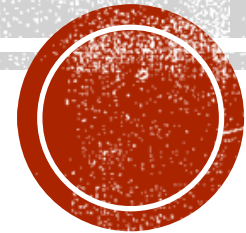


ALABAMA OPIOID CRISIS



Alabama Department of Mental Health
Division of Mental Health and Substance Abuse Services
Kathy House, State Opioid Coordinator
Kathy.house@mh.alabama.gov



The ADMH Mission:

Serve • Empower • Support

The ADMH Vision:

Promoting the health and well-being of Alabamians with mental illness, developmental disabilities and substance use disorders



TRAINING GOALS

Learn how opiates and how they effect the body.

Learn how to recognize signs of an opioid overdose and the drug Narcan.

Have an understanding of the consequences of the opioid crisis and be able to identify what else can be done to help.

Understand the opioid crisis nationally and locally and learn about the initiatives underway in Alabama.



The Most Commonly Abused Opiates



HEROIN

MORPHINE

CODEINE

FENTANYL

MEPERIDINE

OXYCODONE

HYDROCODONE/DIHYDROCODEINONE

HYDROMORPHONE

OXYMORPHONE



OPIOIDS: ACUTE EFFECTS

- **Euphoria**
- **Pain relief**
- **Suppresses a Cough**
- **Warm flushing of skin**
- **Dry Mouth**
- **Drowsiness**
- **Sense of well-being**
- **Depression of the central nervous system**



EFFECTS OF OPIOIDS

- **Sedation**
- **Pupil constriction**
- **Slurred Speech**
- **Impaired attention/memory**
- **Constipation, urinary retention**
- **Nausea**
- **Confusion**
- **Seizures**
- **Slowed heart rate**
- **Respiratory depression**

The Eyes Don't Lie



Narcotic Analgesics –
Heroin, Pain Pills



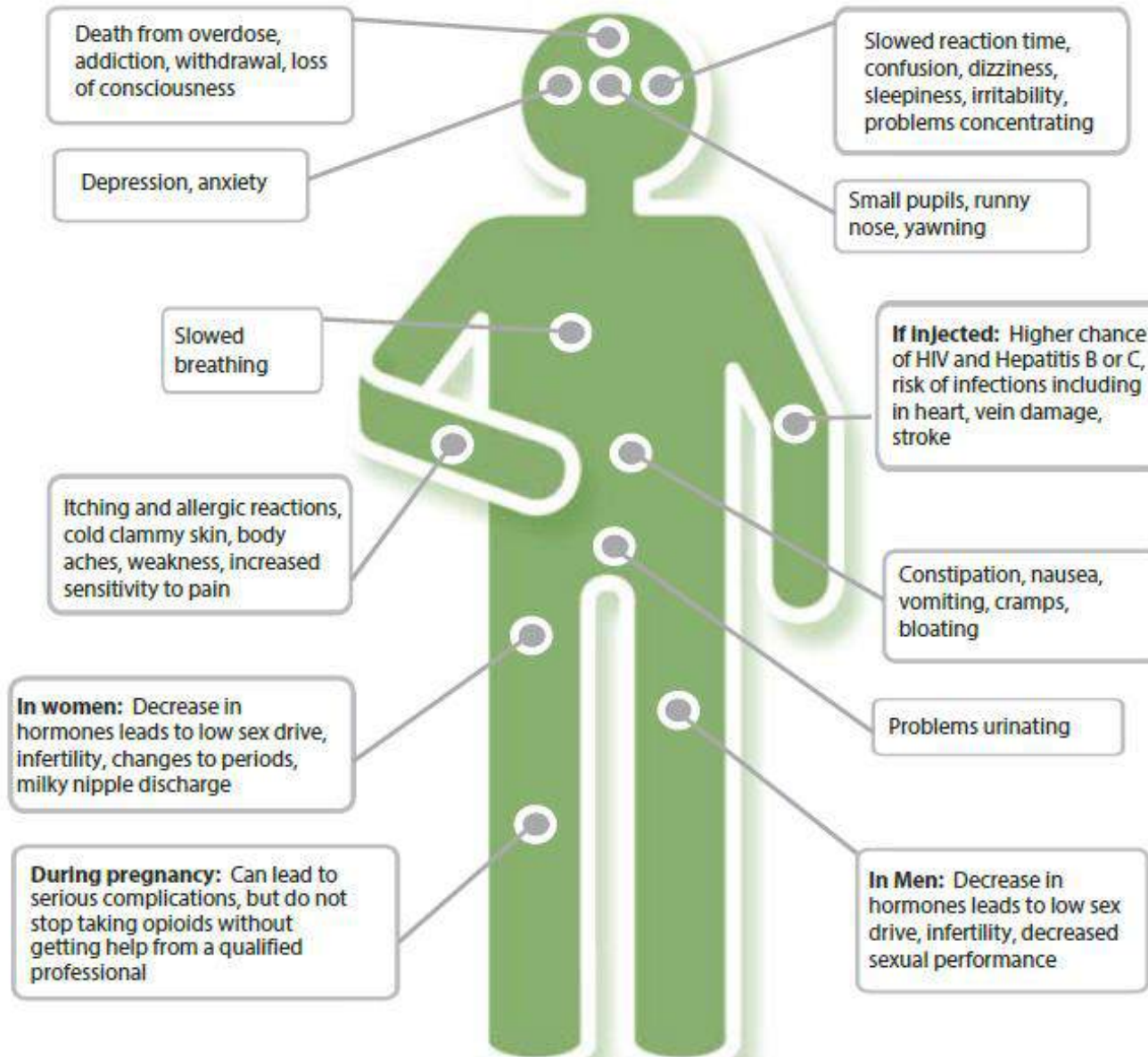
Meth, Cocaine, Ritalin, Diet
Pills, Hallucinogens

— Orlando, FL • April 10-12, 2012 —
**NATIONAL
RX DRUG ABUSE
SUMMIT**
www.nrxsummit.com



Prescription Opioids and Heroin

Effects on the Body



SOURCE:

www.sbirt.care/education.aspx



WHAT CAUSES OVERDOSE?

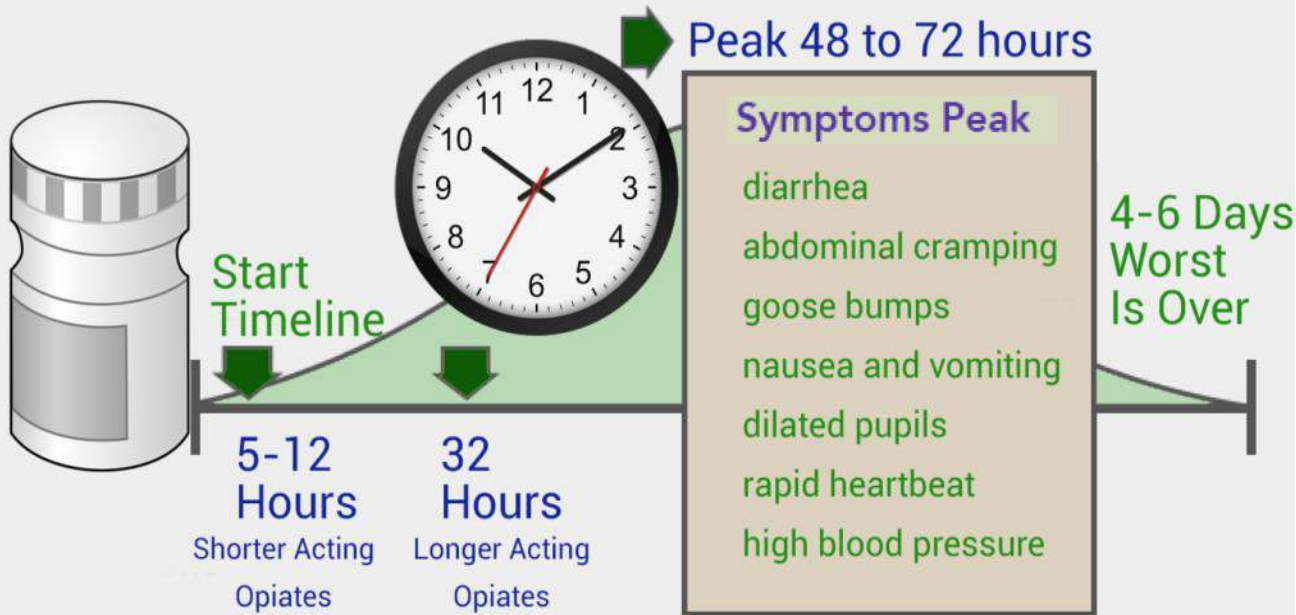
An overdose occurs when there is too much opioid in the body, a person can lose consciousness and stop breathing. An opioid overdose can happen suddenly or come on slowly over a few hours. Without oxygen, a person can die. Risks for an opioid overdose include:

- **Using opioids again after your tolerance has dropped. After a break from opioids, the body can't handle as much as it did before.**
- **Taking prescription pain medication more often or in higher doses than prescribed-or using someone else's prescription pain medication. The dose could be too much.**
- **Using heroin or pills bought on the street. Heroin and street pills often contain other substances that can be dangerously toxic.**
- **Using opioids with alcohol or other drugs including sleeping pills, benzodiazepines (like Valium and Xanax), cocaine and methamphetamine.**
- **Any current or chronic illness that weakens the heart or makes it harder to breathe.**
- **Using opioids alone. A person is more likely to die from an overdose if no one is there to help.**
- **Previous overdose. A person who has overdosed before is more likely to overdose again.**

