository (CDR). The CDR aggregates multiple data streams, including emergency-room (ER) visits for suspected overdose, EMS overdose incidents, prescription data, and fatal overdose records enabling public health officials and local partners to monitor trends in near real time.[22]

Local jurisdictions have leveraged federal funding from the Overdose Data to Action (OD2A) program to build surveillance capacity and foster interagency collaboration. For example, in the Jefferson County Department of Health (JCDH), OD2A-supported teams coordinate with hospital emergency departments, EMS providers, and the county coroner to collect detailed data on overdoses (fatal and nonfatal) which then inform targeted prevention and response efforts.[18, 19]

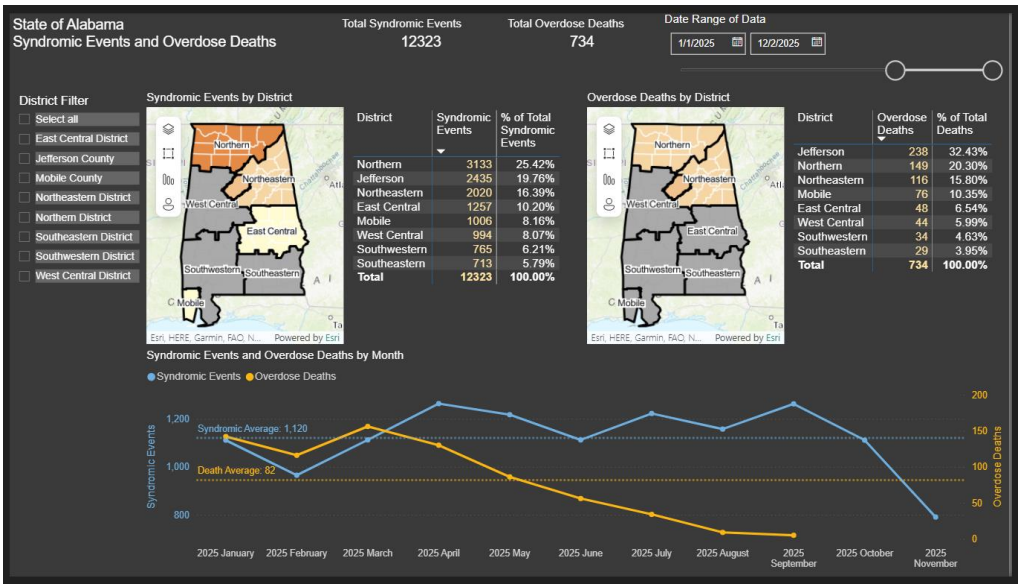
The results of these coordinated efforts are beginning to show measurable impact. Local officials attribute this decrease to strategic deployment of resources – including expanded naloxone distribution; outreach in high-risk neighborhoods identified through data mapping; and improved coordination among first responders, health providers, and community services.

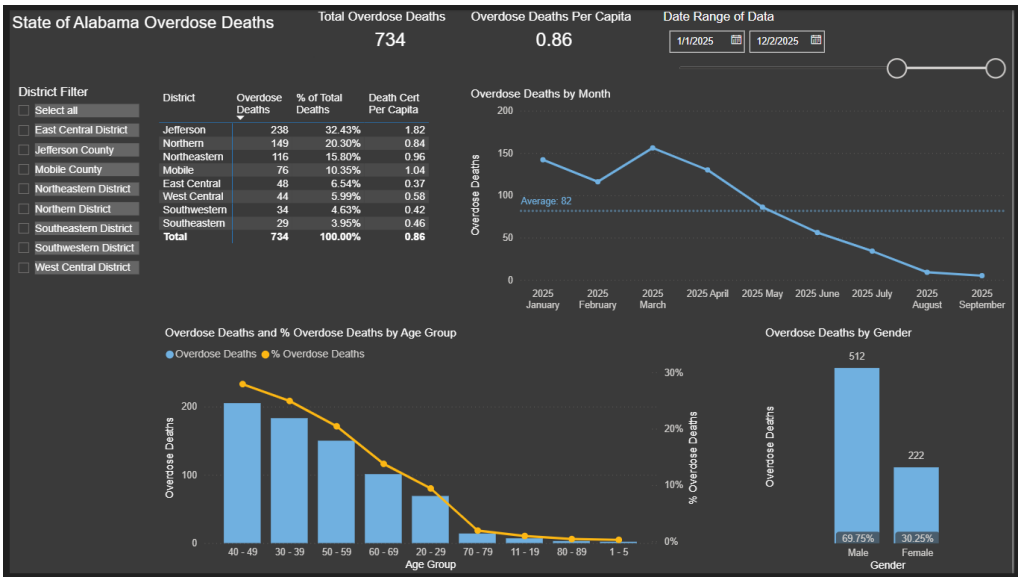
The National Highway Traffic Safety Administration provides information on provisional mortality data. Data are reflected for nonfatal overdoses per 100,000 and compare this to counties within the state. The administration of naloxone is also recorded.[20]



Data provided by the JCDH Office of Management Information Systems captures state-level reported deaths from Jan. 1, 2025, to Dec. 1, 2025. The graphs below represent confirmed overdose deaths by state health districts. The gradations of orange represent more deaths for the respective health district, where grey represents inadequate data to report. Jefferson County continues to maintain the highest numbers of deaths; this is consistent with higher populations having a higher number of deaths per capita. The death certificates received by JCDH for the collection of this data are through Sept. 10, 2025, and do not represent the full year's data for the purposes of this report. Death certificate data are received later than the syndromic data indicate.

The second graph shows the percentage of overdose deaths in Alabama counties by age brackets and gender. The largest number of overdose deaths is among those 40 to 49 years old. Based on the syndromic data, overdoses occur more than half as more often among males as among females.


State of Alabama
Syndromic Events and Overdose Deaths
Total Syndromic Events
12323
Total Overdose Deaths
734
Date Range of Data
1/1/2025
12/2/2025
District Filter
Select all
East Central District
Jefferson County
Mobile County
Northeastern District
Northern District
Southeastern District
Southwestern District
West Central District
Syndromic Events by District
Northern
Northeastern
West Central
East Central
Southwestern
Southeastern
Mobile
Esri, HERE, Garmin, FAO, N...
Powered by Esri
District | Syndromic Events | % of Total Syndromic Events
Northern | 3133 | 25.42%
Jefferson | 2435 | 19.76%
Northeastern | 2020 | 16.39%
East Central | 1257 | 10.20%
Mobile | 1006 | 8.16%
West Central | 994 | 8.07%
Southwestern | 765 | 6.21%
Southeastern | 713 | 5.79%
Total | 12323 | 100.00%
Overdose Deaths by District
District | Overdose Deaths | % of Total Deaths
Jefferson | 238 | 32.43%
Northern | 149 | 20.30%
Northeastern | 116 | 15.80%
Mobile | 76 | 10.35%
East Central | 48 | 6.54%
West Central | 44 | 5.99%
Southwestern | 34 | 4.63%
Southeastern | 29 | 3.95%
Total | 734 | 100.00%
Syndromic Events and Overdose Deaths by Month
Syndromic Events
Overdose Deaths
Syndromic Average: 1,120
Death Average: 82
2025 January
2025 February
2025 March
2025 April
2025 May
2025 June
2025 July
2025 August
2025 September
2025 October
2025 November


State of Alabama Overdose Deaths
Total Overdose Deaths
734
Overdose Deaths Per Capita
0.86
Date Range of Data
1/1/2025
12/2/2025
District Filter
Select all
East Central District
Jefferson County
Mobile County
Northeastern District
Northern District
Southeastern District
Southwestern District
West Central District
District | Overdose Deaths | % of Total Deaths | Death Cert Per Capita
Jefferson | 238 | 32.43% | 1.82
Northern | 149 | 20.30% | 0.84
Northeastern | 116 | 15.80% | 0.96
Mobile | 76 | 10.35% | 1.04
East Central | 48 | 6.54% | 0.37
West Central | 44 | 5.99% | 0.58
Southwestern | 34 | 4.63% | 0.42
Southeastern | 29 | 3.95% | 0.46
Total | 734 | 100.00% | 0.86
Overdose Deaths by Month
Average: 82
2025 January
2025 February
2025 March
2025 April
2025 May
2025 June
2025 July
2025 August
2025 September
Overdose Deaths and % Overdose Deaths by Age Group
Overdose Deaths
% Overdose Deaths
40 - 49
30 - 39
50 - 59
60 - 69
20 - 29
70 - 79
11 - 19
80 - 89
1 - 5
Age Group
Overdose Deaths by Gender
512
222
69.75%
30.25%
Male
Female
Gender

III. Statewide Commitment to the Reduction of Harm

The Opioid Council and its standing committees remain committed to the advancement and use of measures that reduce harm and risks of overdose 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 outlined in the CDC's strategies. These include:

- 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 [21]

The crisis support, prevention, treatment, and recovery support framework of care for Alabama remains strong – particularly in our ability to work collaboratively with state and local partners.

The following priorities are the focus of targeted efforts for the Council and its 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 or experiencing a mental health or substance use crisis. Hospital emergency departments often lack the mental health training and resources to effectively assist those in crisis and/or experiencing overdose.

The Alabama Crisis System of Care is operational and currently meets the three components of the Substance Abuse and Mental Health Services Administration's (SAMHSA) best practice of having "someone to call, someone to respond, and someplace to go." The state's System of Care expanded again in 2025 and now has six Crisis Centers that operate 24/7 throughout the year. These state-of-the-art, free-standing Crisis Centers are strategically located across the state.

