

HOPE Advisory Council
July 10, 2025
9:00 AM to 11:00 AM
Bienville Building: Room 118
628 N. 4th St.
Baton Rouge, LA 70802
***In-Person Only**

1. Call to Order at 9:02am.

2. Roll Call

Present:

Dr. Vanessa de la Cruz
Lt. William Bosworth
Shelley Edgerton
Dr. Jason Picard
Susan Dupont
Judge Juan Pickett

Absent:

Sen. Regina Barrow
Troy Prevot
Etrena Gerard
Dr. Allison Smith
Crystal Lewis
Ronald Callegari

- A quorum was reached, meeting minutes and agenda items were approved.

3. Introduction/Welcome Members

- a. Susan Dupont introduced as a new member. Previous member Mr. Michael Comeaux has retired.

4. Review and Approval of July 10, 2025 Agenda – Dr. de la Cruz made a motion to approve meeting agenda and Shelley Edgerton seconded. There was no objection, July agenda approved.

5. Review and Approval of April 2025 Minutes – Dr. de la Cruz made a motion to approve April 2025 minutes and Shelley Edgerton seconded. There was no objection, April minutes approved.

6. Presentations:

- a. Dr. Mishka Terplan, Medical Director of the Friends Research Institute and Substance Use Warmline Clinician for University of California San Francisco (UCSF), presented on substance use disorder (SUD) and pregnancy. Drug use is common; not all users develop addiction. It is continued use and dependence that results in a SUD.

Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) and March of Dimes data reported 67% of women used over the counter pain relievers during pregnancy. Data from

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the 2020 Pregnancy-Associated Mortality Review Report confirmed 82 pregnancy-associated deaths. It is important for OBGYNs to optimize maternal care.

We need to review 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.

Treatment for SUD during pregnancy is rare; stigma and fear of child welfare involvement are significant barriers. Punitive policies worsen outcomes: higher rates of neonatal abstinence syndrome, low birth weight, preterm delivery, and less prenatal care, without improving birth outcomes.

- b. 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 US Food and Drug Administration (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 US Drug Enforcement Agency (DEA).

Kratom is associated with acute adverse effects as well as dependence with chronic use.

Poison Center Data (2011-2017) mentions the following acute effects:

Agitation/irritability – 23%

Tachycardia – 21%

Nausea – 15%

Drowsiness/lethargy – 14%

Vomiting – 13%

Confusion – 11%

Hypertension – 10%

Seizures (single or multiple) – 10%

Tremor – 7%

Abdominal pain – 7%

Dizziness – 5%

Hallucinations – 5%

Kratom products can be purchased widely in the US. In a 2023 survey of 520 US tobacco specialty stores, 72% reported selling kratom products (80% in the 46 states and territories without kratom bans).

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Statewide Ban Effective August 1, 2025: Louisiana has enacted a statewide ban on the possession and distribution of kratom, which will go into effect on August 1, 2025. Senate Bill 154 (Act 41): Governor Jeff Landry signed this bill into law on June 4, 2025, formalizing the ban.

- c. Carrie Templeton presented on the new Project M.O.M initiative. She serves as the SWLA Opioid Coordinator for Imperial Calcasieu Human Services Authority. She introduced Project M.O.M. to the HOPE Council.

Overdose is the leading cause of pregnancy-associated death in Louisiana (34% of such deaths in 2020). Low practitioner comfort with prescribing medications for opioid use disorder (MOUD) to pregnant/postpartum patients.

Vision: 80% reduction in opioid overdose deaths among pregnant and postpartum women in three years. The mission of Project M.O.M is to improve care and coordination for pregnant women with substance use disorder through policy, partnership, peer support, and practice transformation.

Goals:

1. Advance cross-agency collaboration.
2. Improve access to and coordination of prenatal and postpartum care.
3. Reduce stigma and improve access to and treatment for substance use disorder (SUD).
4. Increase patient engagement and retention in treatment programs.

There is a focus on cross-agency collaboration, reducing stigma, and improving access to care, engaging as well as retaining patients in treatment.

Collaborative initiatives: Safe Births Initiative, Bridge and Ally Initiatives, specialized family medicine partnerships, naloxone distribution, and support programs.

More information can be found at <https://ldh.la.gov/page/project-mom>.

7. General Updates

a. Office of Behavioral Health

- Ann Darling presented on the Louisiana Crisis Response System (LA-CRS). She is the Director of Community Integration Best Practices in the Office of Behavioral Health (OBH). The launch of LA-CRS provides new community-based crisis services and reduces coercive, restrictive interventions. The new crisis services are designed to offer safer crisis care. There is an emphasis on early, voluntary, local care with minimal law enforcement involvement.

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Crisis care is individualized and person-centered. Historically, this type of care can be potentially harmful when defaulted to a higher level. The best response is to resolve the crisis and the individual can remain in the community, rather than the emergency department.

988 is the national level implementation, which was launched around the same time as LA-CRS. For individuals having a tough day, feeling stressed, anxious, depressed, or having thoughts of suicide, they are able to communicate with a helpline specialist by calling, texting 988, or chat at 988lifeline.org/chat. It is free, confidential, and available 24/7. For more information visit www.louisiana988.org.

OBH has a partnership with LSU Health in which providers are trained to handle crisis. OBH and LSU are able to identify workforce, implement a training curriculum and ongoing coaching to ensure appropriate execution of crisis services.

The LA-CRS expands the array of response options for a person in crisis. For more information about the LA-CRS, visit: <https://ldh.la.gov/crisis>.

- Mary Beth Campbell presented along with Milo Malone – Statewide Syringe Service Program Monitor and Aaron Elkins – Statewide Harm Reduction Distribution Hub Monitor. They shared information on compassionate overdose responses.