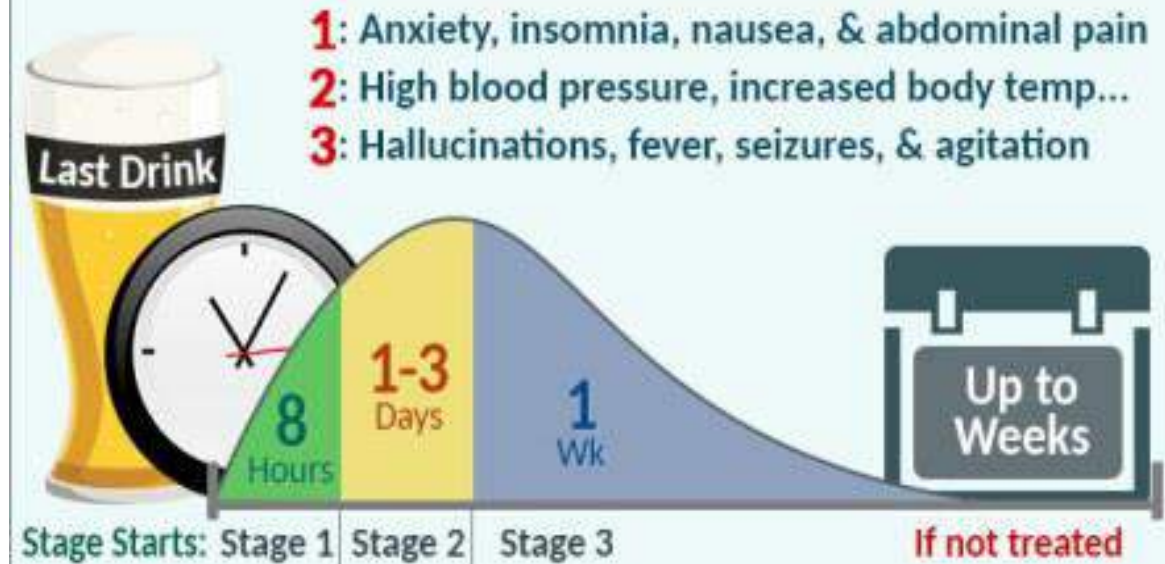


WITHDRAWAL TIMELINES

Opiate Withdrawal Timeline



Alcohol Withdrawal Timeline



Sources: <https://www.safeharbourrecovery.com/opiate-withdrawal-timeline/>

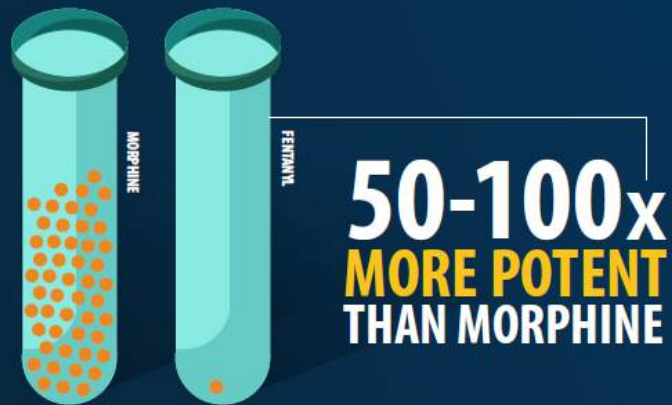
<https://7dayalcoholrehab.wordpress.com/>



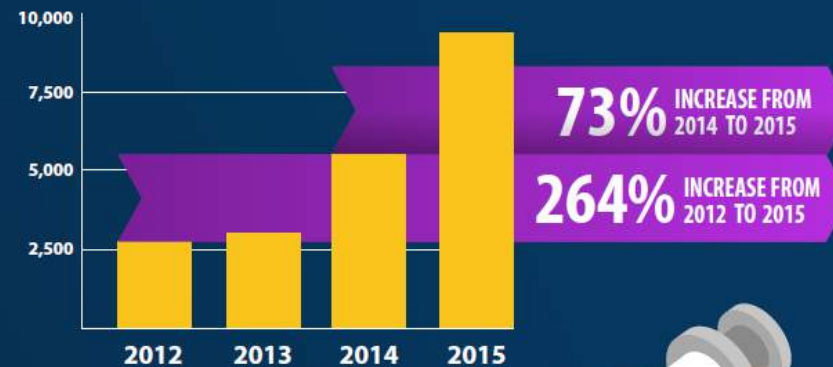
FACT ABOUT FENTANYL?

FENTANYL: Overdoses On The Rise

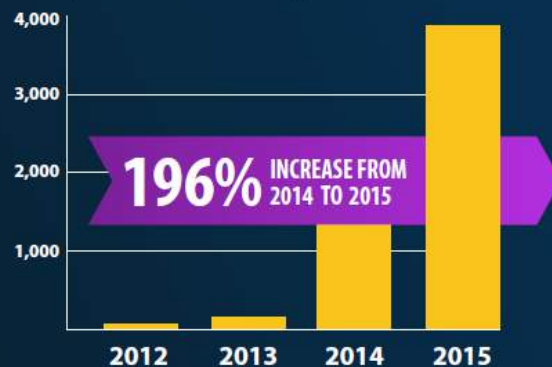
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

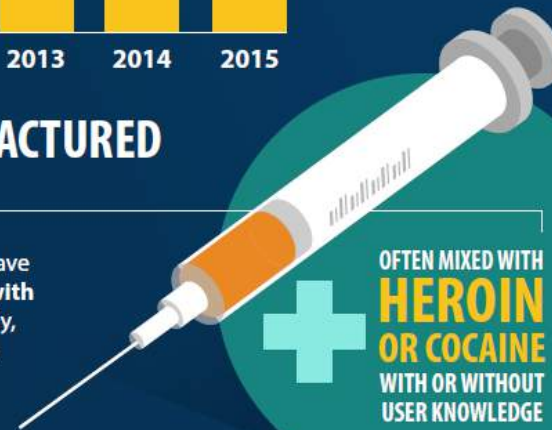


Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



ILLICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.



INTERESTING FACT TO CONSIDER

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.



INTERESTING FACT TO CONSIDER



INTERESTING FACT TO CONSIDER

Heroin

Lethal Dose
10-12mg

Fentanyl

Lethal Dose
1-2mg

Carfentanil

Lethal Dose
.02mg

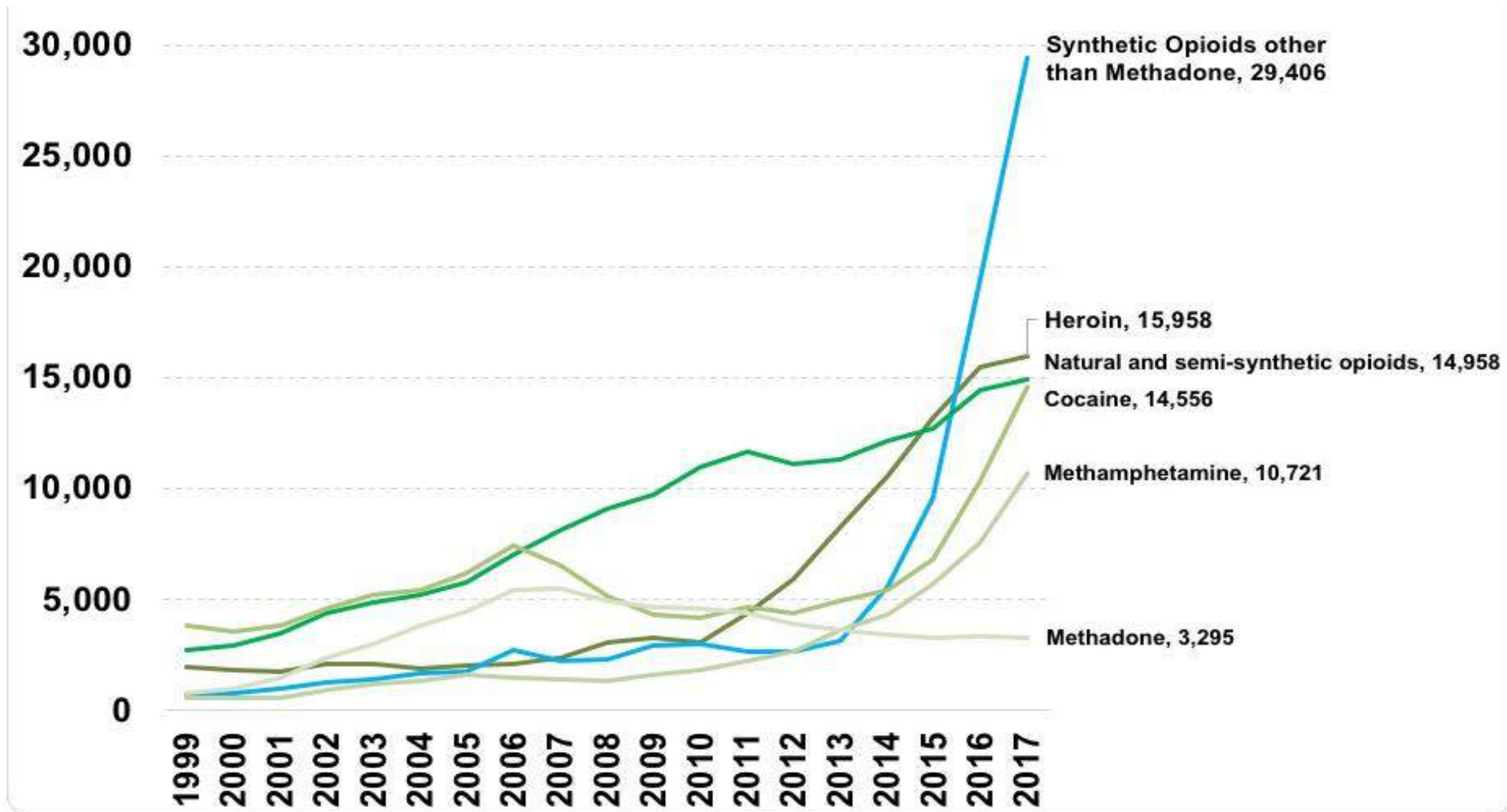


*NOTE: Information is based on DEA data. Every person reacts differently.
Heroin in doses as little as 3mg or less have been known to cause death.*

Photo by Mason Callejas



DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 1999-2017



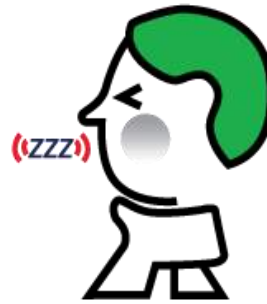
RECOGNIZING AN OPIOID OVERDOSE



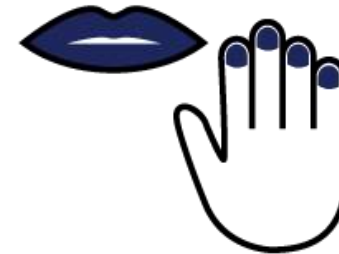
Not responsive to
noise or touch



Breathing will be slow
or absent



Choking, gurgling or
snoring sounds



Lip or nails are blue,
skin is cold or clammy



Pupils are tiny



NARCAN NASAL SPRAY

Brand name of the medical drug naloxone, which essentially serves as an antidote to opioid overdose.

