

MEMORANDUM

TO: Dr. Rebekah Gee
Secretary
Louisiana Department of Health

FROM: Dr. Rochelle Dunham
Dr. Sarah Hamauei
Dr. Joseph Kanter

DATE: December 2018

RE: Recommendations for Addressing the Opioid Epidemic in Louisiana

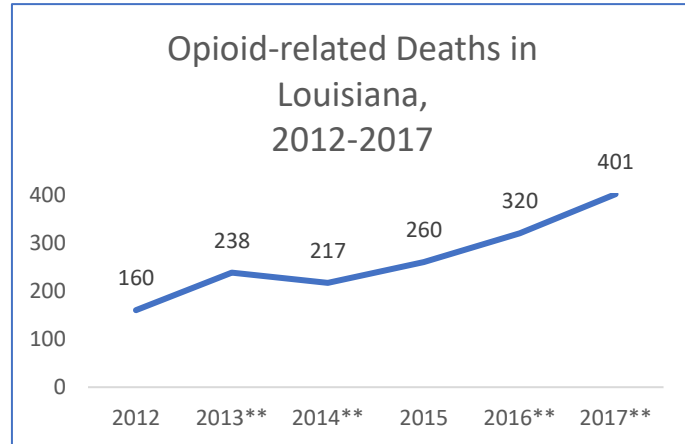
Summary

*This is indeed... a disease.
We need solutions, not knee-jerk reactions to the problem.
- Louisiana community-based clinic nurse*

Many states across the country are being profoundly affected by the opioid epidemic; Louisiana is no exception. (Figure¹) Between 2013 and 2017, Louisiana experienced a 36% increase in drug-related deaths, more than twice the national increase.² Recently, the number of overdose deaths from opioids more than doubled between 2012 and 2017.³ It appears that 2018 is on track to have the highest number of opioid-related deaths on record in Louisiana.

To date, Louisiana has taken several important actions to address this epidemic. These include:

- In 2017, the Department of Health implemented an opioid-related law that limits first-time opioid prescriptions for acute pain to a seven-day supply, mandates prescribers to register for and regularly query the Prescription Monitoring Program, and



¹ Credit: Louisiana Department of Health; Source: Louisiana Vital Records Database; *ICD-10 codes for opioids: Heroin (T40.1); Opioid Analgesic (T40.2 – T40.4); **2014, 2016, & 2017 data are preliminary

² America's Health Rankings. Trend: Drug Deaths, Louisiana
<https://www.americashealthrankings.org/explore/annual/measure/Drugdeaths/state/LA>

³ Louisiana Department of Health. Opioid-related Overdose Deaths, June 2018. Accessed October 15, 2018: http://ldh.la.gov/assets/opioid/Opioid_Death_Fact_Sheet_2018.pdf

expands access to the Prescriptions Monitoring Program to include non-prescribers such as counselors and parole officers.

- The Department of Health implemented a standing order for naloxone, allowing participating pharmacists to dispense naloxone to state residents without a formal prescription. Naloxone enjoys robust coverage in the Louisiana Medicaid program, and there is a Good Samaritan Law.
- The Louisiana Board of Elementary and Secondary Education recently added a requirement for schools to specifically include evidence-based opioid misuse prevention education in an existing state policy that mandates schools to provide substance abuse prevention education, identification and referral.⁴
- Physicians and other practitioners licensed by the Louisiana Board of Pharmacy to prescribe opioid analgesics are now required to complete 3 hours of approved continuing medical education covering at least one of the following: best-practices for the prescribing of opioids, drug diversion training, evidence-based addiction treatment, and appropriate treatment of chronic pain.
- State code now allows for the existence of Syringe Service Programs (SSP's), should the parish specifically authorize their operation. To date, Shreveport, Orleans and East Baton Rouge have done so.

To update the state's strategy for the opioid epidemic, the Louisiana Department of Health solicited ideas and comment from the public and held four public meetings, including an all-day meeting in Baton Rouge on October 5. The Department of Health gave us the honor of reviewing the public comment, understanding the available evidence, and then making priority recommendations for a statewide strategy.

We have six recommendations for Louisiana's fight against the opioid epidemic:

Recommendation 1: Louisiana should support access to non-opioid alternatives to pain management.

