

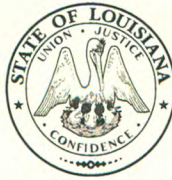


Louisiana's Opioid Response Plan

A Roadmap to Decreasing the Effects of the Opioid Epidemic

*Forever altering the choice of those at risk of or who suffer
from the disease of addiction in the State of Louisiana*

**Prepared by:
Louisiana Department of Health
Opioid Steering Committee**



State of Louisiana
Louisiana Department of Health
Office of the Secretary

Dear Fellow Louisianians:

We are pleased to present Louisiana's Opioid Response Plan, which is a comprehensive and strategic approach to addressing the opioid crisis afflicting our state. This public health epidemic impacts not only healthcare and emergency services, but affects people in every corner of our state. Each life lost has a ripple effect and devastates families, friends and more. This is a problem for all of us and we all have an opportunity to make a difference.

The effects of opioids do not discriminate on the basis of age, race, or socioeconomic status, making this a crisis that can touch anyone. In 2018 alone we saw more than 450 opioid-involved deaths among Louisianians, an increase of 184% since 2012. Opioids affect all of us.

From prescription painkillers like OxyContin and hydrocodone, to illicit drugs like heroin and fentanyl, these substances are proliferating on our streets and in our medicine cabinets. We must do more to keep these substances out of the hands of those we love.

This robust action plan details the initiatives, campaigns, and endeavors currently underway –including laws, regulations, policies, and guidelines supporting and defining our mission to eradicate opioid misuse in Louisiana. Working together, armed with widespread public education, aggressive prevention campaigns, recovery support services, and quality treatment services, we can transform the lives of our fellow citizens afflicted by the opioid epidemic. We must work together to build a stronger and healthier Louisiana.

Sincerely,

A handwritten signature in black ink, appearing to read "John Bel Edwards".

John Bel Edwards
Governor

A handwritten signature in black ink, appearing to read "Rebekah E. Gee".

Rebekah E. Gee, MD, MPH
Secretary, Louisiana Department of Health

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Executive Summary

Many states across the country are being profoundly affected by the opioid epidemic, which has been described as the most fatal drug crisis on record in United States history.¹ Louisiana is no exception. Between 2014 and 2018, Louisiana experienced a 49% increase in drug-involved deaths.² The number of opioid-involved deaths in Louisiana was 184% times higher in 2018 than in 2012². Additionally, in Louisiana the opioid prescription rate reached a high of 123 per 100 people in 2013.³

Recognizing this rapid escalation in the opioid prescription rate and the drug overdose rate as a public health epidemic, Louisiana moved quickly to address this challenge, implementing massive efforts to impact prevention, treatment, recovery and surveillance services.

Under the leadership of Governor John Bel Edwards and Dr. Rebekah Gee, Secretary of the Louisiana Department of Health (LDH), the Department has identified five pillars upon which to build the state's response to the opioid epidemic. In order to achieve the most immediate impact on addiction and overdose, the state committed to:

- Improve data analytics and surveillance;
- Widespread education and awareness through prevention activities;
- Enhance intervention and rescue activities, including increased accessibility of naloxone;
- Increase quality of and access to treatment; and,
- Effective recovery support services.

Furthering the commitment to provide statewide prevention, treatment and recovery services and to pursue enhanced data collection and surveillance activities, LDH secured federal funds targeting the epidemic. These federal grants have provided the foundation for the immediate and extensive efforts directed at addressing and ultimately eliminating the opioid epidemic in Louisiana, and have greatly increased the depth and breadth of the state's response to this epidemic.

The state has an aggressive action plan to eradicate the opioid epidemic and describes in detail below the initiatives, campaigns and endeavors currently underway and planned in furtherance of our mission. Also detailed below are the laws, regulations, policies and guidelines that support and define this mission and that guide the unfaltering efforts of those at LDH who are charged with this task.

¹ <https://www.whitehouse.gov/opioids/>

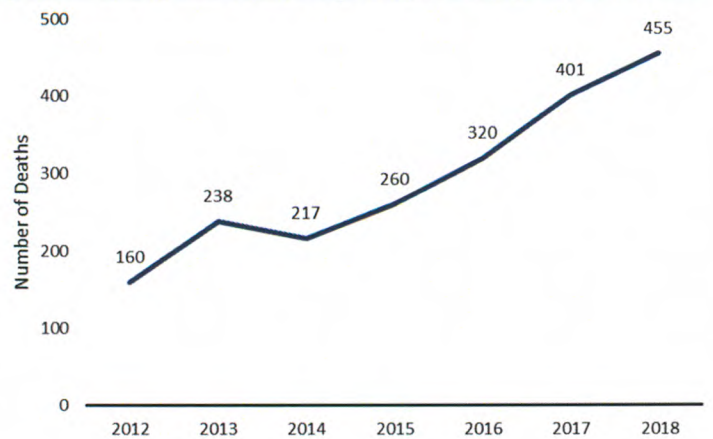
² Louisiana Electronic Event Records System, OPH Bureau of Vital Records

³ Prescription Monitoring Program, Louisiana Board of Pharmacy

Background: The Numbers are Staggering

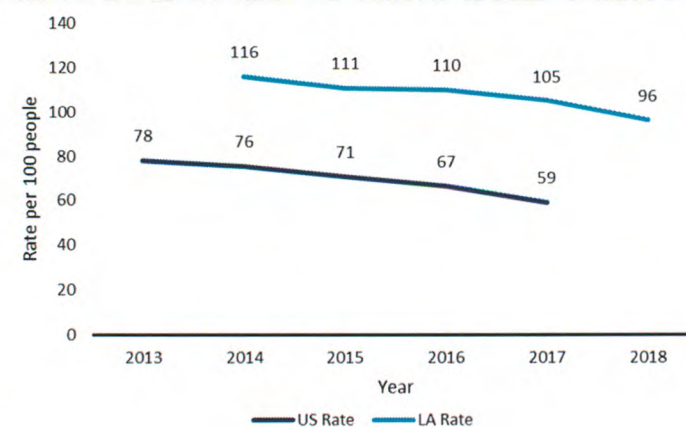
Between 2012 and 2018, the number of overdose deaths involving opioids almost tripled in Louisiana. In 2018, more than 450 Louisianans died of opioid-involved overdoses, a 13.5% increase from 2017, the highest number of opioid-related deaths on record in Louisiana. Provisional national data for 2018 project an overall decrease in opioid-involved deaths; however, Louisiana's numbers display a clear increase.⁴

Opioid-involved* deaths occurring in Louisiana, 2012-2018⁵



The opioid prescription rate began decreasing in 2014 and dropped to fewer than 96 opioid prescriptions per 100 residents in 2018, still a very high number. According to the most recent data available from the Centers for Disease Control and Prevention (CDC), Louisiana ranked 5th in the nation for opioid prescribing rates, and has consistently prescribed well above average.

Opioid prescription rate per population—Louisiana & United States, 2013-2018⁶



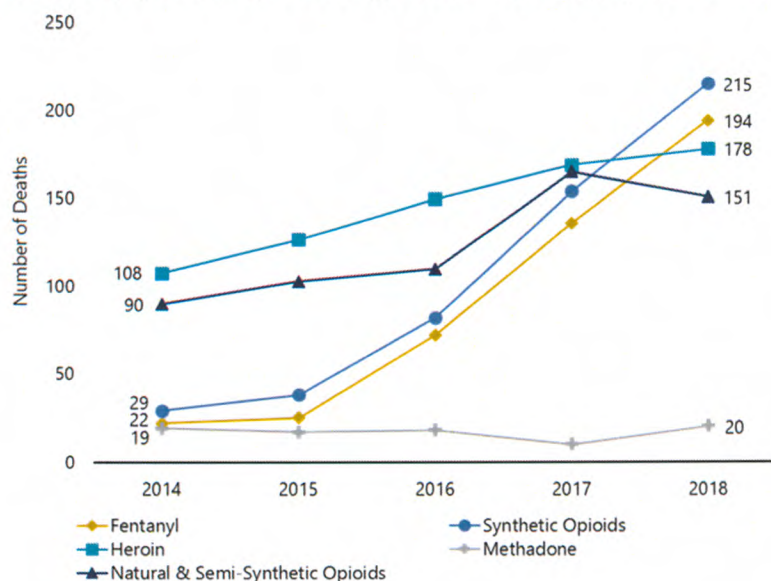
⁴ Louisiana Electronic Event Records System, OPH Bureau of Vital Records

⁵ Louisiana Opioid Surveillance Initiative: Bureau of Health Informatics, 2019

⁶ Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy

Prescriptions are not, however, the only issue contributing to the opioid epidemic in Louisiana. Deaths related to prescription opioids (i.e., natural and semi-synthetic opioids and methadone) have decreased from 2017 to 2018 while deaths involving heroin have continued to increase (65% since 2014). Most significantly, deaths involving synthetic opioids such as fentanyl have increased almost 800% since 2014 and in 2018 surpassed deaths involving any other opioid type.

Deaths by specific opioid drugs used – Louisiana, 2014-2018⁷



Opioid-related hospitalizations in Louisiana increased 33% from 2014 to 2017, but peaked in 2016 with 1,271 visits involving an opioid poisoning. There were more non-heroin opioid-related visits than heroin-related visits. However, heroin-related visits increased 129% from 2014 to 2017 while non-heroin opioid-related visits only increased by 20%.⁸

These data indicate a recent and rapid shift from prescription opioids to illegal opioids, and this change in composition of deaths and hospitalizations must be taken into account when implementing prevention and treatment activities.

The opioid crisis touches everyone. It does not discriminate on the basis of age, race or socio-economic status, and the numbers of fatal and non-fatal overdoses are staggering in Louisiana. While LDH is cognizant of the large number of persons suffering from Opioid Use Disorder (OUD) in Louisiana, we are equally aware of the horrific suffering endured by each individual, family and community affected by OUD, which is what motivates our efforts on a daily basis.

⁷ Louisiana Electronic Event Records System, OPH Bureau of Vital Records

⁸ Louisiana Hospital Inpatient Discharge Database, OPH Bureau of Health Informatics

Collaborative Efforts: The Epidemic Demands a Response

LDH, through its organizational makeup, is in a unique position to address the opioid epidemic from multiple angles, all under the purview of a single state agency, but with acute awareness of the need to collaborate across agency lines and systems and branches of government.