Blocks the effects of opioids and reverses overdose symptoms. Works with Fentanyl but multiple doses is usually required.

Works on overdoses of heroin and prescription painkillers such as oxycodone, hydrocodone, and morphine.

Takes up to 90 minutes for the person to stop breathing after overdosing. When used correctly in this window, Narcan can restore breathing within two to five minutes, preventing brain injury and death by overdose.



- **From January 2017 through February 2019, the number of naloxone prescriptions dispensed has increased 484%** White House Office of National Drug Control Policy (ONDCP), May 8, 2019

- **The Food and Drug Administration (FDA) announced in May that its granted final approval to the first generic naloxone hydrochloride nasal spray, which can be used to reverse opioid overdoses.**



Emergency Response for Opioid Overdose



nasal naloxone



Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.



Someone has overdosed.

Someone isn't breathing.



Call 911

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.



Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.



Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.



HOUSE BILL 379 AND HOUSE BILL 208

HB208

- Signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone. Commonly known as the “Good Samaritan Law”

HB379

- Signed into law providing the State Health Officer or county health officers the authority to write a standing order for dispensing naloxone.



HOW ALL THIS GOT STARTED!

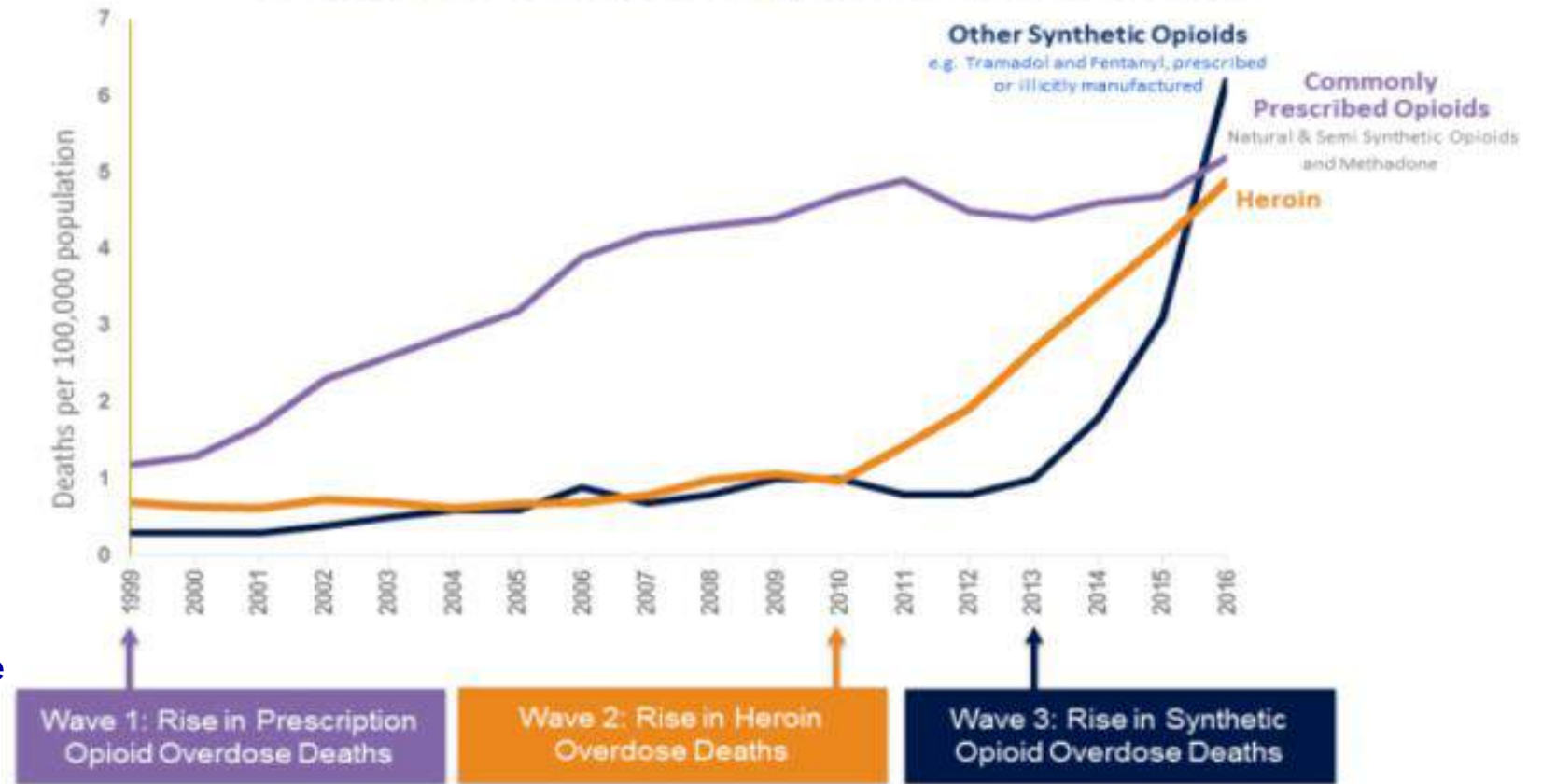
From 1999-2016 350,000 people died from overdose involving any opioid (prescription and illicit)

1st wave began with increased prescribing of opioids in the 1990s.

2nd wave began in 2010, with rapid increase in overdose deaths involving heroin.

3rd wave began in 2013 with significant increase in overdose death involving synthetic opioids particularly those involving illicitly manufactured fentanyl.

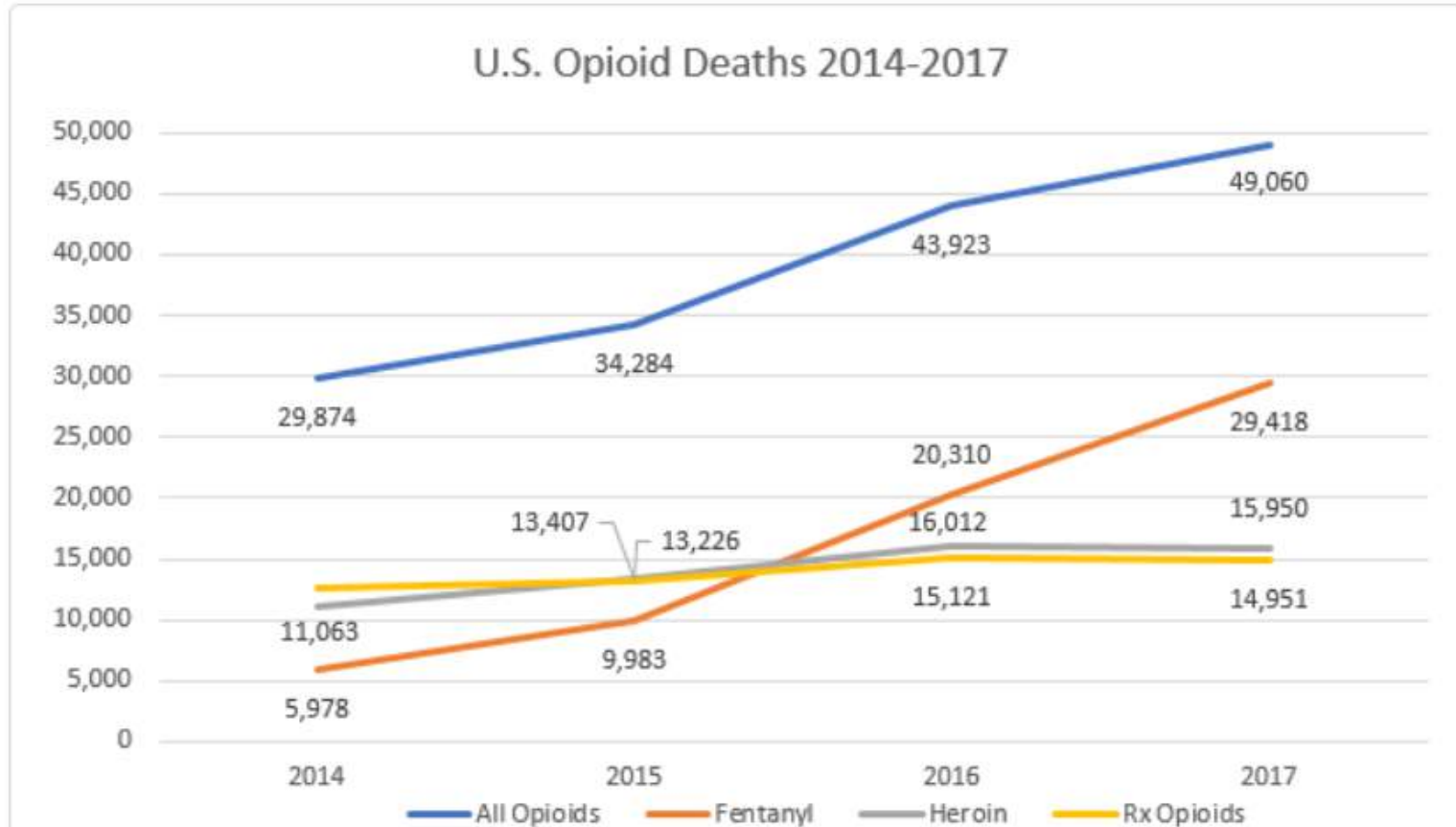
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.



SCOPE OF THE PROBLEM NATIONALLY



Source: Centers for Disease Control and Prevention. "Provisional Drug Overdose Death Counts." National Center for Health Statistics. August 5, 2018. Available at: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.