In FY 2025, the state's Crisis Centers served more than 9,929 individuals. These centers are detox-capable, allowing for the induction of MAT to those with opioid use disorder, when needed. Substance use disorder (SUD) placement assessments and referrals are offered as needed for follow-up treatment.

Also in FY 2025, the Alabama 988 Suicide and Crisis Lifeline received 40,053 contacts and achieved a 90 percent answer rate in four months. There are three 988 Suicide and Crisis Lifeline Centers operating around-the-clock 365 days a year, with one currently operating 24 hours a day five days a week.

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

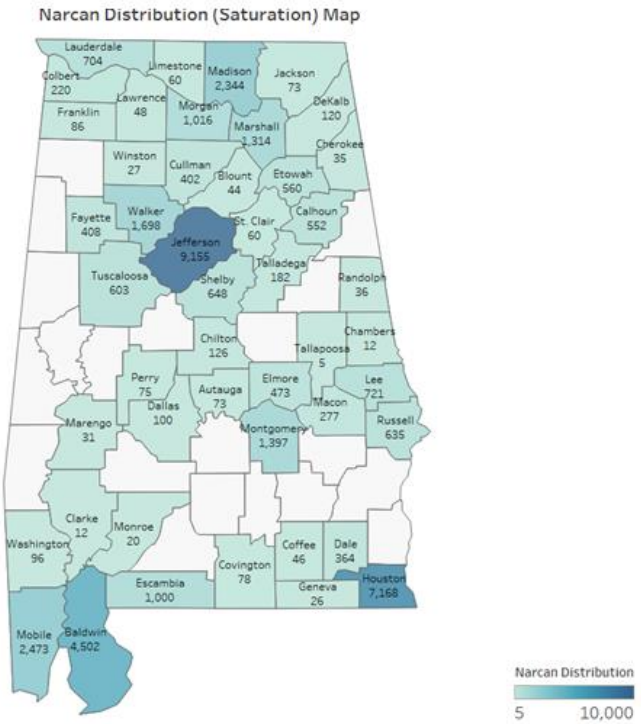
It is largely believed a focus on treatment and the availability of naloxone have contributed significantly to the decrease of overdoses in the nation. There remain pockets of the state where gaps in access to care and services remain a critical focus, including the support and use of lifesaving, overdose reversal medication. Additionally, Alabama is facing growing dangers from substances like fentanyl and xylazine in the illicit drug supply. Allowing the use of simple testing tools – such as fentanyl and xylazine test strips – doesn't condone illegal drug use; rather, it strengthens public safety.

These tools help prevent accidental poisonings, give law enforcement and EMTs clearer information in overdose situations, and allow people who struggle with substance use to protect themselves as they work toward recovery.

We know recovery is a process, and people respond best to guidance rather than punishment. A small, targeted update to current laws can save lives, support first responders, and help keep our communities safer while encouraging a healthier path forward.

The following saturation map shows Narcan distribution by county. Counties that are blank indicate no data collected or available at the time of this writing. Narcan has been distributed to 70 percent (47 counties) of the state of Alabama. The highest Narcan distribution has occurred within the following counties, with more than 1,300 doses provided: Jefferson (9,155), Houston (7,168), Baldwin (4,502), Mobile (2,473), Madison (2,344), Walker (1,698), and Montgomery (1,397).

The map also depicts where Narcan has been distributed across the state of Alabama. The counties that are blank represent gaps of areas where Narcan has not been distributed, and data have not been collected and are not available at this time. This map includes only ADMH-specific distribution for the period spanning Nov. 1, 2024, to Oct. 31, 2025. A total of 48,179 boxes has been distributed.

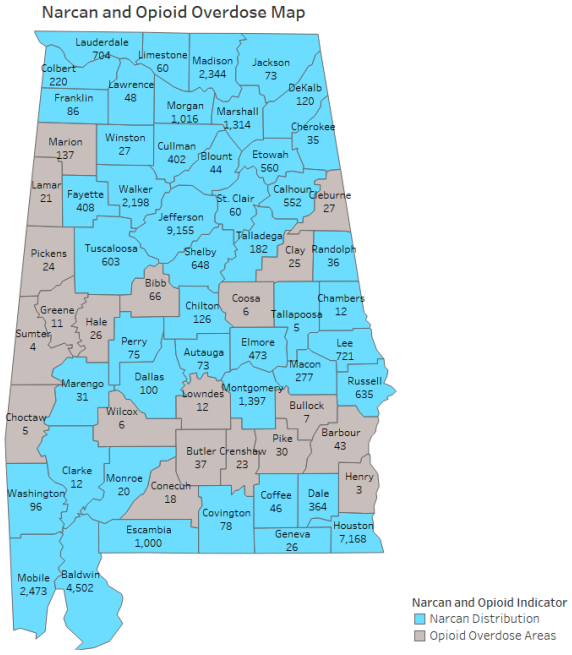


As an example of community-level involvement on a national platform, one Recovery Support agency in Madison participated in the Save a Life Day campaign. Save a Life is a one-day national naloxone distribution started by SOAR West Virginia. It has grown exponentially over the years, and this year was the nation's first 50-state naloxone distribution. ROSS (Recovery Organization of Support Specialists) Madison County facilitated a distribution, issuing 1,278 doses throughout the county. As a state, Alabama agencies reported to SOAR WV a total distribution of 2,537 doses, statewide. Nationally 127,354 doses were distributed on Save a Life Day 2025.

Current efforts focus on identifying high-risk overdose areas where naloxone has not been widely requested, used, or distributed. The map below highlights gaps in access to life-saving overdose-reversal medication, especially in counties with high overdose rates but low naloxone use. It displays both Narcan distribution and opioid overdose data.

Despite major distribution efforts by ADMH, the JCDH, and partner organizations – now covering more than 70 percent of Alabama counties – opioid overdoses continue to rise in several areas. Counties shown in gray indicate increasing overdose rates.

Many of these counties are concentrated near state borders and metropolitan regions, where risk factors and access to opioids are higher.



Media, Education and Dissemination

Through a strategic, multichannel approach that combined policymaker outreach, statewide visibility, targeted digital engagement, and compelling survivor storytelling, the Opioids Take campaign successfully elevated awareness of Alabama's opioid epidemic and connected millions of residents with life-saving information. Its reach – spanning more than 16 million impressions – demonstrates the power of coordinated messaging in driving awareness, engagement, and hope across the state.

Opioids Take launched its 2025 Legislative Session campaign with a fast, highly visible media push designed to get the attention of policymakers and the public. [22] A geo-targeted billboard blitz of 50 boards across 15 cities generated more than 3.1 million impressions and set the tone for a statewide conversation. Digital outreach reinforced this presence: sponsored newsletters through *Alabama Daily News* reached more than 6,000 subscribers, and placements on the Yellowhammer News Network produced more than 900,000 impressions among politically engaged readers. Digital engagement became the backbone of the effort. Google paid search delivered more than 97,000 impressions with an unusually strong 5.98 percent click-through rate, showing clear interest from people actively seeking help. Recognizing the influence of sports culture in Alabama, the campaign

also ran advertisements targeting ESPN and other sports content from mid-September to late October, generating more than 190,000 impressions among athletes, coaches, and fans.

Broadcast media carried the message even further. The Anthem testimonial video, built around powerful survivor stories, aired on 22 episodes of *Alabama Politics This Week*, directly reaching civic audiences. From June through September, the campaign added 200 television spots on Alabama Public Television, maintaining steady statewide visibility.

Social media emerged as the campaign's most powerful engine. Through survivor-led storytelling on Facebook, Instagram, and YouTube, Opioids Take reached more than 2 million Alabamians –40 percent of the state. Altogether, social channels produced 11.6 million impressions, reached 4.3 million Instagram users, logged 1.68 million YouTube views, drove more than 101,000 clicks, and generated thousands of reactions, comments, saves, and shares. These interactions amplified survivor voices and made the crisis personal and immediate.

Continued focus on best practices to impact recidivism of justice-involved residents
Alabama is implementing a comprehensive, multi-agency continuum of care to support justice-involved individuals with substance use disorders, with a strong focus on access to evidence-based treatment, recovery support, and safe re-entry. ADOC also has established successful transfer processes – between jails and ADOC, ADOC and ABPP, and other points of custody – to ensure uninterrupted treatment. These procedures mirror the Building Bridges model pioneered in Walker County and now shared statewide. Individuals identified at the ADOC reception facilities with a history of receiving MOUD at the county jails are referred to the mental health vendor to continue treatment and referred to a facility that offers the substance use treatment (STU)/MOUD. Medications that are available are buprenorphine, methadone, naltrexone, naloxone, Subutex and long acting injectables like Vivitrol and Sublocade.

Currently, ADOC is working to expand MOUD to other facilities and work release camps. For those transferring to other facilities across the state, discharge planning forms are in place between ADOC and the local county jails to identify the history of the medical needs that includes MOUD. In addition, the county jail point of contact sends correspondence to the ADOC MOUD coordinator to alert when individuals are on MOUD. This ensures awareness and coordination to continue treatment with ADOC. The department plans to expand MOUD treatment to work-release centers, followed by the broader prison population. ADOC will continue to provide education on substance use and trauma and continues to make efforts to decrease stigma among correctional staff and inmates.

Re-entry support is also expanding through ABPP, which has implemented outpatient programs – including MAT access – for individuals under supervision. Four day reporting centers (DRC's) across the state now provide structured outpatient services for people with SUD during community re-entry. Housing programs and coordinated care pathways are increasingly used to place eligible individuals in recovery housing.