The Louisiana Legislature adopted a number of vital pieces of legislation over the last several years directed at addressing the opioid problems in our state. In 2016, the Legislature created the Louisiana Commission on Preventing Opioid Abuse to study and make recommendations regarding both short- and long-term measures to tackle prescription opioid and heroin abuse, as well as addiction in Louisiana using the best practices and evidence-based strategies for prevention, treatment and enforcement. The commission was assigned to the Louisiana Department of Health and Hospitals (now the Louisiana Department of Health/LDH) and produced a report addressing the causes of the opioid epidemic, prescribing patterns in Louisiana, alternatives to opioids, data sharing, improving access to care for pregnant women, public education, alternatives to incarceration and prescriber education.⁹

In 2017, based on the findings of the Commission on Preventing Opioid Abuse, the Louisiana Legislature recognized the need for better data and data coordination and created the Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council) within the Governor's Drug Policy Board. The HOPE Council is responsible for organizing an interagency response from state government and producing data on the opioid epidemic in Louisiana. The HOPE Council is chaired by LDH and serves in an advisory capacity to the Governor's Drug Policy Board.

The chairmanship of the HOPE Council strategically situated within LDH provides an opportunity to interface, collaborate and partner with Louisiana's Office of Behavioral Health (OBH), Office of Public Health (OPH) and the Medicaid Service Division, and other non-departmental stakeholders and agencies on this massive effort to affect positive change in our state in the area of opioid overdose.

LDH has also sought out national and local experts to provide research and recommendations to the state and has turned to those people most affected by and familiar with the devastating effects of the opioid epidemic for their feedback: the citizens of the State of Louisiana. Public forums were sponsored by OBH along with Local Governing Entities (LGEs) and OPH, in Hammond on May 31, 2018; Lake Charles on June 5, 2018; Monroe on July 11, 2018, and an all-day meeting was held in Baton Rouge on October 5, 2018.

A state-wide three-member expert panel of physicians, with technical assistance from the Bloomberg American Health Initiative at Johns Hopkins University, reviewed information gathered from the public forums and a web-based public comment period and released a report titled "Recommendations for Addressing the Opioid Epidemic in Louisiana." The expert panel recommendations include specific, actionable steps and suggested measures to monitor improvement; call for improving access to non-opioid treatments for pain and expanding access

⁹ <http://ldh.la.gov/assets/docs/BehavioralHealth/Opioids/LCPOAFinalReportPkg20170331.pdf>

to effective treatment; establishing a quality improvement system for treatment providers; treating addiction as a chronic illness; expanding the use of peer recovery specialists; and investing in models of care that support women and families. The expert recommendations were released in December 2018 and may be reviewed on the LDH webpage.¹⁰

Louisiana invited The Pew Charitable Trusts to conduct an informal needs assessment consisting of stakeholder engagement, quantitative research and analysis of existing Louisiana policies, and make recommendations based on their findings. The Pew recommendations consist of policy areas grouped by four key components of an effective treatment system: treatment system transformation, SUD workforce, coverage and reimbursement, and underserved populations.¹¹

While presenting enormous social, political and financial challenges in Louisiana, the opioid epidemic has also afforded LDH the opportunity to improve and enhance the interconnection of behavioral health and public health by taking advantage of cross-sector data with regard to Louisiana's opioid crisis, developing multi-agency strategic planning and action on opioids, and providing multi-state learning collaboratives. The Association of State and Territorial Health Officials (ASTHO), a national nonprofit organization dedicated to assisting state agencies in engaging in evidence-based public health practices, is providing leadership support for the collective input model of multi-agency efforts to address the opioid epidemic.

In order to support and advise on the development of specific initiatives under the strategy, LDH has created an internal working group, the Opioid Steering Committee. The Opioid Steering Committee consists of representatives from all LDH agencies with the goal of coordinating response efforts within the Department.

Louisiana's Opioid Response Plan is responsive to expert recommendations and public comments. The plan also incorporates legislative mandates, applies quantitative and qualitative analysis of state opioid-related overdose data, and combines the individual and collective wisdom of state officials in OBH, OPH and Medicaid. Finally, Louisiana's Opioid Response Plan expresses LDH's commitment to end the devastation inflicted on our state by the opioid epidemic.

¹⁰ <http://ldh.la.gov/assets/opioid/OpioidMemoLAExpertPanel.pdf>.

¹¹ http://ldh.la.gov/assets/docs/BehavioralHealth/PEW_Charitable_Trust_Final_Report.pdf

Vision

LDH's mission is to protect and promote health and to ensure access to medical, preventative and rehabilitative services for all people in Louisiana. This has never been more critical than in LDH's response to the opioid epidemic at hand. The vision of Louisiana's Opioid Response Plan is to target the disease of opioid addiction at all levels: socially, emotionally, physically and intellectually, as well as provide a continuum that supports a lifetime of recovery for all those affected by this disease. LDH intends to leverage the intense national, state and local focus on the opioid response as well as benefit all SUD treatment services across the spectrum of addiction. Through widespread public education, aggressive prevention campaigns and quality treatment services, LDH will address this debilitating epidemic transforming lives, families and communities one person at a time.

Louisiana's Opioid Response Plan

"The five-point HHS strategy to end the opioid crisis ... uses the best science and evidence to directly address this public health emergency."

Secretary of Health and Human Services Alex M. Azar II

In development of LDH's Opioid Response Plan, the Department relied heavily on the Health and Human Services (HHS) strategic framework, building upon the five-point strategy to combat the opioid crisis using robust, scientific evidence as its foundation to set forth specific, concrete actions over the next fiscal year and beyond (see graphic below). With a focus on better prevention, treatment, recovery services and data, LDH will improve health, social and economic consequences associated with opioid misuse and addiction.



Goal 1 - A Data-Driven Response: Improve data analytics and surveillance to allow focused response activities

“To ensure that interventions have their intended effect, states are incorporating evaluation into their plans. Evaluation can help demonstrate the impact and value of policies and programs, ensure accountability for resources invested and inform the development of future policies and initiatives.”

National Governors Association Opioid Road Map July 2016

Nationwide, deaths due to opioids are underreported¹² and have great variability in the specificity of how they are recorded across the country. Accurately counting overdose deaths due to a specific drug is a challenge due to the nature of drug overdoses, the frequency of poly-substance overdose deaths and variation in cause of death determination across jurisdictions. Parish coroners operate independently from one another, and there can be variations in the way deaths are classified across parishes. For example, one death may be classified as a fentanyl overdose in one parish, but a similar death in another parish may be classified as “anoxic brain injury secondary to fentanyl.” In cases where multiple drugs were present in toxicology tests it can be difficult to determine which drug caused the death.

In response to the growing crisis of opioid-involved deaths in Louisiana, OPH entered into cooperative agreements with the CDC in 2016 and 2017 that invested \$2.3 million in establishing an opioid surveillance program in LDH. The Louisiana Opioid Surveillance Initiative (LOSI) is charged with measuring the burden of fatal and non-fatal opioid overdoses to understand the scope of the state’s opioid crisis and to evaluate the impact of the Department’s objectives to decrease opioid dependence through prevention, education and treatment.

Established activities of the public health opioid surveillance program include:

- Collecting and analyze data related to fatal overdoses and toxicology/laboratory testing;
- Maintaining the Louisiana Opioid Data and Surveillance System (a publicly-available online tool developed to provide access to health professionals, researchers, and decision makers to understand, analyze and apply data to statewide opioid abuse reduction efforts);
- Disseminating information related to the opioid epidemic through fact sheets, data visualizations, training and educational materials;

¹² <https://time.com/5323377/opioid-overdose-deaths-underreported/>

- Supporting the analytic needs of the Governor’s Drug Policy Board and the HOPE Council;
- Participating in a consortium of states working to improve the timeliness of fatal and non-fatal overdose reporting and analysis; and
- Collaborating with multiple disciplines via organized task forces, work groups and subcommittee memberships.

Action Steps

(A) Analyze opioid-related deaths and potential reasons for variability and underreporting

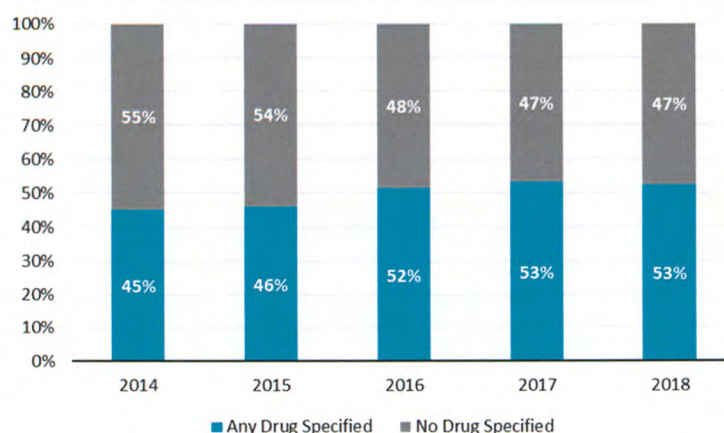
ESTABLISHING THE FOUNDATION

The state’s opioid surveillance program provided measurements of the opioid crisis in Louisiana that tracked a complex and urgent evolution in fatal opioid-involved overdoses. LOSI reports that 2018 recorded deaths due to opioids (455) had doubled in the last five years and quadrupled since 2011 (100). Louisiana is also bearing the national trend of increased fentanyl deaths, with an increase of 41% from 2017 to 2018.¹³

Recent analyses of drug-involved deaths indicate that 47% of deaths had no drug specified. While this has decreased from 55% of drug death records with no substance specified in 2014, the issue remains. A public health surveillance project that collaborated with coroners to clarify the involvement of opioids in multidrug deaths and deaths in which specific drugs are not documented estimates that approximately half of the multidrug or unspecified drug related deaths in Louisiana had an opioid positive in toxicology. This work includes collaboration with each parish coroner’s office on understanding fatal opioid overdoses; for example, comprehensive toxicology testing and results, the review of coroner reports and internal tracking documents shared for any drug-related overdose surveillance. Death records are extracted from the state’s Vital Records database and compared with information received from the coroners to broaden the measurement of the opioid crisis. The goal is to better understand how to improve and maintain systems for an accurate count of opioid-related overdose deaths. This allows for more accurate, data-driven decisions in properly combating the opioid epidemic in Louisiana.

