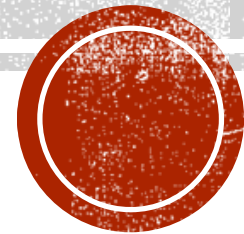


ALABAMA OPIOID CRISIS



Alabama Department of Mental Health
Division of Mental Health and Substance Abuse Services





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 about 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



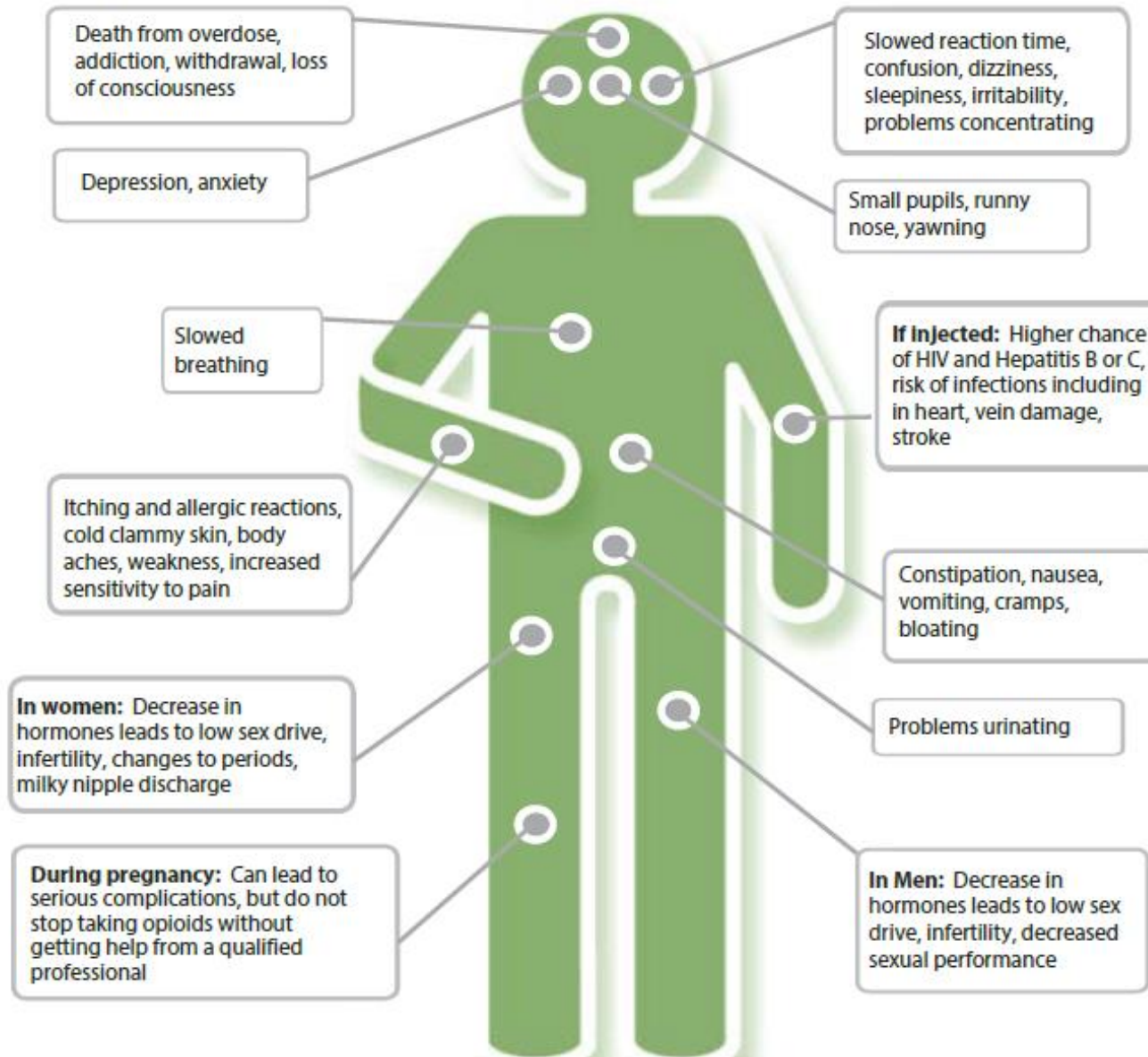
Meth, Cocaine, Ritalin, Diet
Pills, Hallucinogens

— 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?

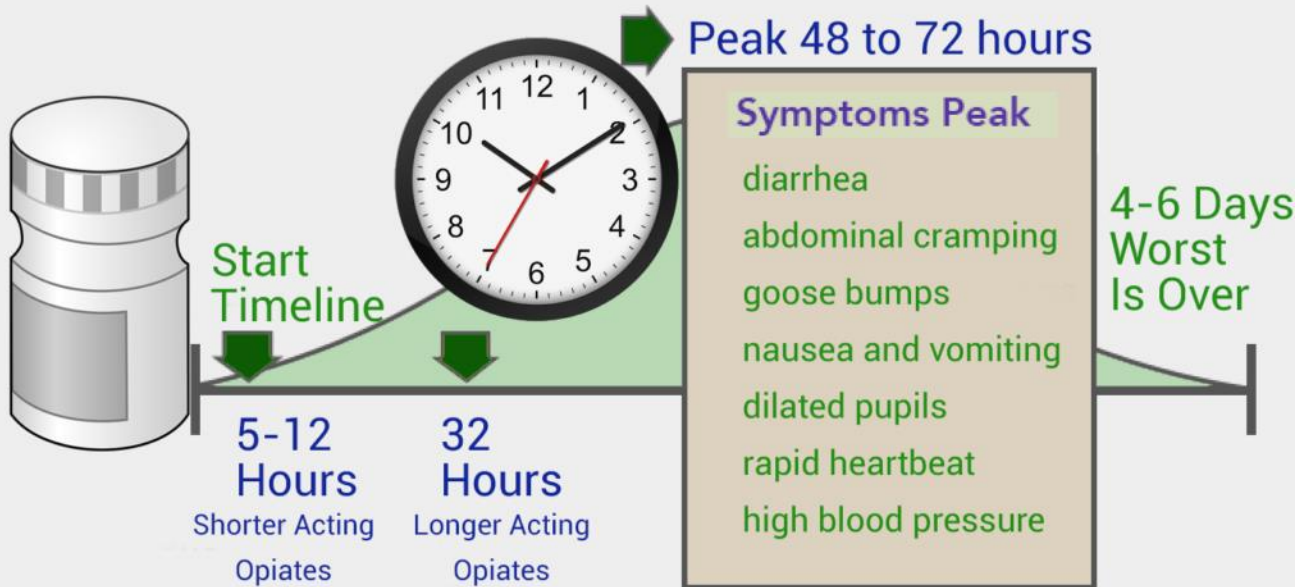
An overdose occurs when there is too much opioid in the body, a person can lose consciousness and stop breathing. An opioid overdose can happen suddenly or come on slowly over a few hours. Without oxygen, a person can die. Risks for an opioid overdose include:

- **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.**

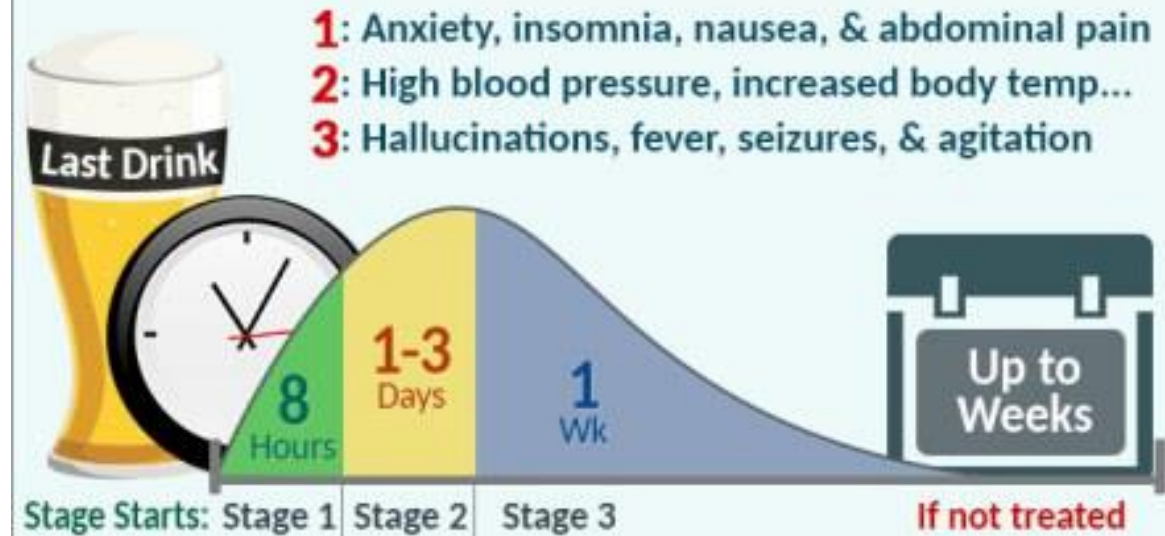


WITHDRAWAL TIMELINES

Opiate Withdrawal Timeline



Alcohol Withdrawal Timeline



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

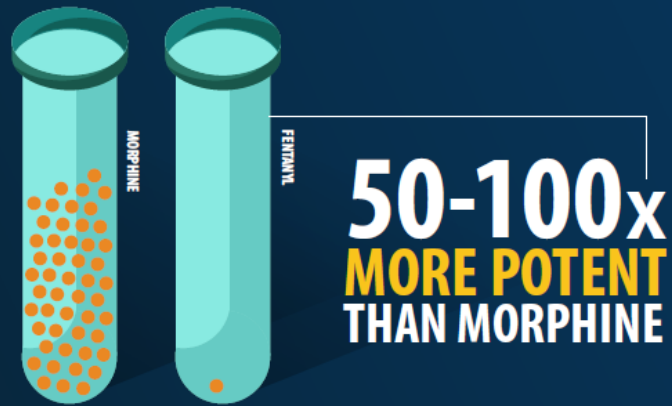
<https://7dayalcoholrehab.wordpress.com/>



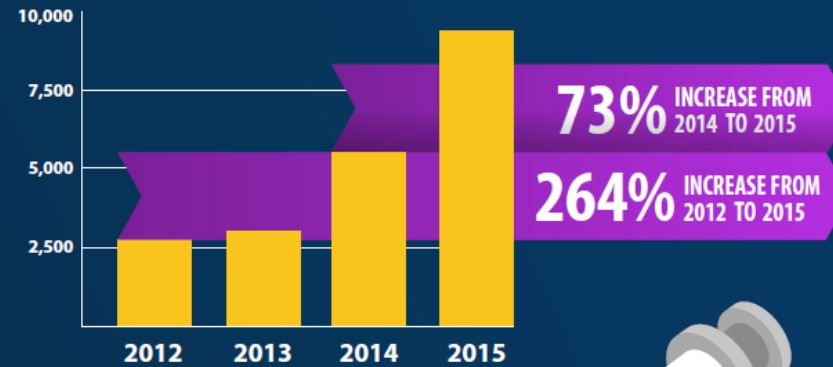
FACT ABOUT FENTANYL?

FENTANYL: Overdoses On The Rise

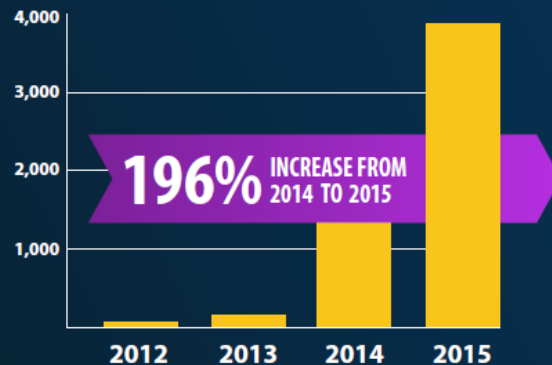
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