OD2A and State Opioid Response (SOR) funding further strengthen this justice-focused continuum by supporting peer specialists who serve justice-involved populations. OD2A alone employs seven peers placed in counties with correctional facilities. In addition, initiatives such as the RESPECT Initiative and Opioids Take emphasize the voices of survivors and individuals in long-term recovery, using lived experience to reduce stigma, encourage treatment engagement, and humanize recovery throughout the criminal justice system.

Training and workforce development are also major priorities. Interagency training initiatives – originating from the MAT in Justice-Involved Settings Policy Academy – have delivered extensive best-practice education to correctional staff, administrators, and other justice system personnel. This includes officer training on trauma-informed response, SUD recognition, and naloxone administration. VitAL has expanded these training intensives to first responders statewide.

A new training package, the *Justice-Involved and Reentry Continuum of Care Model*, is now being presented at national conferences, advancing Alabama's leadership in justice-health integration.

To support safe re-entry, ABPP and YesCare (DOC) have partnered to distribute "leave-behind" kits containing Narcan and health resources to individuals being released and to families of those with medications for opioid use disorder or chronic substance use histories. Maternal health initiatives are also underway, including efforts with the Thomasville facility to establish specialized programming for pregnant and parenting women to ensure evidence-based care during incarceration.

Together, these coordinated efforts reflect Alabama's ongoing commitment to a humane, recovery-oriented continuum of care that ensures individuals with substance use disorders – particularly those involved in the justice system – receive the treatment, support, and opportunity necessary for long-term stability and recovery.

IV. New Concerns Facing Alabama

To sustain 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 nitazene, the drug supply in Alabama is not getting safer[28]. According to data collected by the Rescue and Prescriber/Dispenser committees, xylazine-involved overdose deaths doubled in the past year, and some nitazene-related deaths have been reported – although local numbers for this are incomplete due to limited testing resources. Both are often contaminants in fentanyl and possibly other drugs.

Xylazine is a horse tranquilizer that increases the high of fentanyl and is associated with skin wounds and increased risk of death. Nitazenes are synthetic opioids that are even more potent than fentanyl. Because xylazine is often mixed with fentanyl, and nitazenes 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 nitazenes, like fentanyl test strips.[23] At 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 measures 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.

Medetomidine has emerged as a growing drug threat in the United States, increasingly detected as an adulterant in illicit opioids such as fentanyl and heroin. Originally a veterinary sedative not approved for human use, it produces profound sedation, slowed heart rate, and respiratory depression.[24]

There are growing concerns regarding the misuse of ketamine in Alabama as well. From July 2019 to June 2023, ketamine was detected or involved in fewer than 1 percent of all overdose deaths and was the only drug involved in 24 deaths in the U.S. During this period, the percentage of overdose deaths with ketamine detected in toxicology reports increased from 0.3 percent (47 deaths) to 0.5 percent (107 deaths). Approximately 82 percent 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.[29] According to the 2025 Drug Threat Assessment, ketamine has been found in combination with other drugs of misuse in Alabama.[25]

The tables below represent opioid prevalence data for FY25. Fentanyl cases decreased by 8 percent compared to calendar year 2024. These went for 32 percent to 24 percent, an 8-point change (25 percent decrease). Heroin is less than 1 percent in prevalence. Using county-level heat maps of overdose cases, the Alabama Department of Forensic Sciences (ADFS) report data from 90 percent of the cases within 75 days of receipt of death cases. Analysts researched data for ketamine, mitragynine, xylazine, and gabapentin from year to year (in overdoses).[26] Guidance for the National Safety Council is used to determine other drugs of concern in the current drug supply.

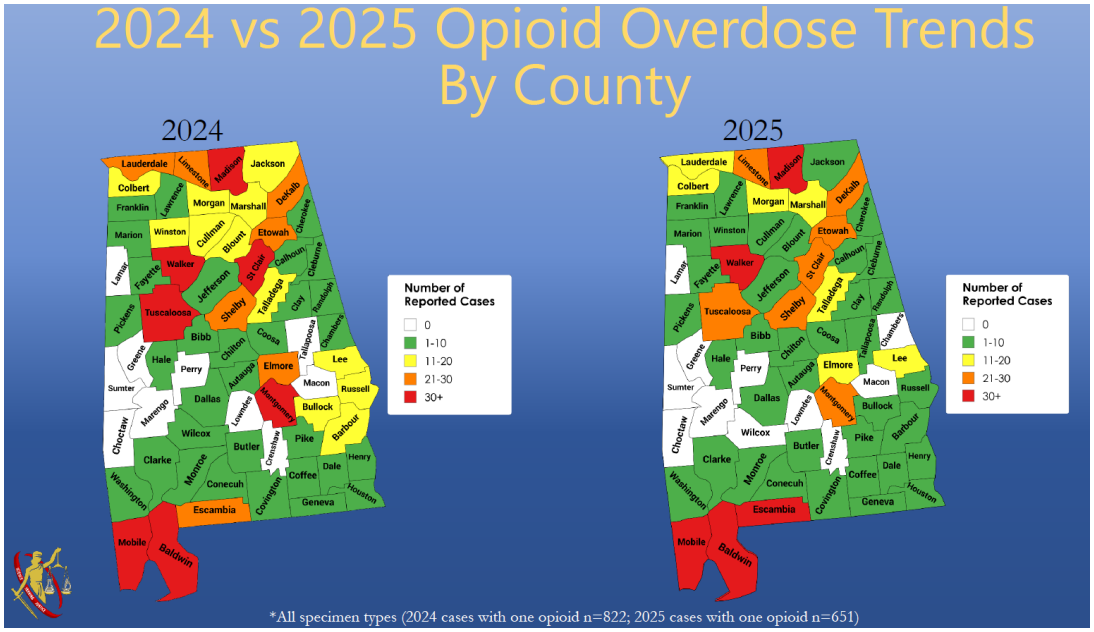
Agency partners will continue to collaborate with members of the Data Committee to ensure community providers and leaders are aware of trends and new alerts. The committees have prioritized the creation of information sheets and brochures highlighting critical information to be distributed to multi-agency partners and contacts across Alabama serving substance-using individuals.

Opioid Prevalence: Overdose Case Types

Target	FY24 Number Of Cases	FY24 Prevalence (%)	FY25 Number Of Cases	FY25 Prevalence (%)	% Change
Fentanyl	554	34	337	24	↓ 29
Hydrocodone	111	6.8	93	6.7	↓ 1.5
Morphine	85	5.2	84	6.0	↑ 15
Oxycodone	79	4.8	111	8.0	↑ 67
Buprenorphine	47	2.9	44	3.2	↑ 10
Oxymorphone	40	2.4	62	4.5	↑ 88
Methadone	43	2.6	40	2.9	↑ 12
Tramadol	37	2.3	27	1.9	↓ 17
Hydromorphone	41	2.5	8	0.6	↓ 76
Codeine	22	1.3	16	1.1	↓ 15
Heroin*	17	1.0	7	0.5	↓ 50
Meperidine	1	0.1	2	0.1	0

*All specimen types (2025 blood only n= 1,354; 2025 all specimen n=1,480)
(2024 blood only n= 1,639; 2024 all specimen n= 1,717)

Above and below, please see FY24 v. FY25 opioid suspected overdose comparison data and Geomaps. Note: This information includes all counties except Jefferson and is provided by ADFS.



While significant gains have been made in Alabama to implement strategies positively impacting the decrease of overdose-related deaths, the Mental Health American 2025 State of Opioid Overdose and Response in the U.S. reports areas where Alabama is still ranked lower than most

states in our response – even near last place in several domains. These domains include: state naloxone dispensing, youth reporting drug prevention messaging from sources outside schools, number of practitioners providing buprenorphine, the number of opioid treatment programs available per 100,000 people, the number of addiction recovery residences, youth reporting they did not receive drug or alcohol education in school in the past year, rankings of jails providing overdose reversal medications to detainees with OUD and links to MAT or treatment facilities on release. All of the low-ranking factors present opportunities for continued focus and efforts to further improve and prevent overdoses in Alabama There is still much work to do, and members of the council and standing committees are prepared to respond.

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. A nearly 20 percent confirmed reduction in overdose deaths year-over-year is a major milestone. The prescribing of opioids has been cut almost in half since 2012, and the dosage strength reductions are substantial.

Safe prescribing remains essential, yet it is only a starting point. Providers must pair continued prescribing-pattern improvements with routine screening for opioid use disorder, timely referrals to treatment, and the integration of recovery supports. Non-fatal overdose monitoring and real-time data systems are improving, and partner collaboration is enabling more responsive interventions to the gaps that have been challenging, historically.

Local leadership plays a pivotal role in translating strategy into impact. Leveraging real-time, locally specific data is critical for identifying high-burden areas, guiding the deployment of naloxone, expanding medication-assisted treatment and supportive services, and aligning public health, health systems, and law-enforcement partners. Leaders also must steward settlement funds and appropriations responsibly, ensuring initiatives are implemented with fidelity, measured for outcomes, and continuously improved. Leaders also must grasp the complexities of addiction and return to use, including recognizing recovery is a process for most individuals that requires a system of care often involving more than one treatment encounter.