¹³ Louisiana Opioid Surveillance Initiative: Bureau of Health Informatics (2019). Retrieved from http://ldh.la.gov/assets/opioid/Opioid_Death_Fact_Sheet_2019.pdf.

Drug involved deaths with any drug specified vs no drug specified—Louisiana, 2014-2018¹⁴



The population of Louisiana is approximately 4.5 million, with 25% of that population in the Baton Rouge and New Orleans metropolitan areas. While most of Louisiana's 64 parishes have few opioid deaths, there are a number of parishes with a disproportionate burden. Five parishes have substantially higher rates of opioid-related deaths: Jefferson, Orleans, East Baton Rouge, St. Tammany and Washington. According to the most recent data available from the CDC, Louisiana ranked 19th in the country in drug overdose deaths with an age-adjusted rate of 24.5 deaths per 100,000 population. When examining the rates of all drug overdose deaths by parish, almost one-third of the parishes have overdose rates higher than the national average reported by the CDC.

PATH FORWARD

OPH's opioid surveillance program provided a clear charge that halting the opioid crisis requires an even more coordinated, comprehensive and multi-faceted public health approach. Such an approach includes surges in primary prevention efforts, strengthened community engagement, partnerships and clinical expertise. With expanded funding from federal partners, the bureau will continue opioid surveillance projects that comprehensively and quantitatively describe and track the nature of the opioid crisis in Louisiana.

LOSI will continue current activities to measure the impact of fatal opioid overdoses experienced statewide and develop new innovative surveillance projects that will expand the state's ability to make data-driven decisions in treatment and prevention efforts and inform policy change.

- Continue partnering with coroners in all 64 parishes to support coroner investigations by covering the costs of comprehensive toxicology testing for all suspect drug overdose deaths occurring statewide. Copies of the results are shared with the opioid surveillance program, which boosts mortality surveillance for internal analysis and external dissemination.

¹⁴ Louisiana Opioid Surveillance Initiative: Bureau of Health Informatics (2019). Retrieved from http://ldh.la.gov/assets/opioid/Opioid_Death_Fact_Sheet_2019.pdf

- Analyze data extracted from vital records and toxicology tests to create measurement of adulterants or other substances mixed with opioids in drug-related deaths.
- Provide training and resources to coroners in processing death scene investigations and comprehensively completing death records when an opioid was present, including updates to the vital records system that allow for improved reporting of opioid-involved deaths (as provided in 2019 HB 243; see Appendix).
- Explore data-linking projects that seek to understand the relationships between fatal overdoses and other measurements. Examples include linkages to hospital utilization (including SUD and OUD treatment services), prescription drug data, social determinants and social needs, occupational health and injury, and justice-involved individuals.

The goal of Louisiana’s approach to opioid surveillance and primary prevention is the ultimate reduction in fatal and non-fatal opioid overdoses and a continued reduction in the opioid prescribing rate. Through the surveillance activities in LOSI, the state’s public health agency will continue to collect, analyze and disseminate timely and actionable data on opioid use and abuse that will inform targeted and comprehensive LDH response activities. The expanded activities outlined in this section will allow the Department to evaluate the impact of current programming and realign or enhance these programs for measurable results. Data will be accessible to decision makers and health officials who are deploying local programs to reduce addiction and overdoses in their communities.

The online surveillance tool, Louisiana Opioid Data and Surveillance System (LODSS)¹⁵, will continue to be updated on a quarterly cycle to make new summary data available for planning and evaluation, and to provide the public with a general and evolving understand of the state’s opioid crisis. LODSS is also offered in a mobile version, putting data into the hands of users through their smartphone or tablet. New measures, data and graphics are being added to make the site more informative and provide the ability to compare different measures.

In order to better track opioid related overdoses and deaths, the 2019 regular session of the Louisiana Legislature passed Act 423 (HB 243; see Appendix) relative to enhancing data reporting of fatal and non-fatal opioid related overdoses. This effort corresponds with updates to the state Vital Records database that will allow coroners to enter information in the state death record about the presence of an opioid in a drug overdose death. This will reduce the undercounting of opioid-related deaths and allow for a broader definition of the problem in the state.

(B) Disseminate data products to stakeholders and the public to explain and highlight the impact of fatal and non-fatal opioid-related events

ESTABLISHING THE FOUNDATION

LODSS is a tool developed to provide access to health professionals, researchers and decision makers to understand, analyze and apply data to statewide opioid abuse reduction efforts. Its goal is to evaluate the impact of programmatic and policy efforts and track the behavior of what

¹⁵ <https://lodss.ldh.la.gov/>

is now considered a public health epidemic nationwide. The Bureau of Health Informatics (BHI) in OPH is supporting these strategies by leveraging data from multiple internal and external sources to strengthen readiness, capacity building and program development.

Data within this system is interactive, and can be viewed in different formats, such as tables, graphs and maps. The data displays, which have been carefully designed and reviewed by health experts and data specialists, allow various indicators to be explored geographically and over time.

Current topics summarized in LODSS include:

- deaths;
- emergency department visits;
- inpatient discharge claims; and
- prescription drug data.

Each topic includes multiple measurements on poisonings vs. drug-related, multiple types of drugs and rates vs. counts. LODSS was launched in October 2018, in partnership with the Governor's Office, Louisiana Coroners Association, the Louisiana Hospital Association, the Louisiana Board of Pharmacy and the agencies across the Department of Health.

In addition to LODSS, the public health program publishes fact sheets and white papers on opioid-related deaths and prescribing patterns that are added to the agency and Department websites. Data visualizations in these products are used in presentations and publications statewide to summarize and demonstrate the impact of the opioid crisis on the state's population and resources.

LOSI also submits data to the Centers for Disease Prevention and Control on fatal and non-fatal opioid-related overdose events to inform the calculations of national data and comparative trends.

PATH FORWARD

BHI distributes as much relevant summary data as possible so that partners and stakeholders at the state, parish and local levels can target their interventions and programs to the populations and areas with the highest need. Products of these surveillance activities will be included in future LODSS updates, distributed to partners, posted on LDH websites as white papers and fact sheets, and prepared as data visualizations and infographics for easy digestion and sharing by programmatic partners. The data collected and analyzed in this surveillance program will continue to inform targeted outreach by prevention workers and community collaborators and provide guidelines for evaluating the impact of these prevention activities.

The opioid surveillance program will continue to support and expand the online surveillance system and data dissemination products through the appropriate inclusion of summary data on:

- Law enforcement data;
- Drug seizure data;
- Justice-involved individuals' data;

- Overdose reversal drug administration data available through first responders;
- Other drugs co-occurring in opioid-related overdoses, such as stimulants and benzodiazepines;
- Treatment for OUD and the type of treatment being utilized;
- Spikes in overdose events;
- Associations between opioid-related morbidity and mortality with social and environmental factors;
- Conditions associated with the over-prescribing and over-use of prescription opioids and stimulants.

(C) Build a structure of coordination between systems affected by the opioid epidemic that includes shared use of data to create a more focused response to the epidemic

ESTABLISHING THE FOUNDATION

In response to this opioid crisis, the Louisiana Legislature passed Act 88 (HB 490; see Appendix) in 2017, creating the Advisory Council on Heroin and Opioid Prevention and Education (HOPE).¹⁶ The council consists of representatives from government agencies and stakeholders from the private sector. The council serves in an advisory capacity to the Drug Policy Board. The HOPE Council is charged with:

- Establishing an Interagency Heroin and Opioid Coordination Plan;
- Addressing parish-level data on opioid overdoses and the dispensing of overdose-reversal medication;
- Tracking progress of current initiatives in the state relating to the heroin and opioid epidemic;
- Developing lists of specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery modality; and
- Coordinating a central online location to disseminate information and resources relative to the opioid epidemic, including the Interagency Heroin and Opioid Coordination Plan.

The HOPE Council produced an Interagency Heroin and Opioid Coordination Plan, which includes but is not limited to 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 medication-assisted treatment (MAT); prevention; overdose and recovery.

¹⁶ The full report can be found at this link:

<http://ldh.la.gov/assets/docs/BehavioralHealth/HOPE/HOPEendofyear-APPROVED.pdf>

PATH FORWARD

Senate Concurrent Resolution No. 31 of the 2019 Regular Legislative Session identified some limitations with comprehensive data collection. Specifically, the legislation identified data gaps as well as challenges with existing data collection, analysis and reporting related to tracking heroin and opioid use and related consequences. The legislation urges and requests all public entities, private entities that receive state funding, and self-funded agencies that regulate in the interest of the public's safety to promptly respond to all data requests regarding opioid and heroin use prevalence, prevention, education, arrest or adjudication, treatment, overdose prevention, and recovery.

With the sustainment of the HOPE Council through the passage of this legislation, the Council expand its outreach to other entities involved in the statewide opioid response efforts for awareness and potential participation in the council. To this end, the HOPE Council will engage participants and stakeholders in discovery activities aimed at investigating the impact of the opioid crisis in three domains:

- Public safety impact,
- Health/healthcare impact, and
- Community impact.

The objective of these work groups is to discuss and describe the overall impact that opioids have on each respective domain, to identify areas that are currently being addressed and to discover any additional areas for action that can lead to deeper collaboration. These activities are intended to lead to the identification of new data sets and highlight those data elements that are currently unavailable or potentially unattainable. The HOPE Council, working with its stakeholders and other interested parties, will address, as identified, issues with data governance and data sharing with a focus on obtaining data that might help drive state policy, program and service enhancements.

Goal 2- Prevention: Prevent Opioid Addiction through Education, Outreach and Awareness

"Churches, schools, neighborhoods and other gatherings could be avenues for personal education. Perhaps a campaign on IG or Facebook. PSA's on TV?"

Public Comment Survey on the Opioid Crisis, 2018

"Required, meaningful patient/family education by prescriber and dispensing pharmacists, maybe even a five-minute video or something similar that is standard."

Public Comment Survey on the Opioid Crisis, 2018

Information now readily available in the public domain confirms that our country has been flooded with prescription opioids, prescribed in some cases by unsuspecting providers, consumed by unknowing patients and often made easily available to vulnerable family members by uninformed storage and disposal methods.

