

Advisory Council on Heroin and
Opioid Prevention and Education:
2025 Year-End Report of State and
Local Responses to the Opioid Crisis:
Interagency Coordination Plan

Act 88 of the 2017 Legislative Session

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Drug Policy Board's Advisory Council on Heroin and Opioid Prevention and Education

Louisiana Office of Behavioral Health

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ACRONYMS – HOPE End of Year Report

ACLA: AmeriHealth Caritas Louisiana

ADHD: Attention deficit hyperactivity disorder

ASAM: American Society of Addiction Medicine

BOR: Board of Regents

CADCA: Community Anti-Drug Coalitions of America

CCYS: Caring Communities Youth Survey

CDC: Centers for Disease Control and Prevention

DCFS: Department of Children and Family Services

DOC: Department of Corrections

ED: Emergency department ER: Emergency room

ECHO: (Project) Extension for Community Healthcare Outcomes

FFY: Federal fiscal year

FQHC: Federally qualified health center

FUA: Follow-up after emergency department visit for substance use

HCV: Hepatitis C virus

HEDIS: Healthcare Effectiveness Data Information Set

HIV: Human immunodeficiency virus

HOPE: Heroin and Opioid Prevention and Education (Advisory Council)

ICSED: Improving Care for the Substance-Exposed Dyad

IOP: Intensive outpatient program

IPRO: Island Peer Review Organization

LaPQC: Louisiana Perinatal Quality Collaborative

LaSOR: Louisiana State Opioid Response grant

LCSW: Licensed clinical social worker

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LDH: Louisiana Department of Health

LGE: Local Governing Entity

LODSS: Louisiana Opioid Data and Surveillance System

LOSI: Louisiana Opioid Surveillance Initiative

LSP: Louisiana State Police

MAT: Medication-assisted treatment (now referred to as MOUD)

MCO: Managed care organization

MOUD: Medications for opioid use disorder

NASTAD: National Alliance of State and Territorial AIDS Directors

OBH: Office of Behavioral Health

OBOT: Office-based opioid treatment

OPH: Office of Public Health

OTP: Opioid treatment program

OUD: Opioid use disorder

PDTs: Prescription digital therapeutics

SAMHSA: Substance Abuse and Mental Health Services Administration

SBIRT: Screening, brief intervention, and referral to treatment

SCT: Spoke care teams

SFY: State fiscal year

SHHP: STI/HIV/Hepatitis Program

SSP: Syringe Service Program

SUD: Substance use disorder

SUM: Stimulant use and misuse

SUN: Substance use navigator

YRBS: Youth Risk Behavior Survey

About the HOPE Council

The Louisiana Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council), created by [Act 88 of the 2017 Regular Legislative Session](#) and adopted as [LA Revised Statute \(R.S.\) 49:219.5](#) later that year, has completed its eighth full year of operation.

The HOPE Council is an advisory board established within the Governor's Drug Policy Board charged with:

- Coordination of parish-level data on opioid overdoses and usage of overdose-reversal medication, and;
- Coordination of a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan.

Interagency Heroin and Opioid Coordination Plan

The Interagency Heroin and Opioid Coordination Plan is also referred to as the HOPE Year-End Report. As in previous years, state and local entities have reported activities related to addressing the ongoing opioid crisis in Louisiana. The following is the Council's sixth year-end Interagency Coordination Plan.

All HOPE Year-End reports are posted at www.ldh.la.gov/hope.

This report highlights undertakings as received from those agencies, providers, and/or organizations. This year's updates are organized into the following categories:

- National Data
- State Data
- Parish Data
- Medicaid Data
- National Initiatives and Impact
- State Initiatives and Impact
- Recommendations

Act 88 requires that the Annual Interagency Coordination Plan include, but not be limited to, the following:

- Parish-level data on opioid overdoses and the dispensing of overdose-reversal medication;
- Progress of current initiatives in the state relating to the heroin and opioid epidemic; and
- Specific impacts to agencies in addressing education, treatment including the use of medications for opioid use disorder (OUD), prevention, overdose, and recovery.

The Council consists of 13 state agency members (currently there is a vacancy), listed in Appendix A. The Council engages and solicits input, recommendations, and guidance from interested parties and stakeholders (see appendix A). The Council submits the plan annually to the Governor, the Governor's Drug Policy Board, President of the Senate, Speaker of the House, and Chief Justice of the Louisiana Supreme Court.

The Council welcomes participation from all interested parties and stakeholders. Over 300 persons are

directly invited to HOPE Council meetings, and all requirements of the Louisiana Open Meetings Law are satisfied to encourage attendance and participation.

More information about the HOPE Council is available at the [Advisory Council on Heroin and Opioid Prevention and Education - Boards & Commissions](#) website.

HOPE Council Meetings 2025

In 2025, the LDH HOPE Council meetings featured several substantive presentations focused on opioid surveillance, carceral health re-entry, perinatal SUD, and other related behavioral health initiatives.

January 9, 2025 meeting

The Louisiana State Police (LSP) Crime Lab presented real de-identified cases from the LSP regarding polydrug use. Polydrug use is a term for the use of more than one drug or type of drug at the same time or one after another. Polydrug use can involve both illicit drugs and legal substances, such as alcohol and medications. In Louisiana, polydrug use is very prevalent. Blood evidence or blood alcohol content (BAC) collected during DWI investigations are excellent sources of evidence to demonstrate polydrug use. BAC evidence is reviewed as the gold standard.

For the LSP Crime Lab, all cases except fatalities, sexual assault, and cases for the Louisiana coroner, have BAC performed. If BAC is 0.08 grams of alcohol per 100mL of blood (the legal limit) or greater analysis stops here. If it is less than 0.08 grams of alcohol per 100mL of blood, it goes on to toxicology. In 2023, LSPCL released 1,822 blood toxicology reports: 21% were negative or insufficient, 9% had one drug reported, 36% had 2-4 drugs reported, 28% had 5-9 drugs reported, 6% had 10+ drugs reported, and 70% of all blood cases had evidence of polydrug use without the alcohol data.

Lisa Freeman, Executive Director of Louisiana Highway Safety Commission (LHSC) presented on impaired driving, traffic fatalities and countermeasures. LHSC is funded by National Highway Traffic Safety Administration (NHTSA). LHSC's highway safety plan seeks to coordinate and unite state and local programs and projects to reduce traffic crashes, deaths, and injuries by focusing on enforcement, public information, education, and legislation. In 2023, the United States had 40,990 traffic fatalities. Furthermore, data supports that 78% of fatal crashes involve multiple factors. Most common fatal accidents involve alcohol and other drugs. The Fateful 4 are the following: Alcohol impairment, speeding, no seatbelt and distracted driving. In 2023, 811 fatal motor vehicle accidents in Louisiana were reported. About 30% of these were alcohol related (195 accidents) and included not wearing a seat belt, distracted driving or speeding.

April 10, 2025 meeting

LOSI presented updated data on opioid and drug-related emergency department visits from 2021–2024, highlighting trends in overdoses and ED utilization to inform statewide response efforts.

Paulette Carter presented on the Mental Health Consultation and Training: Provider-to-Provider Consultation Line (PPCL). The PPCL is a no-cost provider-to-provider telephone consultation and education line. This service supports healthcare providers in managing pediatric and perinatal mental health and substance use concerns. Act 188 of 2022 in Louisiana requires that, with caregiver consent, healthcare providers delivering pediatric care to infants must screen the caregiver for certain conditions during the infant's visit. This law is focused on integrating caregiver screening into pediatric care, aiming to address factors that may impact the health and well-being of infants and young

children.

Justice-involved population and Medicaid 1115 work: Presentations covered pre-release services for incarcerated individuals, including required covered services such as case management, mental health evaluation and counseling, prescribed medications, peer support, and continuity of coverage milestones tied to CMS guidance.

July 10, 2025 meeting

Dr. Mishka Terplan, Medical Director of the Friends Research Institute and Substance Use Warmline Clinician for University of California San Francisco (UCSF), presented on SUD and pregnancy. Continued substance use and dependence results in a SUD. Treatment for SUD during pregnancy is rare; stigma and fear of child welfare involvement are significant barriers. Furthermore, punitive policies worsen outcomes including higher rates of neonatal abstinence syndrome, low birth weight, preterm delivery, and less prenatal care, without improving birth outcomes. It is encouraged to educate providers on the difference between screening and testing. Professional guidelines recommend universal, voluntary screening—not routine testing. Positive drug tests are not diagnostic of addiction or harm.

Dr. Benjamin Springgate, LSU Professor and clinician with LSU Health, presented on Kratom. Kratom is a natural product, derived from a tree native to Southeast Asia. In the United States, Kratom is used as a remedy for chronic pain, self-treatment for opioid withdrawal, and typically in the setting of polysubstance use. The FDA has not approved Kratom for any medical use and has issued multiple advisories on health risks with its use for opioid withdrawal. It is listed as a Drug and Chemical of Concern by the DEA.

Carrie Templeton, Project M.O.M. Director, delivered a formal slide presentation to the HOPE Council on July 10, 2025. The objectives included introducing Council members to Project M.O.M., describing its structure and services for pregnant and postpartum individuals with substance use disorder, and situating the project within Louisiana’s broader opioid and maternal health strategy.

October 9, 2025 meeting

Glenna McKee and Traci Hedrick presented on the Louisiana (La) Bridge program from the SUNs perspective. SUNs connect people with SUD to treatment, provide peer support, offer overdose prevention strategies, and reduce stigma. The need for the La Bridge program started as a response to the overdose crisis and high rates of mortality in Calcasieu Parish. Evidence-based medicine and connection to care are the solution. Since its implementation, the program has linked over 1,800 patients with SUNs across four (4) hospital systems, increased buprenorphine initiation, distributed naloxone and overdose information.

LOSI provided an update on finalized 2024 data, including drug related deaths and emergency department visits in Louisiana. The LOSI program extracts and analyzes data in a measure referred to as a “drug involved” death, which is an overdose death listed by the coroner as the primary cause for the death. A “drug-involved” death records a drug toxicity or poisoning as either a cause or contributor to the death by a coroner.

National data from the National Center of Statistics reported 80,856 all-drug poisoning deaths, 55,005 opioid poisoning deaths and 48,661 synthetic opioid poisoning deaths for 2024. The National

Center for Health Statistics calculated a 24.5% decrease in drug overdose deaths nationwide. Data from the Louisiana Electronic Event Registration System (LEERS) reports the number of deaths in all drug deaths, opioid-involved deaths, and synthetic opioid-involved deaths decreased from 2022 to 2024. A part of LOSI funding pays for forensic toxicology testing for suspected overdose deaths on behalf of parish coroners. This data is provided monthly from NMS Labs. In 2024, 1,727 decedents were tested for the presence of fentanyl and 50.8% of those tests were positive. Some drugs of concern, like xylazine and kratom are also tested. In 2024, 3.2% decedents tested positive for xylazine and 2.4% decedents tested positive for kratom. Additional information can be found using LODSS at <https://lodss.lah.gov/>.

Dr. Ronak Shah and Dr. Raghbir Mangat with Our Lady of the Angels Hospital in Bogalusa presented on the Rise Up Program. Our Lady of the Angels is a rural hospital with obstetrics and gynecology (OBGYN) and pediatric services, however there is no neonatal intensive care unit (NICU). Within a decade, clinicians noticed an increasing number of newborns with higher acuity and soon realized SUD was affecting pregnant women and newborns. These babies required a higher level of care, it necessitated transferring them out to other facilities, which was disruptive to the families. Patsy Welch, Our Lady of the Angels' labor and delivery nurse director and the pediatrics department worked to create protocols to manage these infants in Bogalusa. The Rise Up program supports pregnant women with SUD through comprehensive prenatal care, MAT/buprenorphine, and implementation of the Eat Sleep Console (ESC) approach for opioid-exposed newborns.

Executive Summary

Nationally and within Louisiana, opioid overdose deaths declined during the most recent reporting period, representing an encouraging shift following several years of increases during and after the COVID-19 pandemic. Louisiana experienced a measurable reduction in opioid-involved deaths, reflecting the impact of coordinated prevention, treatment, and overdose death reduction strategies. Contributing factors include the legalization of fentanyl test strips in 2022 and improvements to Louisiana’s Good Samaritan laws enacted during the same period, both of which expanded opportunities for overdose prevention and life-saving intervention. Despite this progress, the number of opioid overdose deaths remains unacceptably high, and mortality rates have not yet returned to pre-pandemic levels. Continued and sustained efforts are required to prevent reversal of recent gains and to further reduce overdose deaths statewide.

Priority areas for ongoing action include maintaining adequate naloxone supplies for community distribution, continuing education efforts to dispel myths and stigma surrounding naloxone availability in hospitals and emergency departments, expanding access to medications for opioid use disorder within Louisiana jails and prisons, and sustaining support for evidence-based initiatives such as La Bridge and Project MOM. In addition, addressing persistent barriers to buprenorphine availability at the pharmacy level remains essential to ensuring timely and consistent access to treatment for individuals with opioid use disorder.

The 2026 HOPE Report underscores the urgent need for collaborative, data-driven strategies to reduce opioid-related deaths, improve treatment accessibility, and enhance prevention efforts statewide. With a multi-sector approach, the report aims to mitigate the devastating effects of the opioid crisis and promote long-term evidence-based solutions. This report emphasizes that while Louisiana has made meaningful progress through policy change, and expanded treatment access, continued interagency coordination and investment are necessary to achieve sustained reductions in overdose deaths and improvement of quality of life via long-term recovery.

Key Findings and Trends:

- **CDC national overview:** Drug overdose deaths in the U.S. decreased to 80,856 deaths for the 12-month reporting period ending in December 2024 (CDC data¹).
- **CDC Louisiana overview:** Louisiana drug overdose deaths decreased by 33.3% to 1,503 for the 12-month reporting period ending December 2024 (CDC data²).
- **Louisiana Medicaid opioid prescriptions:** 2025 opioid prescriptions decreased by 40,542 compared to 2024 Medicaid opioid prescriptions (Medicaid Data Warehouse).
- **Naloxone distribution and education:** Per LDH’s OPH and OBH, 123,556 kits were distributed utilizing funding from the LaSOR grant and the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG) (distribution increased by 32,729 from the prior report). OPH and OBH educated 46,319 individuals on the use of naloxone through the LaSOR grant (individuals educated decreased by 14,000 from the prior report).