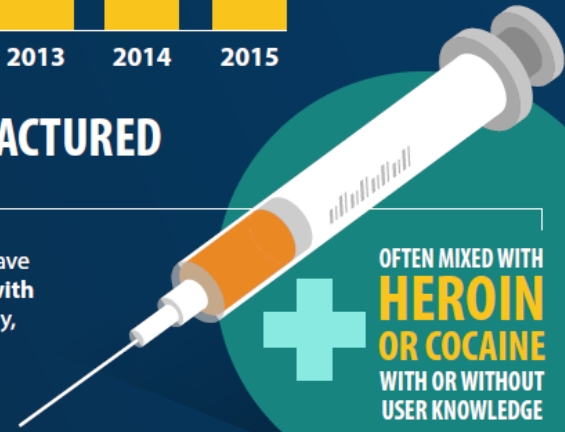


Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



ILLICITLY MANUFACTURED FENTANYL

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



OFTEN MIXED WITH **HEROIN OR COCAINE** WITH OR WITHOUT USER KNOWLEDGE



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

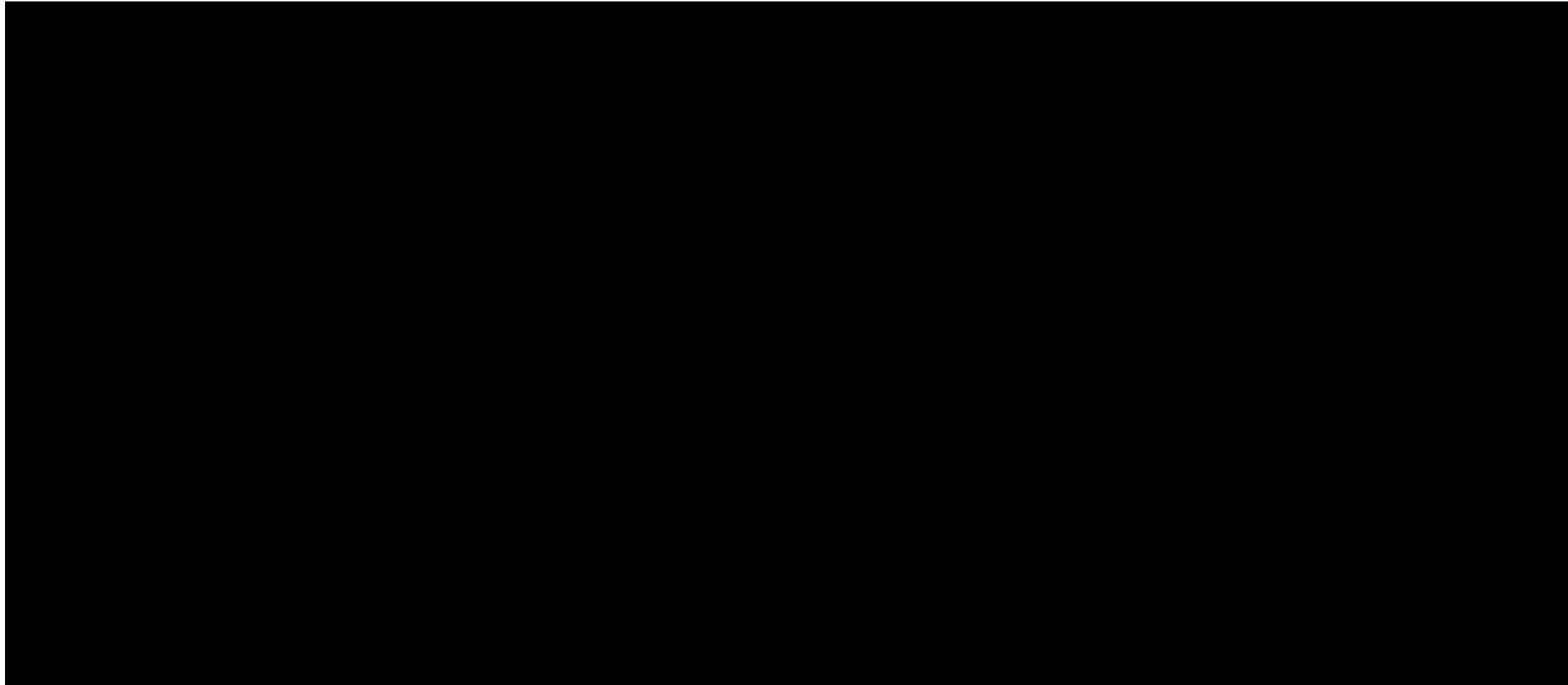


*NOTE: Information is based on DEA data. Every person reacts differently.
Heroin in doses as little as 3mg or less have been known to cause death.*

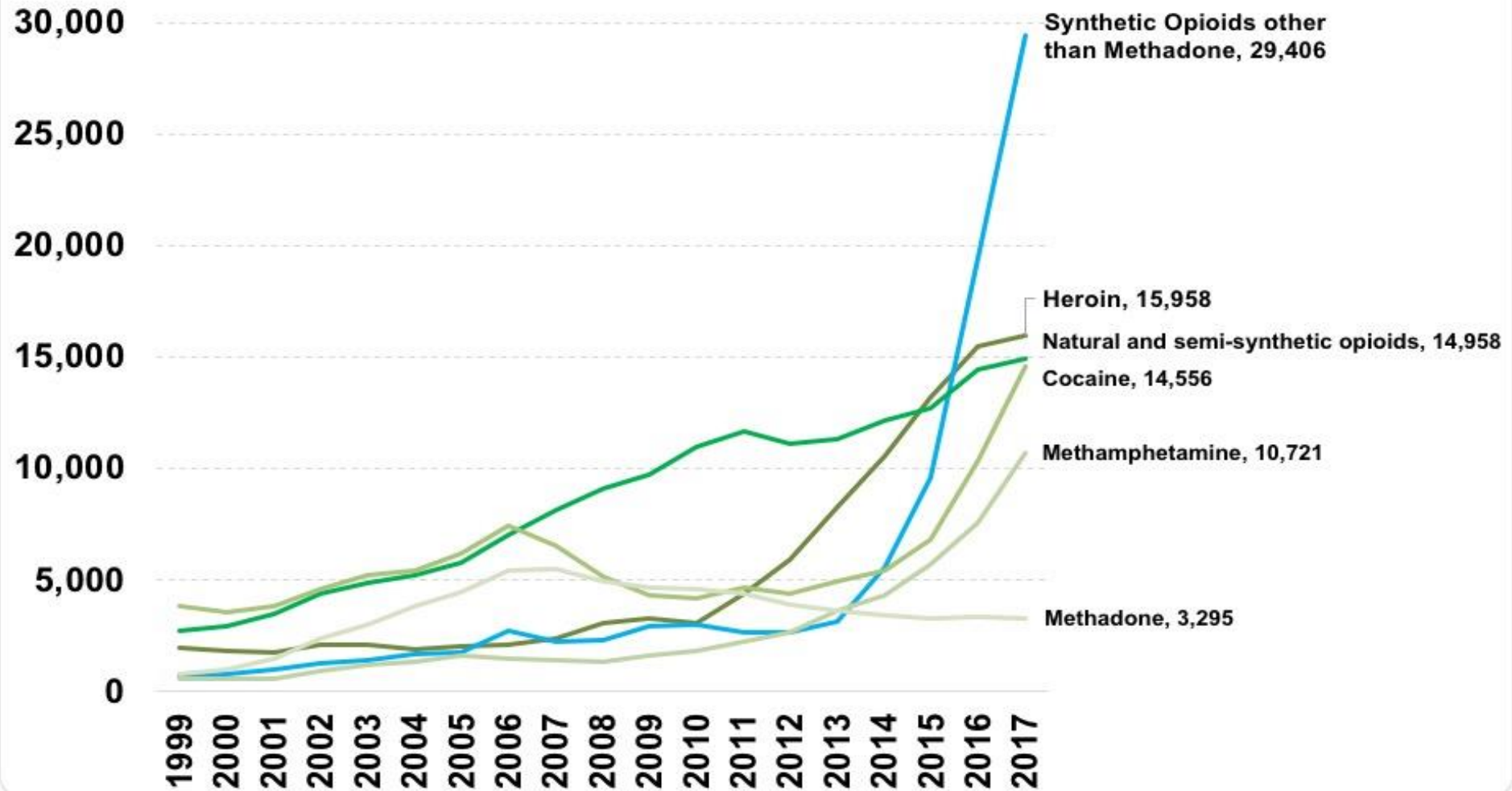
Photo by Mason Callejas



OPIOID CRISIS IN AMERICA



Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



RECOGNIZING AN OPIOID OVERDOSE



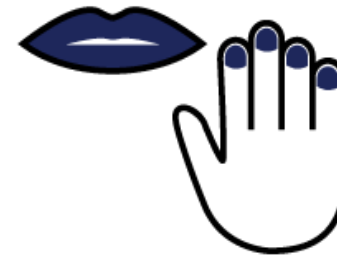
Not responsive to
noise or touch



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.