Only a staggering death toll from prescription and non-prescription opioids has convinced all of us that we must, as a state and a nation, reverse our course. In Louisiana, LDH, in partnership with other state agencies, the state Legislature and local entities, is focused on and committed to that reversal and has taken an intense, multi-faceted approach to the area of prevention.

ACTION STEPS

(A) Increase access to and use of Prescription Monitoring Program by prescribers

In 2013, there were 1.2 opioid prescriptions dispensed for every one resident in Louisiana, the highest rate of the epidemic.¹⁷ This rate has decreased steadily in subsequent years and in 2018 was less than one prescription for every Louisiana resident (96 prescriptions per 100 people). However, the 2017 national data, the most recent complete year available from the CDC, still places Louisiana 5th in the nation for opioid prescribing rates.

Louisiana's Prescription Monitoring Program (PMP) was legislatively mandated and implemented in August 2008 by the Louisiana Board of Pharmacy. The PMP is an electronic system for the

¹⁷Louisiana Prescription Monitoring Program, Louisiana Board of Pharmacy

monitoring of controlled substances and other drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

Non-opioid alternatives for the treatment of pain are becoming increasingly popular in research and in practice. While the literature is sparse, it is widely acknowledged that a significant contributor to opioid-related deaths is prescription opioids for the treatment of pain. Therefore, the importance of alternative methods to treat and manage pain is a major focus in the prevention of opioid addiction.

ESTABLISHING THE FOUNDATION

Since implementation of the PMP in 2008, the Louisiana Legislature has consistently worked to improve the program and has adopted several key measures in furtherance of those efforts. Specifically, state law now provides for the authorization of prescribers and dispensers to appoint delegates for the purpose of retrieving patient reports and accessing program data (Act 110; see Appendix). Additionally, state law now requires the reporting of prescription monitoring information within 24 hours, as opposed to seven days (Act 472; see Appendix).

In 2017 (Act 82; see Appendix), the Louisiana Legislature implemented a seven-day limit on first-time prescriptions of opioids for acute pain, with exemptions for patients with cancer, chronic pain or those receiving palliative care. Act 82 requires prescribers to advise the patient or the parents of a minor of the risk associated with the opioid prescribed and of the option to fill less than the prescribed amount. It also includes a provision for doctors to override the limit when medically necessary, with a notation in the patient's medical record.

More recently, the Legislature mandated reference to the PMP in the initial prescribing of any opioid and if the patient's course of treatment continues for more than 90 days, with exceptions provided by statute. (Act 76; see Appendix). Furthermore, state law (Act 241; see Appendix) requires the automatic issuance of PMP access privileges to all practitioners with prescriptive authority for controlled substances with the exception of veterinarians and provides access to prescription monitoring information in certain circumstances to:

- medical examiners and coroners;
- substance use counselors;
- probation and parole officers;
- judicially supervised specialty courts; and
- individuals, parents, legal guardians, legal healthcare agents, and executors of a will or a court-appointed succession representative of an estate.

Additionally, state law (Act 76; see Appendix) now requires all prescribers licensed by the Louisiana Board of Pharmacy to obtain three continuing education credit hours as a prerequisite

of license renewal. The course shall be in drug diversion training, best practice prescribing of controlled substances and appropriate treatment for addiction.

In 2018, (Act 232; see Appendix) the Legislature amended the PMP law to enable access to program data by epidemiologists with the state health department for public health surveillance purposes and amended the definition of “drugs of concern” to authorize the tracking of certain drugs for public health purposes.

Louisiana Medicaid has implemented several policy regulations addressing prescribing of opioids including:

- Enforcing regulations that prevent prescription duplication and early refills;
- Reliance on the “lock-in” program, which “flags” patients who obtain multiple Schedule II prescriptions from different doctors and are required to use a single prescriber and single pharmacy; and
- Limiting doses of Morphine Equivalent Dosing to 120 mg per day or a seven-day supply, whichever is less, for all Medicaid patients who are considered opioid naïve. (No previous short- or long-acting opioid claim/encounter identified in the prior 90 days; excludes recipients diagnosed with cancer and/or palliative care.)

PATH FORWARD

Most recently, the Louisiana Legislature further expanded the effectiveness of the PMP with the adoption of Act 80 in 2019. This legislation authorizes the Pharmacy Board to provide prescription monitoring information to sister programs in other states, territories, federal districts and federal jurisdictions. The Pharmacy Board is working on interoperability with other state systems, including critical border areas that are served by Texas, Arkansas or Mississippi. In response to these changes, the Department is planning a quantitative legislative impact analysis to look at the data before and after policy changes to measure the impact. The Department supports seamless integration of PMP information in major electronic health records system used by physicians and other prescribers in Louisiana.

(B) Increase professional awareness and education for prevention and treatment of opioid use, misuse and abuse

“Whenever patients are in pain, they have an expectation that the physician will write for an opioid. If the physician doesn't meet the demands of the patient, the patient then submits a bad survey to the hospital which effects reimbursement. Community awareness is needed for understanding that there are other ways to control pain besides the use of opioids.”

Public Comment Survey on the Opioid Crisis, 2018

ESTABLISHING THE FOUNDATION

The Department's current awareness initiative is aimed to educate the public, providers and prescribers on use of naloxone, MAT to treat OUD, and evidence-based recovery support practices. In 2018, the initiative educated 2,426 in the general public, providing training to 104 professionals. To date, this was expanded by educating 7,377 public providers, prescribers and other health care professionals, and direct training of 781 professionals (LMHPs).

PATH FORWARD

The Office of Behavioral Health partners with the Department of Psychiatry and Behavioral Sciences in the Tulane University School of Medicine to implement the Project ECHO Model (Extension for Community Health Outcomes). The ECHO Model is a movement with a mission to develop the capacity to de-monopolize knowledge and amplify the capacity to provide best practice care of underserved people all over the world. Leaders from OBH, OPH and Tulane attended an ECHO Immersion Training at the University of New Mexico to inform Louisiana's implementation of the model.

The ECHO Model develops knowledge and capacity among community providers through:

- Using technology (multipoint videoconferencing and internet) to leverage scarce resources and create knowledge networks that connect a multidisciplinary team of experts through regularly scheduled teleECHO clinics;
- Improving outcomes by reducing variations in process of care and sharing best practices;
- Case-based learning (guided practice through diverse, real-life cases with subject matter experts) to facilitate learning by and create learning loops. Over time, these learning loops create deep knowledge, skill and self-efficacy; and
- Tracking of data (using HIPAA-compliant tools) to measure clinic function over time for the purposes of ongoing quality improvement.

Project ECHO will use video-conferencing technology to establish a virtual "knowledge network" between a team of inter-disciplinary specialists located at Tulane Medical Center and the Office Based Opioid Treatment (OBOT) providers for training and mentoring. Weekly live education sessions will launch in the summer of 2019 to increase knowledge for 50 OBOT providers and other clinicians through shared case-based learning and mentorship, as well as direct support from Tulane specialists on patient cases (de-identified). In addition, Tulane is collaborating with the Louisiana Affiliate of the American Society of Addiction Medicine (ASAM) to support Project ECHO by providing outreach and awareness to ASAM members.

Tulane University will also implement an evidence-based training model designed by Alosa Health that provides on-site academic detailing. The model will use specially trained clinical educators who will meet one-on-one with physicians, nurse practitioners and physician assistants at their practice locations to discuss best practices and corresponding ECHO topics as well as improve

their service range in MAT. This approach provides an effective and convenient way for providers to stay up to date on the latest research findings, with the goal of improving prescribing decisions and patient care.

The Office of Behavioral Health and Southern University A&M College have established the Statewide Center for Prevention Resources (CPR). It will provide training and technical assistance services to the Substance Abuse Prevention Workforce. The CPR will increase capacity, skills and expertise to ensure and/or enhance delivery of effective substance abuse prevention interventions, trainings and other prevention activities. These services will be available to youth, communities, professionals and others in the prevention community. It will provide prevention skills trainings and technical assistance based on prevention science; use evidence-based and promising practices; and leverage the expertise and resources available through new and existing alliances. It will offer courses and trainings required for prevention certification and/or licensure. The CPR will serve as a repository for prevention resources.

(C) Educate the general public, including parents and patients, through a public awareness and outreach campaign

Stigma is often a tool to discourage and marginalize unhealthy behaviors such as substance use or people suffering from mental health challenges, which has a consequence of devaluing these social groups. Stigmatizing attitudes regarding certain behaviors (e.g. substance use during pregnancy) and groups (e.g. injection drug users) are widely accepted, culturally endorsed and enshrined in policy (e.g. criminal law). There is broad social discourse surrounding how people with SUDs ought to be viewed and treated in our society. The collateral impact of this is hesitation to “out” oneself and ask for or seek treatment for the underlying disorder, often allowing the condition to manifest until much later to receive help. Stigma surrounding people with SUD related conditions also affects the friends and family who may otherwise be advocates for seeking and receiving help and serve as natural supports in recovery. Due to the associated stigma with SUD treatment, people seeking behavioral health services may often be skeptical of assistance, providers and other typical avenues that are available for people seeking physical health care. Education of providers and the public, outreach and patience are extremely important in order to engage this population.

ESTABLISHING THE FOUNDATION

LDH has designed and implemented an opioids awareness and education public service campaign. The vigorous campaign directs those with an opioid addiction (and/or their families, friends, loved ones) to a dedicated website that lists treatment resources and contact information.¹⁸

The campaign includes print and digital media materials designed with the use of focus group discussion in four cities across the state. Each of the four cities had a high incidence of health problems related to opioids and the audiences included members of the general public, current and potential opioid abusers in recovery and family members of opioid users. In addition,

¹⁸ <https://opioidhelppla.org/>

personal interviews were conducted with medical professionals who specialized in the treatment of OUDs or had a known interest in the topic(s). Based on the results of the focus groups, media messages, communication campaign concepts and media strategies were pre-tested and modified/fine-tuned prior to campaign launch. Aspects of Louisiana's Community-based Social Marketing/Public Education Plan addressed SAMHSA's Opioid Overdose Prevention Toolkit strategies and executed a comprehensive marketing and education campaign.