Louisiana has the fifth highest opioid prescription rate in the nation.⁵ To reduce unnecessary use of opioids, the state should encourage all payers to expand coverage for non-opioid alternatives and support efforts to improve training healthcare providers in use of these safer options for patients.

Recommendation 2: Louisiana should expand access to evidence-based treatment for opioid addiction. Many people with opioid addiction have difficult accessing care in Louisiana. An urgent priority is to increase initiation of evidence-based treatment in a wide variety of settings, including Emergency Departments and the correctional system. Another urgent priority is to increase the capacity for ongoing evidence-based treatment throughout the state.

Recommendation 3: Louisiana should establish a statewide quality improvement system for addiction treatment. The quality of care in the state is variable. Important steps to promote quality services include implementing quality control practices, increasing the skilled workforce, integrating addiction

⁴ Louisiana Department of Education. <https://www.louisianabelieves.com/newsroom/news-releases/2018/04/18/louisiana-public-schools-join-fight-against-national-opioid-epidemic>

⁵ Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

medicine expertise in primary care settings, and addressing the needs of co-occurring mental health conditions.

Recommendation 4: Louisiana should address addiction as a chronic illness. Just as patients with diabetes, heart failure, and cancer need a variety of treatment modalities and supportive services succeed, those with the brain disease of addiction need access to robust treatment and supportive services that help them stay alive and engaged in the recovery process.

Recommendation 5: Louisiana should expand the use of peer recovery specialists for those with opioid use disorder. By connecting with people who have opioid addiction, peer recovery specialists can improve engagement and retention in care and provide those suffering from addiction with tools for success in recovery.

Recommendation 6: Louisiana should invest in models of care to support women and families. Such efforts will facilitate service engagement of the mother, improve family outcomes and reduce the negative effects for infants of non-medically indicated exposure to opioids in utero. They will also help those infants who are exposed to have the best possible start to life.

To implement these six priority recommendations, we recommend that the state take 14 action steps, each with metrics to assess progress. It is our view that achievement of these recommendations will save lives, reduce unnecessary incarceration, and provide needed help to families besieged from opioid addiction.

Beyond our priority recommendations, Louisiana can and should take additional steps to address the opioid epidemic. These include expanding primary prevention in schools and communities and enhancing access to support in recovery (including job training and employment). Our short-term focus on the priority recommendations should not slow down work on these and other vital goals.

Recommendation 1: Louisiana should support access to non-opioid alternatives to pain

As a former pain management patient, I remember thinking after my first appointment "Wow, I can't believe he gave me this much" and telling family that "the Dr. prescribed me enough pain medicine to kill a horse"! I asked him several times about trying physical therapy or a chiropractor, but the issue was never pursued any further. I think I was given too much in the beginning, and that grew into an addiction where I almost didn't want to pursue anything else that might make me better, for fear of no longer needing the pills I had quickly grown to love.

-Louisiana online survey respondent, June 22, 2018

Background. Opioids are far from the only treatment for people who have pain. In fact, for many patients, alternatives to opioids are more effective and less expensive – and carry no risk of addiction. These include physical therapy, acupuncture, counseling, yoga, and non-opioid medications. When opioids are used, doctors should prescribe the lowest effective dose, providing a short-duration

prescription when treating acute pain and closely monitoring patient benefits and harms when treating chronic pain.⁶

Unfortunately, opioids remain a very common treatment for Louisiana residents with pain. In 2015, there were more opioid prescriptions written than there were residents of Louisiana: 103.2 per 100 persons.⁷ This high prevalence of opioid use likely reflects, in part, the difficulty accessing alternative options for the treatment of pain due to variable insurance coverage and local capacity.

Efforts to date. Louisiana has taken several important steps to reduce excessive prescribing of opioid medications for pain. In 2017, the legislature passed a bill that limits first-time opioid prescriptions for acute pain to a seven-day supply. The legislation also mandates prescribers to register for and regularly query the Prescription Monitoring Program, which includes data on all opioid prescriptions in the state. Early results have shown a 25% decrease in the average dose dispensed per claim among Medicaid recipients.⁸ As opioid prescriptions continue to fall, it is critical to support greater access to non-opioid alternatives for pain treatment, as pulling one lever without the other can create distress for patients.