SCOPE OF THE PROBLEM NATIONALLY



THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day from opioid-related drug overdoses



11.5 m

People misused prescription opioids¹



42,249

People died from overdosing on opioids²



2.1 million

People had an opioid use disorder¹



948,000

People used heroin¹



170,000

People used heroin for the first time¹



2.1 million

People misused prescription opioids for the first time¹



17,087

Deaths attributed to overdosing on commonly prescribed opioids²



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



15,469

Deaths attributed to overdosing on heroin²



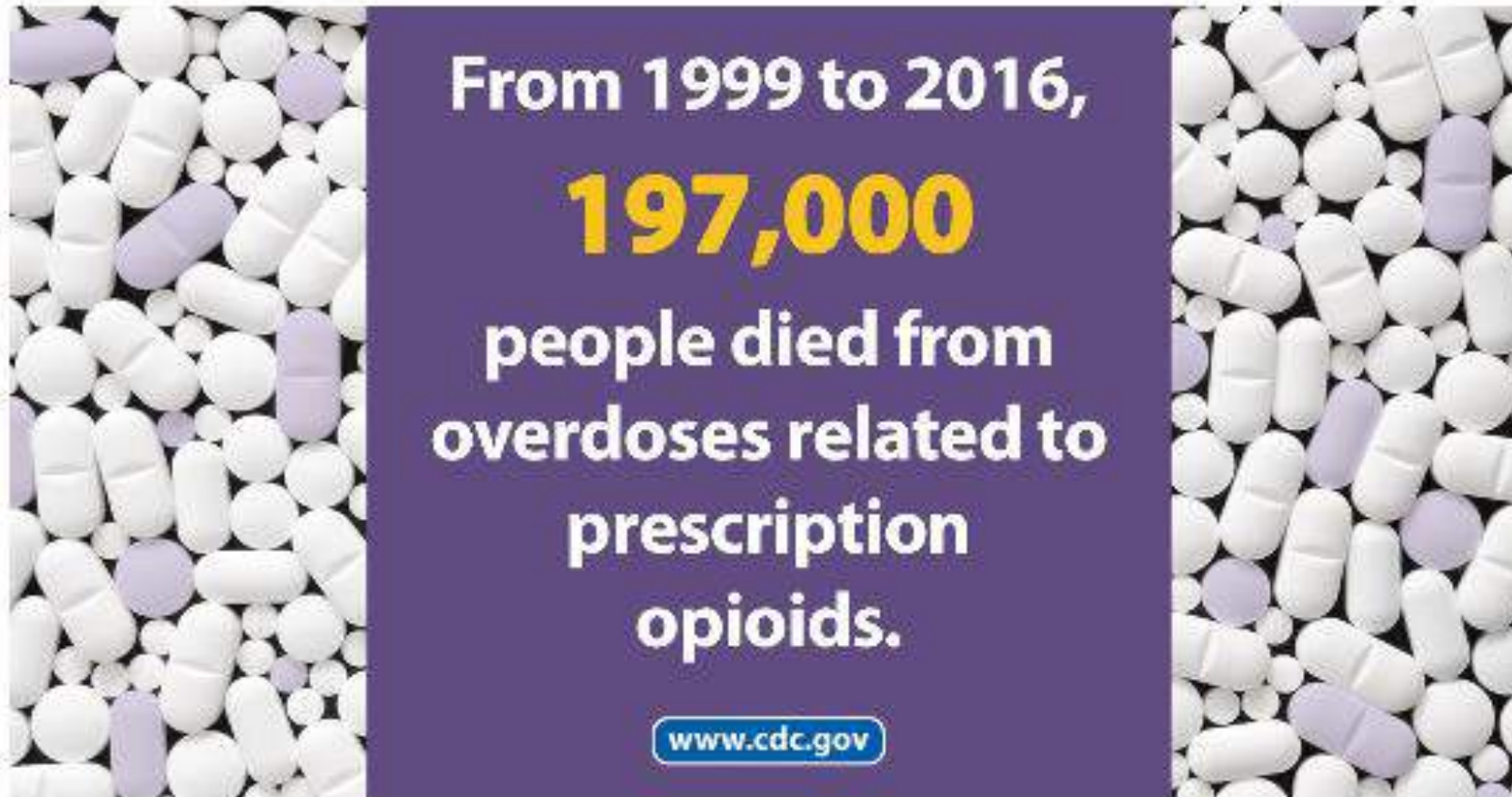
504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017



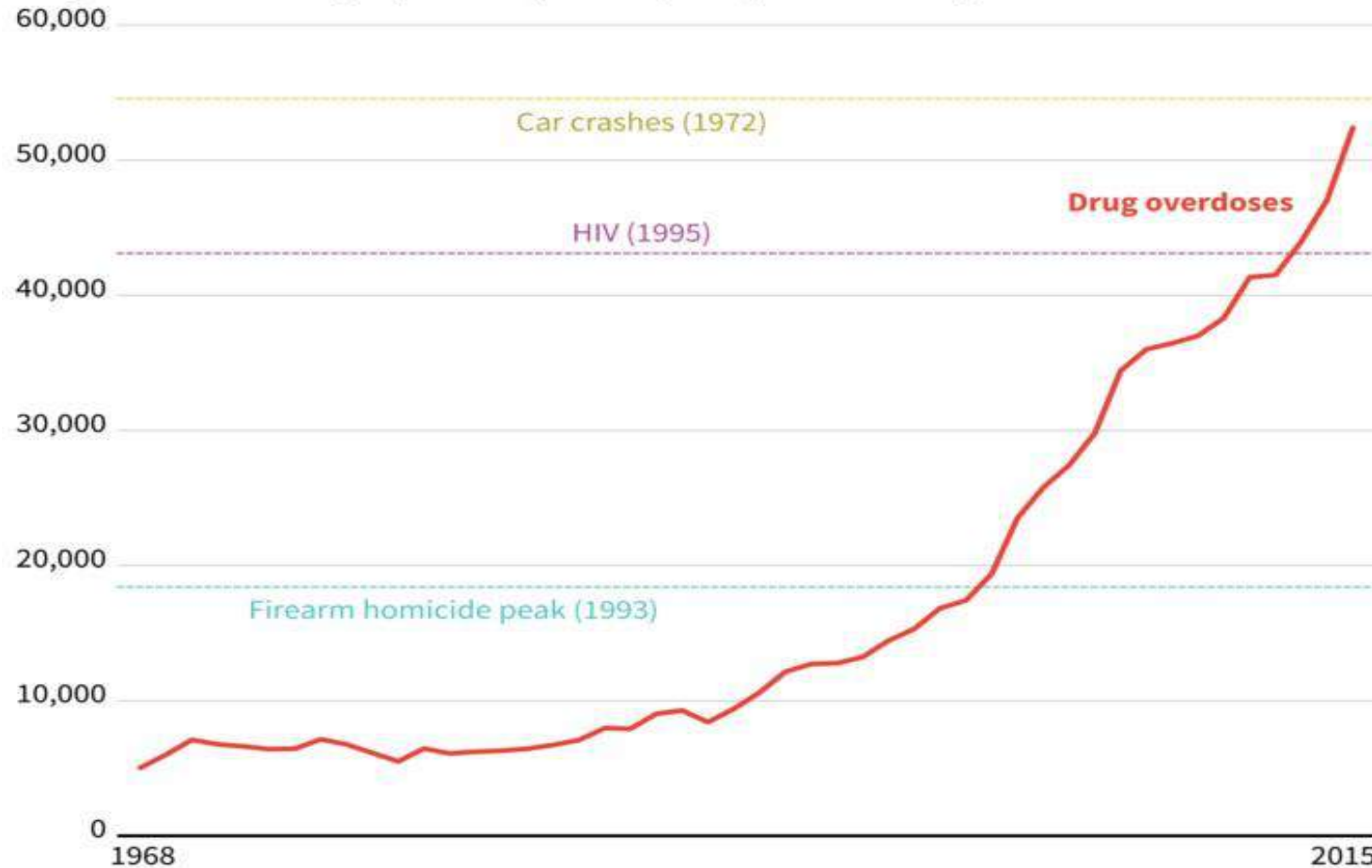
SCOPE OF THE PROBLEM NATIONALLY



SCOPE OF THE PROBLEM NATIONALLY

Drug Overdose Deaths Are Outpacing Other Public Health Epidemics

Drug overdose deaths per year compared to past epidemic death peaks.