LDH funded Regional Training, Education and Technical Assistance (TETAs) Coordinators in the regional LGEs. The TETAs were necessary to implement evidence-based interventions such as Safe and Effective Opioid Prescribing for Chronic Pain, SAMHSA's Opioid Overdose Prevention Toolkit, Generation Rx and other programs and/or policies identified to educate stakeholders, pharmaceutical and medical communities, including increased prescription drug abuse education to schools, communities, parents, prescribers and patients. They work closely with the Regional Opioid Treatment Program Resource Coordinators and Regional Behavioral Health Peer Recovery Support Specialists in their respective LGEs.

PATH FORWARD

LDH developed a multifaceted, multimedia campaign launched statewide to raise awareness among all age groups about the dangers of opioid use, misuse and abuse. To achieve a coordinated statewide campaign but implement on a regional level, LDH distributed materials to the regional human service districts/authorities (also called Local Governing Entities (LGEs)). In addition, a statewide digital/social media component of the campaign will be implemented through use of one LGE.

The Office of Behavioral Health will be launching strategic podcasts in an effort to highlight the important work being done on addressing the opioid epidemic. OBH has many efforts dedicated to fighting the opioid crisis including federal grants, public/private partnerships, integration of primary and behavioral health care, and helping law enforcement interact with people presenting with co-occurring disorders. The podcasts will highlight these efforts and the professional efforts that have made them possible. OBH seeks to provide an environment where citizens of Louisiana have access to the very best of behavioral health care, and this podcast will deliver stories of care to the audience.

To bring all of the efforts and innovations together, LDH is hosting a statewide Opioid Summit. The summit will focus on strategies for organizations to implement to address community problems. The conference will be highly interactive with actionable next steps and strategies to implement within local communities. There will be both local and national speakers offering various perspectives and best practices from around the country on SUDs.

OPH through CDC Crisis Response funding hired a cohort of Opioid Preparedness Outreach Coordinators (OPOCs), one in each of the nine LDH regions. They come from a variety of backgrounds including peers or people with lived experience with addiction. Their on-the-ground role varies based on a particular OPOC's skill set and on particular needs of the region. While some are engaging in direct client/patient support, most are working on a broader

level and serving as a link between LDH and community-based organizations, promoting naloxone use, leading trainings and disseminating education materials.

(D) Use evidence-based prevention techniques to educate the public with a special focus in schools

ESTABLISHING THE FOUNDATION

The Office of Behavioral Health has a longstanding collaboration with the Louisiana Department of Education regarding the implementation of evidence-based practices in schools addressing drug use/misuse practices. Collaborative meetings and strategic planning sessions have been held with staff to ensure a coordinated plan is in place not only to address the opioid issue, but other concerns relative to suicide prevention, bullying, and general alcohol and drug issues among the adolescent population. Tool kits are shared with counselors and resources introduced to address an array of problems among this vulnerable population. Education on evidence-based programs, practices and policies will continue to be the focus of the relationships with educational leaders.

PATH FORWARD

Supported by LDH and implemented through each LGE are two targeted educational evidence-based programs:

- *Generation Rx*¹⁹ is an opioid specific program that includes seven modules designed to educate and promote medication safety and prevent prescription drug misuse with people of all ages across the lifespan. The seven modules include focus on elementary, teen, college, adult, patient, senior and workplace populations. The program is used to educate people about the potential dangers of misusing prescription medications, to enhance medication safety among college students, other adults in our communities and older adults. Generation Rx can be facilitated at the school and community domains. Attendance records indicate that 201 individuals were reached via Generation Rx from July 1, 2018 through January 31, 2019.
- *Eighth Module of Life Skills Training Prescription Drug Abuse Prevention (LST Rx)* focuses on adolescents and gives them the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. This module can be implemented as a standalone presentation and is ideal for school districts, community-based organizations and agencies addressing the middle school population, students in grades 6 – 9.

¹⁹ *Generation Rx*: <https://www.generationrx.org/toolkits/>

(E) Expansion of treatment option array to include non-opioid alternatives

ESTABLISHING THE FOUNDATION

Many individuals treated for chronic pain are keenly aware of the risks associated with opioids and eager to try alternative treatments for relief and illness management. LDH also supports the former, having developed an opioid opt-out form called the *Voluntary Non-Opioid Directive Form*²⁰ and made it available to the public via posting it to the Department's website in 2018. With this document, an individual may voluntarily endorse and file this non-opioid directive [form] with a prescribing practitioner when the patient does not wish to be issued a prescription or medication order for an opioid. The individual's wish to use non-opioid treatments would then be documented via the endorsed form and stored in the person's medical record.

PATH FORWARD

LDH understands the need for more research and the adoption of more alternative treatment methodologies in comparison to those that are typically treated with opioids (e.g., pain management). The Department commits to furthering its stance on combating this epidemic by engaging in the study of alternative therapies as well as attending to areas of service limitations that may currently exist for covered alternatives.

²⁰ <http://ldh.la.gov/assets/docs/BehavioralHealth/Opioids/VoluntaryNon-OpioidFormFINAL9618.pdf>

Goal 3- Intervention: Enhance intervention and rescue activities to prevent deaths

“Target the availability and distribution of overdose-reversing medications to ensure the broad provision of these drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations.”

Strategy to Combat Opioid Abuse, Misuse, and Overdoses, U.S. Department of Health and Human Services

“A number of existing harm reduction approaches and interventions are effective at reducing the risk of overdose and transmission of blood-borne diseases among PWUD and should be expanded through a statewide strategy.

- The availability of naloxone without an individual prescription reduces the risk of opioid-related overdose.*
- The availability of sterile and safe injection equipment and syringe disposal services are effective at reducing the risk of transmission of blood-borne diseases among PWUD.”*

The Massachusetts Harm Reduction Commission Findings, 2019

LDH is committed to supporting harm reduction activities aimed at saving lives. LDH will continue to develop and assess intervention models across settings that leverage harm reduction techniques as a bridge to treatment.

ACTION STEPS

(A) Increase access and availability to life saving mechanisms

With the goal of encouraging life-saving measures to people believed to be experiencing an opioid overdose, the Louisiana Legislature, with the passage of Act 392 in 2014 (see Appendix), enacted the state’s first opioid-related Good Samaritan provision. The statute:

- provides immunity from prosecution for possession of a controlled dangerous substance to people who call 911 for a suspected drug overdose;
- authorizes first responders to administer, without prescription, opiate antagonists in the case of a suspected overdose;

- provides that a first responder includes a law enforcement official, an emergency medical technician, a firefighter and medical personnel at secondary schools and institutions of higher education;
- provides civil immunity to first responders administering an opioid antagonist in the case of a suspected overdose unless personal injury results from gross negligence or willful or wanton misconduct in the administration of the drug; and
- requires training for first responders.

Naloxone is a prescription medication used to reverse opioid overdose. It is an easy-to-use, fast-acting medication administered through a nasal spray, auto-injector or a simple intramuscular injection. Multiple doses may be required. According to the CDC, naloxone that has been distributed to laypeople has resulted in more than 26,000 overdose reversals nationwide since 1996.

ESTABLISHING THE FOUNDATION

The distribution of naloxone kits is a key intervention in attempting to prevent deaths associated with opioid use. In 2015, Act 192 (see Appendix) of the 2015 Regular Legislative Session state law authorized a licensed medical practitioner to, directly or by standing order, prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered if certain conditions are met.

In 2015, Louisiana enacted civil and criminal protections to any person acting in good faith who receives and administers naloxone or another opioid antagonist to a person reasonably believed to be undergoing an opioid-related drug overdose unless personal injury results from gross negligence or willful or wanton misconduct in the administration of the drug (Act 192; see Appendix).

Since January 2017, Secretary Dr. Rebekah Gee has issued an annual Standing Order for the Distribution and Dispensing of Naloxone or Other Opioid Antagonists²¹, allowing participating pharmacists to dispense naloxone to state residents without a direct prescription. The standing order has been renewed annually and, as a result of the standing order, dispensing of naloxone or other opioid antagonists has become a vital part of the state's opioid response.²¹

LDH has facilitated widespread distribution of naloxone throughout the state through the Bureau of Emergency Medical Services (EMS) which received a donation of 10,000 auto-injector naloxone kits valued at over \$6 million, distributed to first response personnel and agencies across the state. OBH distributed Narcan, the naloxone nasal spray, to local LGEs for their clients, families and local providers, Opioid Treatment Programs (OTPs) and the Department of Public Safety and Corrections (DOC). OBH coordinated with the Louisiana Attorney General's Office to assist with the distribution of \$1 million worth of naloxone offered to first responders at no cost to their agencies. Those efforts are ongoing.

²¹ <http://ldh.la.gov/assets/opioid/StandingOrder2.pdf>

PATH FORWARD

LDH created the Naloxone Distribution Team comprised of state agencies with access to naloxone (in various forms) for distribution and with the goal of coordinating naloxone distribution statewide to interested parties. The Naloxone Distribution Team consists of members from the Office of the Governor, Louisiana Attorney General's Office, LDH Bureau of Emergency Services, LDH OPH and LDH OBH. This team will communicate about distribution needs and direction to avoid duplication and ensure statewide coverage. Special targeted populations have been included for future distribution such as university campus police staff, residential SUD facilities and the faith community networks.

Through OPH's network of Opioid Preparedness Outreach Coordinators, LDH will increase the number of naloxone responder trainings available to laypeople and community-based organizations, and support their efforts to stock and carry naloxone.

(B) Harm reduction through Syringe Service Programs

ESTABLISHING THE FOUNDATION

In recent years, many communities nationwide have recognized the threats presented by discarded injection equipment used to inject illicit drugs and have established syringe service programs as a harm reduction strategy. Evidence indicates that the sharing of needles by drug users increases the spread of infections like HIV and hepatitis C and presents a threat to the public's health, including children, sanitation workers and law enforcement personnel.

The establishment of Syringe Service Programs (SSP) has reduced the rate of HIV and viral hepatitis infections, reduced overdose death, reduced burglaries and reduced drug use and encouraged drug treatment programs for Persons Who Inject Drugs (PWID). Additionally, the lifetime cost of treating HIV is \$385,000-\$619,000, while HCV costs \$100,000-\$300,000 per person treated.

In light of the evidence supporting Syringe Service Programs, the Louisiana Legislature passed Act 40 in 2017 (see Appendix) which allows local governments to establish Syringe Service programs. To date, Shreveport, Orleans and East Baton Rouge Parish have done so.