Action Steps for Recommendation 1:

1. **The Department of Health and Insurance Commissioner should promote more comprehensive coverage of pain treatment, specifically opioid-sparing modalities.** The Department of Health, in conjunction with the Department of Insurance, should convene all public and private payers to explore options for enhancing coverage of physical therapy, acupuncture, and other evidence-based approaches to pain, including changing requirements for coverage. In particular, expanding coverage to non-opioid pharmacologic therapies and eliminating prior authorization and opioid treatment failures as a condition for coverage would greatly improve pain management alternatives in urgent care settings. *Metric:* Percentage of public and private insurance plans in Louisiana offering coverage of non-opioid pain treatment modalities.
2. **The Department of Health should encourage state medical schools and professional associations to educate providers about non-opioid alternatives for pain treatment.** The Department of Health should work with the state's educational institutions to assure much greater understanding of the limits of opioid treatment and the alternative options for patients. *Metric:* Number of trainings for health professionals in non-opioid treatment of pain.

⁶ US Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain. Accessed October 11, 2018: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm>

⁷ IMS Health, 2016 <https://www.unmc.edu/cce/handouts/opioid/OpioidMasterList-CompleteDoc.pdf>

⁸ Louisiana Opioid Town Hall Series. http://ldh.la.gov/assets/oph/pcrh/2018_Rural_Health_Workshops/Opioid_Epidemic_Town_Hall_Series_Dr_Peters_en.pdf

Recommendation 2: Louisiana should expand access to evidence-based treatment for opioid addiction.

There is a very tight window for when someone is ready to get help. We need to do a better job of connecting them in that moment. We need to be able to say, "Go NOW."

– Community-based peer specialist

Background. Many Louisiana residents struggle to access effective treatment for opioid addiction, particularly outpatient and residential treatment that offers the FDA-approved medications methadone and buprenorphine. Use of these medications is associated with a decline in the risk of overdose, fewer arrests, and greater employment. Recent studies have shown that patients who initiate treatment with buprenorphine in the Emergency Department are more likely to stay engaged in treatment and less likely to use opioids.⁹ Rhode Island has established standards for providing such care in health systems. Rhode Island has also shown that providing medication-assisted treatment to individuals in the criminal justice system in Rhode Island can reduce their risk of overdose death by 60%.¹⁰ Treatment in detention also significantly reduces arrest and recidivism.^{11,12} The integration of evidence-based treatment across the criminal justice continuum and programs that divert individuals from arrest for low-level crimes into treatment can be particularly effective.

Efforts to Date. The Department of Health supports ten opioid treatment programs across the state that are licensed to dispense methadone. The Department of Corrections runs two re-entry programs to help connect individuals to care. In 2018, the Louisiana Department of Health Office of Behavioral Health was awarded \$24 million dollars to expand and enhance prevention, response activities, medication-assisted treatment, and access to behavioral health services across two years.¹³

Action Steps for Recommendation 2:

- 3. The Department of Health should facilitate greater access to and capacity for treatment with buprenorphine and depot naltrexone in outpatient treatment, primary care, and residential settings.** To promote the timely use of evidence-based treatments for opioid addiction in multiple settings, the Department of Health should remove prior-authorization requirements for buprenorphine/naloxone in Medicaid plans and, in conjunction with the Commissioner of

⁹ Duber et al. (2018). Identification, Management, and Transition of Care for Patients With Opioid Use Disorder in the Emergency Department. *Ann Emerg Med*, 72(4), 420–431

¹⁰ Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*, 75(4), 405-407.

¹¹ Schwartz, R. P., Jaffe, J. H., O'Grady, K. E., Kinlock, T. W., Gordon, M. S., Kelly, S. M., ... & Ahmed, A. (2009). Interim methadone treatment: impact on arrests. *Drug & Alcohol Dependence*, 103(3), 148-154.

¹² Marsch, L. A. (1998). The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior and criminality: a meta-analysis. *Addiction*, 93(4), 515-532.

¹³ Louisiana receives \$24 million in federal grant dollars to combat opioid overdose epidemic. <http://ldh.la.gov/index.cfm/newsroom/detail/4754>

Insurance, should encourage private insurance plans to do the same. The state should continue to work with the Society of Addiction Medicine and primary care organizations, in collaboration with Pew Charitable Trusts, to identify all obstacles to treatment and address them. *Metrics:* Number of active prescribers of buprenorphine and naltrexone reported by type of treatment setting; Number of patients receiving treatment reported by type of treatment setting; Percentage of Medicaid enrollees currently in a managed care plan that does not require prior-authorization for buprenorphine/naloxone.