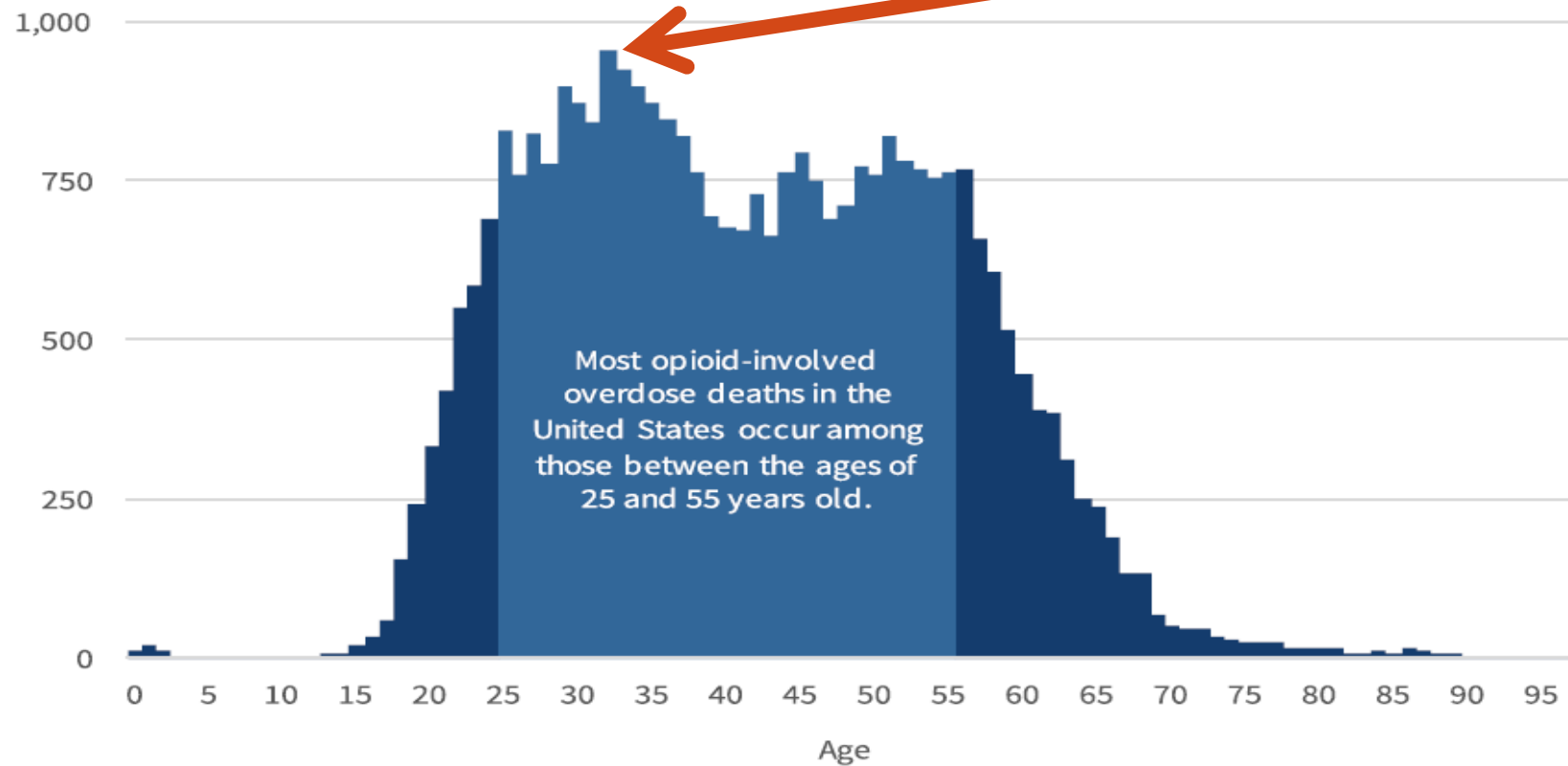
Source: CDC, NHTSA

The Huffington Post



SCOPE OF THE PROBLEM NATIONALLY

Figure 2. Opioid-involved Overdose Deaths by Age in 2015
(Number of deaths)



Source: CDC Wonder database, multiple cause of death files



SCOPE OF THE PROBLEM IN ALABAMA

- **Alabama ranks #1 as highest painkiller prescribing state in the Nation. #2 Arkansas.**
- **In 2016 Alabama had more opioid prescriptions 142.9 per 100 people.**
- **ADMH indicates an 85% increase in heroin admissions for veterans in 2014-2016.**
- **4.71% of Alabama's population above the age of 17 over 175,000 individuals are estimated to have used pain relievers for nonmedical purposes in the past year.**
- **Nearly 30,000 Alabamians, over the age of 17 are estimated to be dependent upon heroin and prescription painkillers.**



SCOPE OF THE PROBLEM IN ALABAMA

- **For the first time ever ADMH's 2017 admissions for opioid use disorders exceeded those for alcohol use disorders.**
- **The number of substance use disorder diagnoses for Blue Cross members increased almost 500% from 2010 to 2016.**
- **Majority of the treatment admissions for opiates were among females 55.9% with males having 44.1% of treatment admissions.**
- **Calhoun County deaths doubled from 15 in 2016 to 30 in 2017 according to Dr. Mary McIntyre, chief medical officer for the Alabama Department of Public Health.**



SCOPE OF THE PROBLEM IN ALABAMA

- **ADMH admissions data show a steady increase of opioid use disorders since 2014.**

Drug of Choice at Admission

	2014	2015	2016	2017	2018
Opioids	4,672	5,259	5,650	6,851	12,075
Alcohol	6,637	6,112	5,708	5,947	6,181
Marijuana	6,077	5,907	5,944	6,362	7,073
Methamphetamine	2,298	2,538	3,171	4,390	5,397

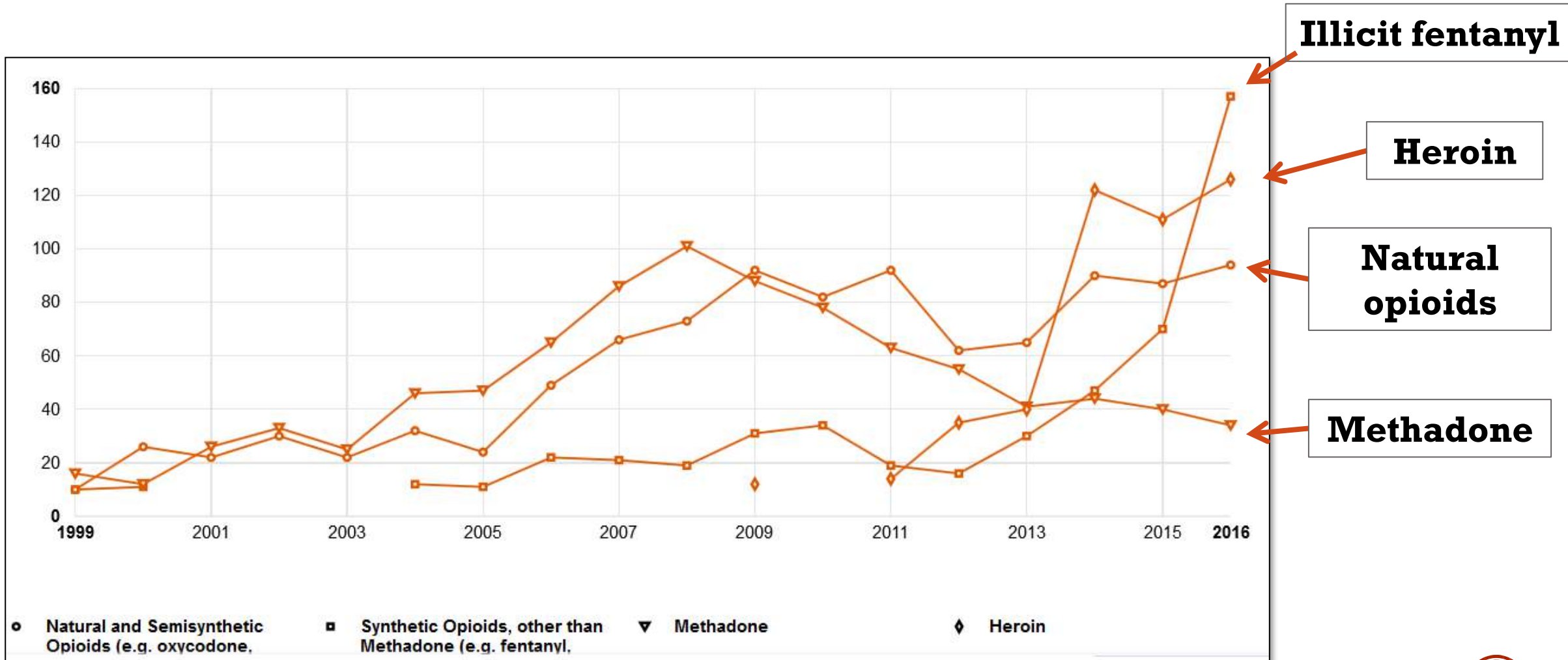


ALABAMA OVERDOSE DEATHS INVOLVING OPIOIDS

- **Alabama had a statistically significant increase of 11.1% in the drug overdose death rate from 2016 to 2017.**
- **In 2017, according to the National Institute on Drug Abuse, there were 422 overdose deaths involving opioids in Alabama—a rate of 9.0 deaths per 100,000 persons.**
- **The greatest increase in opioid deaths occurred among cases involving synthetic opioids (mainly fentanyl), with a rise from 16 deaths in 2012 to 198 in 2017.**
- **Heroin involved deaths also increased dramatically from 40 deaths in 2013 to 122 in 2014 but have remained unchanged through 2017.**
- **There were 167 deaths involving prescription opioids in 2017, an increase from 124 in 2016.**



ALABAMA MORTALITY BY TYPE OF OPIOID: 1999-2016



WHAT IS BEING DONE NATIONALLY

- **Congress passed opioid legislation.**
 - **Comprehensive Addiction and Recovery Act (CARA)**
 - **21st Century Cures Act**
 - **Alabama received \$7.9 million in funding and 20 million for the State Opioid Response (SOR) grant.**
- **President's Commission on Combating Drug Addiction and the Opioid Crisis.**
- **President Trump proclaimed September 2017 as National Alcohol and Drug Addiction Recovery Month.**
- **September 2018 the Senate passed the Opioid Crisis Response Act of 2018, a bipartisan package of more than 70 policy recommendations approved by five committees.**



WHAT IS BEING DONE NATIONALLY

Senate passed the SUPPORT for Patients and Communities Act (H.R. 6) with a vote of 98-1. Move to President desk for signature.

- **Reauthorizing grants to States to address the opioid crisis (previously authorized in the 21st Century Cures Act of 2016). COMPLETED**
- **Grants to establish at least 10 Comprehensive Opioid Recovery Centers (CORCs) throughout the U.S. COMPLETED**
- **Developing and disseminating best practices for recovery housing. COMPLETED**
- **Student loan repayment for SUD treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses. COMPLETED**
- **Reauthorizing the Office of National Drug Control Policy (ONDCP), Drug-Free Communities (DFC) and High-Intensity Drug Trafficking Areas (HIDTA) programs. COMPLETED**
- **Reauthorizing SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) program for FY 2019-FY 2023. COMPLETED**



WHAT IS BEING DONE NATIONALLY

In 2017 U.S. Department of Health and Human Services declared a public emergency.