Sustained reduction in overdose deaths will depend on elevating *recovery* as a core system priority. This includes expanding peer support, housing and employment stabilization, and opportunities for social connection that help individuals maintain long-term recovery. Providers also have a critical role in public education: reducing stigma, encouraging safe disposal, ensuring at-risk patients receive naloxone, and promoting awareness among families and caregivers.

Ultimately, Alabama's early successes reflect the power of high-fidelity implementation, not coincidence. Continued progress will require disciplined use of data, intentional collaboration, and a shared commitment to equity, sustainability, and comprehensive support across the continuum of care.

Summary of next steps and critical initiatives to consider and continue:

1. Continue to expand treatment access
    - Scale MAT availability statewide, with emphasis on rural and underserved counties
    - Integrate MAT and recovery services into jails, drug courts, and re-entry programs
2. Strengthen reduction of harm opportunities
    - Sustain and expand naloxone distribution and training at the community level
    - Increase availability of fentanyl test strips and other harm-reduction tools in high-risk areas
    - Monitor and respond rapidly to emerging drug threats (synthetic opioids, xylazine, polysubstance trends, regional "hot spots")
    - Centralize reporting to collect data on the administration and outcomes on use of naloxone
3. Build a skilled, supported workforce
    - Expand and strengthen provider training in addiction medicine, safe prescribing, and referral
    - Promote and grow the Provider Clinical Support System (PCSS) for clinician mentorship
    - Continue to focus on creating safe spaces for both those in recovery and employers
    - Seek opportunities to grow the practice and research of addictionology

4. Enhance recovery infrastructure
    - Expand peer recovery services, supportive housing, employment pathways, and integration of behavioral health with primary care – prioritizing long-term recovery supports to sustain reduction in overdose deaths
5. Strengthen data systems and transparency
    - Maintain and enhance real-time overdose surveillance and analytics
    - Ensure public-facing data transparency to guide resource allocation and build community trust
    - Use local data to pinpoint high-burden areas and deploy interventions strategically
6. Elevate local leadership and cross-sector coordination
    - Engage county and municipal leaders (health departments, mayors, sheriffs, schools) to embed prevention, treatment, and recovery across community systems
    - Foster coordinated action across public health, healthcare, law enforcement, peer networks, and community organizations
7. Standardize and sustain best practices
    - Institutionalize evidence-based practices to ensure decision-makers grasp recovery-oriented systems of care
    - Monitor implementation quality across counties to ensure fidelity and equitable access
    - Use continuous-improvement processes to avoid regression and maintain momentum
8. Address ongoing challenges and barriers to care
    - Reduce persistently high opioid prescribing rates and ensure safe prescribing remains a foundation, not the endpoint
    - Close geographic gaps in treatment, recovery, and harm reduction – especially in rural and high-need counties
    - Prioritize determinants of health outcomes for justice-involved populations and underserved communities
9. Strengthen prevention and community education
    - Expand evidence-based prevention programs in schools, workplaces, and community settings
    - Support provider-led efforts to reduce stigma, improve patient education, and promote safe medication practices
10. Ensure accountability and responsible stewardship
    - Require transparent, measurable use of settlement funds and state appropriations
    - Hold local systems and grant recipients accountable for outcomes, implementation, and effective community engagement

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 as well as other partners, stakeholders, and the Opioid Settlement Funds Oversight Commission. In keeping with the State Opioid Plan, the following reports provide details 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 MAT for 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.

Goal #1: Expand relationships and collaboration within the system of care, including certified and non-certified treatment and recovery support providers.

Objective 1: Create a statewide National Recovery Month interconnected effort to raise awareness and improve action-oriented outcomes, provide access to care information, and encourage constituents in seeking support.

Activities: The Recovery Month Advocacy Toolkit was created and distributed at recovery month events across the state as well as to providers of treatment and recovery services (See **Appendix D**).

Activities: The committee held 10 *Recovery is Here* events and community college tours in September, with a total of 637 in attendance, including vendors/community partner representatives at each event. A website (www.recoveryishere.info) was created as a resource to share information about the campaign. Evaluations were offered following each event to gather responses on the use of information provided and to provide guidance for future planning of similar events. More than 90 percent of the participants reported positive outcomes, including an increased understanding of access to recovery resources, improved knowledge of types of treatment and recovery support available, and feeling encouraged to engage in recovery efforts. The events were held at the following colleges, with some sites staging multiple events: Bevill State (Jasper), Bishop State (Mobile), Calhoun (Huntsville), Enterprise State (Enterprise), Enterprise State (Ozark), Jefferson State (Hoover), Snead State (Boaz), and Wallace State (Selma).

Objective 2: Review the existing directory of all treatment and recovery support providers in the Connect AL app to ensure all types and efforts are incorporated.

Activities: A subcommittee was created to review the existing directory of providers in the Connect AL app. The sub-committee reviewed the directory for completeness of the provider information, appropriate placement of the service in the directory, and the omission of provider types or services that should've been included in the app.

- Following the review of existing content, any noted change requests were sent to the Connect AL development team for review and forwarded to the originating source as needed for correction.

Objective 3: Create a space for all provider types to share information with one another.

- Following a review of numerous platforms, including costs, availability, and accessibility, the committee has identified Facebook as the most universal tool to create space for information sharing. However, there are many administrative elements that need to be developed prior to promoting this space statewide.
- This objective will be revised and continued through next year as the space is developed and promoted.

Objective 4: Continue to explore pathways to bridge gaps between all systems of care and promote the use and acceptance of certified and licensed providers and report to the opioid council any barriers identified at each quarterly meeting.

- Denial of medications for addictions treatment in Alabama county jails have been noted as a point of concern.

Goal #2: Track and report substance use treatment and recovery initiatives.
The following outcomes and data are reported by key access to treatment service points:

- ROSS Helpline – Oct. 1, 2024, to Sept. 29, 2025
  - 12,823 calls and individuals served
- Assessment-only level of care - Nov 1, 2024, to October 31, 2025
  - Total ADMH Placement Assessments administered = 2,211
  - Total assessment updates administered = 360
  - Total treatment referrals = 5,898
  - Percentage telehealth vs. in-person = In-person, 25 percent; Telehealth, 75 percent
  - Services provided to clients across 66 Alabama counties
- Connect AL – Nov. 1, 2024, to Oct. 31, 2025
  - Total number downloads:
    - iOS: 11,929
    - Google: 12,838
  - Total resources in the directory
    - Treatment = 1,110
    - Support and health = 18
    - Adding through 211 and ACHMC = 7,935
    - Medication drop-off location = 66
  - New features live in the app:
    - Subscription tab for wellness tips/messages
    - 211 resources integrated into directory
    - Converting text into visuals and infographics
    - Self-screeners, including for alcohol, drugs, nicotine, depression, anxiety, and suicide
    - Added content includes vaping, expanded adolescent content, maternal health, and veteran-specific information
    - 988 hot topic banners for easier access
    - New app interface is in the building phase to launch in 2026

- Peer Recovery Community Center Assessment/Treatment Referrals – October 1, 2024, to September 30, 2025
    - Referrals for assessments – 1,303

B. Rescue Committee

Priority 2:

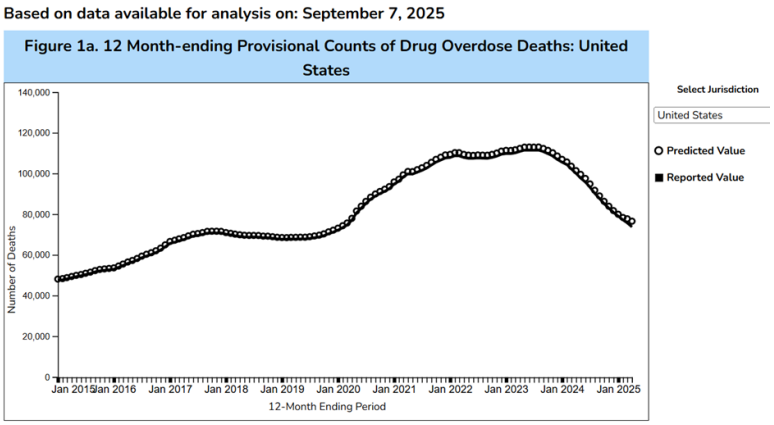
Support efforts to prevent and reduce deaths from overdoses or other opioid-related harms through evidence-based or evidence-informed programs and strategies, such as increasing access to naloxone and employing other life-saving measures. The committee prioritizes overdose reversal awareness, outreach, 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 and new tools for prevention emerge.

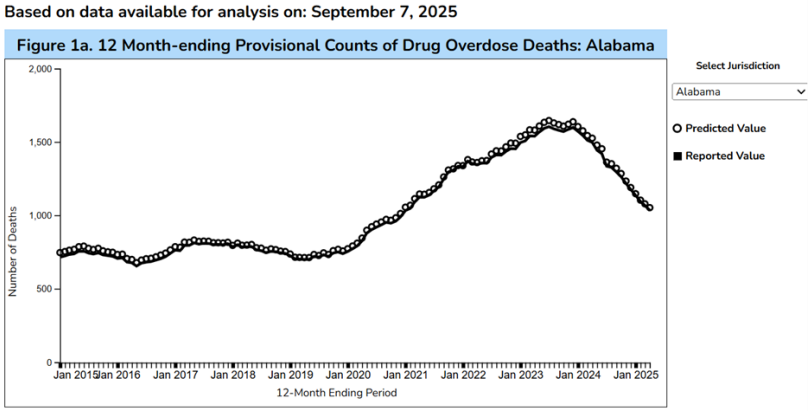
Goal #1: Critical expansion of overdose education and naloxone distribution through continued distribution of prescription naloxone by standing order and/or direct dispensing as allowed by laws and regulations throughout the state to areas where it is needed, through various means.