4. **The Department of Health and Department of Corrections should encourage all Emergency Departments and Correctional facilities to offer effective addiction treatment.** The state should consider models such as the approach used in Rhode Island for encouraging health systems to offer buprenorphine in the Emergency Department and a broad range of other addiction services. The state should also explore funding mechanisms and other options to meet the American Correctional Association standard of access to treatment for all 3 FDA-approved medications in the criminal justice system. *Metric:* Number of participating Emergency Departments (reported to the Louisiana Department of Health) and jails and prisons (reported to the Louisiana Department of Corrections).
5. **The Department of Health should cover treatment for opioid addiction with methadone in the Medicaid program.** This step will allow hundreds more people to access this broadly recommended, life-saving and evidence-based therapy. *Metric:* Number of Medicaid recipients engaged in treatment with methadone; Percentage of Medicaid enrollees residing within 60 miles of a clinic that accepts Medicaid payment for methadone treatment.
6. **The Department of Health should increase knowledge of available services.** As treatment capacity expands, the Louisiana Department of Health should implement a robust 24-hour information and connection-to-treatment hotline for access to services. A public relations campaign should be launched in tandem with the hotline. Keys to an effective information line include effective referral protocols for trained staff, timely knowledge of provider availability, and ability to connect callers directly with service providers and/or arrange appointments. *Metric:* Number of newly engaged residents in publicly funded behavioral health services.
7. **Law enforcement in Louisiana should seek opportunities to divert individuals with addiction to treatment instead of incarceration.** The state should convene law enforcement to review models of diversion that integrate behavioral health consults with judicial treatment determinations and are associated with fewer overdoses, less recidivism, and less cost. *Metric:* Number of individuals diverted from jail to treatment.

Recommendation 3: Louisiana should establish a statewide quality improvement system for addiction treatment

In order to be high quality, staff must be extremely qualified and supported. Salaries must be on the higher end of the range for such positions to prevent high turnover rates. Staff must have an operating budget that allows them to provide quality care

- Louisiana online survey respondent

Background. The American Society of Addiction Medicine has identified standards of care for addiction medicine that include, but are not limited to, comprehensive assessments, medical care coordination,

tracking patient progress, and offer social service referrals and effective transitions in care that reflect the patient's goals and lead to sustained recovery.¹⁴ For some treatment programs, these standards may be a challenge to meet. Quality improvement processes must be in place to identify opportunities to provide technical assistance and accountability, as well as support the delivery of evidence-based care. Monitoring quality also provides opportunities for peer-to-peer learning during which facilities with successful business models and positive patient outcomes can share lessons learned. Quality improvement efforts at the state level can help differentiate quality programs from those that may put patients at risk.

Efforts to Date. Oversight responsibilities for addiction treatment are now shared between the Addictive Disorder Regulatory Authority, the Office of Behavioral Health and the Medicaid program. The American Society of Addiction Medicine and CARF International announced in October 2018 the launch of a national certification pilot program that designates addiction treatment programs that demonstrate service delivery consistent with established standards of care.¹⁵

Action Steps for Recommendation 3:

8. **The Department of Health should convene regulators, payers, and treatment programs to develop a set of quality standards and processes for advancing quality across the addiction treatment system.** Key standards for treatment programs should include data management, provision of evidence-based treatments, access to addiction medicine specialists, and the recognition and management of co-occurring mental health disorders. Standards should support programs that work to help patients who suffer from a relapse, rather than push them out of treatment altogether. Accountability for reaching set standards can be fostered by state adoption of developed standards and by creating a process by which programs report performance metrics to a monitoring entity. It may be possible for Louisiana to participate in the newly announced American Society of Addiction Medicine certification pilot program. *Metric:* Establishment of a quality improvement program.
9. **The Department of Health should work closely with high quality treatment providers to assure that policy supports the continued provision of excellent care.** During the public comment period, treatment providers, particularly those that offer residential care, reported increasing difficulty gaining authorization from insurers and a lack of alignment between medical necessity criteria and evidence-based guidelines. The state should consider establishing a designation of high-quality care that can qualify for higher reimbursement, fewer ineffective restrictions and less burdensome management by payers. *Metric:* Establishment of a designation for high-quality care and a corresponding incentive program.