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



Better addiction prevention, treatment, and recovery services



Better data



Better pain management



Better targeting of overdose reversing drugs



Better research



ALABAMA EFFORTS

- In Sept 2016 Alabama participated in the **National Governor's Association (NGA) Learning Lab on State Strategies for Combatting Heroin and Illicit Fentanyl**.
- NGA learning labs provide an opportunity for a small group of state teams to learn about the details of a state program that is successfully putting an innovative practice in place. This is a six-month opportunity for governors' senior staff and other state officials to receive technical assistance.
- Alabama team's consisted of representative from the following agencies;
 - ▶ Alabama Department of Mental Health
 - ▶ Health Policy Advisor to Governor
 - ▶ Alabama Department of Public Health
 - ▶ Alabama Medicaid Agency
 - ▶ Alabama Board of Medical Examiners
 - ▶ Alabama Administrative Office of Courts



ALABAMA EFFORTS

National Governor's Association (NGA) Learning Lab on State Strategies for Combatting Heroin and Illicit Fentanyl.

- **Alabama representatives had the opportunity to work directly with individuals from Rhode Island and to benefit from their lessons learned in address the opioid crisis and assisting in the development of best practice strategies for Alabama.**
- **Work done by the Learn Lab Team enhanced the state's ability to provide a rapid and meaningful response to the 21st Century Cures Act grant announcement by the Substance Abuse and Mental Health Services Administration (SAMHSA) assuring Alabama access to \$8,000,000 for opioid treatment, prevention and recovery support services. **ALABAMA RECEIVED STATE OPIOID REPOSE (SOR) FUNDING****



ALABAMA EFFORTS

National Governor's Association (NGA) Learning Lab on State Strategies for Combatting Heroin and Illicit Fentanyl.

GOALS:

- ✓ **Establish, by executive order, a task force to raise awareness of the opioid epidemic in Alabama and purpose legislation and other changes to combat it. ACCOMPLISHED**
- ✓ **Improve data collection, access, analysis, usage to combat the adverse consequences of heroin, fentanyl, and other opioid misuse in Alabama.**
- ✓ **Use existing resources and identify other opportunities, including new funding sources, to eliminate barriers to naloxone use and improve access to evidenced based substance abuse use disorders treatment and recovery support services.**
- ✓ **Increase public awareness of the heroin and fentanyl crisis in Alabama and of available personal and professional resources to address the causes and consequences of this crisis.**



ALABAMA EFFORTS

- **Executive Order No. 27 - December 15, 2016 by Former Governor Robert Bentley creating the Alabama Council on Opioid Misuse and Addiction.**
- **Executive Order 708 – August 8, 2017, Governor Kay Ivey established the [Alabama Opioid Overdose and Addiction Council](#). Action plan was submitted on Dec 31, 2017. 2018 annual report was submitted to the Governor.**

PURPOSE: Study the states opioid crisis and identify a focused set of strategies to reduce the number of deaths and other adverse consequences.

LEADERSHIP: ADMH Commissioner, Lynn Beshear
State Attorney General, Steve Marshall
State Public Health Officer, Dr. Scott Harris

MEMBERSHIP: Appointed by Governor



ALABAMA EFFORTS

• **Alabama Opioid Overdose Council** established eight (8) sub-committees:

- ✓ **DATA**
- ✓ **TREATMENT - RECOVERY**
- ✓ **PRESCRIBER – DISPENSER**
- ✓ **RESCUE (NALOXONE)**
- ✓ **PREVENTION – EDUCATION**
- ✓ **COMMUNITY ENGAGEMENT - Veteran Opioid Task Force**
- ✓ **WORKFORCE – added Dec 2018**
- ✓ **LAW ENFORCEMENT**



COMMITTEE'S MISSIONS

- **DATA** – Identify data sources and key metrics needed to describe the opioid problem in Alabama and to measure the success of efforts to abate it. **PROGRESS: Received a Bureau of Justice Assistant (BJA) grant to help build and implement the Centralized Data Repository (CDR).**
- **TREATMENT – RECOVERY** – Expand the quality and availability of evidence-based treatment for persons with opioid use disorders. **PROGRESS: ADMH has expanded its use of Medicated Assisted Treatment (MAT) by 47% since 2017.** MAT is the use of FDA- approved medications (Methadone, Naltrexone, and Buprenorphine) in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. **Established a 24/7 hotline and hired 16 peers to conduct outreach in hardest hit areas. To date they have answered over 2500 calls.**



ADMH 24/7 HELPLINE



24/7 Helpline
844-307-1760

Are you, or a family member, struggling with addiction or in need of support?

Do you prefer chat? Live chat is available through our website: www.rosshelpline4u.org

Want to send an email? Send us a message: helpline4u.ak@gmail.com

Every call, live chat and email is answered by a person in recovery at:

RECOVERY ORGANIZATION OF SUPPORT SPECIALISTS
R.O.S.S.

Addiction is a disease, not a moral failing.

All services are free, made possible through funding from ADMH and SAMHSA.



TREATMENT IN ALABAMA

- **There are currently 73 certified providers of substance abuse treatment services in the state. This includes free standing agencies and some mental health centers.**
- **Of those 73 certified agencies, 66 agencies receive funding through the Alabama Department of Mental Health to provide substance abuse treatment services.**
- **Alabama's substance abuse agencies provide a range of services along the continuum of care as defined by the American Society of Addiction Medicine (ASAM). These services encompass early intervention services, outpatient services, residential services and withdrawal management services.**



TREATMENT IN ALABAMA

- **No single treatment is appropriate for all individuals.**
- **Effective treatment attends to multiple needs of the individual, not just his or her alcohol or drug use.**
- **Treatment must address medical, psychological, social, vocational and legal problems.**
- **All individuals admitted to any level of care must have a placement assessment completed by a qualified individual using the approved Department of Mental Health assessment tool.**
- **Agencies generally prefer that the client make the appointment for the assessment. There is personal information they need prior to the assessment. This also cuts down on no-shows.**
- **Individuals must have some type of ID.**



PRIORITY ADMISSION REQUIREMENTS

- Agencies must give priority admission preference to people in the following order:

❖ Pregnant IV using women

❖ Pregnant women

❖ IV users

❖ Women with dependent children

❖ HIV positive individuals

❖ All others with a substance use disorder



AGENCIES CANNOT DENY ADMISSION BASED ON ANY OF THE FOLLOWING:

- **Age (with consideration of whether the program is adult or adolescent program)**
- **Gender (with consideration to whether the program serves one or both sexes)**
- **Pregnancy status**
- **Education achievement and literacy**
- **Household composition**
- **Ethnic background**
- **Income level and ability to pay (unless private for profit)**
- **Need for or use of medication assisted therapy**
- **Disability**
- **Existence of a co-occurring mental illness and substance use disorder**
- **HIV status**
- **Current maintenance on methadone.**
- **Previous admission to the program**
- **Prior withdrawal from treatment against clinical advice**
- **Referral source**
- **Involvement with the criminal justice system**
- **Relapse**



TREATMENT FOR A YEAR?

- **Treatment can mean many different things so when a judge orders a client to treatment for a year or for any amount of time, the substance abuse agency will determine the type of treatment which may vary over the course of the ordered time.**



5 SIGNS OF QUALITY TREATMENT (SAMHSA)

- **Accreditation:** Has the program been licensed or certified by the state? Is the program currently in good standing in the state? Are the staff qualified? Does the program conduct satisfaction surveys? Can they show you how people using their services have rated them?
- **Medication:** Does the program offer FDA approved medication for recovery from alcohol and opioid use disorders?
- **Evidence-Based Practices:** Does the program offer treatments that have been proven to be effective in treating substance use disorders including medication management therapies, such as motivational therapy, cognitive behavioral therapy, drug and alcohol counseling, education about the risks of drug and alcohol use, and peer support? Does the program either provide or help to obtain medical care for physical health issues?
- **Families:** Does the program include family members in the treatment process?
- **Supports:** Does the program provide ongoing treatment and supports beyond just treating the substance issues?



COMMITTEE'S MISSIONS

- **PRESCRIBER – DISPENSER** – Increase adherence to the Centers for Disease Control and Prevention's prescribing guidelines among providers when prescriptions are written for drugs associated with abuse, overdose and death. **Progress: Data from the Alabama Board of Examiners indicates the number of prescriptions written for opioids have decreased from 121 per 100 in 2016 to 107 in 2017. Prescription Drug Monitoring Program (PDMP) funding approved by the legislature. ADPH is the repository for all PDMP information. Established standards for opioid continuing education and accessing the PDMP. All prescribing boards has/have completed mitigation strategies.**
- **RESCUE (NALOXONE)** – Expand access to Naloxone for person at risks of overdose heroin and other opiates. **Progress: Pharmacy students at Auburn and Samford Universities have been educated on the existence of the state health officer's naloxone standing order, which is on the ADPH website. Over 11,000 Narcan Nasal Spray 2-dose kits have been purchased and is now in the hands of first responders.**



COMMITTEE'S MISSIONS

- **PREVENTION – EDUCATION – To prevent and reduce the harm of prescription drug misuse and illicit opioid use by reducing stigma, raising awareness and promoting evidenced-based intervention n and treatments. Progress: ADMH has created a one stop shop regarding opioids and established 2 media campaigns “My Smart Dose” and “Courage for All”. Developed a one stop shop website for Opioids.**