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.



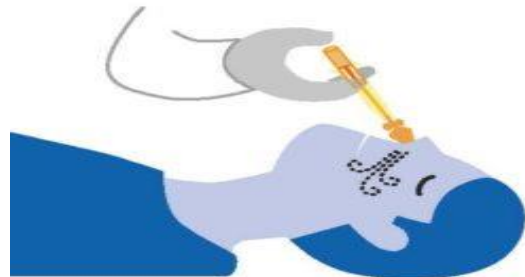
Someone has overdosed.

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.



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)



HOW ALL THIS GOT STARTED!

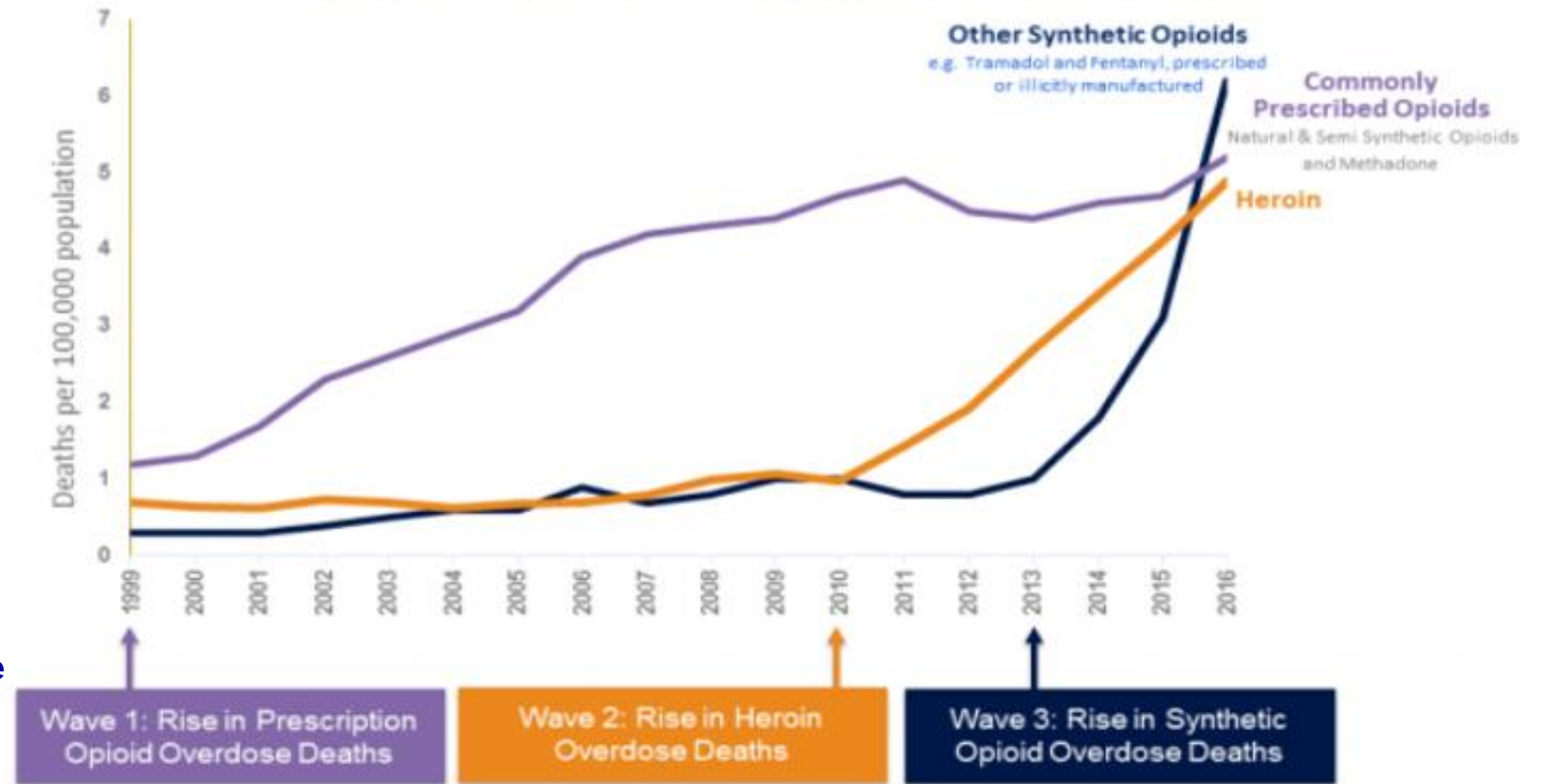
From 1999-2016 350,000 people died from overdose involving any opioid (prescription and illicit)

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.

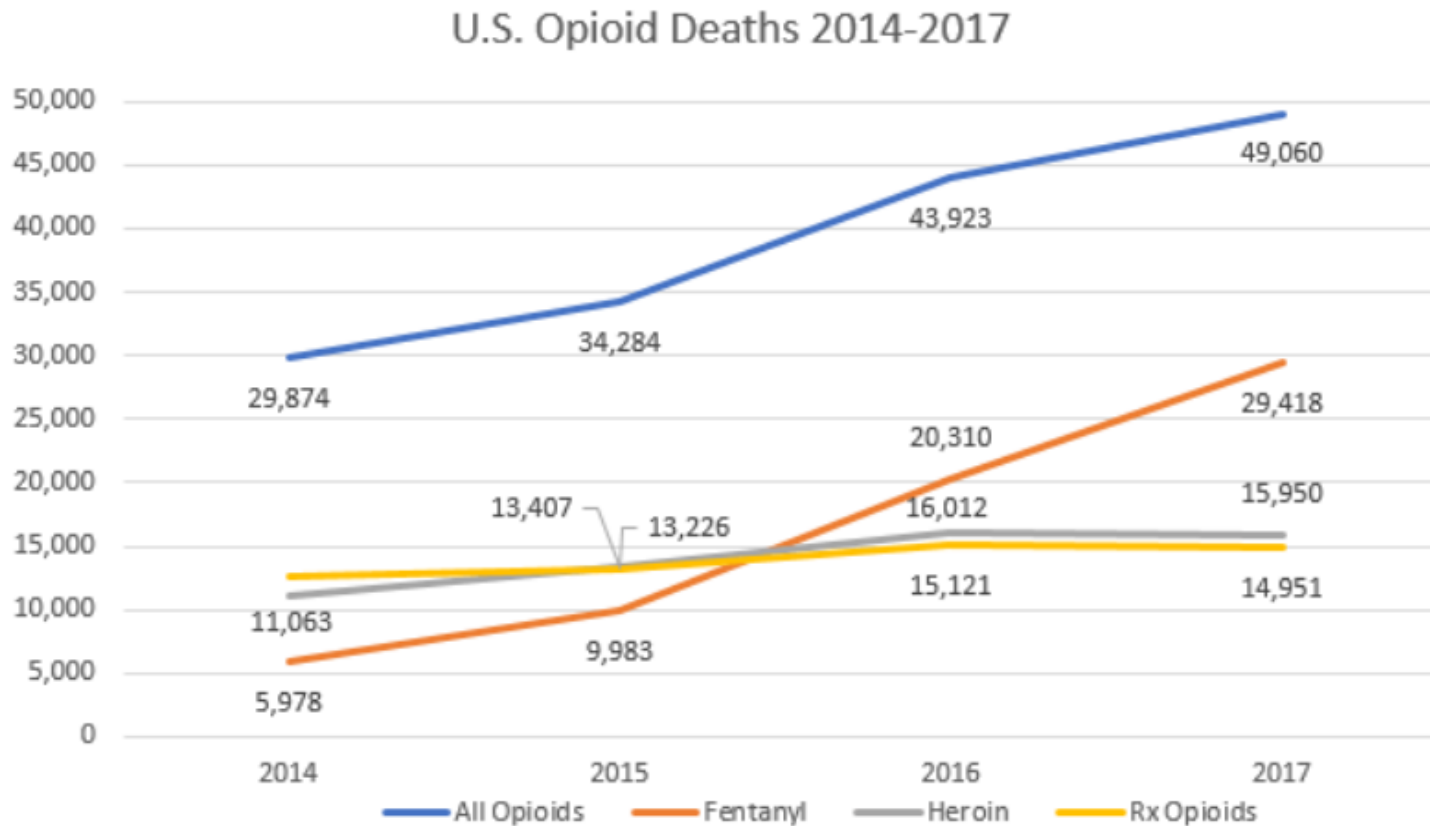
3 Waves of the Rise in Opioid Overdose Deaths