¹⁴ The American Society for Addiction Medicine. The ASAM Standards of Care. Accessed October 11, 2018: <https://www.asam.org/docs/default-source/publications/standards-of-care-final-design-document.pdf>

¹⁵ American Society of Addiction Medicine Level of Care Certification. <https://www.asam.org/resources/level-of-care-certification>

Recommendation 4: Louisiana should address addiction as a chronic illness.

*There should be no shame in asking for help.
– Louisiana medical tech*

*Many believe substance abuse is just a sign of weakness, irresponsibility, and even some would say "Evilness."
– Louisiana community provider*

*Generally speaking, the public views addiction as failed personal responsibility rather than as a disease. Why not educate them so that perceptions might move from judgment and stigma to compassion and concern?
– Louisiana marketing consultant*

Background. Until recently, addiction has been considered a short-term condition, with the expectation that an individual can undergo a few months of treatment and emerge with the tools to maintain lifelong abstinence. Those who failed with such treatment were considered by some to be weak or unworthy of continued care.

Research now demonstrates that this view of addiction is not accurate. Substance use causes physical changes in the brain, indicating that addiction is better seen as a chronic illness. This means that like patient with diabetes, heart failure, and cancer, individuals need support at every stage of their disease, long-term treatment, and assistance with recovery.¹⁶ Without a chronic disease approach, systems may not be prepared to provide the long-term supports individuals need to succeed and avoid the blame and shame that often accompany a failure to meet unrealistic expectations.

A critical step in seeing addiction as a chronic illness is providing support for individuals during periods of acute exacerbation such as relapse, even when they are not interested in treatment. While reducing harm, this support can help people take critical steps forward. Programs such as naloxone distribution, syringe exchange, and rapid fentanyl checking can save lives, help engage people with addiction in non-judgmental spaces that “meet people where they are” and create connections that lead to treatment and recovery.^{17,18}

Efforts to date. To keep individuals with opioid addiction alive and help them access treatment, the Louisiana Department of Health has implemented a standing order for naloxone. This order allows participating pharmacists to dispense naloxone without a formal prescription. However, knowledge of expanded access is limited, and pharmacies vary widely in their practice of stocking naloxone. The Department of Health is also preparing a public communications campaign on addiction.

¹⁶ Dennis M and Scott CK 2007. Managing Addiction as a Chronic Condition. *Addict Sci Clin Pract*. Accessed Oct 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797101/>

¹⁷ Centers for Disease Control and Prevention. (2018). HIV/AIDS: Syringe Services Programs. *Centers for Disease Control and Prevention*. Retrieved from <https://www.cdc.gov/hiv/risk/ssps.html>.

¹⁸ Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., & Green, T.C. (2018). FORECAST Study Summary Report. *Johns Hopkins Bloomberg School of Public Health*. Retrieved from https://americanhealth.jhu.edu/sites/default/files/inline-files/Fentanyl_Executive_Summary_032018.pdf.

Action Steps for Recommendation 4:

10. **The Department of Health should support a wide range of services to engage people with opioid addiction in care and treatment.** These services should include syringe exchange and fentanyl testing programs with quick access to effective treatment. In fact, Louisiana can support the initiation of treatment in alternative settings, such as syringe exchange programs. Louisiana should also encourage every pharmacy to stock naloxone. *Metric:* Number of reported treatment starts in alternative settings, and number of pharmacies that stock naloxone.
11. **The Department of Health should confront the stigma associated with opioid addiction.** Stigma keeps people from seeking the care and treatment needed to turn their lives around, and it leads the healthcare system and even treatment providers to harshly judge individuals with addiction. Addressing stigma in a broadly disseminated campaign will lead to a more welcoming environment for care and greater success in treatment and recovery. Working with the community, particularly those with lived experience, to help frame and disseminate the anti-stigma messaging is critical to the success of the initiative. *Metric:* Change in public attitudes following an anti-stigma campaign, as determined by an independent evaluation.

Recommendation 5: Louisiana should expand the use of peer recovery specialists for those with opioid use disorder

One of the greatest differences to me between counseling and peer support is the process of discovery as to what caused the initial addiction and exploring how to use coping strategies to get over those triggers. Peer support would be essential in relating to the client and helping them with the process.