ADMH CAMPAIGNS

www.mh.alabama.gov



MySmartDose.com

GET SMART
about prescription
drugs

24/7 Helpline 844-307-1760

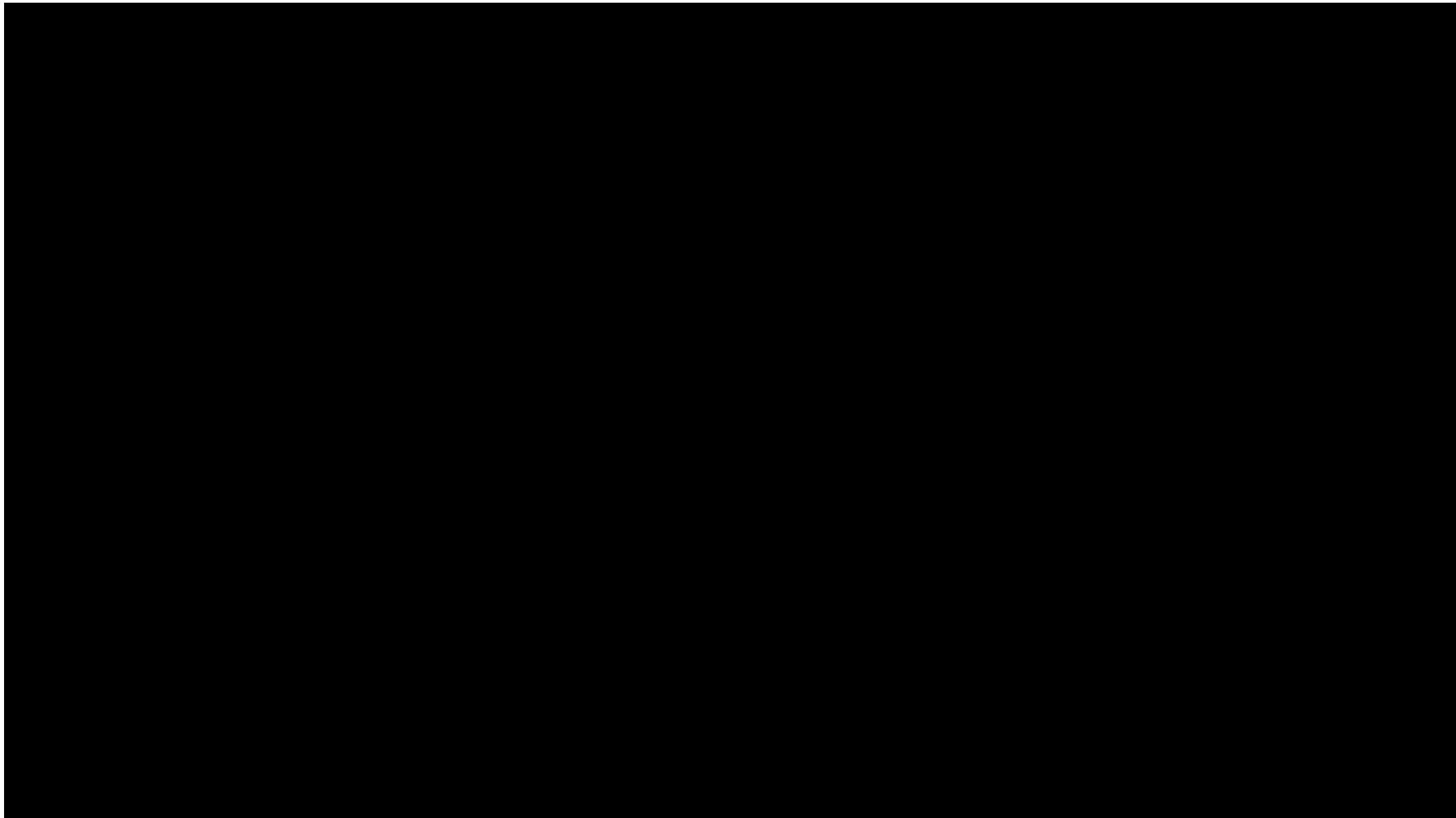
The image shows a yellow background with a white pill-shaped callout containing the text 'GET SMART about prescription drugs'. At the top left is a logo for MySmartDose.com, and at the bottom left is the helpline number. A hamburger menu icon is in the top right corner.



**COURAGE
FOR ALL**
**HELP FOR OPIOID
ADDICTION**

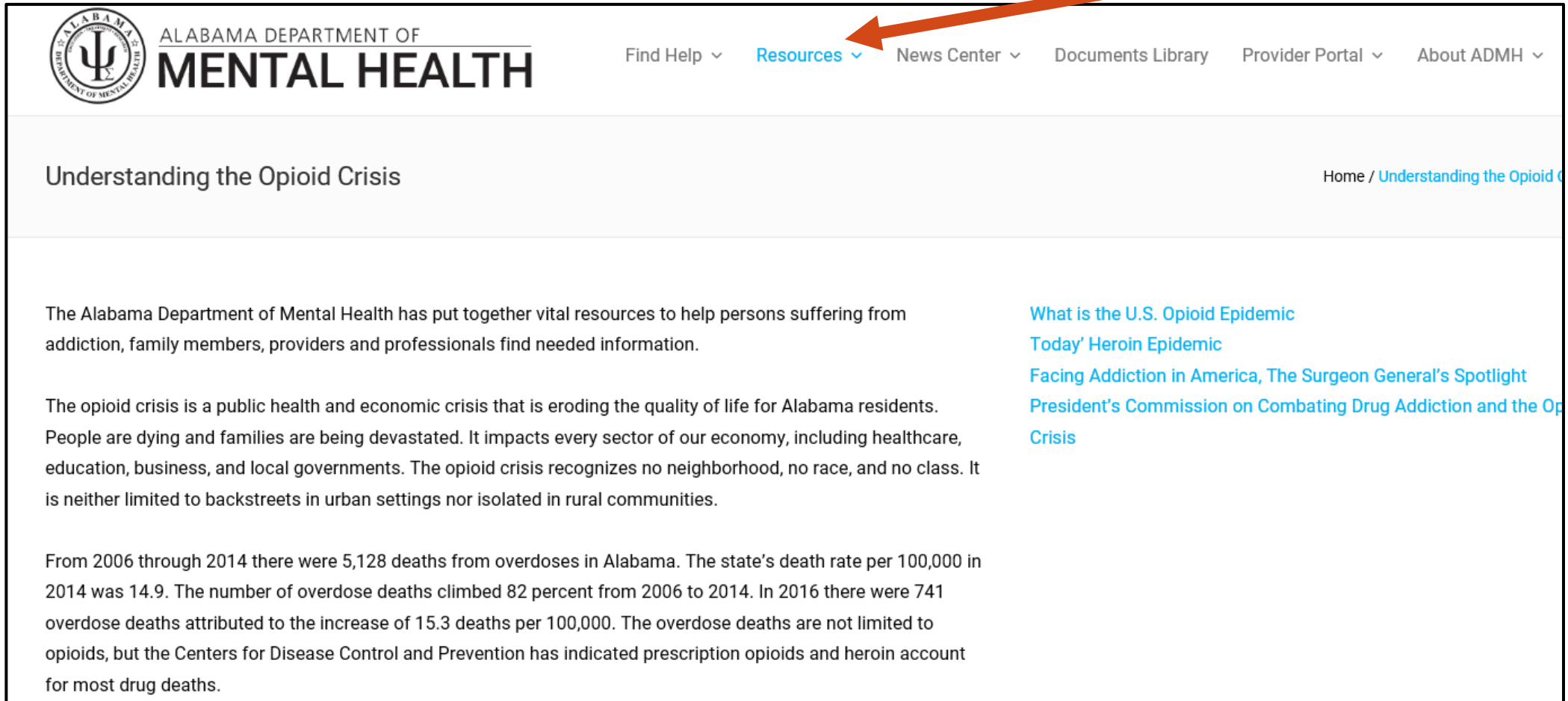
The image features a grey background with the text 'COURAGE FOR ALL' in large, bold, blue and red letters, and 'HELP FOR OPIOID ADDICTION' in smaller, bold, black letters below it.






ADMH OPIOID RESOURCE PAGE

<https://mh.alabama.gov>



 ALABAMA DEPARTMENT OF
MENTAL HEALTH

Find Help ▾ **Resources ▾** News Center ▾ Documents Library Provider Portal ▾ About ADMH ▾


Understanding the Opioid Crisis Home / [Understanding the Opioid Crisis](#)

The Alabama Department of Mental Health has put together vital resources to help persons suffering from addiction, family members, providers and professionals find needed information.

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

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

[What is the U.S. Opioid Epidemic](#)
[Today' Heroin Epidemic](#)
[Facing Addiction in America, The Surgeon General's Spotlight](#)
[President's Commission on Combating Drug Addiction and the Opioid Crisis](#)



ADMH OPIOID RESOURCE PAGE

The Alabama Department of Mental Health has put together this extensive page of resources to help persons suffering from addiction, family members, providers and professionals find the needed information with one click of the mouse.

Understanding Opioids

- [+ About Opioids](#)
- [+ For Health Care Providers](#)
- [+ Find a Drug Take Back Location](#)
- [+ Standing Order for Naloxone](#)
- [+ Alabama Opioid Overdose and Addiction Council](#)
- [+ Opioid Grants](#)
- [+ Finding Help](#)
- [+ Alabama's Prescription Drug Monitoring Program](#)
- [+ SAMHSA Opioid Overdose Toolkit](#)
- [+ Living with Chronic Pain](#)
- [+ Frequently Asked Questions](#)
- [+ Teen Drug Abuse](#)
- [+ Toolkits for Providers](#)
- [+ Family and Friends](#)



COMMITTEE'S MISSIONS

- **COMMUNITY ENGAGEMENT** - Establish Community Anti-Coalitions of America (CADCA) in every county and encourage implementation of the Stepping Up Initiative across all 67 counties in the state. **Progress: CADCA has been contacted to obtain customized training options for the committee to consider and ADMH has awarded 6 mental health centers a Stepping Up grant.**
- **WORKFORCE** - Develop strategies to inhibit the effects of the opioid crisis on Alabama's labor participation rate. Alabama has the lowest number of substance abuse and behavioral disorder counselors per capita.
- **LAW ENFORCEMENT** – Develop goals and objectives to address opioid and heroin abuse in agencies across the criminal justice system, and coordinate these strategies to support the overall strategic plan. **Progress: Introduced and passed legislation in 2018 that establish the crimes of trafficking in fentanyl and trafficking in carfentanil. ADMH and NAMI created an 8 hour curricular that is being taught to all new law enforcement officers and a 4 hours curricular used to help seasoned officers.**



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

- **ADMH distributed over 11,000 Naloxone to first responders as a resource to attempt to reverse an overdose. This is a joint effort with the Alabama Department of Public Health. Created the one stop opioid webpage, created 2 awareness campaigns and increase treatment by 47%.**
- **ADMH is working with local area hospitals to provide detox services to the indigent.**
- **ADMH has been awarded the following grants to help address the opioid crisis in Alabama.**
 - **Cures Grant – Alabama Opioid STR**
 - **State Opioid Response (SOR) grant**
 - **3 – Bureau of Justice Assistance grants (CDR and jail project)**
 - **Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA)**



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

Cures Grant – Alabama Opioid STR. Received the State Opioid Response (SOR) grant that will allow ADMH to continue the current efforts underway.