Objective 1: Measure and assess the impact of trends noted in state:

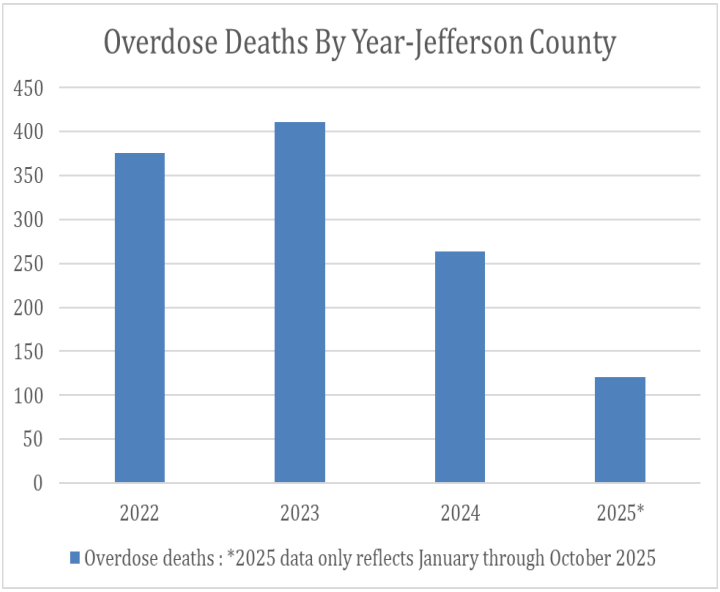
a. Overdose death rates climbed annually from 1999 through 2022 in the U.S. Nationally, overdose deaths began to decline in 2023. Overdose death rates continue to decline in Alabama similar to, and perhaps even better than, national trends. Based on CDC data, the change in overdose deaths from 2024 to 2025 is a predicted 24.5 percent decrease nationally and a predicted 31 percent decrease in Alabama.[5] This steep decline is being attributed to several factors, including widespread naloxone distribution, improved access to overdose prevention and response services such as drug supply monitoring, and improved overdose data use to target life-saving activities.[27,28] In addition to a decline in fatal overdoses, Alabama has seen a decline in hospital visits related to non-fatal opioid overdoses, although at a slightly slower rate and without a consistent downward trend on a month-to-month basis.

b. CDC graphics for the U.S. and Alabama (included below and earlier in report.)

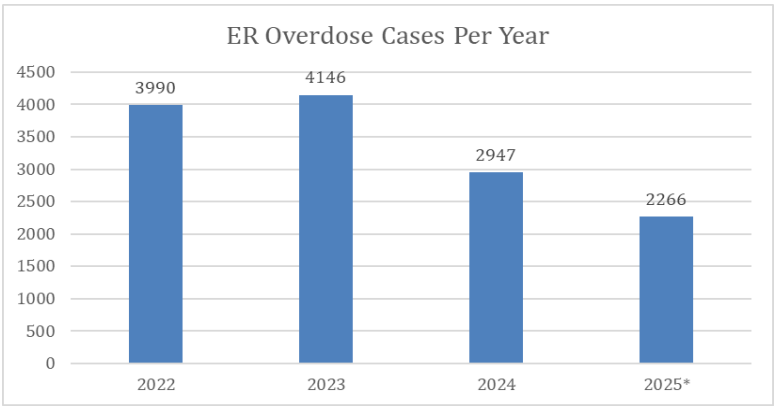




c. JCDH graphics on local overdose death data



d. ADPH graphics on statewide hospital overdose data



*Note: 2025 data only includes January 2025 to October 2025

In fiscal year 2025, naloxone distribution remained a priority of the standing committee members. ADMH distributed 40,733 naloxone kits to schools, first responders, physician offices, and individuals.

Through collaboration with ADMH and ADPH, JCDH continues to operate the mail order naloxone distribution. Through this, 10,348 naloxone kits and 47,829 fentanyl test strips were provided upon request to 5,875 individuals across the state of Alabama.

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

Activities: Within Jefferson County, JCDH distributed another 14,643 naloxone kits through collaboration with local business, hospitals, and the MAX Transit Authority.

Activities: A novel naloxone distribution mechanism that emerged this year in Alabama was distribution through "prevention and wellness" vending machines. Five such machines were placed throughout Mobile County through efforts of the Mobile County Health Department (MCHD), and two such kiosks were placed in Montgomery County through efforts of ADPH. MCDH also launched a series of presentations and outreach events to improve public awareness of the harm of opioids and the vital roles of treatment and overdose prevention and reversal.

Activities: In partnership with ADMH, ADPH and JCDH, the Addiction Prevention Coalition (APC) was provided with 733 naloxone kits that they distributed along with more than 8,000 fentanyl test strips and more than 67,000 safe drug disposal bags through a variety of events, including but not limited to 331 Peer Recovery and Family Support Groups.

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

Activities: The Rescue Committee continues to support efforts to prevent or reduce deaths or opioid-related harms through evidence-based or evidence-informed programs or strategies.

Current initiatives include plans to continue naloxone distribution by mail order as well as distribution to partnered entities (e.g. schools, first-responders, etc.) and public events, expand naloxone distribution through kiosk and distribution stations, improve targeting of naloxone distribution through data collection on use of kits, and partner with law enforcement committee to improve public ability to check drugs for emerging threats.

C. Workforce Committee

Priority 3:

Alabama's labor force and economy are among the segments 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 overarching goal. The committee seeks to connect unemployed or underemployed individuals affected by the opioid misuse with recovery services and rapid re-skilling 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.

Employers across Alabama, especially small businesses, report ongoing challenges in finding and retaining reliable, drug-free workers. We know that health and wellbeing are directly tied to productivity, retention, and strong local economies. Our committee's goals are to promote and foster recovery-friendly workplaces that support mental wellbeing for every Alabamian, including those affected by opioid or other substance abuse disorders, or by mental illness. By advancing employer-led, fiscally responsible solutions that help individuals return to work and contribute to their communities, we're strengthening families, reducing long-term public costs, and rebuilding Alabama's workforce.

Objective 1: Develop a recovery-friendly/supportive workplace training program for Alabama.

Activities:
We envisioned this as a turnkey program equipping employers with tools, policies, and language to support recovery on the job. A recovery-friendly workplace is one that recognizes employees in recovery as valuable members of its workforce, equips survivors and staff with the skills to spot signs of struggle, and intervenes early. It implements clear, compassionate policies like paid leave for treatment or non-punitive drug testing, which means "treatment first" not no consequences, adding a treatment pathway before termination. It provides easy access to employee assistance programs and community resources. This matters because one in five adults faces a mental health challenge each year. Early support dramatically improves outcomes and reduces relapses.

Workplaces with strong support see lower turnover, less absenteeism, and fewer on-the-job accidents. Every dollar invested in mental health training can yield up to a four-fold return in improved productivity and reduced healthcare costs. In short, recovery-friendly workplaces aren't just a moral imperative, they are smart business and smart government policy. We have completed five short training videos on how to become a recovery-friendly workplace.
These brief, high-impact modules are designed to equip employers and supervisors with practical tools and insights.

The titles and topics of each module follow:

- "Breaking Stigma: Supporting Recovery in the Workplace" – covers how language and culture shape perceptions and ways to foster a supportive environment
- "Understanding Substance Use and Mental Health in the Workplace: A Foundation for Support" – teaches employers how to recognize and respond to behavioral health challenges
- "Leading with Empathy" – provides practical strategies for supervisors and managers to build trust and open communication
- "Supporting Recovery Through Daily Leadership: Small Actions, Big Impact" – teaches everyday leadership behaviors that create a culture of recovery support
- "The Business Case and Legal Responsibilities" – provides a clear explanation of the financial and legal rationale for recovery-friendly policies, including compliance and risk reduction

Objective 2: Develop a central portal of job-related resources for persons who are living with behavioral health challenges. We've assembled and published a Workplace Wellness Toolkit covering the best practices from stigma-busting communication to crisis-support policies.

This toolkit was developed to offer resources for employers and individuals seeking employment in recovery-friendly workspaces. The handouts include:

- "Dos and Dont's" of Mental Health in the Workplace
- Substance Use and Mental Health Crisis Support Policy
- Employer Resource Guide

These materials are available on VitAL's website so Alabama employers can download them at no cost. We will continue to develop the Recovery Friendly Workplace Program through continued distribution of developed materials, securing employer partners around the state, and continued development of the portal.

We are looking to further this agenda by adding tutorials and material resources to the Department of Workforce's AlabamaWorks! website, Alabama's unified workforce development system designed to connect Alabama's employers with job seekers and train workers for high-demand, high-wage jobs. It aims to recruit, train, and empower a highly skilled workforce that meets the needs of the state's industries. The system integrates various components of education, workforce training, and job placement services to enhance job opportunities and improve economic growth in Alabama.

Jobseekers can access Community Services and Benefits pages from the home page of the site or from their accounts once logged in. The resource pages contain links to information about community or social service programs. Topics include everything from health to legal issues, government benefits, and caregiver resources.

Employers also have access to a multitude of services and resources for a variety of topics, including incentive programs, human resources, Equal Employment Opportunity Commission (EEOC) information, and recruitment services.