¹ [CDC Vital Statistics - Provisional Drug Overdose Data](#)

² [CDC Vital Statistics - Provisional Drug Overdose Data](#)

LDH Strategic Initiatives and Responses:

- Streamlining regulations to expand and improve pharmacy MOUD access and reduce treatment barriers statewide.
- Project MOM (Maternal Overdose Mortality) implementation to advance efforts preventing maternal overdose deaths through integrated care for pregnant and postpartum women with SUD.
- Introduced Managed Care Incentive Payment (MCIP) Program to incentivize implementation of LA Bridge.
- Launching the statewide La Bridge program with the first hospital cohort to ensure rapid connection from emergency care to ongoing SUD/OD treatment.
- Implementing MAT as a required core service within Certified Community Behavioral Health Clinics (CCBHCs) to strengthen statewide access to evidence-based care.
- The 1115 Reentry Demonstration Waiver to enhance services for incarcerated individuals transitioning into the community.

Recommendations for 2026

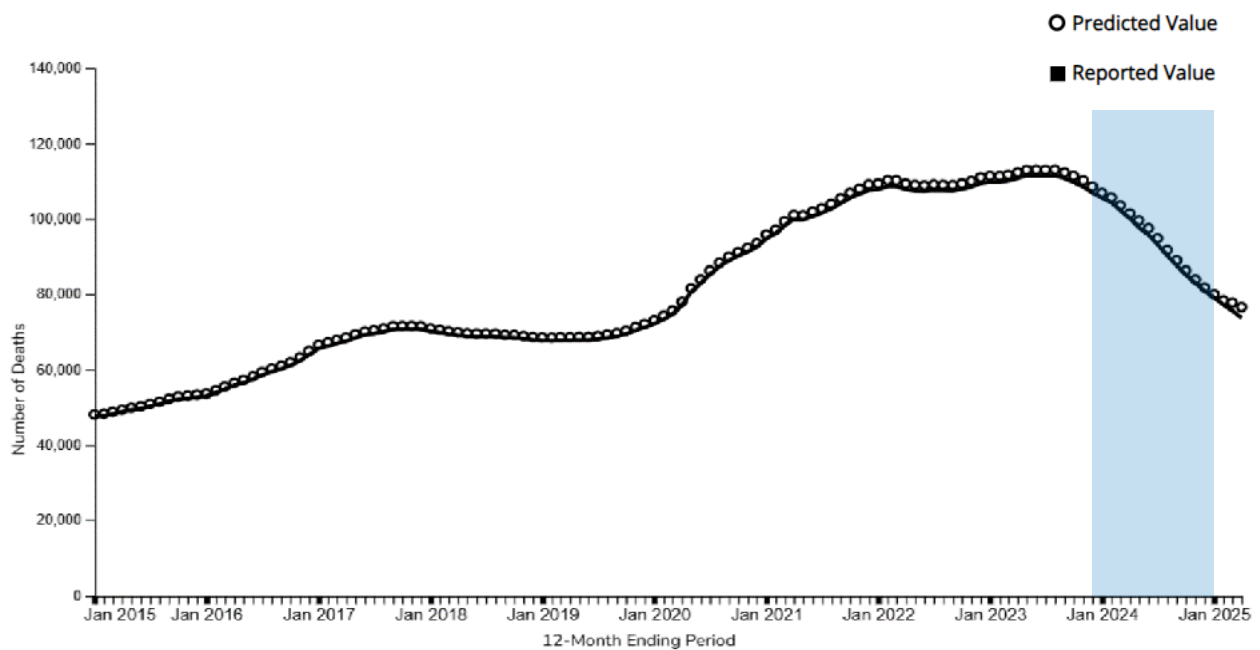
- Support buprenorphine access at the pharmacy level by addressing barriers encountered at the pharmacy level.
- Support the development of mobile dosing units by OTPs.
- Expansion of La Bridge in Louisiana EDs and hospitals.
- Support implementation of Project MOM.
- Diversify Naloxone funding.
- Extend shelf-life/expiration date of Naloxone.
- Support expansion of CCBHCs to integrate SUD treatment within outpatient primary and specialty care.
- Support 1115 Re-entry Waiver Implementation.

CDC National Data

According to the CDC's National Vital Statistic System Provisional Drug Overdose Death Counts³ update from September 7, 2025, drug overdose deaths occurring in 2024 continued to decrease nationally, with **80,856** deaths for the 12-month reporting period ending in December 2024. This represents a decrease of 24.5% from 106,881 drug deaths reported for the same period in 2023, a decrease of 26,025 deaths in the figure below. The area below highlights in blue the time period from January 2024 to December 2024.

Figures 1 and 2 contain data reported via national sources and are marked provisional. The Monthly Provisional Drug Overdose Death Counts from the CDC provides estimates for the U.S. and jurisdictions within four months after the date of death. Some states have longer than usual delays in reporting drug overdose deaths, which may account for potential underestimations.

Figure 1: 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths, U.S.



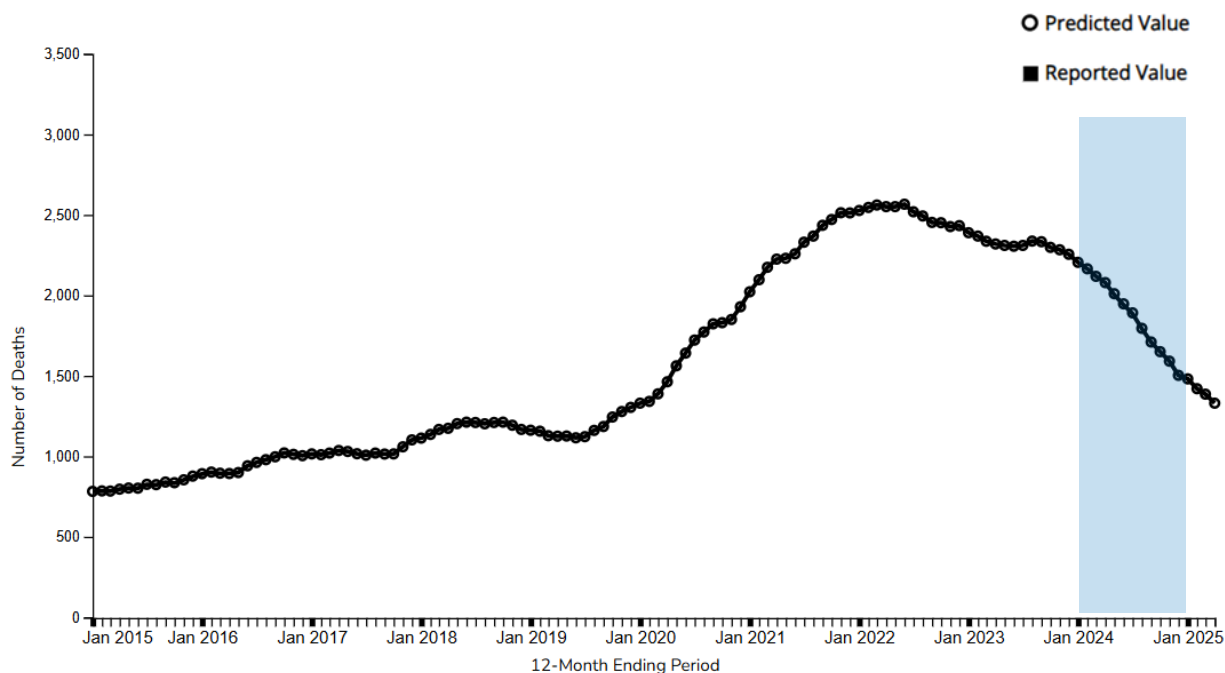
Source: Extracted 11/2025 by the Office of Behavioral Health from cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

³ Source note: Provisional drug overdose death counts are based on death records received and processed by the National Center for Health Statistics (NCHS) on the first Sunday of each month. National provisional estimates include deaths occurring within the 50 states and the District of Columbia. NCHS receives the death records from state vital registration offices through the Vital Statistics Cooperative Program. Provisional death counts presented in this data visualization are for "12-month ending periods," defined as the number of deaths occurring in the 12-month period ending in the month indicated. Provisional data are based on available records that meet certain data quality criteria at the time of analysis and may not include all deaths that occurred during a given time period. Therefore, they are subject to change.

CDC State Data

According to the CDC’s National Vital Statistic System Provisional Drug Overdose Death Counts⁴ update from September 7, 2025, drug overdose deaths occurring in 2024 continued to decrease. The CDC reports that Louisiana’s drug overdose deaths in 2024 totaled 1,503 deaths for the 12-month reporting period ending December 2024, a decrease from 2,255 deaths for the same period in 2023. This represents a decrease of 752 deaths (33.3%) in Louisiana during this time. In the figure below, the blue highlighted area identifies January as beginning of the 2024 calendar year and December as the end of the 2024 calendar year.

Figure 2: 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths, Louisiana



Source: Extracted 12/2025 by the Office of Behavioral Health from cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

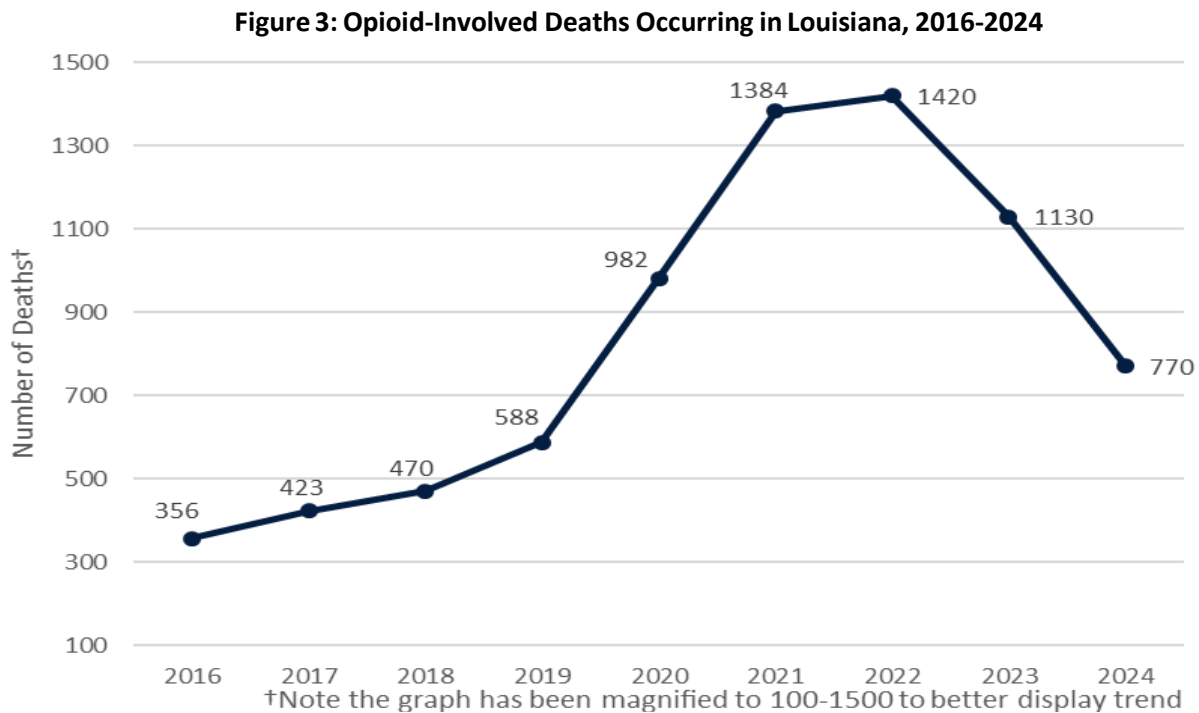
⁴ Note: Provisional drug overdose death counts are based on death records received and processed by the National Center for Health Statistics (NCHS) on the first Sunday of each month. National provisional estimates include deaths occurring within the 50 states and the District of Columbia. NCHS receives the death records from state vital registration offices through the Vital Statistics Cooperative Program. Provisional death counts presented in this data visualization are for “12-month ending periods,” defined as the number of deaths occurring in the 12-month period ending in the month indicated.

Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

Provisional data are based on available records that meet certain data quality criteria at the time of analysis and may not include all deaths that occurred during a given time period. Therefore, they are subject to change.

Louisiana Overdose Data

The Louisiana Opioid Surveillance Initiative (LOSI) through OPH developed the Louisiana Opioid Data and Surveillance System (LODSS) (lodss.ldh.la.gov) for the collection of information, including health data related to OUD. LODSS analyzes the collected information and disseminates results through factsheets, publications, educational materials, and the online data, surveillance system. Death data on LODSS comes from the Louisiana Electronic Event Reporting System (LEERS) in the Bureau of Vital Records and Statistics. Death counts from LODSS may not match counts reported by coroners being as LODSS uses the CDC's standard definition of an opioid death, which means that an opioid must be listed in the death record. If the death reported mentions "polysubstance use" the death is not flagged as an opioid-involved death. The LOSI staff analyzed and provided data visualization for Figures 3 through 6 and Tables 1 and 2, extracted directly from the state's vital records, and are considered final⁵.



Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System (LODSS)

The deaths in Figure 3 (above) indicate opioid-involved deaths that occurred in the state of Louisiana from 2016 to 2024. Louisiana residents and non-residents who died in the state are included in this number. The number of opioid-involved deaths occurring in Louisiana from January to December 2024 was 770. This represents a 31.8% decrease compared to the previous year, a much larger reduction than in prior years.

While there were fewer deaths in most opioid types, a notable decrease was observed in the category of synthetic opioids, which includes fentanyl and its more potent formulations, as demonstrated in Table 1 (next page).