PATH FORWARD

OPH will continue to engage with key stakeholders to inform, educate and promote SSPs. Our goal is to see SSPs operating in most areas of the state, and at least in every parish seeing significant levels of opioid misuse or HIV and HCV infections. Specifically, OPH's Bureau of Infectious Disease plans to support establishment of additional SSPs. These programs will ideally complement and link to strategies focused on expanding access to medication assisted therapy and substance use counseling services, as well as facilitate opportunities for broader population

screening for HIV and HCV to support our statewide elimination programs for these two infections.

(C) Increase access to prescription drop boxes and medication disposal bags

ESTABLISHING THE FOUNDATION

Prescription box boxes and medication disposal bags are initiatives that are changing the culture and behavior of how people dispose of drugs. LDH, through grant funding, has supported local communities in purchasing these types of disposal strategies. They are distributed at opioid related trainings and community events.

PATH FORWARD

LDH, working through our regional LGEs, has and will continue to strategically place prescription drop boxes, medication disposal bags and/or lock your med products within each respective area of the state. Across the state, 50 additional prescription drop boxes are to be placed strategically in both traditional locations such as clinics and pharmacies and in non-traditional places including the coroner's office and university housing units.

OBH is working with LSU on tracking the distribution and dissemination of Deterra bags data to go live this fall. OUD Prevention Specialists at the LGE level are collecting and entering this data into the system. The LDH naloxone committee will continue to address its distribution and work with OPH to consider a feasible plan for tracking statewide data.

Goal 4 – Treatment Services: Increase quality of and access to treatment for Opioid Use Disorder

“Despite increasing evidence that addiction is a treatable disease of the brain, most don't receive treatment. Involvement in the criminal justice system is usually a result of illegal, drug-seeking behavior and participation in illegal activities that reflect, in part, disrupted behavior caused by brain changes triggered by repeated drug use. Treating drug-involved offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behavior.”

Public Comment Survey on the Opioid Crisis, 2018

OUD is a devastating chronic illness of the brain associated with significant risks to health and life. The disease can, however, be successfully treated. Based on that belief, LDH is committed to providing a range of services at varying levels of intensity across a broad continuum of care. The type of treatment or level of care varies by each individual and his or her circumstances. There are many paths to recovery and success depends on individualized care. LDH strives to expand awareness of treatment options, increase access to treatment, enhance coordination of care and provide needed supports that enable recovery from OUD.

ACTION STEPS:

(A) Expand evidence-based MAT services available for people with an OUD diagnosis

Louisiana administers its Medicaid SUD services based on the ASAM Patient Placement Criteria, and Louisiana Medicaid currently covers a range of outpatient, intensive outpatient, MAT, residential, inpatient and withdrawal management services.

MAT combines behavioral therapy and medications to treat SUDs. These services are required, along with medical, vocational, educational, and other assessment and treatment services.

When indicated, individuals who meet diagnosis for OUD are offered MAT and proper patient placement into services. Contingent upon an individual's severity of OUD, services will be provided at OTPs or linked to an MAT provider within the community that will meet the needs of the individual.

ESTABLISHING THE FOUNDATION

In 2018, Louisiana received approval of its Medicaid 1115 Demonstration Waiver for SUD residential facilities, effective February 1, 2018 through December 31, 2022 to maintain access to care for beneficiaries in need of Opioid Use Disorder and Substance Use Disorder (OUD/SUD) services. LDH submitted an 1115 demonstration waiver to Centers for Medicare & Medicaid Services (CMS) when CMS imposed a requirement limiting the number of days a patient could stay in a residential substance use facility. Approval of this waiver allows LDH to waive the monthly day limit, thus allowing people to receive treatment for the most appropriate amount of time, not capped at an arbitrary limit.

The waiver is necessary to provide services to beneficiaries residing in Institutions for Mental Disease (IMDs) for stays with durations longer than 15 days. Traditionally, Medicaid beneficiaries ages 21 to 64 are not eligible for medical assistance, and thus federal Medicaid dollars, while they are patients in an IMD. An IMD is a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of people with mental diseases. CMS allowed the traditionally excluded use of IMDs but placed a day limit of 15 days on its use. This waiver allowed Louisiana to bypass the 15-day cap and receive the Medicaid match for the continuum of services to treat addictions to opioids and other substances.

PATH FORWARD

LDH's path toward expanding evidence-based MAT services includes a three-pronged approach:

- Expanded methadone access;
- Access to MAT in SUD residential facilities; and
- Implementation of the hub and spoke treatment model.

(B) Expanded methadone access

ESTABLISHING THE FOUNDATION

Methadone treatment programs detoxify chronic opioid addicts using a synthetic narcotic to achieve recovery with counseling and supportive services. Clients over the age of 18 and addicted to opioids for at least 12 months or greater may be considered for these services, which are provided at 10 OTPs across the state. Current capacity of the 10 OTP sites is approximately 5,000. However, OTP sites have flexibility and capacity and census changes daily.

Methadone is a synthetic analgesic drug that is similar to morphine in its effects, but longer acting, and used in the treatment of opiate addiction (e.g., prescription painkillers, heroin). Methadone is a prescribed medication and operates to normalize brain chemistry, blocking the euphoric effects of alcohol and opioids, relieving physiological cravings and normalizing body functions without the negative effects of the abused drug.

Currently, Louisiana has 10 methadone providers, one located in each region of the state, that are privately owned. These programs are accredited by Joint Commission, Substance Abuse and

Substance Abuse and Mental Health Services Administration (SAMHSA) or Commission on Accreditation of Rehabilitation Facilities (CARF) to ensure treatment of services adhere to state and federal regulations as well as offer quality services to participants.

PATH FORWARD

Louisiana seeks to expand access to methadone in two ways:

- (1) Through inclusion of coverage of methadone as an additional covered medication in the Medicaid service benefit array. The SFY 2019-2020 LDH budget included Medicaid coverage of methadone for Medicaid eligible people ages 18 and older diagnosed with an opioid addiction.
- (2) Through reviewing the current limit on only 10 methadone clinics across the state. LDH will begin the process for expansion of OTP clinics through support and guidance of House Concurrent Resolution No. 71 (see Appendix) urging the establishment of new OTPs in order to increase access to these programs.²²

(C) Access to MAT in SUD residential facilities

ESTABLISHING THE FOUNDATION

While historically, Louisiana's SUD treatment providers have been using an abstinence-based model of care, the state, in collaboration with the LGEs, is addressing the challenges of making a paradigm shift to embrace the use of an evidence-based harm reduction model of treatment, such as MAT, which is considered a best practice for treating OUD. OBH continues to provide training and education to physicians, behavioral health clinicians and the community at large to heighten awareness and reduce stigma about the effectiveness of MAT.

In addition to guidance and education by board certified psychiatrists and addictionologists, Substance Abuse and Mental Health Services Administration (SAMHSA) materials are being used to provide education to these facilities and to assist with assessment protocols necessary for pregnant women within residential programs. Examples of these materials include *Methadone Treatment for Pregnant Women*; *SAMHSA Opioid Overdose Prevention Toolkit*; and *An Introduction to Extended Release Injectable Naltrexone for the Treatment of People with Opioid Dependence*. The treatment guidance for residential treatment providers includes but is not limited to *SAMHSA TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* and *TIP 43: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*.

OBH enhanced and expanded existing OUD treatment availability statewide by building the capacity of the local Opioid Treatment Programs (OTP) through federal grant dollars. Funding was allocated to the OTPs to support MAT for underinsured and uninsured individuals diagnosed with OUD. The state has also provided funding to each OTP to hire one resource coordinator who ensures that each patient requesting services is assessed for need, enrolled in benefits, admitted to treatment and/or put in contact with the appropriate community providers for

²² <http://www.legis.la.gov/legis/ViewDocument.aspx?d=1142206>

services unavailable at the point of entry site. Furthermore, the state has provided funding to each OTP to hire one Peer Recovery Support Specialist who functions as a liaison or intermediary to form sound partnerships and collaborations with their LGE and the STR staff to carry out the goals of the project.

PATH FORWARD

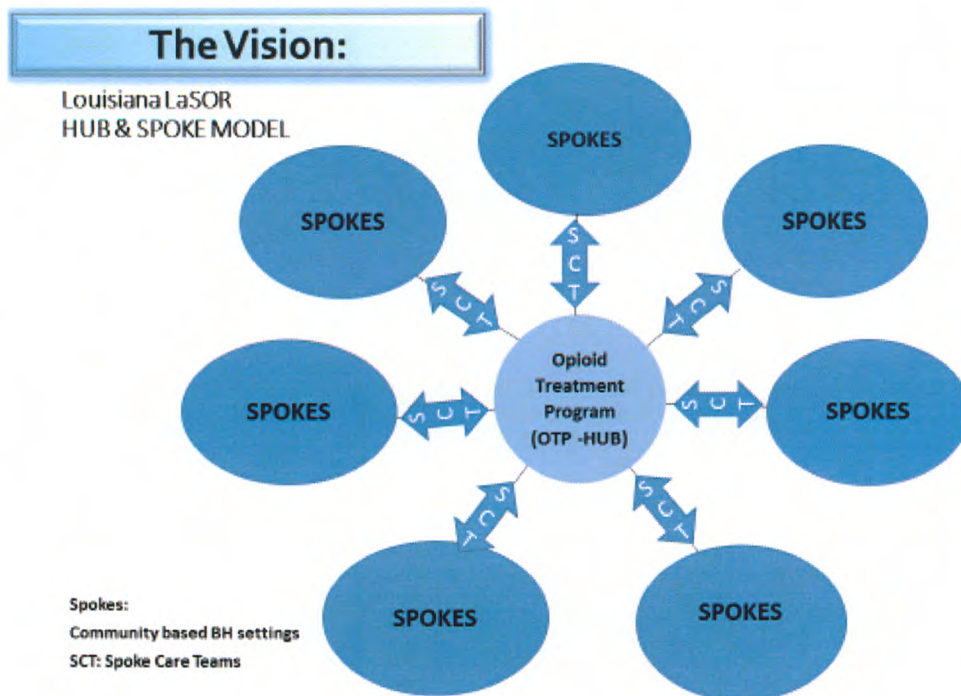
LDH, since implementation of managed care in 2012, worked diligently to cover a broad spectrum of ASAM levels of care in Medicaid, currently covering the full range of ASAM levels. Because of this, as a condition of the 1115 SUD Demonstration waiver approval, no levels of care were required by CMS to be added. However the waiver does require residential levels of care to provide access to MAT.