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



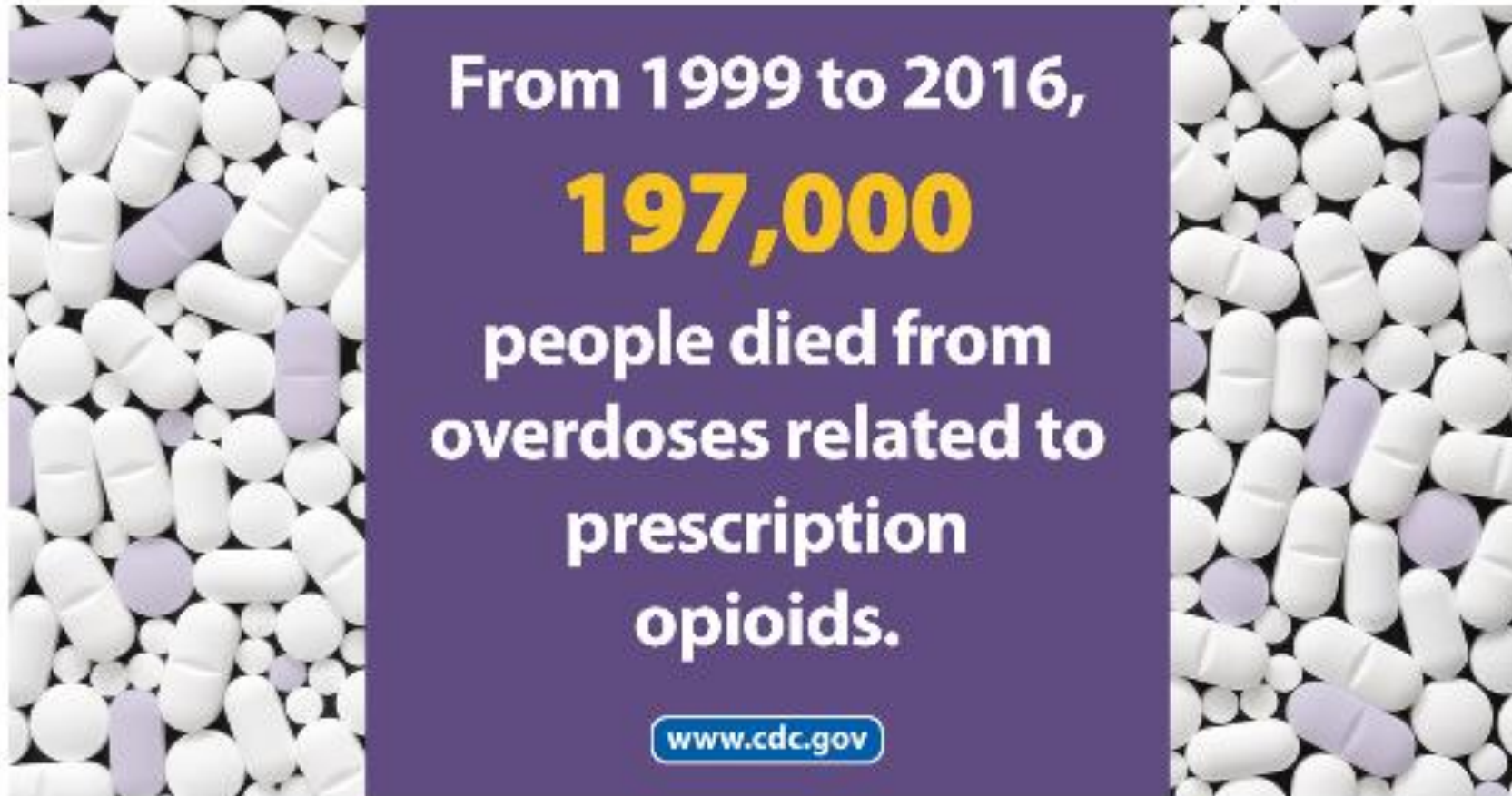
504 billion

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



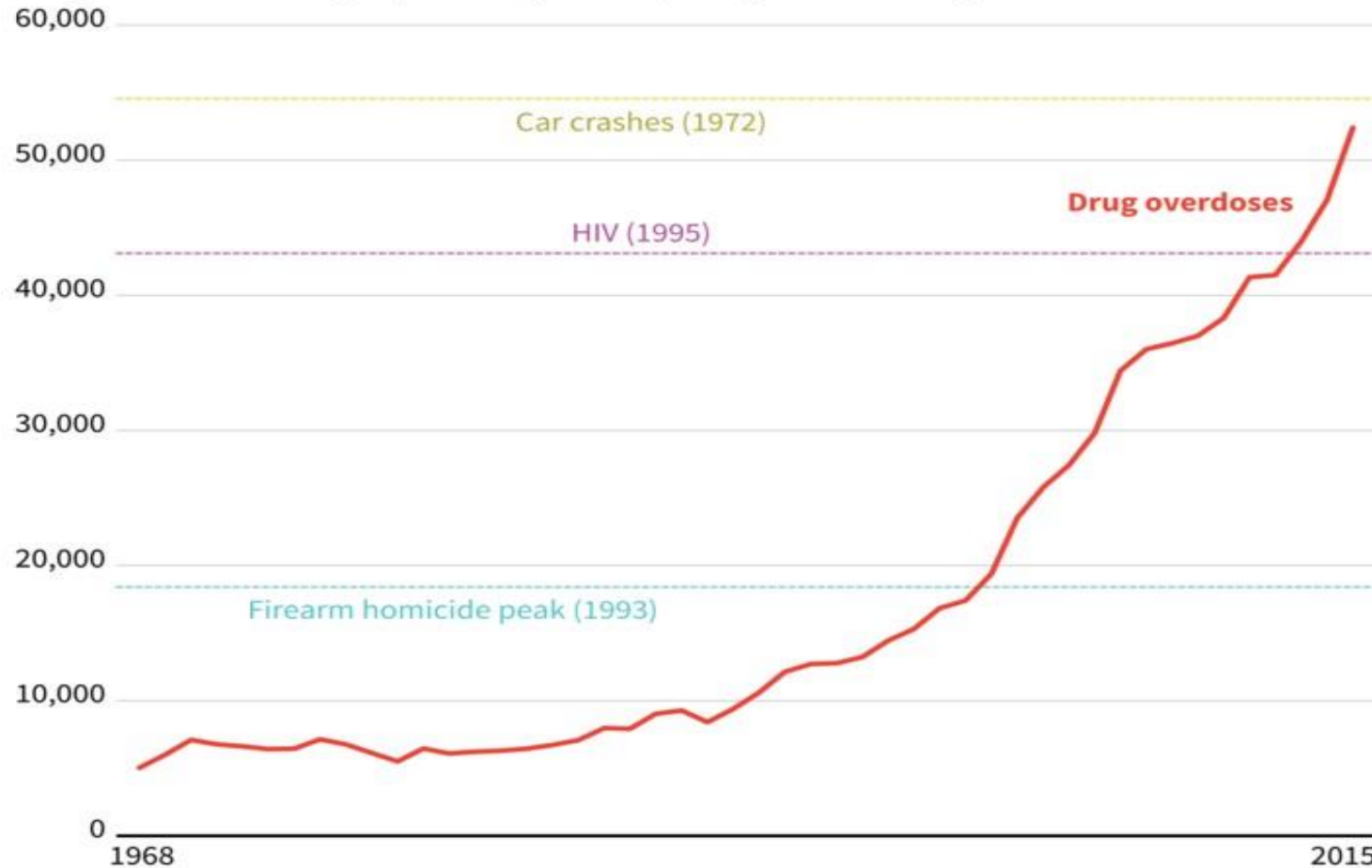
SCOPE OF THE PROBLEM NATIONALLY



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

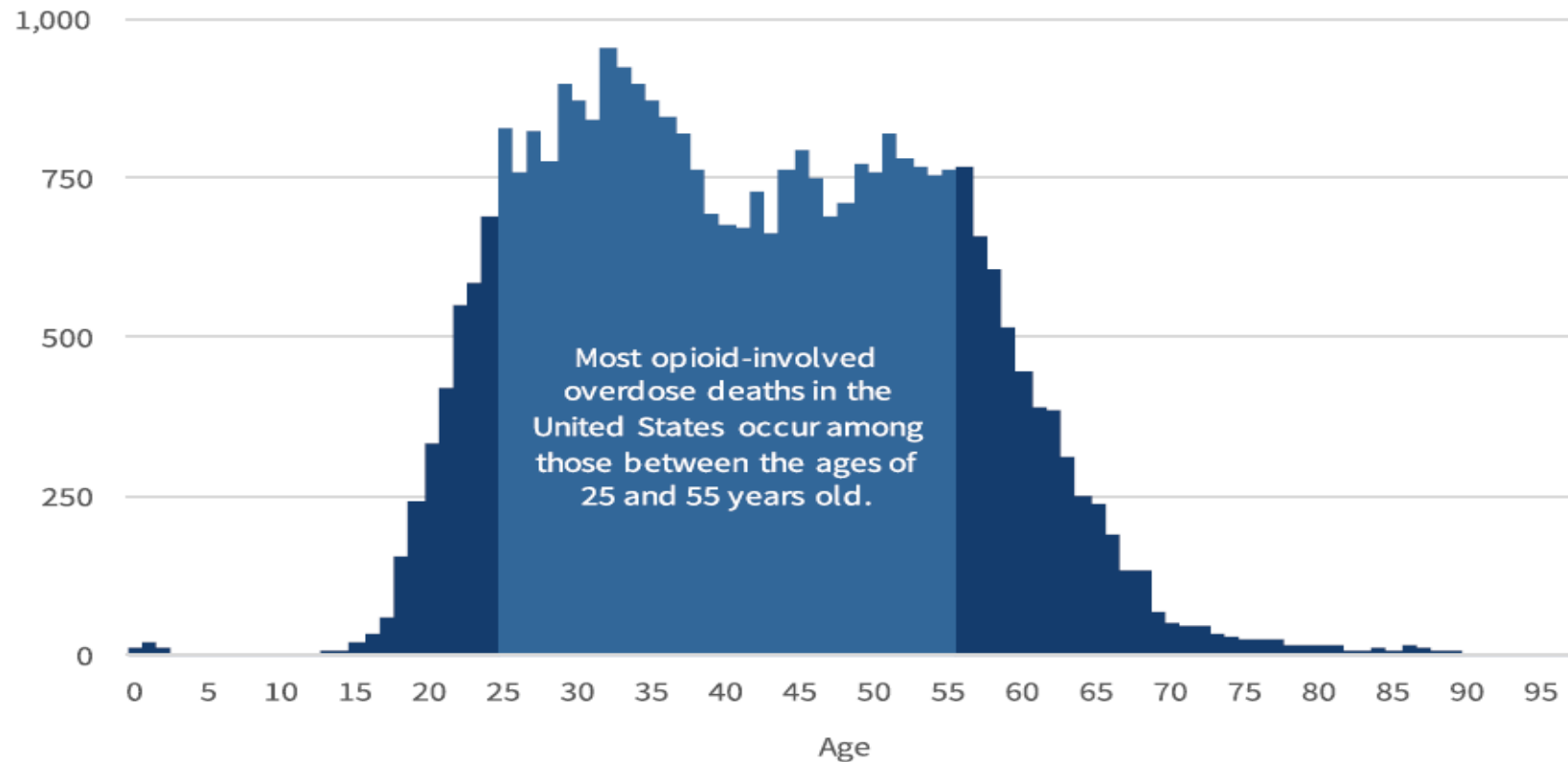
The Huffington Post



SCOPE OF THE PROBLEM NATIONALLY

B. Cost of opioid-related fatalities

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.**
- **Alabama has 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 2015 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.**
- **Alabama had 282 opioid overdose deaths in 2015.**
- **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 – to present
Opioids	4,672	5,259	5,650	6,851	10,623
Alcohol	6,637	6,112	5,708	5,947	5,708
Marijuana	6,077	5,907	5,944	6,362	5,944
Methamphetamine	2,298	2,538	3,171	4,390	4,778