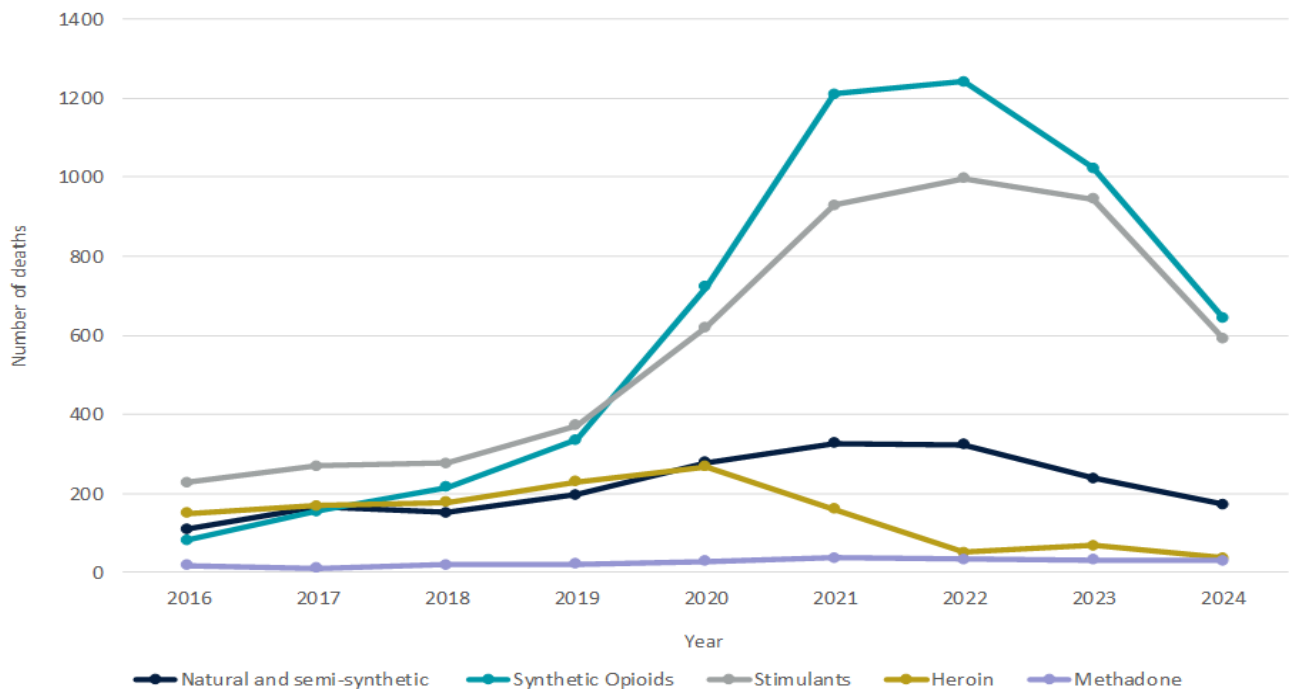
⁵ <https://lodss.ldh.la.gov/pdfs/FAQ.pdf>

Drug Involved / Year	2016	2017	2018	2019	2020	2021	2022	2023	2024
Synthetic Opioids	82	154	215	335	722	1211	1241	1023	644 (↓ 37% from 2023)
Heroin	150	169	178	229	268	160	51	68	36 (↓ 47% from 2023)
Methadone	18	10	20	21	28	37	33	31	29 (↓ 6% from 2023)
Natural & Semi-Synthetic Opioids	110	165	151	197	278	327	323	238	172 (↓ 28% from 2023)
Stimulants	227	269	276	372	621	930	997	945	695 (↓ 26% from 2023)

Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System (LODSS)

*Note: categories do not sum, as several drugs could have been detected in one death.

Figure 4: Drug Overdose Deaths by Specific Opioid Drug Used in Louisiana, 2014-2024

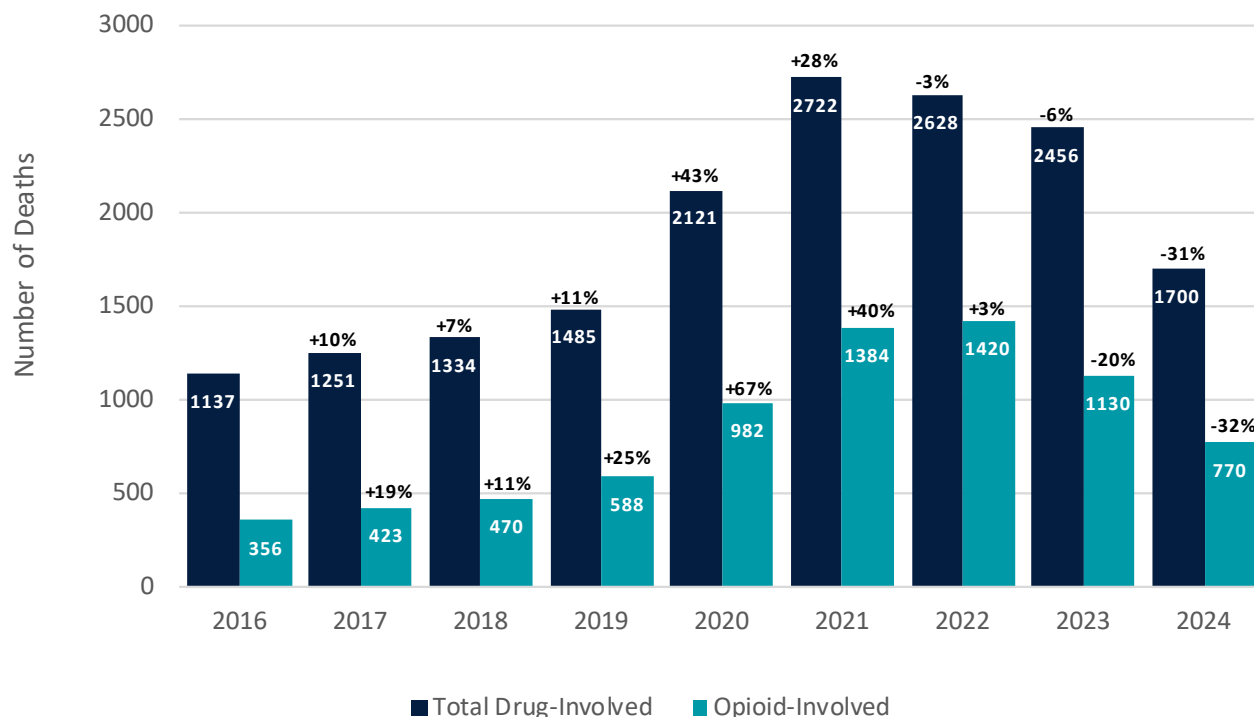


Source: Louisiana Electronic Event Registration System, extracted from the Louisiana Opioid Data and Surveillance System

Figure 4 (above) displays trends of death data involving stimulants and several types of opioids,

including heroin, natural and semi-synthetic opioids, and methadone. Few deaths are attributed to methadone, and these have demonstrated in toxicology to be listed with other drugs as the cause of death. Deaths involving heroin began to decrease in 2020, but deaths involving synthetic opioids (mostly illicit fentanyl) and stimulants surged in 2020 and increased until 2022. Deaths involving synthetic opioids surpassed the number of deaths involving heroin or natural and semi-synthetic opioids in 2018. Although it is too soon to say whether these trends will continue, prevention efforts and increasing access to health protection supplies and recovery support may have contributed to the decline.

Figure 5: Drug-Involved and Opioid-Involved Deaths in Louisiana, 2016-2024



Source: Louisiana Electronic Event Registration System, from the Louisiana Opioid Data and Surveillance System

For the first time in nearly a decade, a decrease in the total number of drug-involved deaths was recorded in 2022. For years prior, the percent increase in drug-involved deaths ranged from 7% to 43%. In 2024, drug-involved deaths decreased from the prior year by 31%. Opioid-involved deaths increased from 2016 to 2022, but showed a 20% decrease from 1,420 deaths in 2022 to 1,130 deaths in 2023. In 2024, opioid-involved deaths decreased from the prior year by 32%.

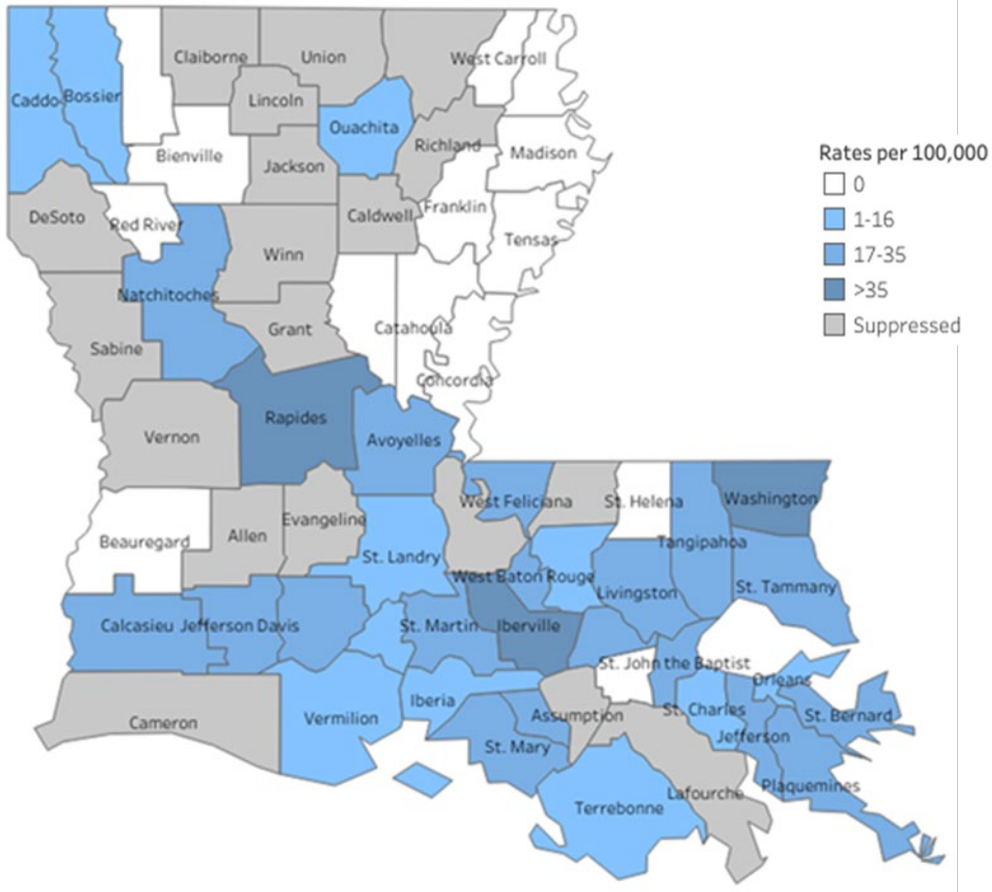
Parish Overdose Data

A total of 770 opioid-involved deaths occurred during 2024, down from 1,130 recorded in the prior year. These deaths include Louisiana residents, as well as residents from other states and countries who fatally overdosed in Louisiana. For deaths listed by parish of residence, the parishes of death indicated are those in which the decedent maintained a residential address. All deaths included in this section are ones in which the parish coroner recorded the cause of death was directly attributed to opioid poisoning, or opioids were specifically listed in the secondary cause of death fields. Table 2 lists the top five parishes for opioid-involved deaths by the decedent’s residence and by the parish where the death occurred.

Table 2: Opioid-Involved Overdose Deaths by Parish of Residence and by Parish of Occurrence, Louisiana, 2024	
Parish of Residence - Count	Parish of Occurrence - Count
1. Jefferson - 120	1. Jefferson - 144
2. St. Tammany - 75	2. St. Tammany - 82
3. Livingston - 52	3. East Baton Rouge- 57
4. Rapides - 48	4. Lafayette - 52
5. Lafayette - 39	5. Rapides- 47

Deaths listed for the five parishes above represent 45% (334 of 736) of statewide deaths by parish of residence and 49.6% (382 of 770) of statewide deaths by occurrence. A table containing number of opioid deaths by parish of residence and occurrence for all 64 parishes for 2024 is included in Appendix B.

Figure 6. Age-adjusted Rates of Opioid-Involved Deaths per 100,000 Residents in Louisiana, 2024



Source: Louisiana Electronic Event Registration System, extracted 11/2025 from the Louisiana Opioid Data and Surveillance System

Figure 6 (previous page) illustrates the geographic distribution of opioid-involved deaths in the state among Louisiana residents. Statewide, the rate of opioid-involved deaths in 2024 was 16.95 per 100,000 residents, a decrease of 32.25% from a rate of 25.02 in 2023. Opioid-involved deaths substantially increased from 2016 to 2022, and 2023 was the first decrease in opioid-involved deaths in many years. Opioid overdose death rates vary across the state, with only fourteen parishes reporting no deaths among residents in 2024. The highest rates of opioid-involved deaths were in Washington, Rapides, Iberville, St. Bernard, Livingston, and Plaquemines parishes. Eighteen parishes have rates higher than the state rate of 16.95 opioid-involved deaths per 100,000 residents.