Louisiana is focused on creating a culture change among residential providers to integrate facilitation of MAT into the programmatic requirements, as residential providers will be required to offer or facilitate access to MAT off-site. This transition is expected to require heavy outreach and education because most of Louisiana's current residential providers practice within strict abstinence-based care models. Act 425 (see Appendix) of the 2019 Legislative Session increased the urgency around this transition. This legislation establishes requirements for residential facilities providing treatment for OUD to provide onsite access to MAT.

(D) Implementation of the hub and spoke treatment model

ESTABLISHING THE FOUNDATION

Leading practices in treating OUD like the hub and spoke model are a priority for OBH in supporting individuals during recovery. The hub and spoke system embraces the fundamental concept of supporting a person in treatment with a main service provider, likely the Opioid Treatment Program (OTP), supported by different pieces of the treatment puzzle including additional service providers like OBOTs or Federally Qualified Health Centers (FQHCs) for primary care and/or recovery homes.



PATH FORWARD

A full array of comprehensive services, including: screening, assessment, orientation, urine drug screens, methadone management and other forms of MAT, counseling (individual, group and/or family), case coordination, etc., are accounted for in the hub and spoke model. This model will utilize the current ten Opioid Treatment Programs (OTPs) as the “hubs” and Drug Addiction Treatment Act (DATA) Waivered Physicians/Office Based Opioid Treatment (OBOT) providers as the “spokes.” This model creates an environment that is conducive for partnership development, collaborations and expansion of community resources.

Hubs are specialty treatment centers responsible for coordinating the care of individuals with complex addictions and co-occurring disorders across the health and substance abuse treatment systems of care. These entities can offer services to people with a high level of OUD severity and offer all FDA-approved medication assisted treatments. The hubs are designed to provide comprehensive medical and psychological evaluation and screening, group and individual counseling, and care coordination and consultation with primary specialty and hospital services. Hubs will refer clients to the spokes once they are stabilized or have mild to moderate levels of OUD severity.

Spokes are the ongoing care system comprised of prescribing physicians who monitor adherence to treatment, care coordination and provide SBIRT. They are needed to expand capacity within each area of the state. OBOT providers will be spokes and can be primary care physicians, outpatient substance abuse treatment providers, FQHCs, LGEs and/or independent psychiatrists. Spokes will provide MAT services to people with mild to moderate levels of OUD severity.

(F) Increase Office-Based Opioid Treatment (OBOT) workforce available statewide to treat persons with OUD

ESTABLISHING THE FOUNDATION

As an additional treatment strategy available to people with OUD, physicians are encouraged to become certified prescribers of MAT. The process to become an OBOT or prescriber of buprenorphine, however, is regulated by the Drug Addiction Treatment Act of 2000 (DATA 2000). According to DATA 2000, which expands the clinical context of medication-assisted treatment for people with OUD, certified physicians are permitted to prescribe specifically approved Schedule III, IV and V narcotic medications such as buprenorphine, suboxone and subutex in settings other than an opioid treatment program (OTP). DATA 2000 reduces the regulatory burden on physicians who choose to practice OUD treatment by permitting qualified physicians to apply for and receive waivers of the special registration requirements defined in the Controlled Substances Act.

In order to become a certified prescriber, a physician must complete eight hours of buprenorphine training, apply for the physician waiver and apply to SAMHSA to treat more than 30 patients. If a physician has prescribed buprenorphine to 100 patients for at least one year, he/she has the opportunity to complete the Online Notification Form to Increase Patient Limit and apply for an increase to their patient limits up to 275 under new federal regulations.

PATH FORWARD

Through the implementation of the hub and spoke model, OBH will focus on increasing capacity of OBOT providers around the state. A total of 50 providers will be identified across the state to receive specialized training and support in order to begin or increase their practice. These providers will be incentivized with access to clinical consultation and additional care teams to supplement their existing in-house office case management resources. Academic detailing and peer support will also be available to these providers.

(G) Increased treatment focus for populations with special needs

People with HIV

ESTABLISHING THE FOUNDATION

LDH recognizes that intensive focus is needed for identified special populations who may face even more barriers to care and recovery, including people with HIV. Louisiana has been identified as one of a number of jurisdictions with whom to work to support a coordinated approach to services for people living with HIV and OUD, with a strong focus on fostering coordination across agencies, financing mechanisms and delivery systems. John Snow, Inc. (JSI) and the National Alliance of State and Territorial AIDS Directors (NASTAD) approached the Louisiana OPH STD/HIV/Hepatitis Program (SHP) within LDH with this offer to collaborate on the Health

Resources & Services Administration (HRSA) funding opportunity, *"Strengthening Systems of Care for PLWH and OUD."*

PATH FORWARD

Louisiana is capitalizing on this opportunity to further identify and support systems-level strategies for better coordination across HIV, hepatitis and behavioral health programs in particular. The works include a comprehensive needs assessment/resource inventory and provision of technical assistance and continued coordination during implementation stages. The effort will require the collective subject matter expertise resources of and well-established partnership between LDH's Offices of Public Health and Behavioral Health.

Neonatal Opioid Withdrawal Syndrome (NOWS)

ESTABLISHING THE FOUNDATION

Neonatal Opioid Withdrawal Syndrome (NOWS) may occur when a pregnant woman uses opioids during pregnancy. The number of NOWS cases in Louisiana rose by 50% from 243 cases in 2012 to 360 in 2017.

Nationally, 16.2% of pregnant teens and 7.4% of pregnant women ages 18 to 25 are using illicit drugs, according to the 2010 National Survey on Drug Use and Health from SAMHSA. Overall, 4.4% of pregnant women were active illicit drug users. According to Louisiana Department of Children and Family Services data, more than 1,600 substance-exposed newborns were delivered in 2017 alone, indicating a severe need to address pregnant women with SUDs.

Louisiana participated in the Centers for Medicare and Medicaid Services Innovation Accelerator Program (IAP) for SUDs. The IAP goals are to increase early identification, referral to treatment and engagement by 5% for mothers and babies between birth and 12 months of age who are at risk for Neonatal Abstinence Syndrome (NAS).

PATH FORWARD

LDH has initiated specific programs in this area.

- a. OBH in partnership with Capital Area Human Services District (CAHSD) and Reality House has implemented the Neonatal Abstinence Restoration Program, through the creation of specialty beds within an existing TANF Residential Program in Baton Rouge (Reality House-Pilot Site). This program provides MAT to pregnant and postpartum women, and women with dependent children who have been diagnosed with OUDs. This program also provides specialized intensive residential treatment for pregnant and postpartum women that includes but is not limited to screening, comprehensive assessment, medication assisted treatment, group counseling, individual, family, care coordination, parenting skills, trauma informed care, prenatal and postpartum interventions, etc.

- b. OBH has partnered with LDH's OPH, Bureau of Family Health to pilot a Screening, Brief, Intervention and Referral to Treatment (SBIRT) Program aimed at identifying women with OUD who are either pregnant or have a child with neonatal opiate withdrawal symptoms. A clinical social worker will be hired to provide initial screening and referral services at two designated sites. Those identified will be referred to a program that prioritizes co-location of the mother and infant, maternal access to OUD treatment, and promotion of practices that minimize harm and improve outcomes in infants. This program provides services for opioid-exposed infants that are safe alternatives to the intensive care unit in existing community or hospital settings.
- c. Pursuant to Act 174 (see Appendix) of 2018, in February 2019, the Bureau of Family Health issued a Request For Information (RFI) to birth facilities and affiliated improvement teams interested in partnering with the Louisiana Perinatal Quality Collaborative (LaPQC) to test, implement and evaluate care delivery options for mothers and infants impacted by opioids. The LaPQC convened a multi-disciplinary team, which included national experts, to review the RFI responses. Two birthing facilities were selected to participate – Woman's Hospital and Slidell Memorial. Through this pilot, the LaPQC team will work closely with the two birthing facility teams to co-create a change package and measurement strategy, build quality improvement capacity and leadership and buy-in to lay the foundation for a larger, statewide initiative.

Justice-involved individuals

ESTABLISHING THE FOUNDATION

A review of data from the Louisiana Department of Public Safety and Corrections (DPSC) indicates that approximately 75% of offenders have a SUD diagnosis. OBH used this data to create specialized treatment services for DOC's re-entry population that allows the availability of treatment services for offenders with OUD. OBH collaborated with DOC to pilot treatment programs for the releasing offenders. In the treatment arena, the state has utilized federal funds to enhance its existing OUD treatment availability by expanding capacity at and within identified DPSC facilities. The enhanced individualized treatment includes, but is not limited to, screening for diagnostic criteria for OUD, assessment, orientation, urine drug screens, medication-assisted treatment, individual, group, and family counseling, and case coordination.

The outcome-driven, evidence-based treatment program is at least six to nine months in duration, and releasing offenders with a diagnosis of OUD are selected nine months to one year prior to their earliest release date. Participants are enrolled in available entitlement programs (i.e., Medicaid, etc.) prior to release, and intensive and structured discharge planning is done to ensure aftercare services. Proven strategies of peer support specialists and family therapy are used.

PATH FORWARD

OBH developed an agreement with DPSC to provide a re-entry behavioral health educational training program for the offender population. This program will educate staff and heighten awareness of offenders about the substance use treatment service array and Recovery Homes offered through Oxford Inc. This program helps address barriers that inmates face to receiving treatment after they are released from prison.

OBH will support the DPSC re-entry population, with a focus on people with OUD transitioning from incarceration to the community through peers/outreach workers. Outreach workers will serve as liaisons to help this population transition to safe recovery homes. DPSC re-entry centers will be offered face to face workshops facilitated by a licensed addiction counselor and a Peer Recovery Support Specialist on OUD and effectiveness of the use of MAT. The goals of these workshops are to heighten awareness of evidence-based approaches to treatment and how to access care upon release from incarceration.

In June 2019, Louisiana attended the Southeast Regional Workshop on *Expanding Access to Medication Assisted Treatment for Justice-Involved Populations* sponsored by the National Governors Association and the American Correctional Association. Through that opportunity, Louisiana is assigned a TA consultant to assist in development of an action plan for DPSC to expand access to MAT in the state's correctional system and coordinate reentry processes for continuity of care regarding MAT services, linkage to healthcare, behavioral healthcare and social support services in communities.