A few Key Concepts and Definitions:

Opioids refer to substances that bind to the brain's opioid receptors (e.g., fentanyl, hydrocodone).

An opioid overdose occurs when a person has too much of an opioid in their system, leading to the brain losing the ability to maintain normal bodily functions (ex. breathing).

General flow of an opioid overdose:

Brain is overwhelmed > person stops breathing > lack of oxygen reaches the brain

Signs of an opioid overdose:

Blue/gray lips and fingernails/pale or ashy skin; unresponsive to voice or touch; slowed, stopped, or irregular breathing; gurgling or snoring sound (ex. death rattle); cold, clammy skin.

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Depressant overdose (OD) occurs when an excess of depressants—like opioids—compromises the brain’s ability to maintain vital bodily functions (most notably, breathing).

Harm reduction is a strategy to minimize the negative effects associated with drug use.

Compassionate overdose response focuses on restoration of breathing, reduction of withdrawal symptoms, and provision of post-overdose care, rather than punitive or solely medicalized intervention. Subsequent expansion of access legislation (Good Samaritan law, standing orders, OTC approval).

Naloxone, commonly known by the brand name Narcan, is a medication used to rapidly reverse opioid overdoses. It works as an opioid antagonist and can be administered via injection or as a nasal spray. Naloxone is a critical tool in overdose prevention. It was developed in 1961; FDA approved in 1971 for medical use.

The Office of Public Health (OPH) STI/HIV/Hepatitis Program (SHHP) Statewide Harm Reduction Distribution Hub, from December 2022–May 2025 distributed more than 180,000 Narcan kits statewide via 67 active sites. The goal is Naloxone saturation, which is achieved when there is both sustainable and equitable access to naloxone distribution to people who use drugs as well as others who might respond to an overdose like community members, family, and harm reductionists. LDH has a naloxone saturation plan with the 67 participating sites.

Standard Dosing vs. High Dose:

In the United States, the standard nasal doses are 0.4 mg/mL IM, 3-4 mg/mL intranasal. High-dose products (e.g., 8mg Kloxxado) are more expensive, can cause more pronounced withdrawal, and are not more effective than standard dosing in most overdose reversals. Most overdose reversals are achieved with 1-2 standard doses and higher doses mainly increase side effects.

The Compassionate approach:

- Focus on restoring breathing, not just regaining consciousness.
- Prioritize rescue breaths, delay additional naloxone doses for at least 3 minutes, and stop administration once breathing resumes.
- Aftercare should include reassurance, orienting the patient, and nonjudgmental support—avoid immediate confrontation or treatment referrals.

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Consequences of High-Dose Naloxone and Misinformation:

- Withdrawal risk: High-dose products substantially increase risk and severity of withdrawal, which can decrease long-term survival as individuals may return to use immediately.
- No proven advantage: Studies show no statistically significant difference in survival between high and standard dose naloxone products.
- Unintended effects: Fear, stigma, and misinformation (about fentanyl exposure or reversal “failure”) can deter both overdose response and seeking help.

Overall, a compassionate, community-based overdose response—centered on breathing and supportive aftercare—is most effective at reducing harm and promoting recovery. Naloxone access remains a cornerstone, but higher doses are not routinely necessary and may be counterproductive. Prioritizing training, education, and non-punitive engagement saves lives and upholds dignity for people who use drugs.

- b. Community Impact Group – A new lead for the Community Impact Group is needed. Anyone interested in leading Community Impact Group, send inquiries to Dr. Vanessa de la Cruz or HOPE@LA.GOV.
- c. Healthcare Impact Group – Dr. Jose Calderon-Addo discussed updates and interests from the Healthcare Impact Group. The Impact Group met May 16, 2025. Representatives from the LDH’s Pharmacy were present and shared data on the number of LAI BUP used in the state. About 3,700 Medicaid recipients received LAI buprenorphine in 2024 and over 15,000 received oral buprenorphine without transitioning to LAI—indicating a potential opportunity for expanded use.

The group discussed barriers to expanded use of LAI BUP including:

- Pharmacy and distributor’s caps on the number of controlled substances they hold at the point of sale. Pharmacies count BUP among other controlled substances thus limiting availability.
- Patient’s misgivings about injectables.
- Lack of access to providers who give the injection.
- Current single PDL is outdated and does not reflect new dosing recommendations for Sublocade.

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The next steps for the Healthcare Impact Group

The discussion will transfer to the Louisiana Managed Medicaid Association (LMMA) meeting. Dr. Calderon will share with other MCO's a request to LDH's Pharmacy and Therapeutics committee to update Sublocade reflecting current guidelines, as well as continue the discussion about BUP expansion.

- d. Public Safety Impact Group – Met on April 29, 2025. Shelley Edgerton and the Public Safety Impact Group are still advocating to address stigma of peer support specialists and the criminal justice system. Peer support is recognized as an evidence based practice. Peer support specialist are tax paying individuals, who are in recovery. Lastly, they work very well with incarcerated clients and build engagement. The next meeting is July 29, 2025. They are looking to explore partnerships with the Department of Education for drug use prevention and Louisiana's youth.
 - e. Other Updates
8. HOPE 2024 Year End Report Update – Report is finalized and being reviewed by BMAC and legislative review.
 9. Public Comments – Fletcher H mentioned Kratom is a drug of concern and common in Louisiana's specialty courts.
 10. Discussion and Next Steps
 - a. Impact Workgroups: HOPE@LA.GOV
 - b. Next Meeting: Thursday, October 9th 9:00 - 11:00 am
Location: Bienville Building Room 118
 11. Adjourn – Motion to adjourn made by Dr. de la Cruz.