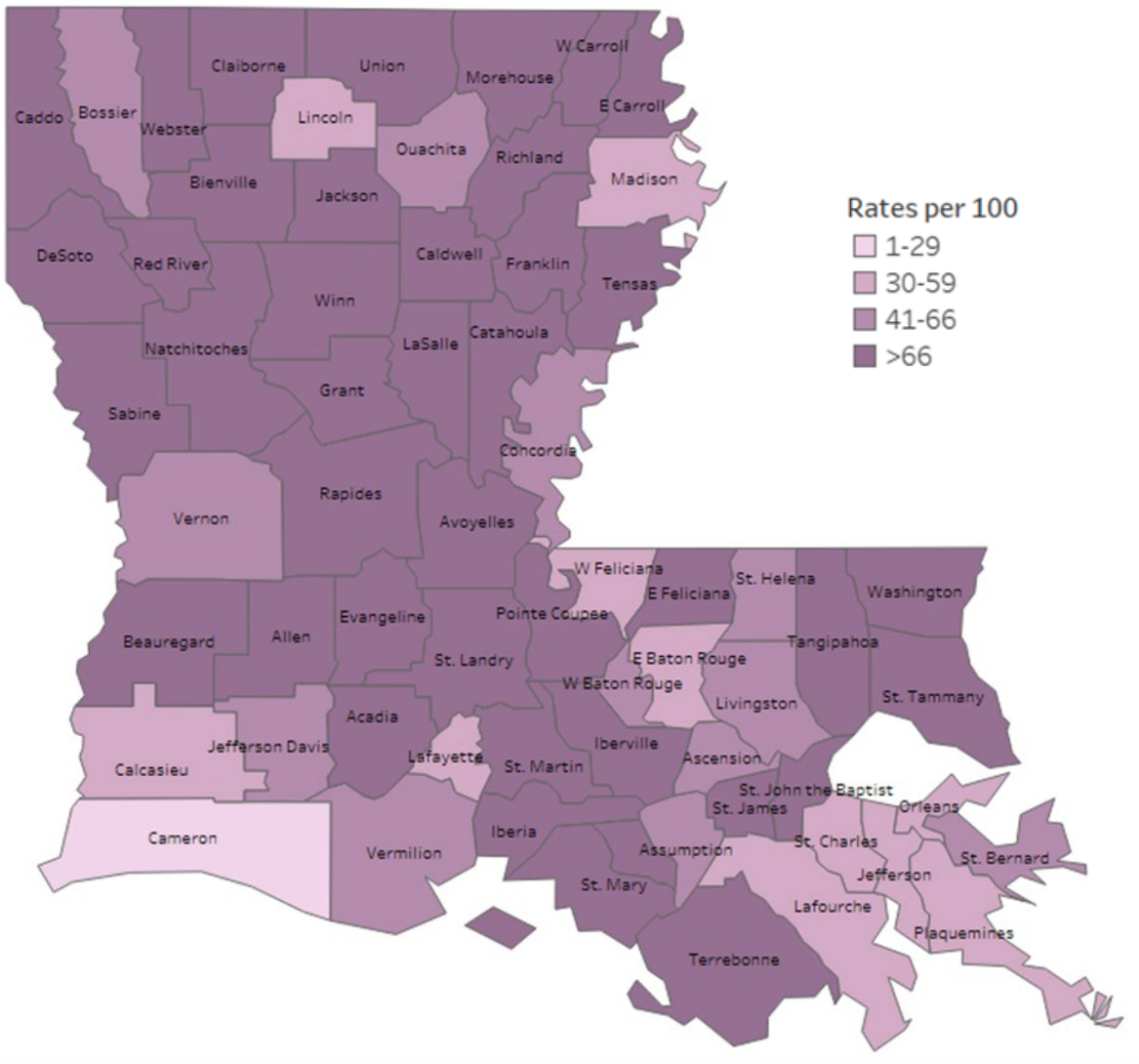
Opioid Prescription Data

Using data from the Louisiana Board of Pharmacy's Prescription Monitoring Program, LDH has identified the number of opioid prescriptions issued to residents by patient location for 2016-2024. In 2024, there were **66 opioid prescriptions per 100 individuals**, which has decreased by 4.35% from 69 prescriptions per 100 Louisianans in 2023. Analyzing opioid prescriptions at the parish-level for 2024, opioid prescription rates were identified highest in the parishes listed below. For 2024, four parishes had rates of opioid prescriptions dispensed that were higher than the number of residents in the parish. It is worth noting that all five parishes listed are designated rural.

1. Evangeline (124 prescriptions issued per 100 residents, down from 128 prescriptions in 2023).
2. Caldwell (113 prescriptions issued per 100 residents, down from 114 prescriptions in 2023).
3. Red River (113 prescriptions issued per 100 residents, down from 112 prescriptions in 2023).
4. St. Landry (105 prescriptions issued per 100 residents, down from 112 in 2023).
5. Richland (99 prescriptions issued per 100 residents, down from 102 prescriptions in 2023).

Figure 7 maps the opioid prescription rates by parish for 2023. A table listing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2023 is included in Appendix C.

Figure 7. Crude Rates of Opioid Prescriptions Dispensed per 100,000 Residents in Louisiana, 2024



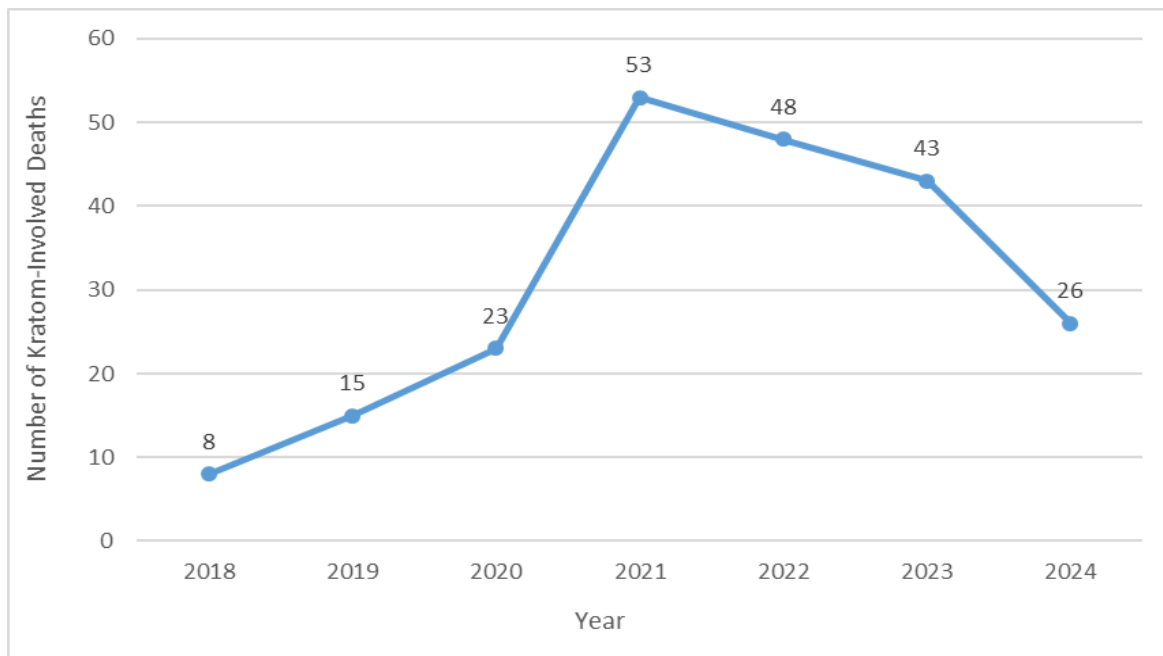
Source: Louisiana Prescription Monitoring Program of the Louisiana Board of Pharmacy, extracted from the Louisiana Opioid Data and Surveillance System

Note: Parishes in the darkest shade of purple have rates higher than the state rate of 66 prescriptions per 100 residents. Unlike prior reports that mapped prescription rates by prescriber parish, the prescription rates discussed in this section and displayed in Figure 7 are shown by parish of patient location. Providers are more concentrated in areas with higher population density. Displaying prescriptions by the patient’s location allows for the data to be more accurately distributed by likely utilization across the area.

Kratom in Louisiana, 2024

Kratom is a tropical tree native to Southeast Asia. The major psychoactive ingredient in kratom is mitragynine. In the U.S., the use of kratom has increased markedly in recent years. The Drug Enforcement Administration (DEA) has listed kratom as a “drug and chemical of concern,” citing it as an “imminent hazard to public safety.” The side effects of using kratom can include psychotic behaviors, and psychological or physiological dependence. At lower doses kratom acts as a stimulant, while higher doses of kratom have more opioid-like sedating effects. Louisiana made kratom illegal effective August 1, 2025 under Act No. 41. Although it is no longer available for retail in Louisiana, individuals can still purchase kratom online or through illicit markets.⁶ Continued monitoring and surveillance of kratom is critical within the public health landscape.

Figure 8. Kratom-Involved Deaths in Louisiana, 2018-2024



Source: Louisiana Electronic Event Registration System, extracted 11/2025 by the Louisiana Opioid Surveillance Initiative

These data points are certified by the parish coroners, originated from the state vital records database. The number of deaths involving kratom in Louisiana increased drastically from 2018 to 2021, then showed a gradual decline from 2021 to 2023. The peak of kratom-involved deaths during this period occurred in 2021, as illustrated in Figure 8. At the federal and state levels, there is a need to continue to monitor as a cause of concern; the reason for a decrease in kratom-involved deaths is unknown.

Xylazine in Louisiana, 2024

Xylazine is a non-opioid sedative, analgesic, and muscle relaxant and is currently only authorized in the U.S. for veterinary use. It is often referred to as “tranq.” Xylazine is manufactured for veterinary

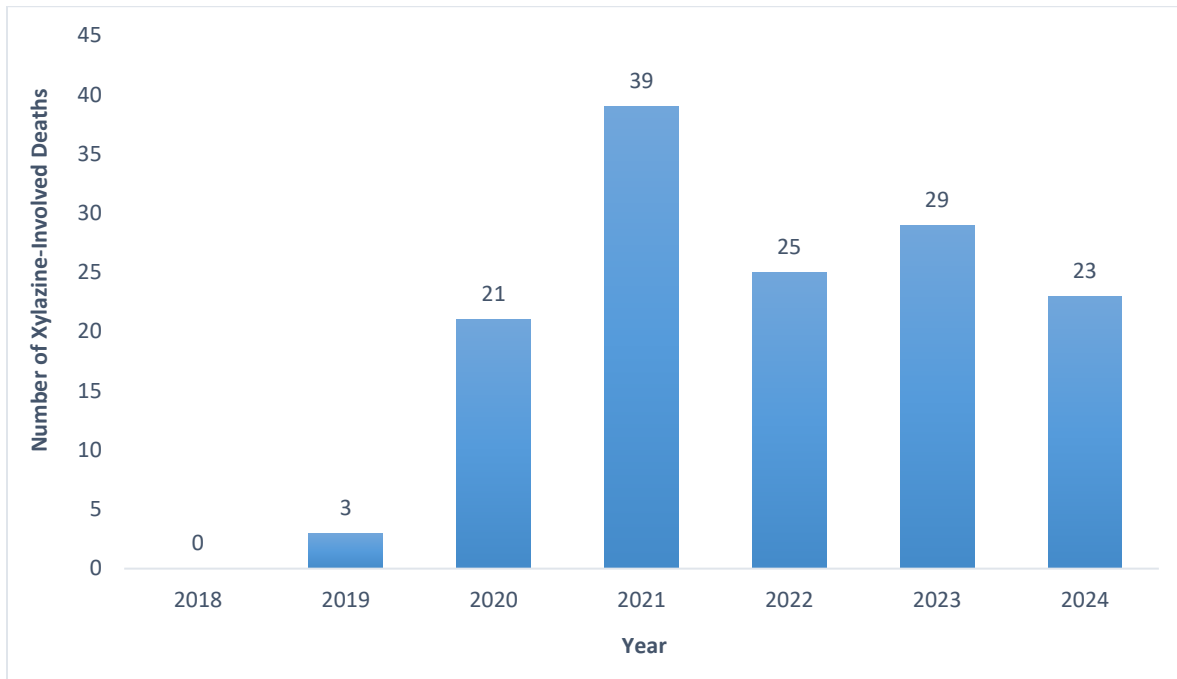
⁶ [Kratom: Uses, Dosage, Side Effects, and Warnings](#)

purposes, it is typically a liquid formulation, and the illicit form found in street drugs is often a white or brown powder. It is most frequently mixed with fentanyl, though it is also detected in combination with heroin, cocaine, and other synthetic substances.

Human exposure to xylazine can result in severe health effects, including respiratory depression, bradycardia, hypotension, and skin ulcerations. Chronic use may cause physical dependence and withdrawal symptoms such as acute chest pain, seizures, agitation, and profound central nervous system depression. Because it is inexpensive and widely accessible, xylazine is often added to fentanyl or heroin to increase the duration or intensity of their effects. As an adulterant, xylazine significantly raises the risk of fatal overdose.⁷

Xylazine’s presence in the illicit drug supply peaked in 2021, contributing to an increasing number of polysubstance overdose deaths. Public health authorities continue to monitor and respond to the spread of xylazine through enhanced toxicology surveillance, public health alerts, and risk mitigation initiatives.

Figure 9. Xylazine-Involved Deaths in Louisiana, 2018-2024



Source: Louisiana Electronic Event Registration System, extracted 11/2025 by Louisiana Opioid Surveillance Initiative

The data in Figure 9 were certified by the parish coroners and extracted from the state vital records database. From 2018 through 2021, the number of deaths involving xylazine in Louisiana steadily increased. From 2020 to 2021, there was an 86% increase in xylazine-involved deaths. From 2022 to 2023, there was a 16% increase in xylazine-involved deaths. From 2023 to 2024, there was a 21% decrease in xylazine-involved deaths.

⁷ [Xylazine: Effects, Risks, and Treatment Options](#)

Louisiana Medicaid Data

Medicaid plays a central role in covering evidence-based care, including MOUD, such as buprenorphine, naloxone and extended release naltrexone. These services are provided as a part of the state’s Medicaid benefits to support OUD treatment. Louisiana’s 2025 budget predicted continued reductions in Medicaid enrollment as COVID-19 federal protections ended in 2023 and states now follow “return to normal eligibility rules” for Medicaid processing. Moreover, in calendar year 2025, Louisiana experienced decreases in prescriptions filled, emergency department visits, hospital admits and inpatient treatment.

For this data, the “Prescriptions Filled” count represents the number of Medicaid claim records for prescriptions. The count of “Unduplicated Recipients” is a count of unique individuals on the Medicaid prescription claim records. This data source includes MCO Managed Care encounter records and Medicaid fee-for-service (FFS) claim records.