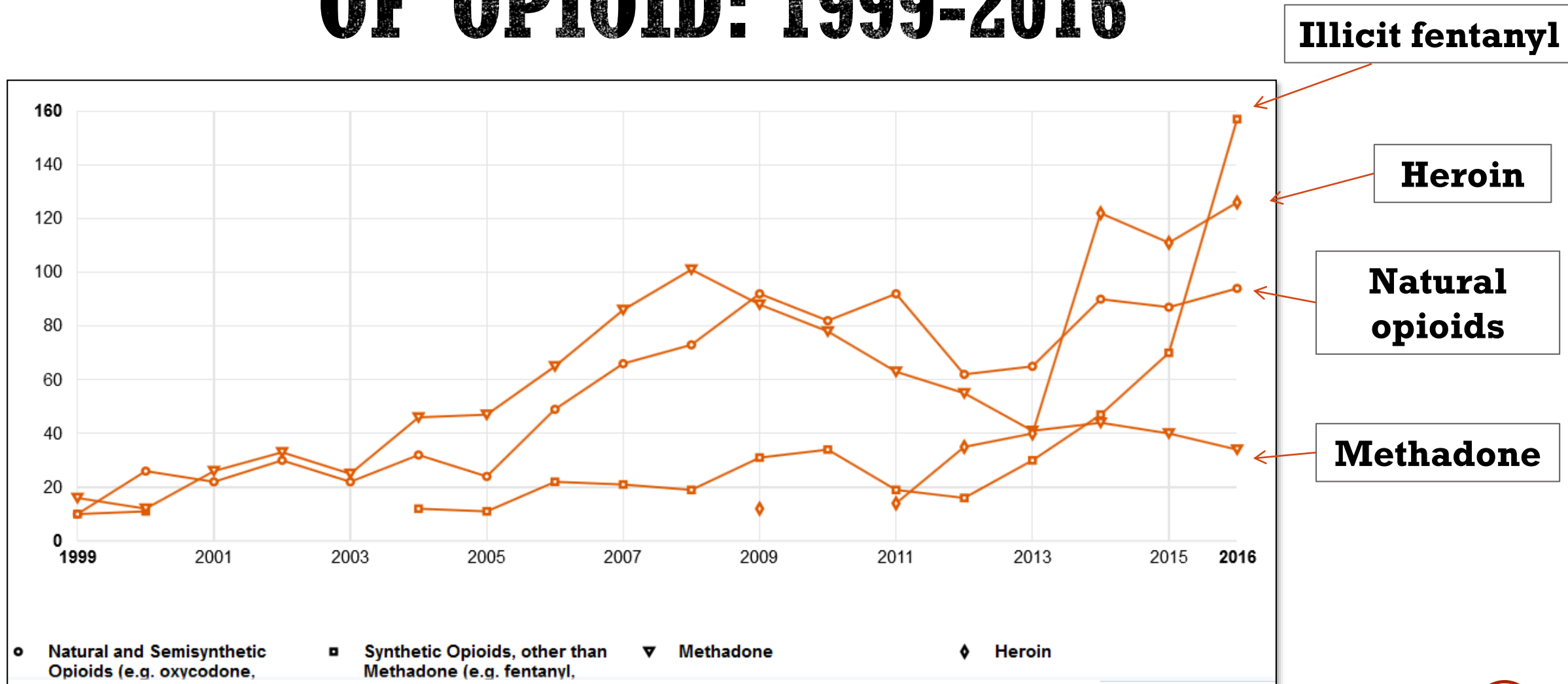
SCOPE OF THE PROBLEM IN ALABAMA

- In 2017 the Robert Wood Johnson Foundation identified the following drug overdose deaths and mortality rates for Alabama (RWJF, 2016).
- Overdose deaths occurred in 37 of the state's 67 counties.
- Jefferson County has the highest number of drug overdose deaths by far, and Walker County has one of the highest drug overdose mortality rates in the State.

<u>2016 County</u>	<u># Drug Overdose Deaths</u>	<u># Drug Overdose Mortality Rates</u>
Jefferson	435	22
Walker	59	30
Statewide	1,748	



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 13 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).**
- **Establishing a grant program for emergency rooms to create a protocol to support individuals who have survived an opioid overdose, including having onsite peer recovery coaches.**
- **Grants to establish at least 10 Comprehensive Opioid Recovery Centers (CORCs) throughout the U.S.**
- **Developing and disseminating best practices for recovery housing.**
- **Student loan repayment for SUD treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.**
- **Reauthorizing the Office of National Drug Control Policy (ONDCP), Drug-Free Communities (DFC) and High-Intensity Drug Trafficking Areas (HIDTA) programs.**
- **Reauthorizing SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) program for FY 2019-FY 2023.**

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 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.**
- ✓ **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.**

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: 36 Members



ALABAMA EFFORTS

- **Alabama Opioid Overdose Council** established seven (7) sub-committees:
 - ✓ **DATA**
 - ✓ **TREATMENT - RECOVERY**
 - ✓ **LAW ENFORCEMENT**
 - ✓ **PRESCRIBER – DISPENSER**
 - ✓ **RESCUE (NALOXONE)**
 - ✓ **PREVENTION – EDUCATION**
 - ✓ **COMMUNITY ENGAGEMENT**



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 MAT by 47% since 2017. Established a 24/7 hotline and hired 16 peers to conduct outreach in hardest hit areas.**
- **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.**



WHAT IS MAT?

Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

- **Methadone** – clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics.
- **Naltrexone** - office-based non-addictive opioid antagonist that blocks the effects of other narcotics; daily pill or monthly injection.
- **Buprenorphine** - office-based opioid agonist/ antagonist that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin.



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.



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.**
- **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 6000 Narcan Nasal Spray 2-dose kits have been purchased and is now in the hands of first responders.**



