

Alabama Opioid Overdose and Addiction Council

RESCUE COMMITTEE

DRAFT RECOMMENDATIONS

September 1, 2017

Strategy Idea #1: Explore opportunities to strengthen the existing Good Samaritan Law.

- A) Explore the feasibility of increasing the immunity from arrest/prosecution for 911 callers in the 2018 Legislative Session. (Currently immunity is only extended to underage alcohol drinking/possession and misdemeanor controlled substance offenses.)
- B) Consider broadening the categories of people who may conduct training on and distribution of naloxone. (Currently restricted to physicians, dentists, pharmacists, public health nurses, rescue squads and volunteer fire departments).

Strategy Idea #2: Increase access through pharmacies by expanding awareness and use of the existing standing orders.

(Note: The State Health Officer has issued standing orders which are posted on the Alabama Department of Public Health website for any pharmacist in the state to use.)

- A) Consider requiring signage in all pharmacies making the public aware of naloxone availability.
- B) Consider developing a mechanism to create and maintain a list of all participating pharmacies and make that information available to the public.
- C) Incorporate routine education about state naloxone policy and standing orders into the state's schools of pharmacy.

Strategy Idea #3: Increase access to naloxone by first responders including law enforcement personnel.

- A) Acquire and use overdose data, Emergency Medical Services response data, and other data to identify which law enforcement jurisdictions in which law enforcement personnel are most likely to be first responders.

Strategy Idea #4: Create a statewide, uniform training and certification program for police and other first responders on naloxone use delivered through academy and in-service training.

- A) Pursue getting naloxone education on the agenda of statewide conferences of sheriffs and police chiefs.
- B) Pursue getting naloxone education on the Alabama Fire College meeting agenda, and pursue including routine naloxone education in the Fire College training.

Strategy Idea #5: Encourage naloxone prescribing or dispensing as a standard order for all overdose cases treated in hospital emergency rooms.

A) Reach out to other hospitals about their overdose encounters, and the idea of dispensing or prescribing naloxone to these patients.

B) Discuss the idea of direct dispensing of naloxone from emergency departments with the Alabama Hospital Association.

Strategy Idea #6: Increase naloxone access through substance abuse treatment programs, treatment courts, probation and parole, community corrections, day reporting centers, jails, support groups and other social service agencies.

Strategy Idea #7: Use existing resources and identify new funding sources to eliminate financial barriers to naloxone use.

A) Make efforts to consider access to naloxone, where most needed, in all federal funding requests and other grant opportunities.

Strategy Idea #8: Explore group purchasing and other leverage strategies to expand purchasing options for naloxone.

A) Utilize a system such as the Minnesota Multistate Alliance Purchasing (MCAP) system for cooperative purchasing of naloxone at a discounted rate.

B) Also encourage use of local resources for local distribution efforts; for example, provide awareness and recommendations via the League of Municipalities and the County Commission Association.

Strategy Idea #9: Encourage routine naloxone prescribing as a co-prescription by physicians who are prescribing high-dose opioids or co-prescribing opioids and benzodiazepines.

A) Ask the Alabama Board of Medical Examiners (ALBME) to add this to their current guidelines (“Risk and Abuse Mitigation Strategies”)

Strategy Idea #10: Develop targeted outreach strategies to reach populations at high risk of overdose such as persons leaving jails, residential treatment programs, hospitals and detox facilities.

A) Ask the ALBME to include naloxone information as a routine part of a “firing protocol” for doctors when they discharge a patient from their practice for breaking a pain treatment agreement (for “doctor shopping,” illegal drug use, etc.).

B) Make sure naloxone is stocked in jail and prison infirmaries

C) Target people who are post-incarceration with a history of opioid addiction/abuse via probation and parole officers.

D) Compile a list of priority target points for naloxone distribution, to guide naloxone distribution as resources (e.g. federal grants) for naloxone distribution become available.

Strategy Idea #11: Emphasize rescue breathing/CPR as part of educational and training recommendations for overdose response.

A) Education on rescue breathing should be a part of all naloxone training.

B) Rescue breathing/CPR can function as an effective, low-cost, and sustainable surrogate for naloxone administration where availability to naloxone is limited or unsustainable.

Strategy Idea #12: Increase general public awareness of naloxone and its availability

A) Develop a low-cost, grass roots social media campaign strategy to get the word out about naloxone availability.

Strategy Idea #13: Set goals and measurable outcomes for the other strategy ideas.