Table 4. Measurable LDH Impacts of the Opioid Epidemic	
Measure	Impact Data
Medicaid opioid prescriptions filled in SFY 25	<p>Total Prescriptions Filled: 329,353 Decreased by 40,542 compared to 2024</p> <p>Unduplicated Recipients: 147,571 Decreased by 20,218 compared to 2024</p> <p>Medicaid Payments: \$36,548,738 Increased by \$7,496,666 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Medicaid medication-assisted treatment prescriptions in SFY 25</p> <p><i>Medicaid claims date of service between July 1, 2024, and June 30, 2025, using three month claim lag for the following: Medication-assisted treatment = (buprenorphine, naltrexone, etc. – excluding methadone) prescriptions</i></p>	<p>Total Prescriptions Filled: 152,938 Decreased by 7,365 compared to 2024</p> <p>Unduplicated Recipients: 20,272 Decreased by 1,239 compared to 2024</p> <p>Medicaid Payments: \$ 62,501,228 Increased \$16,794,621 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>

Measure	Impact Data
<p>Medicaid naloxone prescriptions filled in SFY 25</p> <p><i>Medicaid claims date of service between July 1, 2024, and June 30, 2025, using three month claim lag for the following: naloxone HICL seq no. 001874</i></p>	<p>Total Prescriptions Filled: 11,248 Decreased by 1,733 compared to 2024</p> <p>Unduplicated Recipients: 7,976 Decreased by 1,872 compared to 2024</p> <p>Medicaid Payments: \$768,471 Decreased by \$204,481 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Medicaid number of emergency department days for OUD in SFY 25</p>	<p>Emergency Department Days: 5,293 Decreased by 1,510 days compared to 2024</p> <p>Unduplicated Recipients: 4,061 Decreased by 1,226 recipients compared to 2024</p> <p>Medicaid Payments: \$1,760,074 Decreased by \$368,814 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Medicaid hospital admits in for OUD in SFY 25</p>	<p>Inpatient Admissions: 7,735 Decreased by 1,287 compared to 2024</p> <p>Unduplicated Recipients: 5,596 Decreased by 936 compared to 2024</p> <p>Medicaid Payments: \$47,508,131 Decreased by \$1,253,915 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>

Measure	Impact Data
<p>Medicaid inpatient/residential ASAM OUD in SFY 25</p> <p><i>Medicaid claims date of service between July 1, 2024, and June 30, 2025, using three month claim lag for the following:</i></p> <p><i>Inpatient/residential ASAM levels 4-WM, 3.7-WM, 3.7, 3.5, 3.3, 3.2-WM, and 3.1</i></p>	<p>Unduplicated Recipients: 6,755 Decreased by 717 compared to 2024</p> <p>Medicaid Payments: \$56,576,961 Increased by \$4,533,507 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Medicaid outpatient ASAM OUD in SFY 25</p> <p><i>Services related to opioids for Outpatient ASAM levels 2.1, 2-WM, and 1.0</i></p>	<p>Unduplicated Recipients: 9,810 Increased by 54 compared to 2024</p> <p>Medicaid Payments: \$12,494,445 Increased by \$2,549,299 compared to 2024</p> <p><i>Data source: Medicaid data warehouse</i></p>
<p>Number of prevention/education activities (OBH grant funded)</p>	<p>Overdose ED/naloxone distribution: 123,556 kits distributed through federal grants (increased by 32,729) 46,319 individuals educated on use of naloxone through the LaSOR grant (decreased by 14,000)</p> <p>Evidence-based Prevention Practices: 5,607 individuals participated in evidence-based prevention programs through the LaSOR grant (decrease of 785)</p> <p>Trainings: <u>3,363</u> individuals participated in opioid related trainings presented by subject matter experts funded by the LaSOR grant</p> <p><i>Data source: LaSOR Grant Data Hub (data date range: September 30, 2024, to September 29, 2025)</i></p>
<p>Number of individuals receiving treatment services provided through LaSOR</p>	<p>1,081 people served through OTPs, LGEs, DOC and OBOTs (decrease of 785 people served in the prior year)</p> <p><i>Data source: LaSOR Grant Data Hub (data date range: September 30, 2024, to September 29, 2025)</i></p>

National Initiatives and Impact

The HOPE Council has listed specific impacts on the national and state level, addressing education, SUD treatment (including the use of MAT), prevention, overdose prevention, and recovery.

[DEA Extends Telemedicine Flexibilities to Ensure Continued Access to Care](#)

DEA issued three new telemedicine rules to “continue to open access to telehealth treatment while protecting patients,” making permanent portions of the COVID-era flexibilities and defining when controlled substances can be prescribed via telemedicine versus requiring in-person visits.

The rules let qualified practitioners prescribe Schedule III–V medications via telemedicine without a prior in-person exam under a special registration, and allow specially credentialed clinicians (e.g., psychiatrists, hospice and some long-term-care physicians, and pediatricians) to prescribe certain Schedule II medications remotely under stricter conditions and added patient protections. DEA emphasizes that once a patient has had an in-person visit, their clinician may prescribe any appropriate controlled medication via telemedicine indefinitely.

In the 2025 telemedicine package, buprenorphine for OUD is a primary focus: DEA’s framework allows qualified practitioners to initiate and continue buprenorphine (a Schedule III medication) via telemedicine without an in-person visit when they hold the new special telemedicine registration and comply with state law and record-keeping rules. Under the final rule specific to MOUD, clinicians can issue multiple sequential prescriptions for buprenorphine that together provide up to a six-month total supply based solely on telemedicine encounters, including audio-only visits when video is not available, after which an in-person evaluation is required before further telemedicine prescribing.⁸

[Statement of Drug Policy Priorities Released by Presidential Administration](#)

The Trump Administration’s December 2025 Statement of Drug Policy Priorities provides an one-year roadmap focused on reducing drug-related risks, especially from synthetic opioids like fentanyl, through initiatives focused on supply-reduction and expanded public health strategies. It emphasizes reducing overdose deaths via wider naloxone distribution, overdose-prevention education, and public awareness campaigns, while simultaneously strengthening data and research to track trends and refine interventions. The document frames drug policy as a government effort (federal, state and local) aimed at a safer, healthier future.⁹

There are six main priorities that will guide the development drug control safety and policies. They are the following:

1. Reduce overdose fatalities, with a focus on fentanyl
2. Secure the global supply chain against drug trafficking
3. Stop the flow of drugs across borders and into communities
4. Prevent drug use before it starts
5. Provide treatment that leads to long-term recovery
6. Innovate in research and data to support drug control strategies

⁸ [DEA Announces Three New Telemedicine Rules](#)

⁹ [2025-Trump-Administration-Drug-Policy-Priorities.pdf](#)

Reauthorization of the SUPPORT Act

The SUPPORT Act, officially known as the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, is a landmark legislation aimed at addressing the opioid crisis in the United States. In December 2025, the SUPPORT Act was reauthorized, extending federal funding for prevention, treatment workforce development and recovery support programs nationwide. This includes support for recovery housing and treatment for pregnant women.

Additionally, the SUPPORT Act mandates that all state Medicaid programs cover every FDA approved MOUD, including buprenorphine, methadone and naltrexone, along with counseling and behavioral therapy. The act also authorizes significant funding for community based treatment and recovery programs, thus enhancing the behavioral health infrastructure and support available to individuals with SUD. The act aims to eliminate geographic disparities and increase access to effective evidence based treatments, however some critics argue the act leans on law enforcement rather than public health strategies. Also, gaps in methadone access still persist due to operational variance by state and OTP infrastructure.

An overview and summary of the SUPPORT Act can be found here:

[Congress \(2025-2026\): SUPPORT for Patients and Communities Reauthorization Act of 2025.](#)

State Initiatives and Impact

Project MOM (Maternal Overdose Mortality)

Project MOM, announced in May of 2025, is Louisiana’s bold, statewide initiative designed to improve maternal health outcomes by reducing overdose-related morbidity and mortality among pregnant and postpartum women. Overdose mortality — specifically accidental opioid overdose — has been the leading cause of pregnancy-associated death in Louisiana since 2018. Led by the Louisiana Department of Health, Project MOM aims to reduce maternal mortality associated with substance use by 80% within 3 years by delivering personalized care navigation within a statewide system of coordinated care – ensuring that pregnant and postpartum women affected by substance use can access the comprehensive medical, behavioral health, and social supports needed to achieve healthy pregnancies, and sustained recovery.

To achieve its vision, Project MOM has identified four core goals that guide the initiative’s statewide strategy. First, the program seeks to strengthen cross-agency collaboration, ensuring that birthing hospitals, behavioral health providers, substance use treatment programs, and community partners work together as a unified network of support. Second, Project MOM aims to improve access to and coordination of prenatal and postpartum care, with early identification of needs through routine, trauma-informed substance use screening, improving care continuity, and reduced fragmentation during pregnancy and the critical first year after birth. Third, the initiative is committed to reducing stigma and expanding access to evidence-based substance use disorder treatment, including MOUD, harm-reduction services, and person-centered behavioral health care. Finally, Project MOM prioritizes increasing patient engagement and retention in treatment and recovery programs, recognizing that sustained support, navigation, and relationship-based care are essential for improved maternal health outcomes.

Stakeholder engagement has been a core focus during the initial phase of formalizing Project MOM. Outreach efforts included introductory presentations and meetings with internal LDH stakeholder groups such as the HOPE Council, the Perinatal Commission, and multiple LDH offices, bureaus, and programs working across maternal health and behavioral health. On July 16, 2025 a Project MOM Summit convened stakeholders from hospitals, healthcare providers, and public health partners to deepen engagement in the initiative, identify gaps and challenges, and gather input on actionable solutions to drive meaningful improvements in maternal health outcomes. Externally, Project MOM initiated outreach in the Acadiana, Baton Rouge, and Alexandria regions to raise awareness and begin preliminary collaboration with interested birthing hospitals. These early discussions and site visits helped assess regional resources and challenges affecting pregnant women with substance use disorder. Supported by Regional Medical Directors and Local Governing Entity partners, this work established the foundation for regional Project MOM pilots with catalyst-site birthing hospitals, which are planned to launch in early 2026.

In 2026, through Project MOM, the Department will establish a regional care-coordination and navigation model which will promote outreach and connect pregnant and postpartum women to prenatal and OB medical care, MOUD and substance use treatment, behavioral health services, maternal support and home visiting programs, and essential social-determinant-of-health (SDOH) resources. Regional navigators will serve as the central point in building a coordinated network that improves access and recovery support during pregnancy and the postpartum year. By enhancing regional capacity, reducing care fragmentation, and increasing access to treatment and recovery

services, Project MOM advances Louisiana’s goals of reduced substance-involved maternal deaths, a stronger continuum of care for families, and drive support for improvement in maternal and infant outcomes.

The Louisiana Bridge Program

A partnership between the OBH and the OPH, the Louisiana Bridge Program (La Bridge) is a hospital-based initiative designed to address opioid overdose deaths in communities across our state. Modeled after the National Bridge Program, Louisiana Bridge supports Emergency Departments (EDs) to provide rapid, evidence-based care for individuals with SUD, connect individuals with ongoing treatment and recovery support, and provide low barrier access to naloxone for opioid overdose reversal.

The Bridge Model operates through three main components: Substance Use Navigators (SUNs) embedded within emergency departments, overdose prevention strategies such as naloxone distribution upon discharge, and ED prescribers trained and comfortable with initiating and continuing buprenorphine treatment. This integrated approach ensures that patients receive both immediate relief from withdrawal and an established connection to ongoing care. By linking hospital-based care with community treatment resources, the model helps patients transition smoothly from emergency settings to sustained recovery pathways.

SUNs play a central role in patient engagement and treatment continuity. They work alongside ED staff to educate individuals and families about opioid overdose prevention and available treatment options, including medication-assisted treatment. Beyond discharge, SUNs maintain communication with patients, fostering follow-up and continued engagement in care. The model also emphasizes compassion and stigma reduction within hospital settings, empowering staff, patients, and families to approach substance use disorder as a treatable health condition rather than a moral failing.

Region 5, centered in the Lake Charles area, implemented Louisiana’s first LA Bridge initiatives and serves as the model for statewide expansion in 2021. Through partnership with National Bridge, Region 5 successfully integrated SUNs within EDs and trained hospital staff to provide immediate access to buprenorphine and harm reduction services. This region demonstrated the program’s impact, achieving a 35% reduction in opioid overdose deaths following implementation, even as other regions of the state experienced rising mortality rates. Region 5 hospitals linked over 1,000 patients with SUNs and 95% of patients received Narcan and educational resources upon discharge. The Region 5 experience highlights the effectiveness of timely intervention, coordinated care transitions, and the importance of strong hospital leadership and community partnerships in addressing SUD.

Lessons learned from Region 5’s success are now guiding the development and rollout of additional Bridge hospitals across Louisiana. LDH is now working to expand the program statewide, including hiring dedicated leadership, finalizing a contract with National Bridge, a December 2025 Louisiana Bridge Symposium, launch of the official hospital cohort in February 2026 and current planning for the second cohort. Looking ahead, OBH and OPH will establish statewide Bridge Collaboratives (one for hospitals and another for SUNs) to sustain progress, support additional hospital programs, and ensure every region of Louisiana has ED access to MOUD. Furthermore, advancing the state’s goal of reducing overdose deaths and improving recovery outcomes.

OUD/SUD Reentry 1115 Demonstration Waiver

The OUD/SUD Section 1115 Demonstration Waiver was extended by CMS through December 31, 2027 to maintain federal matching funds for Medicaid beneficiaries receiving SUD treatment and withdrawal management in IMDs for stays beyond 15 days. The demonstration was designed to strengthen the continuum of care for Medicaid members with SUD by increasing identification, initiation, and engagement in treatment; improving adherence and retention; reducing opioid-related overdose deaths; decreasing preventable ED and inpatient utilization; limiting avoidable readmissions; and improving access to physical health care among beneficiaries.

OBH has requested a five-year renewal of the Healthy Louisiana OUD/SUD 1115(a) Demonstration Waiver. The current 1115 waiver was approved for the period of February 1, 2018, through December 31, 2022. With this application, Louisiana is seeking to renew the waiver for the period of January 1, 2023, through December 31, 2027. Louisiana has made progress on Milestones required by the 1115 Demonstration Waiver.

Milestone 1: Related to access to critical levels of care, emphasizing statewide workforce development initiatives to deliver virtual training on MOUD and expanded use of mobile outreach teams that provide MOUD education, naloxone distribution, screening, and referrals to specialty treatment. LaSOR program continues to recruit new OBOT providers to expand community access to care.

Milestone 2: the state reported that length-of-stay and IMD-related metrics remain in compliance, with no identified risk of exceeding the 30-day average length-of-stay threshold.