COMMITTEE'S MISSIONS

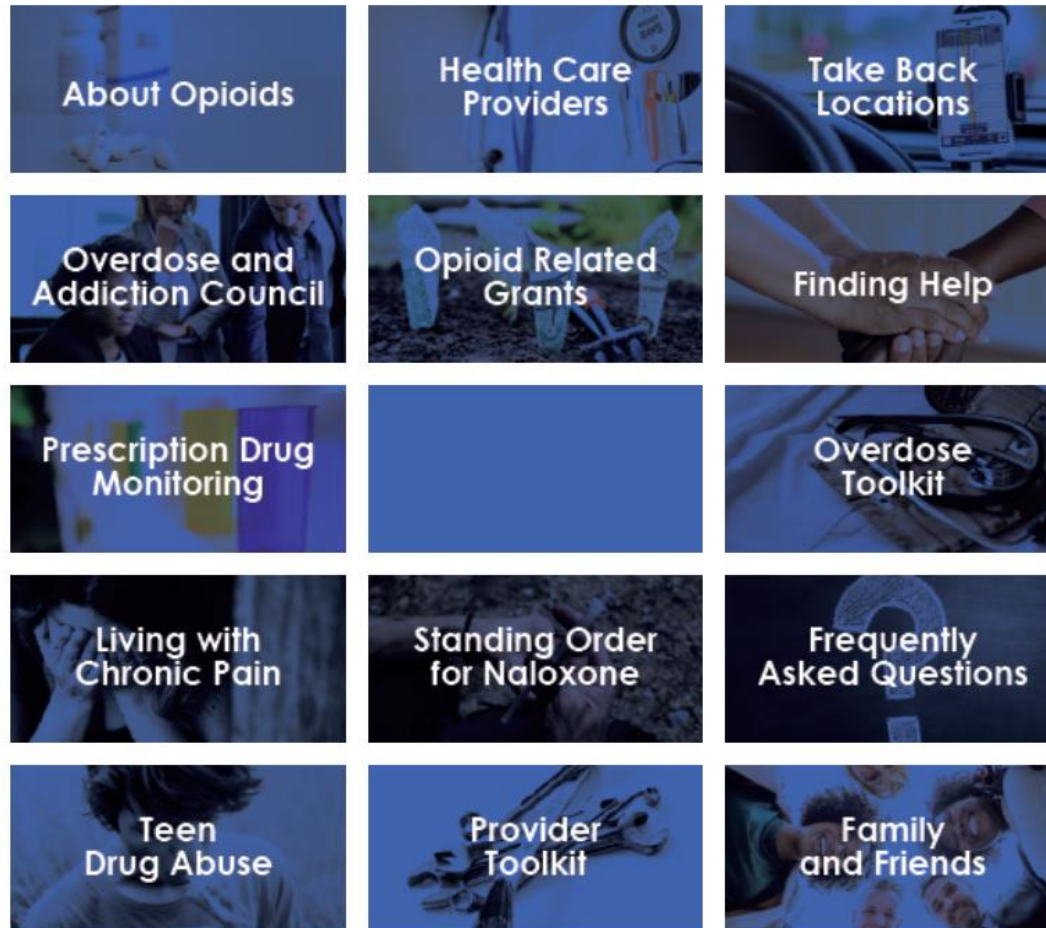
- **PREVENTION – EDUCATION** – To prevent and reduce the harm of prescription drug misuse and illicit opioid use by reducing stigma, raising awareness and promoting evidenced-based intervention n and treatments. **Progress: ADMH has created a one stop shop regarding opioids and established 2 media campaigns.**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



ADMH OPIOID RESOURCE PAGE

http://www.mh.alabama.gov/MHSA/Opioids/UnderstandingTheOpioidCrisis.aspx?sm=c_j

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.



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 rounded rectangle in the center. At the top left is a logo consisting of two interlocking circles with vertical lines inside, followed by the text 'MySmartDose.com'. In the top right corner is a hamburger menu icon. The central white box contains the text 'GET SMART' in large pink letters, followed by 'about prescription' and 'drugs' in smaller pink letters. At the bottom left, the text '24/7 Helpline 844-307-1760' is written in black.



**COURAGE
FOR ALL**
HELP FOR OPIOID
ADDICTION

The image features a light blue background with a subtle pattern. The text is arranged in four lines: 'COURAGE' in large blue letters, 'FOR ALL' in large blue letters with 'ALL' in red, 'HELP FOR OPIOID' in large black letters, and 'ADDICTION' in large black letters.



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

- **ADMH distributed over 6,000 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.**
- ✓ **Improve retention in care for individuals who have been diagnosed with an OUD.**
- ✓ **Enhance prevention efforts in areas identified as high need.**
- ✓ **Reduce stigma, improve public awareness of Alabama's opioid misuse and addiction crisis.**
- ✓ **Develop Center of Excellence one in middle of the state and the other in the north.**
- ✓ **Recovery Housing NEW option.**
- ✓ **Opioid Training Institutes.**



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

Cures Grant – Alabama Opioid STR and SOR.

Treatment services with STR funds:

- **Medications FDA approved**

Subutex Vivitrol

Methadone

Narcan

- **Physician Services**

Induction

Stabilization

Maintenance



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

Cures Grant – Alabama Opioid STR and SOR

- **Treatment**

- **Medication Administration**
- **Transportation**
- **Targeted Case Management**
- **Peer Support Services Including specialized populations for veterans and criminal justice reentry**
- **Psychoeducation: Shared Decision Making**
- **ASAM Placement Assessments**
- **Inpatient/Residential Detoxification**
- **Naloxone (Narcan) distribution**
- **Peer staffed 24/7 information and referral hotline**
- **Media Campaign to promote the availability of OUD treatment and Narcan**
- **SOR grants allows ADMH to now look at a recovery house initiative.**



ALABAMA DEPARTMENT OF MENTAL HEALTH EFFORTS

Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA)

GOALS: Target Jefferson/Walker Counties

- ✓ **Expand access to MAT for treatment of opioid use disorder (OUD).**
- ✓ **Increase the number of Certified Recovery Support Specialists (CRSS).**
- ✓ **Improve OUD treatment retention rates.**
- ✓ **Decrease rates of prescription and illicit opioid drug use and overdose related deaths.**



ALABAMA DEPARTMENT OF MENTAL HEALTH EFFORTS

Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA)

- **ADMH has contracted with Birmingham Fellowship House (Jefferson) and Northwest Alabama Mental Health Center (Walker) to provide:**
 - **Recovery Support Services**
 - **Care Coordination**
 - **MAT**
 - **Detoxification Services**
- **Approximately 768 individuals will be served over three-year grant period.**



ALABAMA DEPARTMENT OF MENTAL HEALTH EFFORTS

Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA)

- **Jefferson County Partners:**

- **Crisis Center (the administrator of the Jefferson County Recovery Resource Center) for intake, assessment and peer support services.**
- **Cooper Green Mercy Health Services (the county's indigent care clinic) for MAT services.**
- **UAB Addiction Recovery Program for provision of detoxification services.**

- **Walker County Partners:**

- **Capstone Rural Health Center, an FQHC, for provision of MAT services.**
- **Walker Baptist Hospital, a non-profit community hospital, for detoxification services.**



ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH) EFFORTS

Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA)

Progress:

- Enrolled 230 people for treatment in the first year which was above our projected 170.
- Used peers in the community to identify homeless individuals that need assistance.
- Use peers in the ER to help navigate the treatment process following an overdose.
- Provide sober living activities to those in treatment in Jefferson County(movie and game nights).



COMMUNITY RESOURCES

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

➤ **Mental Illness Providers**

<http://www.mh.alabama.gov/UT/FindServices.aspx>

➤ **Substance Abuse Providers**

<http://www.mh.alabama.gov/SA/FindServices.aspx>

➤ **Developmental Disabilities**

http://www.mh.alabama.gov/ID/ID_Providers.aspx



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



RESOURCES

Narcotics Anonymous (NA)
www.na.org

Alcoholics Anonymous (AA)
www.aa.org

Celebrate Recovery
www.celebraterecovery.com



QUESTIONS



Questions
are
guaranteed in
life;
Answers
aren't.





THANK YOU