Alabama employers are able to market themselves as "second-chance" employers when they post jobs through this data system. Career Centers around the state actively work with Alabama's hardest-to-serve individuals in an effort to match job seekers with the right employers. Career Center staff can provide individuals in recovery with individualized support and promising job leads with employers who will give them the opportunity to prove themselves and find success in a healthy, recovery-friendly environment. Career Center staff work directly with employers both in the office and out in the field to assist in meeting the needs of Alabama's employers.

Conclusion

With robust marketing, we feel we are on the right path to reach our goals and grow a recovery-friendly workforce and increase labor force participation. Promoting and fostering workplaces that support mental wellbeing throughout the state is the overarching goal. By building recovery-friendly workplaces, we remove stigma, strengthen families, boost productivity, and sustain healthy local economies, ensuring that every Alabamian has the support they need to work, recover, and prosper. Marketing resources to employers and encouraging them to learn how to safely and effectively take advantage of this often-underused talent pool is imperative to bridging the gaps in Alabama's labor force and making Alabama the best it can be.

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 the development of resulting policies. The development, maintenance, and expansion of the state's CDR and its contributing partners has been a primary means of data collection supported by the committee.

The Alabama Drug Use CDR represents a critical, statewide resource in our fight against the opioid crisis. Originally established by the Alabama Opioid Overdose and Addiction Council, the repository was designed to integrate data across multiple systems – including treatment, EMS response, emergency-room visits, coroner reports, and prescriptions – to provide a holistic, real-time understanding of substance use trends in Alabama

Statement on the Alabama Central Data Repository and Oversight Transition

The Alabama Opioid Overdose and Addiction Council Data Committee's primary goal is to develop and maintain the Central Data Repository (CDR). Originally established in 2018, the CDR was designed to integrate data across multiple systems and provide a holistic, real-time understanding of substance use trends in Alabama. As such, it represents a critical, state-wide resource in the fight against the opioid crisis.

This year, responsibility for its oversight is transitioning from the Alabama Department of Mental Health to the Alabama Department of Public Health. This change underscores the increasingly recognized role of the CDR as a public-health surveillance tool, not just as a behavioral health system metric.
Collaborations forged through the CDR will continue to be of great importance. Integrating data from these organizations provides state and local entities a guide for prevention efforts and resources needed in the local communities.

The Data Governance Committee, composed of contributing agencies, will continue its oversight of the CDR, ensuring privacy protections and ensuring all partners have a voice in how the data are used. The primary objectives of providing a publicly accessible dashboard (https://druguse.alabama.gov), promoting transparency, supporting policy makers and community leaders in evidence-based decision making, and helping measure the impact of prevention and treatment initiatives over time will remain.
Under ADPH oversight, the CDR will continue to serve as a cornerstone of Alabama's data-driven response to the opioid epidemic, enabling rapid detection of emerging trends, guiding resource deployment, and ultimately supporting better health outcomes for all Alabamians.

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; and 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.

The goal of the committee is to increase outreach capacity of the Opioid Overdose and Addiction Council to educate and train individuals, communities, and organizations by providing culturally competent messaging to address the needs of diverse populations and mitigate behavioral risks that may be associated with opioid use/misuse.

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

Activities: A virtual townhall was held in August 2025, with almost 90 registrants. Presenters included people with lived/living experience of opioid use, behavioral health practitioners, and prevention partners.

Activities: Efforts to highlight successful opioid prevention implementation successes throughout the state were completed. Providers produced video recordings to show the impact of Opioid Settlement Funds in local communities.

Activities: Prevention partners also worked alongside efforts of the Rescue Committee in furthering access to naloxone. More than 100 ONEboxes were distributed to organizations throughout the state, including community colleges, fire departments, and schools. The ONEbox is an emergency opioid overdose reversal kit designed to promote safety by assuring that individuals have lifesaving, on-demand training when and where they need it.

F. Law Enforcement Committee

Priority 6:

The primary goal of the Law Enforcement Committee is to increase awareness of resources to address the opioid crisis for members of the law enforcement community. 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.

GOAL #1: Continue to develop targeted objectives to increase awareness of resources to address the opioid abuse crisis for members of the law enforcement community.

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

Activities: First Responder Tool Kit to include an online tool kit, a crisis kit, and leave-behind Narcan. A one-page information sheet includes information regarding the kit and QR codes to resources. Four hundred copies were distributed to law enforcement officers. (**APPENDIX D**)

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

Activities: The committee hosted and organized many events in support of this objective to include:

- Alabama Recovery Housing Initiative (ARHI) work group to further develop best practices in securing housing post release
- Alabama Recovery Advocacy Day (ALRAD) event in Montgomery – with more than 300 in attendance
- Gov. Kay Ivey's signing of a proclamation for stakeholder support and lived experience commendation
- Montgomery Recovers June 2025
- Continuum of Care for Justice Involved Persons Model presentation at the AARR Conference and ASADS 2025

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

Activities: Established a working group to expand MOUD in county jails and continuum of care. The committee continues to establish a consistent replicable procedure for continuum of care transfers throughout the state:

- Upon last report, Walker County had provided 92 people with suboxone and maintained several others on previously prescribed medications, with 35 receiving MOUD.
- Approximately 80 inmates from custody to rehab and only one returned to the facility.
    - Established a form for the sub-committee to send six inmates to ADOC
    - Communication continues with other facilities throughout the state to try and implement this statewide. This is an ongoing initiative.
    - ADOC expansion of MOUD programs and Narcan use report (see earlier data reported in this report).

Objective 4: Increase awareness of continuum of care policies, processes, and resources to address the opioid crisis for judicial stakeholders, community partners, and members of the law enforcement community.

Activities: The committee and partners have created a training module for presentation to other facilities throughout the state for expansion of continuum of care. To date, the following efforts for and presentations of the model have been facilitated or planned in the coming year:

- VitAL presentation on Continuum of Care from Incarceration to Community
- Alabama Jail Association
- National Institute for Jail Operations Conference held 10/13/25-10/15/25
- RX and Illicit Drugs Conference, submission awarded
- Designated PEER Map **(Appendix D)**
- Support for law enforcement on the use of local resources
- Crisis Centers and 988 call centers added

The committee will continue to promote the following initiatives in the coming year: creation of a one-page information sheet for communities to better understand opioid settlement dollars, reviewing and suggesting legislative language for laws regarding test strips, and creation of a continuum of care for pregnant/nursing women model for those residents who are eligible for MOUD.

G. Maternal Child Health (MCH)/Substance Use Committee

Priority 7:

Improve maternal and child health by addressing the challenges faced by parenting and pregnant women with SUD, 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 developing and identifying 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: Educate providers and families around resources and alternatives, such as suboxone and methadone, available for pregnant and parenting women with substance use disorder.

Activities: The Education Workgroup promoted SBIRT (Screening, Brief Intervention, and Referral to Treatment) training for obstetric/maternity providers and community partners through VitAL Alabama's EveryStep Program, which works to reduce infant mortality by identifying and addressing substance use and mental health needs during pregnancy. The workgroup conducted outreach to providers, universities, and community programs, helping connect them with EveryStep for training. As a result, EveryStep partnered with two healthcare/community organizations to implement SBIRT in at least three agencies, with plans to expand to all 25. SBIRT training also has been integrated into multiple University of Alabama at Birmingham (UAB) and University of Alabama (UA) graduate-level programs, including midwifery, counseling, social work, substance use counseling, and healthcare.

EveryStep released a patient-facing flyer bundle for easy use by partners, which the workgroup is helping distribute in collaboration with People Engaged In Recovery (PIER) and Recovery Organization of Support Specialists (R.O.S.S.) outreach staff. The program is also preparing to launch a provider toolkit, with guidance from the Education Workgroup. (**APPENDIX D**)

Objective #2: Work with community stakeholders to address barriers to prenatal, maternal, and behavioral healthcare due to punitive policies around pregnancy and behavioral health conditions, for those who are incarcerated as well as within the community.

Activities: The Policy Workgroup partnered with the Law Enforcement Workgroup to plan outreach to county courts, district attorneys, and law enforcement about local treatment and diversion options for pregnant or nursing women with SUD. The goal is to improve access to prenatal, postpartum, and substance use care using evidence-based pathways.

The MCH/SU Committee is developing materials – covering treatment options, conviction trends, pregnancy-related health outcomes, county jail costs, and lived-experience testimonies – for the

Law Enforcement Committee to review. Outreach will begin in 2026 in two counties selected jointly by both committees.

The workgroup is also collaborating with law enforcement partners to outline a continuum of care for incarcerated pregnant women ahead of the 2026 opening of the Thomasville CARES facility, in partnership with PEIR and the ADOC.

Objective #3: Educate providers on mandatory reporting as it relates to pregnant women with substance use disorder.

Activities: In spring 2024, the committee held focus groups with labor and delivery nurse managers to better understand mandatory reporting and identify resources that support families affected by substance use. The goals were to learn what services work, ensure tools match provider needs, identify barriers to care, and pinpoint key referral points.

Because additional perspectives were needed, two more focus groups were held in June 2025 with healthcare providers and other family-facing professionals. These sessions gathered input from 34 participants across 12 organizations.

A literature review on best practices for postpartum opioid education was conducted alongside the focus groups to align evidence with the themes that emerged. The committee will continue to develop action steps from the report of the focus groups.

Objective #4: Improve opioid education within the hospital discharge process for those going home with opioids.

The Protocols Workgroup focused on preventing new persistent opioid use after childbirth by promoting evidence-based pain management in obstetric units, especially through Enhanced Recovery After Surgery (ERAS) protocols to reduce opioid prescriptions. A summer intern conducted a literature review on best practices for pain management during labor, delivery, and postpartum.