Milestone 3: focuses on implementation of nationally recognized SUD program standards. LDH's Office of Behavioral Health is actively implementing the ASAM 4th Edition by updating authority documents, provider manuals, and managed care training materials to align placement and service criteria with current evidence-based standards. Healthy Louisiana managed care organizations (MCOs) conduct routine quality monitoring of behavioral health and SUD providers using standardized review tools tailored to each level of care to verify compliance with state and federal requirements.

Milestone 4: addresses provider capacity, with LDH contracting Tulane University to conduct a comprehensive SUD needs assessment to identify capacity gaps, inform strategies to ensure a full continuum of recovery services statewide, and support planning to enhance provider capacity.

Milestone 5: Highlights overdose prevention and response, and care coordination. Louisiana Medicaid covers naloxone, the Board of Pharmacy collects data on naloxone dispensing, and LaSOR operates an Overdose Prevention and Response Distribution Hub to purchase and distribute naloxone statewide; notably, total drug poisoning deaths declined from 2023 to 2024.

Milestone 6: The Healthy Louisiana contract designates individuals with SUD as a special health care need population eligible for enhanced case management and transitional care, and initiation and engagement (IET) performance remains strong. The forum also described health IT investments, including a statewide prescription monitoring platform integrated into electronic health records and pharmacy systems, which supports real-time review of controlled substance histories, improves patient safety, and supports compliance with Louisiana's mandatory Prescription Monitoring

Program law.

Louisiana's Reentry Demonstration 1115 Waiver was submitted to CMS on September 27, 2024. The Reentry waiver would extend Medicaid managed care enrollment and limited pre-release services to Medicaid-eligible adults in all eight state prisons and up to thirteen parish jails beginning 90 days prior to release, with services delivered by carceral or community providers in person or via telehealth. Covered pre-release services include case management, medication-assisted treatment and counseling, a 30-day post-release medication supply, mental health evaluation and counseling, peer support, laboratory services, and durable medical equipment, with the aim of improving continuity of care, reducing overdose risk, and supporting safer community reentry for justice-involved individuals with behavioral health needs.

LDH Leadership and Pharmacy Stocking

Deputy Secretary Peter Croughan, MD, and OBH Medical Director Vanessa de la Cruz, MD, convened meetings with retail and chain pharmacies, Louisiana Board of Pharmacy leadership, and LDH pharmacists to discuss pharmacy access to buprenorphine, as patients report that pharmacies often do not stock enough buprenorphine or do not stock it at all. These meetings were well attended, and education on buprenorphine was provided. Additionally, discussions held on challenges at the pharmacy and wholesaler levels have assisted in plans to develop guidelines to improve ability to stock buprenorphine.

LaSOR Grant-funded Initiatives

Through LaSOR, OBH has implemented statewide services for OUD and stimulant use/misuse (SUM), focusing on treatment, prevention, and recovery. Between September 30, 2024, and September 29, 2025, the program enhanced access to FDA-approved MOUD, benefiting populations such as the underinsured, criminal justice population, and pregnant women, among others. A total of 1,081 individuals received OUD treatment, with 607 choosing MOUD. Additionally, 1,043 individuals received recovery support services including recovery housing, recovery coaching, and/or employment services.

LGEs, DOC, OTPs/methadone clinics, OBOT providers, and other partners participated in naloxone distribution to family members of persons in recovery, those actively using opioids, first responders, jails, FQHCs, EDs, and other entities. During this latest reporting period (September 30, 2024, to September 29, 2025), 74,875 naloxone kits were distributed resulting in 5,486 overdose reversals, and 46,319 individuals were educated on recognizing the signs of an overdose and the administration of naloxone. An additional 48,681 naloxone kits were distributed using funds from other grant resources, bringing the total number of grant funded naloxone kits distributed to 123,556.

As part of its hub and spoke model, LaSOR supported 11 OTPs, which serve as hubs, and 38 OBOTs, which serve as spokes, across the state, serving hundreds of individuals with MOUD and other support services. Additionally, nine spoke care teams, which support and serve as liaisons to the hub and spoke providers, conducted 394 screenings and interventions.

Education and Prevention

Opioid-related educational trainings are detailed in Appendix D. Through LaSOR, 3,363 professionals were provided training related to opioid use, treatment, stigma, recovery, etcetera by subject matter experts between September 30, 2024, and September 29, 2025. Additional prevention accomplishments funded by the LaSOR program during the same time frame include 4,590 individuals participating in evidence-based prevention programs, such as Generation Rx for elementary, teen, college, and older adult individuals.

Infectious Disease Prevention

In 2017, Louisiana passed the Syringe Access Authorization Legislation (RS 40:1040), allowing for the legalization of syringe service programs (SSPs) if authorized by local governments. To date, two parishes (Orleans and East Baton Rouge) and two cities (Alexandria and Shreveport) have authorized SSPs for a total of seven active SSPs throughout the state. The OPH STI/HIV/Hepatitis Prevention Program (SHHP), in partnership with OBH, provides partial funding along with trainings and other technical assistance to four of these programs:

- The Philadelphia Center in Shreveport,
- Central Louisiana AIDS Support Services (CLASS) in Alexandria,
- Capital Area Re-entry Program (CARP) in Baton Rouge, and
- CrescentCare/New Orleans Syringe Access Program (NOSAP) in New Orleans

Over the 2024-25 state fiscal year, the four state-supported SSPs enrolled 3,595 new participants across the state, with over 35,705 participant visits. These four SSPs distributed approximately 3.5 million sterile syringes — an essential HIV, hepatitis C (HCV), and bacterial prevention intervention for people who inject drugs — as well as 21,717 fentanyl test strips and 32,064 doses of naloxone, preventing an estimated 4,712 overdose-related deaths. Demand for these programs and their services continue to rise, indicating a greater need for local authorizations, services, and funding, especially for essential supplies such as sterile syringes. Public health and community outreach initiatives have improved awareness of SSPs, testing, PrEP referrals, and vaccination services, therefore more individuals seek these services whenever available.

Overdose Prevention

As part of efforts to reduce overdose-related deaths across Louisiana, SHHP and OBH have collaborated on the development and implementation of a statewide distribution portal for overdose prevention supplies, including naloxone and fentanyl test strips (louisianahealthhub.org/hrdhub). Eligible institutions can apply to be distribution sites, which receive these supplies for free to distribute in their communities. As of October 2025, 68 organizations across Louisiana have become distribution sites. At the time of this report, 95,373 nasal naloxone kits and 79,333 fentanyl test strips were distributed to community members across the state via the portal over the 2024-25 state fiscal year, with 5,811 overdose reversals reported using naloxone obtained from the portal.

To help bolster overdose response efforts, the SHHP team conducts regular trainings on naloxone and fentanyl test strip use for partners across the state. The team has also provided, throughout the year, trainings on topics including overdose and infectious disease prevention basics, reducing stigma, and syringe service programs and their role in public health. These trainings have been well attended by state employees, medical professionals, and community partners.

The persistent public health issues of overdose deaths and HCV/HIV transmission among people who inject drugs in Louisiana necessitate continued support for overdose and infectious disease prevention efforts. This includes but is not limited to support at the local governmental level for SSP ordinances, support for local naloxone distribution efforts, and funding for overdose and infectious disease prevention work, including essential supplies (e.g., sterile syringes).

Academic Collaborations

Tulane School of Medicine (SoM): The Division of Addiction Medicine and the Addiction Medicine Fellowship are involved in several efforts to mediate the opioid epidemic. Tulane School of Medicine has a new automated decision-making consultation service for LCMC Health (formerly Louisiana Children’s Medical Center) at East Jefferson Hospital, Lakeside Hospital, and at the VA. Tulane SoM provides addiction medical care in its continuity clinic and in structured facilities across the spectrum of the ASAM Criteria. The Division and the fellowship began in 2018, so these are new services.

LSU Addiction Psychiatry Fellowship: Louisiana State University Health Sciences Center (LSUHSC), Department of Psychiatry collaborate with LDH/OBH for the Addiction Psychiatry Fellowship (APF) program and expansion of addiction education throughout the medical fields. The goal of the APF program is to increase the number of ABPN-certified addiction psychiatrists who serve in publicly funded behavioral health treatment programs through the development of this APF program and provide experience and education in addition to other specialties and training programs to increase knowledge and access. LSUHSC select qualified psychiatrists as candidates/participants in the APF program. LSUHSC serve as the sponsoring institution accredited by the Accreditation Council for Graduate Medical Education (ACGME). LSUHSC provide training opportunities, inclusive of, but not limited to periodic consultation to Local Governing Entities (LGEs) and providers on SUD and OUD.

The LSU Integrated Health Clinic at University Medical Center New Orleans (UMCNO) is proud to announce that it recently treated its 3,000th patient since 2019. The LSU Integrated Health Clinic at UMCNO is Louisiana’s busiest Academic Addiction Medicine clinic, focused principally on buprenorphine care for patients with Opioid Use Disorder. The LSU Integrated Health Clinic’s low barrier, high quality clinical services include primary care, counseling, psychiatry, and addiction medicine services offered by an experienced, multidisciplinary team, conveniently located in the UMCNO Primary Care Center.

Resource and Capacity Development

LDH’s OBH Performance Improvement Projects (PIPs) are those conducted by Medicaid managed care entities designed to achieve significant improvement, sustained over time in health outcomes and enrollee experience. One focus of PIPs is improving the 7-day and 30-day rates of follow-Up after hospitalization for mental illness, follow- up after emergency department visits for mental illness, and follow-up after emergency department visits for substance use disorders. Table 5 shows Healthy Louisiana rates have improved from 2023 to 2024.

Table 5. Healthy Louisiana Rates of Follow-up after ED Visit for Substance Use									
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Aetna	ACLA	HBL	HUM	LHCC	UHC	MY 2024 STATEWIDE AVERAGE	MY 2023 STATEWIDE AVERAGE	MY 2024 Quality Compass South Central - All LOBs (Excluding PPOs): 50th Percentile Benchmark
Within 7 Days of the ED Visit	18.19%	14.32%	16.88%	12.25%	14.96%	15.49%	15.66%	13.46%	17.83%
Within 30 Days of the ED visit	29.66%	25.00%	26.12%	19.48%	25.19%	24.54%	25.41%	21.75%	28.68%
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	Aetna	ACLA	HBL	HUM	LHCC	UHC	MY 2024 STATEWIDE AVERAGE	MY 2023 STATEWIDE AVERAGE	MY 2024 Quality Compass South Central - All LOBs (Excluding PPOs): 50th Percentile Benchmark
Within 7 Days After Visit or Discharge	60.04%	61.91%	62.84%	51.93%	56.29%	57.49%	59.23%	---	34.16%
Within 30 Days After Visit or Discharge	71.90%	73.08%	73.36%	62.94%	66.99%	71.21%	70.77%	---	58.48%

Note: Caution is recommended when comparing HUM’s MY 2024 rates to other MCOs' rates due to HUM's limited period as an MCO in Louisiana.

Louisiana Opioid Treatment Programs (OTPs):

There are 11 OTPs offering all FDA approved medication for OUD. Each clinic is privately owned and operates with one clinic in each region of the state except Region 3 with 2 locations. There are approximately 5,200 participants receiving services.

In September 2025, the Baton Rouge Treatment Center (OTP/Methadone provider) requested approval of a mobile dosing unit (MDU) as an extension of their license as per the new Louisiana Administrative Code. The provider requested approval of off-site parking due to the clinic location and very limited parking. Overall in 2025, Louisiana expanded the types of eligible practitioners who can provide opioid treatment, adjusted take-home medication rules, and allowed for mobile dosing units to increase access to care.

Key 2025 Updates for Louisiana Opioid Treatment Providers:

- Expanded Practitioner Eligibility: A Louisiana Medicaid State Plan Amendment, effective February 25, 2025, expanded the definition of an "Opioid Treatment Program (OTP) Practitioner" to include physicians, advanced practice registered nurses (APRNs), nurse practitioners (NPs), and physician assistants. This change allows more types of healthcare professionals to treat individuals and prescribe MOUD.
- Terminology Changes: In line with federal standards, Louisiana has updated its terminology in the Medicaid services manual. "Opioid Treatment" is now referred to as "Opioid Treatment Program (OTP)" and "Medication Assisted Treatment (MAT)" is now "Medications for Opioid Use Disorder (MOUD)".
- Take-Home Doses: Regulations were adjusted to align with updated federal standards, allowing participants to receive take-home doses based on their treatment phase and clinical judgment. Take-home dosing is a privilege contingent upon the member's progress in treatment and absence of known diversion activity (use of the medication for purposes other than prescribed) and based upon the risk of diversion, among other pertinent factors that include whether the therapeutic benefits of unsupervised doses outweigh the risks.
- Mobile Dosing Units: New rules permit the use of mobile dosing units as a part of a parent OTP facility, which helps extend treatment access to underserved and rural areas.
- Telehealth Flexibility: OTP practitioners can prescribe buprenorphine via audio-only telemedicine under specific conditions.

Table 6 shows reporting for all 11 OTPs in Louisiana by month for 2025. All OTPs are licensed to provide treatment to pregnant women (and other individuals) for OUD and all 11 are in full compliance with [R.S. 40:2156](#) et seq.

Table 6. Monthly Census Data for Louisiana OTP Program, 2025												
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
BHG/CBH Shreveport	491	497	498	503	505	506	513	515	519	518	516	511
BHG/CBH Monroe	155	154	161	170	175	174	171	175	173	173	176	186
BAYMARK/BAART of Alexandria	497	501	513	525	524	521	527	530	530	547	550	557
BAYMARK/BAART LaPlace	289	286	287	281	290	280	274	275	276	270	269	265
BAYMARK/BAART North Shore	695	680	679	691	693	693	702	703	697	704	711	705
BR Treatment Center (CRC)	695	323	327	333	337	324	319	317	315	307	316	314
BAYMARK/BAART/BREAUX BRIDGE	779	778	761	757	762	729	723	742	745	747	754	748
(Downtown NOLA) BHG/DRD	882	874	865	874	888	885	883	875	874	861	851	824
(Westbank NOLA) BHG/NONTC	640	642	640	637	647	651	654	637	640	641	639	636
BHG/LCSAC	399	398	398	403	407	417	416	420	418	415	415	412
BHG HOUMA	40	44	45	50	52	51	54	57	69	74	79	78
TOTAL	5,562	5,177	5,174	5,224	5,280	5,231	5,236	5,246	5,256	5,257	5,276	5,236

Per [R.S. 40:2159.2](#), licensed SUD facilities (OTPs) that provide treatment to pregnant women shall provide onsite access to at least one form of FDA-approved opioid agonist treatment. Each SUD treatment facility must provide an attestation to LDH regarding its compliance with this requirement in its initial licensing application or annual licensing renewal application.