(H) Focus on quality treatment services

ESTABLISHING THE FOUNDATION

LDH's goal is to enable individuals, families and caregivers to find, access and navigate evidence-based treatments. Since 2012, LDH has focused on growing the network to provide an adequate supply of qualified treatment providers by strengthening provider requirements in the Medicaid arena.

PATH FORWARD

Throughout the 1115 waiver term through 2022, LDH will continue to refine SUD treatment monitoring, public transparency about SUD services and report generally on performance and utilization. The OBH will adopt an evaluation design of the SUD services falling under the 1115 waiver. OBH is developing a monitoring protocol with associated metrics to be approved by CMS and used throughout the life of the waiver.

Louisiana has been chosen as one of five states to partner with Shatterproof, a national nonprofit organization dedicated to ending addiction, on the development and implementation of a quality monitoring system for addiction treatment programs. During the pilot program, OBH will work with Shatterproof and providers to align the online quality system with ongoing initiatives in Louisiana to improve the quality of addiction treatment by ensuring care is delivered using evidence-based best practices.

To advance SUD treatment, Shatterproof is developing and implementing a pilot program to:

- Build a provider quality monitoring system based on Medicaid and private insurance claims, provider survey and consumer experience data.
- Inform choices and empower consumers with a public-facing, web-based platform of SUD treatment provider ratings.

Goal 5 – Recovery: Provide effective recovery support services

“Need to have a place to go long term until they are more secure in their addiction. More family involvement. Place where families can go to get the help they need because they do not know where to turn or how to cope.”

Public Comment Survey on the Opioid Crisis, 2018

Addiction is a treatable disease and treatment is often the most effective way to help the individual and one’s family. Because opioids alter brain chemistry with repeated use, the path to recovery for most of those with OUD is often long and difficult, complete with many starts and stops along the road to long-term recovery. As with sober living facilities, Peer Recovery Support Specialists (PRSS) expose those attempting to recover from OUD to others who have had the same or similar experiences but who have had success on the precarious road of recovery from OUD. Recovery support services are a necessity for any hope of sustained recovery from OUD and are supported in the continuum of care advocated and adopted by LDH.

LDH acknowledges that recovery may last a lifetime. Successful recovery is more likely when coupled with organic environmental factors like family, faith-based support and recovery groups that may continue well past formal services provided or fiscally supported by the state.

ACTION STEPS:

(A) Expand understanding and utilization of peer supports

ESTABLISHING THE FOUNDATION

Peers have been a vital component of Louisiana’s response to the opioid epidemic from the earliest phases of the state’s first opioid grant. Peers are individuals in long-term recovery from substance use and/or mental health challenges, who have been rigorously trained to provide recovery coaching and support. The ability of Peers to speak two languages – both addiction and recovery – grants them an access to the OUD community that may be difficult for others to attain.

Peers are active at every phase of the state’s opioid response including prevention, intervention, treatment and recovery efforts. In Louisiana, peers work in hospitals, mental health clinics, treatment centers, drop-in centers, and with in-home service providers to provide supportive services that greatly enhance traditional clinical services by engaging and identifying with consumers on an elemental level. Peers spend time educating the general public, including schools, church groups, sports teams, pharmacies, town meetings, civic groups and others, about the dangers of opioids and benefits of treatment.

Peers support the ongoing recovery effort of each individual receiving treatment services and play a vital role in the therapeutic process which assists with moving clients through the stages of change that supports the client's transitioning through the change model. In addition to mentoring and advocating for participants, peers provide the support necessary to help engage and retain them.

OBH offers Peer Support Specialist Training, an intense, two-week training program including a written midterm and a written and practical final exam. Upon completion of this training, participants are credentialed as Peer Recovery Support Specialists (PRSS) by OBH. Since 2010, Louisiana has trained 525 PRSS now located in every region of the state.

To ensure continuity of care, engagement and retention of people receiving OUD treatment, LDH provided funding for Regional Behavioral Health Peer Recovery Support Specialists (BH-PRSS) located in the 10 regional LGE and OTP programs. The duties of Regional BH-PRSS are not reimbursable by Medicaid and include – but are not limited to – outreach, intake, education, care coordination, recovery groups, transition, discharge planning, post discharge follow-up and other duties that do not require clinical licensure.

PATH FORWARD

LDH will address the integration of peer support throughout the system of care. The use of trained, credentialed peers is a critical component to a recovery-oriented system of care and results in improvements in client engagement, treatment outcomes and recovery. As an enhancement to traditional treatment services, peer support services allow for more effective and targeted interventions resulting in improved care and an increased capacity of the system to serve a broader array of individuals.

While OBH has always recognized the importance of peers in a comprehensive behavioral health system, and even contracts for a peer support specialist program, inclusion of peers in a robust way means integrating peers into the Medicaid service array as a standalone benefit for both mental health and substance use. Over the course of 2019, OBH will research other model states' Medicaid peer benefits and begin developing service definitions and rates to determine the Medicaid impact of adding this service with hopes to implement in late 2020.

(B) Support recovery homes in the SUD continuum of care

Sober living houses or recovery homes are facilities used by people recovering from a SUD that serve as an interim environment between treatment in a residential facility (rehab) and

mainstream society.^{23,24,25} Sober living homes grew out of a need to have safe and supportive places in which people could live while they were vulnerable in early recovery. They are primarily meant to provide housing for people who have just come out of recovery centers and need a place to live that is structured and supporting for those in recovery.

Studies indicate that living in sober homes after inpatient treatment increases recovery rates, financial strength and overall stability. A study published in the *Journal of Substance Abuse Treatment* found sober living home residents experienced improvements in arrest rates, alcohol and drug use rates, and employment rates. The authors found evidence that 12-step program attendance and social support systems were key components of recovery for residents. A variety of other studies has also found that sober living homes appear to be an effective component of the recovery process.

ESTABLISHING THE FOUNDATION

LDH traditionally has supported sober living facilities and will include continued support with enhanced services. Given the growing need for this type of care and need for a more robust continuum, especially in the recovery space, LDH issued a Request for Information (RFI) to gauge the interest and capabilities of provider organizations, agencies and or groups to provide peer/outreach workers.

PATH FORWARD

OBH will support recovery homes by funding a peer/outreach worker who will serve as a peer trainer to target sober living homes and provide workshops/trainings to homes statewide on MAT. The goal is 200 sober living home residents statewide will be trained on MAT (100 per year over the next two years). This training will encourage a paradigm shift away from abstinence-based housing and toward non-discrimination against people on MAT.

The outreach workers will assist in expanding the number of sober living homes statewide by 20 recovery homes over the next two years. Each home will have at least four residents with OUD who are prescribed MAT each (totaling 80 residents).

²³ Polcin, DL; Korcha, R; Bond, J; Galloway, G (2010). ["What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?"](#). *J Psychoactive Drugs*. **42** (4): 425–33. doi:[10.1080/02791072.2010.10400705](#). PMC [3057870](#). PMID [21305907](#).

²⁴ Wittman. "Affordable housing for people with alcohol and other drug problems". *Contemporary Drug Problems*. **20** (3): 541–609.

²⁵ Polcin, Douglas L.; Henderson, Diane McAllister (June 2008). ["A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses"](#). *Journal of Psychoactive Drugs*. **40** (2): 153–159. doi:[10.1080/02791072.2008.10400625](#). PMC [2556949](#).

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Appendix: Legislative References in Louisiana's Opioid Response Plan

Year	Act No Bill No.	Subject Matter
2006	Act 676 HB 153	Establishes Prescription Monitoring Program (PMP)
2008	Same as above	PMP Implemented
2013	Act 110 HB 355	Provides relative to access to state prescription monitoring program information
2014	Act 392 SB 422	Good Samaritan Bill
2014	Act 472 SB 556	Amends frequency of reporting prescription dispensing of certain substances to the state prescription monitoring board
2015	Act 192 HB 210	Authorizes the prescribing or dispensing of naloxone to third parties
2016	HCR 113	Creates Commission on Preventing Opioid Abuse
2016	Act 370 HB 1007	Limitation of liability relative to Naloxone
2017	Act 40 HB 250	Authorizes local governments to establish needle exchange programs
2017	Act 76 SB 55	Strengthens PMP and requires 3 hours CME for prescribers
2017	Act 82 HB 192	Implements 7 day limit on first time opioid prescriptions
2017	Act 88 HB 490	Creates HOPE Council
2017	Act 241 HB 96	Provides expanded access to the PMP data

2018	Act 174 HB 658	Provides for a neonatal opiate withdrawal syndrome pilot project to improve outcomes associated with neonatal abstinence syndrome
2018	Act 232 SB 109	Adds an LDH epidemiologist to the list of those who have access to the PMP data
2018	Act 694 HB 755	Authorizes public and nonpublic school governing authorities to adopt a policy relative to the supply and administration of naloxone and other opioid antagonists
2018	Act 28 SB 90	Provides relative to a voluntary non-opioid directive form
2019	Act 80 SB 53	Authorizes the Pharmacy Board to provide PMP information to electronic health information systems and pharmacy information systems located in other states, territories, federal districts, and federal jurisdictions
2019	Act 423 HB 243	Provides a requirement that each coroner report drug overdose deaths where the decedent's toxicology results indicate that an opioid was present at the time of death.
2019	SCR 31	Designates LDH as the lead authority over the HOPE Advisory Council
2019	Act 425 HB 250	Requires each residential treatment facility licensed pursuant to existing law, R.S. 40:2151 et seq., which provides treatment for opioid use disorder to provide MAT
2019	HCR 71	Requests the Louisiana Department of Health issue regulations to allow the establishment of new opioid treatment programs and methadone dosing sites

Resources

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8. Fighting the Opioid Epidemic in Louisiana <http://ldh.la.gov/index.cfm/newsroom/detail/4991>
9. Recommendations from Expert Panel on Addressing the Opioid Epidemic in Louisiana <http://ldh.la.gov/assets/opioid/OpioidMemoLAExpertPanel.pdf>
10. Voluntary Non-Opioid Directive Form <http://ldh.la.gov/assets/docs/BehavioralHealth/Opioids/VoluntaryNon-OpioidFormFINAL9618.pdf>

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