The workgroup is now partnering with Thomas Hospital in Fairhope and the Alabama Perinatal Quality Collaborative to create a pain-management learning series launching in Q2 2026, aligned with efforts to reduce Alabama's high C-section rate. The series will include ERAS-based clinical guidance, tools for patient counseling and breastfeeding, materials to help manage pain expectations at home, safe opioid disposal resources, and strategies for supporting patients with substance use disorders.

To inform this work, the Alabama Perinatal Quality Collaborative surveyed labor and delivery units about current opioid prescribing practices. Results from the polls will be used to guide future initiatives for the committee. In addition, Alabama Medicaid and Blue Cross Blue Shield of Alabama have been working together to visualize trends in opioid prescriptions filled within seven days of delivery. This analysis will help clarify how much access postpartum patients have to opioids during the critical early recovery period.

H. Prescriber/Dispenser Practices –

Priority 8:

The Prescriber/Dispenser Committee is tasked with ensuring tomorrow's prescribers and dispensers are educated in safe opioid prescribing and best practices. The Prescriber/Dispenser Subcommittee is comprised of prescribing and dispensing healthcare professionals and educators throughout Alabama. The committee seeks to encourage all Alabama medical schools and residency programs, osteopathy, podiatry, optometry, dentistry, and veterinary science, and 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: Ongoing development of ALAHOPE (Alabama Health Professionals' Opioid and Pain Management Education). The platform launched successfully in May 2023 with 12 modules on substance use. More content will be added in 2026.

Activities: The final two courses in Unit 1: Substance Use are in the final stages of development and will soon be launched. Work has begun on Unit 2: Pain. Three modules are in the build stage, while nine modules are in various stages of completion.

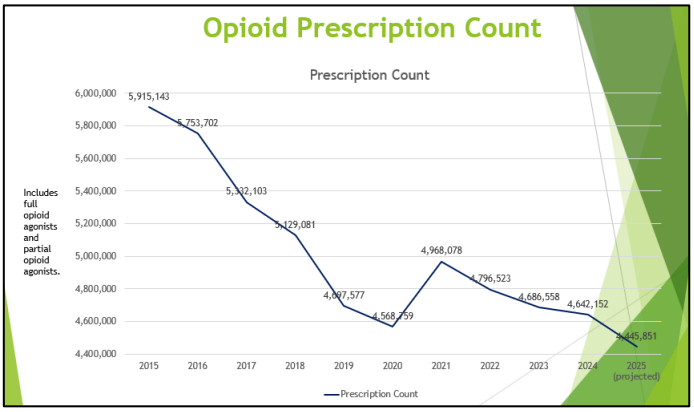
Objective #2: Monthly data analytics reports regarding the use of ALAHOPE, including professional and demographic data, as well as the pretest and post-test data and course evaluations.

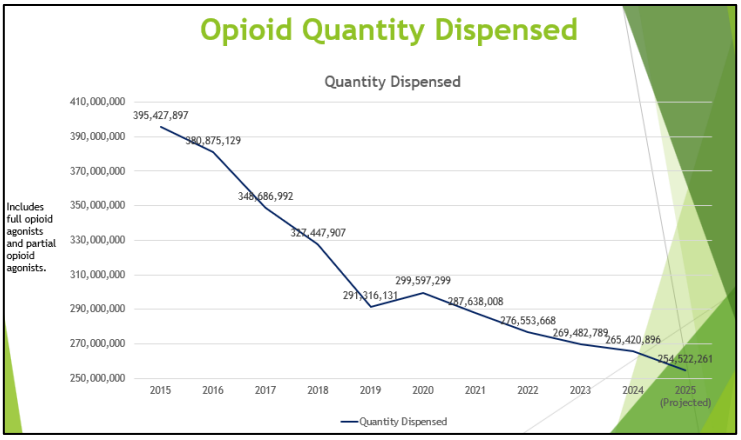
Activities: In 2025, the Prescribers/Dispensers Committee remained focused on development of the ALAHOPE platform (www.alahope.org). As of Oct. 1, 2025, there had been 3,370 course completions within the ALAHOPE platform, offering a significant amount of free continuing education credit to health professionals in Alabama. Users include physicians, nurse practitioners, physician assistants, nurses, pharmacists, educators, social workers, counselors, and dentists. Although a large majority of users are in Alabama, the curriculum also has been used by health professionals in 24 additional states and one Canadian province.

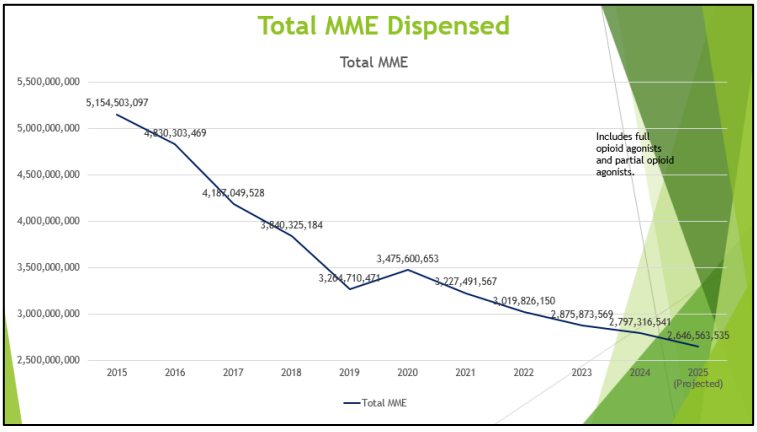
Activities: In 2026, with anticipated completion of Unit 1 and the launch of Unit 2, the committee will focus on marketing the modules, including reaching out to health professions schools in Alabama.

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

Activities: Each year, the Prescribers/Dispensers Committee provides opioid dispensing data obtained from the PDMP to monitor opioid prescribing and dispensing trends. Alabama continues to see a decline in the opioid prescribing and dispensing rates. Data through Sept. 30, 2025, indicate the following successes: Opioid prescription counts (which includes full opioid agonists and partial opioid agonists) are down from 4,642,152 in 2024 to 3,334,388. The number or quantity of opioids dispensed have equally seen a marked decrease from 265,420,896 in 2024 to 190,891,696 in 2025. The total of morphine milligram equivalents (MME), which is the value used to compare measures of opioid dose potency, also has declined from a total of 2,797,316,541 in 2024 to 1,984,922,651 as of Sept. 30, 2025.


Opioid Prescription Count
Prescription Count
Includes full opioid agonists and partial opioid agonists.
6,000,000
5,800,000
5,600,000
5,400,000
5,200,000
5,000,000
4,800,000
4,600,000
4,400,000
5,915,143
5,753,702
5,322,103
5,129,081
4,607,577
4,568,759
4,968,078
4,796,523
4,686,558
4,642,152
4,445,851
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025 (projected)
Prescription Count


Opioid Quantity Dispensed
Quantity Dispensed
Includes full opioid agonists and partial opioid agonists.
410,000,000
390,000,000
370,000,000
350,000,000
330,000,000
310,000,000
290,000,000
270,000,000
250,000,000
395,427,897
380,875,129
348,686,992
327,447,907
291,316,131
299,597,299
287,638,008
276,553,668
269,482,789
265,420,896
254,522,261
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025 (Projected)
Quantity Dispensed


Total MME Dispensed
Total MME
Includes full opioid agonists and partial opioid agonists.
5,500,000,000
5,000,000,000
4,500,000,000
4,000,000,000
3,500,000,000
3,000,000,000
2,500,000,000
5,154,503,097
4,830,303,469
4,187,049,528
3,840,325,184
3,204,710,471
3,475,600,653
3,227,491,567
3,019,826,150
2,875,873,569
2,797,316,541
2,646,563,535
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025 (Projected)
Total MME

APPENDIX B

Alabama Opioid Overdose and Addiction Council Membership 2025

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
OPEN	Alabama Administrative Office of Courts
OPEN	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)
OPEN	Jefferson County Department of Health
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
OPEN	Alabama Department of Labor
OPEN	Alabama Department of Labor
Greg Reed	Alabama Department of Workforce
Heather Hall	Alabama Department of Workforce
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
OPEN	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
OPEN	University of Alabama at Birmingham

APPENDIX C

Standing Committees of the Opioid Overdose and Addiction Council

Data Committee

Sondra Reese, Chair	Jefferson County Department of 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
Erin Shonsey	Alabama Department of Forensic Services
Jan Casteel	Alabama Department of Human Resources
Felica Greet	Alabama Department of Corrections
Clay Crenshaw	Alabama Office of the Attorney General
Susan Staats-Combs	Alabama Methadone Treatment Association
Maury Mitchell	Alabama Law Enforcement Association
Gary Parker	Alabama Medicaid Agency
Jessica Pescatore	Alabama Poison Information Center
Hannah Brasher	BlueCross BlueShield of Alabama
Bobby Ragan	Jefferson County Health Department
Mariyam Javed	Gulf Coast High Intensity Drug Trafficking Assn