Changes in Legislation Re: Regular Legislative Session 2025

HB 15 by Representative Shane Mack. Signed by the Governor and became [Act No. 121](#). Adds three synthetic substances (N-Desethyl isotonitazene, Etonitazepipne, and Ethylphenidate) to Louisiana’s Uniform Controlled Dangerous Substances Law and updates the drug schedules to capture new or previously unscheduled compounds with abuse potential. In practice, it amends the statutory schedules (Schedules I–V) by naming these additional substances and classifying them according to their assessed risk of addiction and abuse, so that unlawful manufacture, distribution, or possession of those substances is subject criminal penalties.

HB 210 by Representative Tehmi Chassion. Signed by the Governor and became [Act No. 159](#). Requires retention and archiving of Prescription Monitoring Program (PMP) records, improving oversight of controlled prescription drugs with Louisiana’s Board of Pharmacy. The audit trail records will also show who accessed or modified data and when. It reiterates that state agencies must comply with existing public records retention laws by keeping all such records for the periods set in archivist-approved schedules and obtaining approval from the state archivist before destroying any records, thereby strengthening transparency, traceability, and legal compliance for PMP-related data.

SB 154 by Senator Jay Morris. Signed by the Governor and became [Act No. 41](#). Criminalizes the possession and distribution of Kratom in Louisiana, effective August 1st. Adding kratom (through its active constituents) into Louisiana’s Uniform Controlled Dangerous Substances framework, specifying criminal penalties for possession and for distribution, and moving kratom out of any “regulated product” space into a full criminal prohibition model. Penalties include fines from \$1,000 to \$5,000 and imprisonment of up to five years depending on severity. This measure is to reduce the distribution of Kratom due to its psychoactive effects and potential health risks.

HB 384 by Representative Marcus Bryant. Signed by the Governor and became [Act No.497](#). Adjusts disciplinary penalties for public school students found with certain substances on school property. The act amends and enacts to narrow the situations in which a student must receive a mandatory minimum expulsion for possession of certain substances and to give superintendents explicit authority to modify those minimum expulsion terms case by case, provided the modification is in writing. It also requires each city, parish, or other local public school superintendent to submit an annual report to the state Department of Education detailing, at minimum, how many students were expelled after a first offense versus after a second or subsequent offense for the listed violations, which builds a statewide data picture of how often disciplinary penalties are being used.

HB 658 by Representative Christopher Turner. Signed by the Governor and became [Act No. 392](#). Establishes a Medicaid Trust Fund for Addiction Recovery, designed to support long term funding for addiction treatment and recovery services. Authorizing LDH to impose fees on Medicaid-participating addiction recovery providers, with those fees and related revenues deposited into the new trust fund. The funds may be used as state Medicaid matching funds to support enhanced payments to licensed addiction providers, including inpatient/residential SUD treatment, intensive outpatient SUD treatment, and withdrawal management. The funds will also support reimbursement systems and wage enhancements for direct care personnel in Medicaid-certified addiction settings. Additionally, the bill includes safeguards to ensure the Trust Fund resources do no supplant existing state general fund Medicaid appropriations.

Recommendations

As the HOPE Advisory Council transitions into 2026, the leadership on the Drug Advisory Board and changes in the participating membership of the HOPE Council, submit this year's recommendations as the following:

Support Buprenorphine Access by Addressing Barriers Encountered at the Pharmacy Level

Expanding buprenorphine access at the pharmacy level remains one of the most direct and sustainable strategies to increase treatment capacity for individuals with OUD across Louisiana. Even as the number of waived prescribers grows, many patients still face delays or refusals when attempting to fill buprenorphine prescriptions due to supply restrictions, stigma, and confusion over DEA or distributor thresholds. Addressing these barriers requires active collaboration among prescribers, pharmacists, insurers, and distributors to ensure consistency in dispensing and stocking. The Council recommends LDH, Board of Pharmacy, and Medicaid assess pharmacy-level barriers and develop guidance that empowers pharmacists to dispense MOUD confidently and compliantly.

Support the Development of Mobile Dosing Units by OTPs

Mobile dosing units represent a transformative opportunity to reach communities historically excluded from methadone treatment due to distance, transportation barriers, or limited clinic availability. Recent federal rule changes allow opioid treatment programs (OTPs) to operate mobile units, enabling medication and counseling to be delivered closer to where people live and work. Building out these services in Louisiana would particularly benefit rural parishes and regions with high overdose rates but limited licensed facilities.

Expansion of La Bridge in Louisiana EDs and hospitals

Expanding Louisiana's Bridge program is essential to connecting individuals treated for SUD or opioid-related emergencies directly with ongoing, evidence-based care. Bridge programs enable hospital and ED clinicians to begin buprenorphine treatment during the initial encounter and immediately link patients to community providers for follow-up care. This model has shown promise in reducing repeated overdoses, hospital readmissions, and mortality. A statewide expansion supported by funding, telehealth capability, and continuing-education partnerships can help develop consistent handoff pathways. Creating a sustainable Bridge network ensures that every hospital encounter becomes a pathway to recovery rather than another missed opportunity for intervention or treatment.

Support Implementation of Project MOM

Project MOM plays an integral role in improving maternal and infant outcomes among pregnant and postpartum women with OUD. The initiative centers on ensuring that all pregnant women, regardless of setting, can access timely MOUD and wraparound supports. Launching Project MOM means integrating OUD screening and treatment within OB/GYN clinics, prenatal programs, and birthing hospitals, while addressing systemic stigma that discourages disclosure. Training healthcare providers in trauma-informed and non-punitive care is crucial to help shift the culture around substance use in pregnancy. Through these efforts, Project MOM ensures that maternal health initiatives protect both maternal and infant well-being while reducing overdose risk and family separation.

Diversify Naloxone funding

Louisiana has made tremendous progress distributing naloxone statewide, yet sustaining these gains requires stable, diversified funding beyond federal grants. Reliance on short-term or categorical funding risks supply interruptions that can undermine years of progress in overdose prevention. To prevent this, naloxone procurement and distribution should be integrated into the state's opioid settlement-fund planning, Medicaid managed-care budgets, and hospital community benefit programs. Partnerships with insurers, healthcare systems, and employers can help normalize naloxone as a standard health and safety tool, similar to defibrillators or EpiPens. By embedding naloxone access within healthcare reimbursement structures and community service contracts, Louisiana can secure continuity of overdose prevention efforts. Diversifying funding ensures no lapse in lifesaving access for individuals, families, or communities experiencing high risk.

Extend shelf-life/expiration date of Naloxone

To maximize Louisiana's naloxone supply and reduce unnecessary waste, the Council recommends pursuing policies and partnerships that support extending naloxone's effective shelf-life beyond labeled expiration dates. Multiple studies and recent FDA shelf-life extension initiatives show that naloxone remains chemically stable and potent for months past its printed expiration when stored properly. Extending shelf-life not only preserves critical resources but also ensures a continuous, accessible supply of this lifesaving medication in communities across Louisiana.

Support Expansion of CCBHCs to Integrate SUD treatment within Outpatient Primary and Specialty Care

Expanding CCBHCs offers a proven model to unite behavioral health and substance use treatment with primary care. This approach strengthens whole-person care and ensures sustainability through Medicaid and grant reimbursements. Promoting co-location and integration of SUD services within primary care, maternal health, and behavioral health settings reduces stigma, improve early identification, and increases treatment retention. These steps can transform Louisiana's behavioral health infrastructure into a more accessible, integrated continuum of care for individuals with SUD.

Support 1115 Re-entry Waiver Implementation

Full implementation of Louisiana's 1115 Reentry Waiver expands continuity of care for individuals transitioning from correctional settings back into the community. Effective implementation will help reduce overdose risk, while supporting treatment engagement and recovery stability. The Council recommends continued collaboration with the Department of Public Safety and Corrections and parish facilities to prioritize rapid enrollment and connection to community MOUD providers before release.

Resources

1. Louisiana Department of Health: Opioids: www.ldh.la.gov/opioids
2. Louisiana Department of Health: HOPE Council (includes previous reports): www.ldh.la.gov/hope
3. CDC National Vital Statistics System Provisional Drug Overdose Death Counts Update: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
4. Louisiana Department of Health Opioid Response Plan: www.ldh.la.gov/assets/opioid/LaOpioidResponsePlan2019.pdf
5. Louisiana Opioid Data and Surveillance System (LODSS): www.lodss.ldh.la.gov
6. California Bridge Program: <https://cabridge.org>
7. Louisiana Board of Pharmacy: www.pharmacy.la.gov
8. Louisiana State Board of Medical Examiners: www.lsbme.org
9. Louisiana-Mississippi Hospice and Palliative Care Organization: www.lmhpc.org
10. American Academy of Hospice and Palliative Medicine: www.aahpm.org
11. Substance Abuse and Mental Health Administration (SAMHSA): www.samhsa.gov
12. National Institute on Drug Abuse: www.drugabuse.gov
13. American Society of Addiction Medicine: www.asam.org
14. US Drug Enforcement Administration: www.dea.gov
15. Faces and Voices of Recovery: www.facesandvoicesofrecovery.org
16. Louisiana Opioid Abatement Task Force: <https://laoatf.org>

Appendices

APPENDIX A – HOPE Council Member Agencies and Appointees per Act 88 of 2017

2025 Advisory Council on Heroin and Opioid Prevention and Education Members:

- **Chair: Secretary of LDH designee:** Dr. Vanessa de la Cruz, Medical Director, Office of Behavioral Health
- **Secretary of Department of Children and Family Services designee:** Dr. Rebecca Hook, Medical Director
- **Commissioner of Higher Education designee:** Dr. Allison Smith, Program Administrator, Board of Regents
- **Superintendent of Education designee:** Susan Dupont, Education Nurse Consultant
- **Secretary of Department of Public Safety and Corrections designee:** Shelley Edgerton, LPC, Department of Public Safety and Corrections Program Director for Opioid/MAT/Substance Treatment Programs
- **Superintendent of State Police designee:** Lieutenant Trenton Palmer
- **Secretary of Veterans Affairs designee:** Ronald Callegari, RN, Program Manager
- **Secretary of Louisiana Workforce Commission designee:** Dr. Jason Picard, Medical Services Director
- **President of Senate designee:** Senator Regina Barrow, District 15
- **Speaker of the House designee:** Troy Prevot, Director of Compliance and Quality Control, Stonetrust Commercial Insurance Company
- **Attorney General designee:** VACANT
- **Commissioner of Insurance designee:** Crystal Lewis, Assistant Director, Louisiana Health Care Commission
- **A judge from the drug division of a district court appointed by the Chief Justice of the Louisiana Supreme Court:** Judge Juan Pickett

The Advisory Council on HOPE Stakeholder Organizations listed in Act 88 of 2017:

1. The Louisiana Board of Pharmacy
2. The Louisiana State Board of Medical Examiners
3. The Louisiana Sheriffs' Association
4. The Louisiana District Attorneys Association
5. The Louisiana State Medical Society
6. The Chiropractic Association of Louisiana
7. The Louisiana Physical Therapy Association
8. The Louisiana Association of Chiefs of Police
9. The Louisiana Independent Pharmacies Association
10. The Louisiana State Nurses Association
11. The Louisiana Association of Nurse Practitioners
12. The Louisiana Ambulance Alliance
13. The Louisiana State Board of Nursing
14. The Louisiana Psychiatric Medical Association
15. The Louisiana Poison Control Center
16. The Louisiana-Mississippi Hospice and Palliative Care Organization
17. The Optometry Association of Louisiana
18. The Louisiana Association of Health Plans
19. The Louisiana State Coroners Association

Staff supporting our efforts are Catherine Peay from the Office of Behavioral Health and Dr. Shayla Polk from the Governor's Office of Drug Policy.