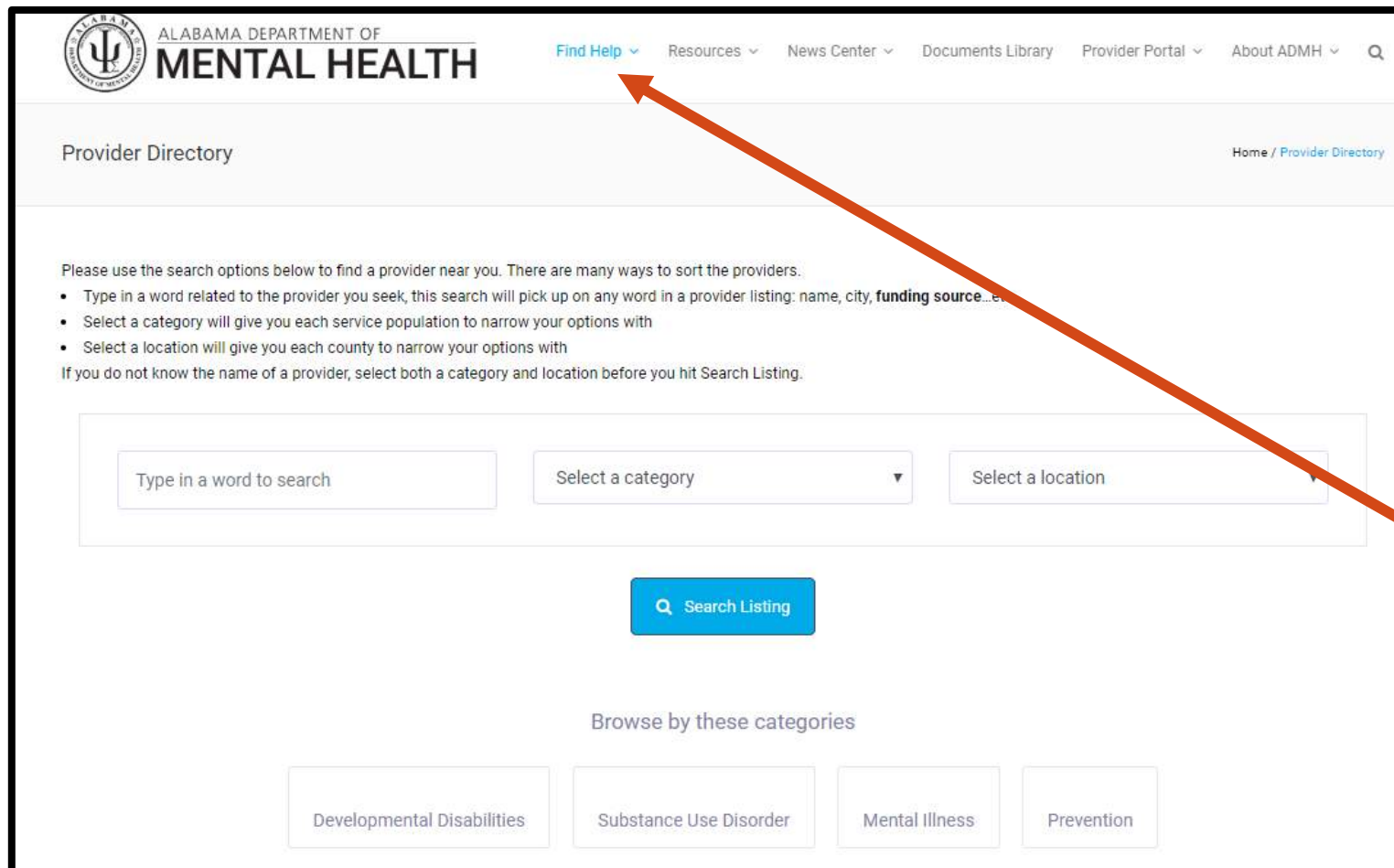
GOALS:

- ✓ Expand access to MAT treatment. **ACCOMPLISHED AND STILL UNDERWAY**
- ✓ Improve retention in care for individuals who have been diagnosed with an OUD.
- ✓ Enhance prevention efforts in areas identified as high need. **ACCOMPLISHED AND STILL UNDERWAY**
- ✓ Reduce stigma, improve public awareness of Alabama's opioid misuse and addiction crisis. **COMPLETED AND ANOTHER ONE UNDERWAY**
- ✓ Develop Center of Excellence one in middle of the state and the other in the north. **UNDER DEVELOPMENT**
- ✓ Recovery Housing NEW option. **COMPLETED**
- ✓ Opioid Training Institutes. **COMPLETED**

COMMUNITY RESOURCES

Alabama Department of Mental Health is responsible for certifying and monitoring all services for mental illness, substance abuse and development disabilities.

<https://mh.alabama.gov>



The screenshot displays the Alabama Department of Mental Health website. At the top left is the department's logo, a circular seal with a Greek letter Psi (Ψ) in the center, surrounded by the text "ALABAMA DEPARTMENT OF MENTAL HEALTH". To the right of the logo is the text "ALABAMA DEPARTMENT OF MENTAL HEALTH". A navigation menu includes "Find Help", "Resources", "News Center", "Documents Library", "Provider Portal", and "About ADMH". Below the navigation is the "Provider Directory" page header. The main content area contains instructions for using search options and a list of search criteria: "Type in a word related to the provider you seek, this search will pick up on any word in a provider listing: name, city, funding source...", "Select a category will give you each service population to narrow your options with", and "Select a location will give you each county to narrow your options with". Below these instructions is a search form with three input fields: "Type in a word to search", "Select a category", and "Select a location". A blue "Search Listing" button is positioned below the form. At the bottom, there are four buttons labeled "Browse by these categories": "Developmental Disabilities", "Substance Use Disorder", "Mental Illness", and "Prevention". A large orange arrow points from the bottom right towards the "Find Help" menu item.



PEER ORGANIZATIONS

ROSS (Recovery Organization of Support Specialist) Birmingham

<https://www.ross4u.org/>

CARESS – Montgomery Area Peer Support Specialist

[https://www.caressinc.com/about us](https://www.caressinc.com/about_us)



WHAT CAN YOU DO TO PREVENT OPIOID MISUSE?



TALK ABOUT IT.

Opioids can be addictive and dangerous. We all should have a conversation about preventing drug misuse and overdose.



BE SAFE.

Only take opioid medications as prescribed. Always store in a secure place. Dispose of unused medication properly.



UNDERSTAND PAIN.

Treatments other than opioids are effective in managing pain and may have less risk for harm. Talk with your healthcare provider about an individualized plan that is right for your pain.



KNOW ADDICTION.

Addiction is a chronic disease that changes the brain and alters decision-making. With the right treatment and supports, people do recover. There is hope.



BE PREPARED.

Many opioid overdose deaths occur at home. Having naloxone, an opioid overdose reversing drug, could mean saving a life. Know where to get it and how to use it.



For help, resources,
and information:

<https://www.hhs.gov/opioids/>

1-800-662-HELP (4357)



RESOURCES

Narcotics Anonymous (NA)
www.na.org

Alcoholics Anonymous (AA)
www.aa.org

Celebrate Recovery
www.celebraterecovery.com



RESOURCES

Parents of Addicted Loved-ones (PAL)

<https://palgroup.org/>

Parents with a child addicted to drugs and/or alcohol can find hope in a support program called Parents of Addicted Loved-ones (PAL). PAL was founded in 2006 by Michael Speakman, LISAC, while working as an in-patient Substance Abuse Counselor in Arizona. As the number of meetings spread due to growing demand, volunteer facilitators were trained and new meetings opened across the Phoenix metropolitan area. In 2015, PAL was incorporated as a Christian run non-profit and falls under a 501c(3) for charitable donations as a partner with another Christian organization, Partners In Action. PAL meetings are open to anyone of any faith or background as our primary goal is to provide hope through education and support for parents dealing with addicted loved ones. PAL is now governed by a volunteer board.

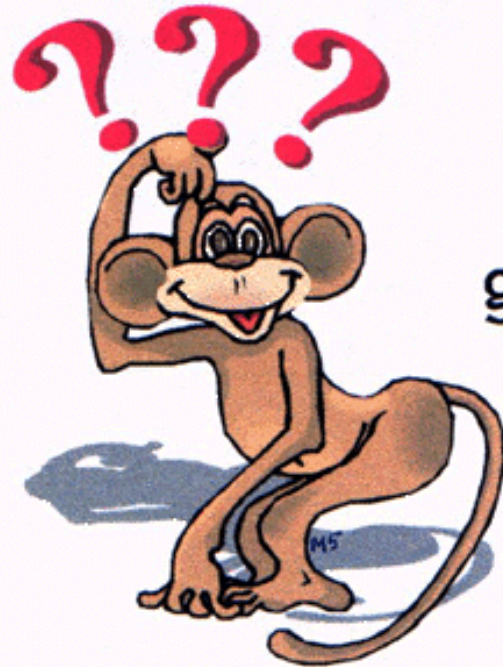
Grief Recovery After Substance Passing (GRASP)

<http://grasphelp.org/about-us/>

Grief Recovery After Substance Passing (GRASP) was created to offer understanding, compassion, and support for those who have lost someone they love through addiction and overdose. We feel, and too many times it is true, that no one understands our pain. But at GRASP, we do. We have suffered this same kind of loss and we have found the love and connection that only those who have lived this loss can give another. And while the pain of this loss will always be with us, we have found through GRASP that we don't have to walk the road that is our pain alone. We walk it together; hand in hand and heart to heart.



QUESTIONS



Questions
are
guaranteed in
life;
Answers
aren't.





THANK YOU