Law Enforcement Committee

Rebecca Bensema, Chair	Alabama Bureau of Pardons and Paroles
Donna Oates, Co-Chair	Administrative Office of Courts
Ashlie Combs	Veterans Outreach Resource Coordinator
Deborah Crook	Alabama Department of Corrections
Michael Dean	Attorney General Office-State of Alabama
Brain Forster	Alabama Dept. of Economic and Community Affairs
Felicia Greer	Alabama Department of Corrections
Dr. David Herrick	Pain Management Physician
Dr. Edward Kern	Alabama Department of Corrections
Cedric Leonard	Shelby County COMPACT
Curt Lindsley	Alabama Alliance for Recovery Residences
Sean Malloy	Alabama Board of Pharmacy
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 and Paroles
Kim Randolph	YesCare 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 and Paroles
Matthew Wells	USDJ DEA
Justin White	Walker County Building Bridges Program
Aaron Dawson-	Alabama Jail Administrator
Candace Rachel	Alabama Department of Corrections
Elizabeth Norman	Fellowship House

Treatment and Recovery Support Committee

Shanna McIntosh, chair	University of Alabama, VitAL
John Bayles, co-chair	Recovery Resource Center
Elana Merriweather	Alabama Department of Mental Health
Curt Lindsley	Alabama Alliance for Recovery Residences
Whitney Johnson	University of Alabama Birmingham
Je'Kylynn Steen	Overdose Response Program – CDC Foundation
William Wainscott	Kolbe Clinic
Richetta Muse	ADMH – Medicaid Specialist
Susan Staats-Combs	Provider, AL Methadone Treatment Association
Patty Sykstus	Not One More Alabama
Donna Oates	Administrative Office of Courts
Mark Litvine	Alabama Department of Mental Health
Judd Drake	ACRM
Larry Vahle	PEIR
Luciana Coleman	Alabama Department of Mental Health
Julie Ray	Recovery Organization of Support Specialists
Sheree Towne	Provider, ASADS Board of Directors

Community Outreach and Engagement Committee

Brandon Folks, chair	Alabama Department of Mental Health
David Albright, co-chair	University of Alabama
Azzie Oliver	Montgomery County District Attorney Office
Brenae' Waters	Alabama Department of Mental Health
Candi Williams	American Association of Retired Persons
Nichole Dawsey	Addiction Prevention Coalition
CSM Richard Moore	Alabama Joint Counterdrug Task Force
Kendrikka Suddith	Alabama Department of Mental Health
Kimbley Terrell	The University of Alabama
Nicole Shine-Hopson	READY
Liza Nicholson	West Central AL Area Health Education Centers
Major Rickeisha Robinson	Alabama Joint Counterdrug Task Force
Neil Rafferty	Alabama House of Representatives
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

Rescue Committee

Leah Leisch, MD, chair	UAB/Birmingham VA
Rachel Kieffer, PhD, co-chair	Alabama Department of Public Health
Nichole Dawsey	Addiction Prevention Coalition
Curt Harper	Alabama Department of Forensic Science
Shane Herring	Addiction Prevention Coalition, UAB-Psychiatry
Chansica Lanier	West-Central Alabama AHEC
Samantha Lawrence	Alabama Department of Mental Health
Kevin Michaels	Mobile County Department of Health
Lieutenant Field Morton	Birmingham Police Department
Kalvin Allen	Jefferson County Department of Health
Lacey Peacock	Alabama Department of Public Health
Dani Sims	Recovery Resource Center
Darlene Traffanstedt	Alabama Medicaid
Donna Yeatman	Alabama Board of Pharmacies
Kristin Rezek	Jefferson County Department of Health
Wendi Hogue	Project Freedom, University of Alabama
Louise Jones	Alabama Pharmacy Association
Ashley Loftis	Addiction Prevention Coalition
Candice Rachel	Alabama Department of Corrections

Prescriber/Dispenser Practices Committee

Luke Engeriser, MD, chair	Altapointe Health Systems
Matt Hart, co-chair	Alabama Board of Medical Examiners
Anne Marie Nolan	Alabama Board of Pharmacy
Allyson Gilliam	Alabama Pharmacy Association
Billy Beasley	Alabama Senate
Darlene Traffanstedt, MD	Alabama Medicaid Agency
Edwin Rogers	Alabama Board of Medical Examiners
Ellen Robertson	VitAL, UA School of Social Work
Fallon Lotson	UAB Physician Assistant Studies Program
Haley Phillipe	Auburn University, Harrison College of Pharmacy
Heather Martin	UAB, School of Health Professions
Gregory Gorman	Alabama Pharmacy Association
Jerry Harrison, MD	Alabama Academy of Family Physicians
Jessica Rivera Pescatore	Children’s of Alabama, Poison Control Center
Jon Linna	Alabama Board of Pharmacy
Kathy Bydalek	University of South Alabama Health Sciences

Kelli Littlejohn-Newman	Alabama Medicaid Agency
Kimey Buley	Alabama Board of Medical Examiners
LaDonna Marsh	Alabama Board of Nursing
Lauren Walter	UAB, Department of Emergency Medicine
Missy Mason	Troy University School of Nursing
Monika Wedgeworth	University of AL, Capstone College of Nursing
Nancy Bishop	Alabama Department Public Health
Nilsa Black-Mead	University of Alabama at Huntsville College of Nursing
Paul M. Harrelson	Samford University
R. Wayne Parker	Alabama College of Osteopathic Medicine
Rachel Kieffer	Alabama Department of Public Health
Richard Beverly	BlueCross BlueShield of Alabama
Samantha Barfield	Project Freedom
Stefan Kertesz	UAB School of Medicine
Stephen Morris	Alabama Board of Dental Examiners
Stephanie Wynn	Samford University School of Nursing
Sue Duran	Auburn University College of Veterinary Medicine
Sue Feldman	UAB School of Health Professions
Tammy Morrow	Jackson State School of Health Professions

Workforce Committee

David L. Albright, PhD, chair	University of Alabama
Jacqueline Allen, co-chair	Alabama Industrial Development &Training
Heather Hall, co-chair	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 Committee

Honour Hill, chair	March of Dimes
Julie Ray, co-chair	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

Britta Cedergren	Alabama Perinatal Quality Collaborative
Brooke Whitfield	Alabama Department of Mental Health
Cathy Nichols	Alabama Department of Public Health
Chansica Lanier	West Central Alabama AHEC
Chauntel Norris	Alabama Prison Birth Project
Dallas Rabig	Alabama Department of Early Childhood Education
Darlene Traffanstedt	Alabama Medicaid Agency
Emma Roth	Pregnancy Justice
Ginnie Prater	Blue Cross Blue Shield of Alabama
Holly Horan	University of Alabama Birmingham
Jennifer Key	Decatur Morgan Hospital
Katie Campbell	Alabama Department of Public Health
Kendrikka Suddith	Alabama Department of Mental Health
Laura Thompson	North Alabama Community Care
LaWana Kennedy	Alabama Department of Mental Health
Leslie Moon	Comprehensive Addiction in Pregnancy Program
Lindsay Harris	Alabama Department of Public Health
Lisa Costa	University of Alabama
Lora Ham	Alabama Perinatal Quality Collaborative
Samantha Goldfarb	Florida State University
Shajuane Jones	SAFECare
Sheri Burdell	Alabama Care Network Southeast
Stacy Copeland	My Care Alabama – Northwest
Tom Butler	University of South Alabama
Tiffany Moseley	Infirmary Health – Thomas Hospital
Travis Houser	Alabama Medicaid Agency
Tyesha Durr	Alabama Department of Mental Health
Tara Wood	University of Alabama at Birmingham
Yvette Burt	Jefferson County Department of Health

APPENDIX D
Committee References and Addendums

Recovery is Here Campaign
Recovery is Here Flyer
Recovery Advocacy
Peer Resource Map for Law Enforcement
Mandatory Reporting and Maternal Health
ALPQC Obstetric Hemorrhage Action Opioid Poll Results

APPENDIX E

References and Citations

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

[2] 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/

[3] https://www.pbs.org/newshour/nation/how-the-opioid-crisis-is-driving-deaths-and-abuse-in-prisons33

[4] 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."*

[5] https://filtermag.org/medication-opioid-use-disorder-jails-naltrexone/

[6] https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose

[7] https://www.alreporter.com/2025/10/23/as-opioid-overdose-deaths-decline-lawmakers-plan-to-expand-treatment-options/

[8] https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html

[9] https://www.whitehouse.gov/articles/2025/04/ondcp-releases-trump-administrations-statement-of-drug-policy-priorities/#:~:text=We%20will%20continue%20to%20take,well-being%20of%20all%20Americans.

[10] https://mhanational.org/opioid-overdose-and-response-2025/

[11] https://pubmed.ncbi.nlm.nih.gov/41097311/

[12] https://pubmed.ncbi.nlm.nih.gov/40843624/

[13] Alabama Department of Public Health (ADPH)

[14] https://www.cdc.gov/overdose-prevention/data-research/facts-stats/about-dose-system.html

[15] https://usafacts.org/answers/how-many-drug-overdose-deaths-happen-every-year-in-the-us/state/alabama/?noindex

[16] https://druguse.alabama.gov/

[18] https://www.jcdh.org/SitePages/Programs

[19] https://www.jcdh.org/SitePages/Programs-Services/CommunityHealth/SubstanceUseAndAddiction/OD2A.aspx

[20] https://nemsis.org/drug-overdose-surveillance-dashboard/

[21] 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

[23] 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

[24] https://pmc.ncbi.nlm.nih.gov/articles/PMC11587509/

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

[26] https://www.nsc.org/workplace/get-involved/divisions/alcohol-drugs-impairment-division?srsltid=AfmBOor70auSxCggbY83ogD_swqLOr9R4pEvXgQ3lapKwwpRKPolsmVP

[27] https://jamanetwork.com/journals/jama/fullarticle/2835193#google_vignette

[28] https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html

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