APPENDIX B – Opioid Death Data

APPENDIX B. Opioid-Involved Deaths by Parish of Occurrence and by Parish Residence — Louisiana, 2023 (counts and age-adjusted rate per 100,000 residents)

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Acadia	7	10	18.67
Allen	*	*	*
Ascension	31	27	20.5
Assumption	*	*	*
Avoyelles	11	11	33.24
Beauregard	0	0	0
Bienville	0	0	0
Bossier	8	7	5.06
Caddo	11	8	3.87
Calcasieu	33	33	17.49
Caldwell	*	*	*
Cameron	*	*	*
Catahoula	*	0	0
Claiborne	0	*	*
Concordia	0	0	0
DeSoto	*	*	*
East Baton Rouge	29	23	6.3
East Carroll	0	0	0
East Feliciana	*	*	*
Evangeline	*	*	*
Franklin	0	0	0
Grant	*	*	*
Iberia	5	8	15.4
Iberville	8	11	42.47
Jackson	*	*	*
Jefferson	144	120	29.05
Jefferson Davis	9	9	32.48
Lafayette	52	39	15.41
Lafourche	*	*	*
LaSalle	0	0	0
Lincoln	*	*	*
Livingston	44	52	34.44
Madison	*	0	0
Morehouse	*	*	*

Area	Deaths by Location	Deaths by Residence	Age-Adjusted Rates (Residence)
Natchitoches	7	8	31.42
Orleans	17	20	5.54
Ouachita	17	14	9.65
Plaquemines	8	8	34.1
Pointe Coupee	*	*	*
Rapides	47	48	43.73
Red River	0	0	0
Richland	*	*	*
Sabine	*	*	*
St. Bernard	14	15	34.01
St. Charles	5	7	12.55
St. Helena	0	0	0
St. James	0	0	0
St. John the Baptist	7	9	25.63
St. Landry	11	9	12.15
St. Martin	8	10	21.87
St. Mary	13	12	29.47
St. Tammany	82	75	28.56
Tangipahoa	42	43	32.99
Tensas	0	0	0
Terrebonne	10	10	10.26
Union	*	*	*
Vermilion	9	8	15.86
Vernon	*	*	*
Washington	23	21	45.66
Webster	0	0	0
West Baton Rouge	10	5	17.67
West Carroll	0	0	0
West Feliciana	8	6	35

Source: Louisiana Electronic Event Recording System, extracted from the Louisiana Opioid Data and Surveillance System

APPENDIX C – Opioid Prescription Data

APPENDIX C. Opioid Prescriptions Dispensed by Parish — Louisiana, 2024 (counts and rates per 100 residents)

Area	Count	Percent change from 2016	Percent change from 2023	Rate per 100
Acadia	45,923	-40.71	-4.17	81
Allen	19,092	-39.03	-2.23	84
Ascension	80,285	-35.63	-3.47	60
Assumption	12,540	-40.41	-6.21	62
Avoyelles	33,394	-45.66	-1.47	87
Beauregard	25,278	-40.63	-2.36	68
Bienville	10,010	-41.42	-4.79	80
Bossier	85,841	-34.75	-3.09	65
Caddo	165,231	-40.21	-3.21	73
Calcasieu	122,912	-45.06	-3.19	59
Caldwell	10,646	-35.89	-1.08	113
Cameron	1,366	-50.05	-2.77	29
Catahoula	7,800	-45.4	-4.57	94
Claiborne	12,980	-35.6	-6.74	95
Concordia	10,905	-42.44	-9.49	61
DeSoto	20,633	-32.93	-1.29	75
East Baton Rouge	247,916	-38.9	-2.54	54
East Carroll	5,998	-24.68	3.27	87
East Feliciana	17,134	-36.85	-2.51	89
Evangeline	39,473	-42.29	-4.2	124
Franklin	16,356	-37.98	-4.94	85
Grant	17,628	-43.34	-5.33	79
Iberia	51,628	-35.86	-1.76	76
Iberville	24,527	-39.32	-1.29	82
Jackson	9,932	-44.89	-2.88	67
Jefferson	249,792	-45.79	-4.37	58
Jefferson Davis	20,602	-48.12	-4.58	65
Lafayette	148,920	-35.63	-2.81	58
Lafourche	52,288	-46.92	-2.13	54
Lincoln	23,860	-46.55	-3.16	49
Livingston	102,406	-42.82	-3.65	66
Madison	4,792	-43.59	-3.35	52

Area	Count	Percent change from 2016	Percent change from 2023	Rate per 100
Morehouse	21,449	-40.55	-8.02	90
Natchitoches	27,939	-36.51	2.08	77
Orleans	164,351	-45.48	-4.51	45
Ouachita	102,901	-42.6	-4.11	65
Plaquemines	13,368	-42.71	-3.67	59
Pointe Coupee	16,947	-36.65	-4.87	85
Rapides	106,654	-47.09	-3.48	84
Red River	8,220	-30.81	0.81	113
Richland	19,571	-27.87	-3.03	99
Sabine	21,190	-24.93	-1.47	97
St. Bernard	29,755	-51.46	-1.08	66
St. Charles	28,989	-44.06	-5.48	57
St. Helena	6,962	-36.12	-6.72	64
St. James	15,240	-40.11	13.99	79
St. John the Baptist	32,943	-40.65	-0.69	82
St. Landry	85,299	-39.08	-6.39	105
St. Martin	35,954	-34.59	-1.46	70
St. Mary	35,431	-46.44	-2.31	75
St. Tammany	189,277	-35.72	-3.42	68
Tangipahoa	119,206	-36.66	-4.16	85
Tensas	3,086	-32.38	2.29	80
Terrebonne	77,257	-40.95	0.11	74
Union	18,493	-41.35	-4.21	89
Vermilion	38,576	-38.8	-2.71	66
Vernon	28,413	-42.76	-4.29	62
Washington	43,749	-38.59	-7.36	97
Webster	33,314	-38.64	-5.94	94
West Baton Rouge	17,471	-37.76	-1.49	61
West Carroll	8,778	-38.76	23.82	94
West Feliciana	7,727	-31.31	-2.49	50
Winn	9,080	-47.52	-6.41	67
Louisiana	3,079,309	-40.86	-3.31	66

Source: Louisiana Prescription Monitoring Program of the Louisiana Board of Pharmacy, extracted from the Louisiana Opioid Data and Surveillance System

APPENDIX D – Education Trainings July 1, 2024 to June 30, 2025

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
Digital Therapeutics (DTx) - Selecting and Implementing Digital Therapeutics (DTx) in Care Delivery	7/9/2024	111	LaSOR Grant	<ul style="list-style-type: none"> • Select evidence-based digital therapeutics to enhance patient care, including for conditions such as OUD and SUD. • Effectively integrate digital therapeutics into their workflow and build organizational capacity. • Evaluate if and how digital tools are improving patient outcomes. 	Dr. Renae Beaumont, PhD	Virtual
Project ECHO: Simplified Treatment of Hepatitis C in Primary Care or Addiction Treatment Settings	7/11/2024	23	LaSOR Grant	Provider training and case consultation	Dr. Elisabeth Fowlie Mock, MD, MPH	Virtual
Project ECHO: Louisiana State Opioid Response (LaSOR) Project with LSUHSC-NO	7/18/2024	35	LaSOR Grant	Provider training and case consultation	Adam D'Arensbourg, QAM LPC; Michelle Hamrick LCSW BACS	Virtual
LaSOR Learning Community Session: 988 Crisis Lifeline	7/30/2024	35	LaSOR Grant	Learn the steps and process of linking with resources once you dial 988	Robyn Thomas, PhD, MA, LPC, LMFT, NCC	Virtual
Project ECHO: Buprenorphine Micro-inductions	8/1/2024	29	LaSOR Grant	Provider training and case consultation	Dr. Troy Davis, MD	Virtual
Digital Therapeutics (DTx) - Case Examples of DTx and Panel Discussion	8/6/2024	120	LaSOR Grant	<ul style="list-style-type: none"> • Evaluate pros and cons of DTx implementation by assessing DTx's impact on healthcare, considering benefits and drawbacks. • Showcase potential applications using DTx to improve research and patient monitoring • Identify areas for DTx improvement, barriers, shortcomings and challenges in DTx implementation. • Evaluate strategies for DTx improvement 	Eliane Boucher, PhD Jessilyn Dunn, PhD Jordan Glenn, PhD	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				for overcoming barriers to DTx adoption		
Project ECHO: Principles of Care For Young Adults With Co-Occurring Psychiatric and Substance Use Disorders	8/15/2024	26	LaSOR Grant	Provider training and case consultation	Dr. Lee Michals, MD	Virtual
Project ECHO: Buprenorphine Treatment for SUD in Pregnancy	8/22/2024	38	LaSOR Grant	Provider training and case consultation	Dominick Trombetta, PharmD, BCPS, BCGP	Virtual
Behavioral Health Symposium: Together We Will Erase the Stigma, Build Resilience, Embrace Authenticity	9/9-11/2024	309	Mental Health Block Grant/LaSOR Grant	Aims to deepen understanding of opioid use and abuse, empowering attendees with essential knowledge to manage the crisis effectively	Multiple Presenters	Crowne Plaza Baton Rouge, LA
Behavioral Health Symposium: "Benefits of Peer Support Specialists on Higher Education Campuses"	2/27/2025	201	Mental Health Block Grant	Understand the value and benefits of Peer Support Services bring to serving students on college campuses who are struggling with emotional distress or living with behavioral health conditions	Annette Newton-Baldwin MA, LPC, LMFT Dr. Chandra Hall Tonja Myles	In-Person
LaSOR Learning Community Session: Creating a Path to Support	4/27/2025	51	LaSOR Grant	Learn tips and pitfalls of creating support and up-to-date resources for clients needing behavioral health services	Ann-Kathryn Cummings	Virtual
SPF Application for Prevention Success Training (SAPST)	5/5-7/2025	26	Substance Abuse Block Grant	Develop the basic knowledge and skills needed by substance misuse prevention practitioners to plan, implement, and evaluate effective, data-driven programs and practices that reduce behavioral health disparities and improve wellness	Dr. Reginald Browhow, LMSW Dr. Murelle Harrison Paula Carreiro Shelley J. Lee	Virtual
Behavioral Health Symposium: Moving 988 Forward in Louisiana	5/8/2025	283	Mental Health Block Grant	Increase awareness about the vital role mental health plays in our overall health and well-being and provide resources and information to support individuals and communities who may	Robyn Thomas, PhD, MA, LPC, LMFT, NCC Don Pledger, MS LaVondra Dobbs	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				need mental health support		
LCPR Annual Conference/CADCA Mid-Year	5/12-14/2025	110	Substance Abuse Block Grant	<ul style="list-style-type: none"> • Drug Trends • SAMHSA & Drug Free Communities Grant Writing • CADCA's 7 Strategies • Coalition Building • Social Media & Prevention Messaging • Vaping • Sustainability 	George Singletary, MD, MPH	Virtual
2025 LaHEC Annual Professional Development Summit	5/21-22/2025	175	Substance Abuse Block Grant	Sessions on topics from understanding the interconnectedness of substance use, mental health, and student success to cultivating a culture of prevention and its urgency to leveraging community relationships to partner with local higher education institutions to mental health of college students to hazing prevention	Multiple presenters	2300 Sycamore Street, Monroe, LA 71201
Community Opioid Symposium: Engaging and Treating Youth with Opioid Use Disorder	5/20/2025	199	LaSOR Grant	<ul style="list-style-type: none"> • Describe how the opioid overdose epidemic impacts youth • Discuss the evidence for medication treatment for youth with opioid use disorder • Identify two strategies to decrease overdoes risk among youth • Explain the barriers and facilitators to accessing treatment for youth with opioid use disorder 	Multiple presenters	In person
Community Opioid Symposium: School Naloxone Opioid Overdose Training	6/11/2025	139	LaSOR Grant	<ul style="list-style-type: none"> • Identify the need for an opioid overdose school emergency planning and preparedness. • Recognize the signs and symptoms of an opioid overdose. • Identify the steps to respond to an 	Safia Mohiuddin MD, MPH	Virtual

Title	Date	Attendees	Funding Source	Purpose	Presenter	Location
				<p>overdose.</p> <ul style="list-style-type: none"> Recognize additional youth prevention resources. 		
<p>Community Healing Summit - Florida Parishes Human Services Authority</p>	6/20/2025	50	LaSOR Grant	<p>Remembering those we have lost to fentanyl, supporting grieving families, and raising awareness about the dangers of this deadly drug</p>	Multiple Presenters	<p>In-Person LPSO Training Facility 29384 Woodside Drive Walker, LA 70785</p>
<p>Behavioral Health Symposium: Advancing a Comprehensive Approach to Prevention to Meet the Moment</p>	6/30/2025	175	Mental Health Block Grant	<ul style="list-style-type: none"> Characterize the current landscape of substance use in the nation. Describe the importance of prevention in the context of today's drug threats and its role within the continuum of care. Examine how established and emerging prevention strategies can be utilized to address the ever-changing drug landscape. Present a rationale for a comprehensive prevention strategy. 	Christopher M. Jones, PharmD, DrPH, MPH	Virtual
TOTAL	2,135	19	LaSOR 3.0 Grant	Provider training and case consultation	George Singletary, MD, MPH	Virtual

APPENDIX E – 2025 Louisiana Medicaid Naloxone Distribution by Parish

Parish of Residence	Naloxone Prescriptions Standing Order	Naloxone Prescriptions Non-standing Order	Total
Acadia	-	264	264
Allen	-	63	63
Ascension	-	201	201
Assumption	-	32	32
Avoyelles	-	243	243
Beauregard	-	53	53
Bienville	-	18	18
Bossier	-	95	95
Caddo	-	299	299
Calcasieu	1	364	365
Caldwell	-	25	25
Cameron	-	7	7
Catahoula	-	22	22
Claiborne	-	9	9
Concordia	-	39	39
Desoto	-	31	31
East Baton Rouge	1	929	930
East Carroll	-	16	16
East Feliciana	-	45	45
Evangeline	-	119	119
Franklin	-	46	46
Grant	-	81	81
Iberia	-	240	240
Iberville	-	93	93
Jackson	-	27	27
Jefferson	1	1,389	1,390
Jefferson Davis	-	101	101
Lafayette	-	682	682
Lafourche	-	208	208
LaSalle	-	34	34
Lincoln	-	45	45
Livingston	-	459	459
Madison	-	18	18
Morehouse	-	76	76
Natchitoches	-	55	55
Orleans	-	1,495	1,495
Ouachita	-	495	495
Plaquemines	-	59	59
Pointe Coupe	-	52	52

Parish of Residence	Naloxone Prescriptions Standing Order	Naloxone Prescriptions Non-standing Order	Total
Rapides	-	615	615
Red River	-	8	8
Richland	-	28	28
Sabine	-	38	38
St. Bernard	1	358	359
St. Charles	-	155	155
St. Helena	-	20	20
St. James	-	30	30
St. John	-	120	120
St. Landry	-	291	291
St. Martin	-	118	118
St. Tammany	2	923	925
St. Mary	-	133	133
Tangipahoa	1	430	431
Tensas	-	12	12
Terrebonne	3	348	351
Union	-	42	42
Vermilion	-	196	196
Vernon	-	115	115
Washington	-	285	285
Webster	-	35	35
West Baton Rouge	-	43	43
West Carroll	-	38	38
West Feliciana	-	12	12
Winn	-	34	34
State	10	12,956	12,966
Out-of-State	-	15	15
Total	10	12,971	12,981

Notes:

1) Data was pulled from Medicaid pharmacy claims with HICL seq no. 001874 for naloxone dispensed between July 1, 2024, and June 30, 2025.

2) Standing orders were naloxone prescribed by Dr. Shantel Herbert-Magee and non-standing orders were prescribed by other prescribers.

3) Naloxone prescriptions are counts of Louisiana Medicaid pharmacy claim records only.

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