– Louisiana resident

Background. For those fighting a battle with addiction, sometimes the best way to see the road ahead is to ask those coming back. Research, while limited, suggests that peer support services can improve treatment retention and relapse rates, as well as patient satisfaction with the treatment experience.^{19,20} Recovery from a chronic illness can take years and often involves transitions in and out of treatment. Peer specialists are uniquely positioned to help facilitate a successful return to the community, transitions to other levels of care and reengagement in treatment if relapse occurs.

Connecticut started a program in 2017 that dispatches peer recovery coaches to meet overdose survivors in the emergency room²¹ and incorporated performance measures specifically related to peer

¹⁹ Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. *J Subst Abuse Treat.* 2016 Apr;63:1-9.

²⁰ Reif S, Braude L, Lyman DR, Dougherty RH, Daniels AS, Ghose SS, Salim O, Delphin-Rittmon ME. Peer recovery support for individuals with substance use disorders: assessing the evidence. *Psychiatr Serv.* 2014 Jul;65(7):853-61.

²¹ Connecticut Department of Mental Health and Addiction Services. New Program Connects Overdose Victims to Recovery Coaches. <https://www.ct.gov/dmhas/cwp/view.asp?a=2911&q=592406>

recovery supports. Other successful programs are in Rhode Island, Indiana, and Arizona.²² The International Association of Peer Supporters offers a curriculum for experienced peers, funded by the Substance Abuse and Mental Health Services Administration, to help peers with topics such as integrating medical and recovery models.²³

Efforts to date. The Department of Health currently promotes the use of peer support specialists in substance use disorder facilities, as well as care coordination, resource coordination and recovery coach development. Yet, the availability of peers is limited, and state law extends beyond licensing criteria to require peer recovery specialists to have a college degree before reimbursed.

Action Steps for Recommendation 5:

- 12. The Department of Health should create a workforce of certified peers.** The state should repeal the requirement for a BA for peers who provide support on addiction. The state's educational institutions should establish training programs to prepare people in recovery for certification testing upon degree completion while differentiating the roles of peers and counselors. The state's Medicaid program should provide reimbursement for peers in treatment programs and healthcare settings. *Metric:* Number of certified peers in Louisiana providing Medicaid reimbursable services for patients with opioid addiction.

Recommendation 6: Louisiana should invest in models of care to support women and families

"If babies are born ... to using mothers, ...make a plan that includes treatment instead of taking the child away." - Louisiana addiction treatment center staff

Background. Louisiana observed a six-fold increase between 2003 and 2013 in Medicaid costs related to treating infants with neonatal abstinence syndrome. These infants can be divided into two groups: those whose parents are still suffering from active addiction to opioids and other drugs, and those whose parents are in treatment and recovery and are rebuilding their lives. Infants in the first group are at high risk for adverse outcomes, including out of home foster care placement, trauma, and mistreatment. To reduce the number of infants facing these challenges, the key is to provide support for women prior to and during pregnancy and to promote care for families after delivery.

In particular, treatment of pregnant women with buprenorphine or methadone is associated with less illicit drug use, improved maternal and child health outcomes, as well as a lower chance of loss of custody.²⁴ Comprehensive models of family care that have been associated with improved

²² Chapman et al. Case Study of Peer Providers in the Behavioral Health Workforce: Arizona Accessed October 12, 2018. https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Case_Study_of_Peer_Providers_in_the_Behavioral_Health_Workforce_Arizona.pdf

²³ Recovery to Practice Curriculum. <https://www.inaops.org/recovery-to-practice-next-steps>

²⁴ Stover MW and Davis JM 2015. Opioids in pregnancy and neonatal abstinence syndrome. Accessed October 12, 2018: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4628571/>

developmental outcomes for children and improved social outcomes for families.²⁵ These models are critical to addressing the underlying challenges reflected in rising rates of neonatal abstinence syndrome.

Efforts to date. The Department of Health recently launched a program in one pilot hospital to provide screening, brief intervention and referral to treatment to address neonatal opioid withdrawal.²⁶ However, access is limited to medications for opioid use disorder for pregnant women in Louisiana and it is essential to address this limitation for the pilot program to be effective.

Action Steps

13. **The Department of Health should assure that all pregnant women have access to critical medications and other supports for opioid use disorder.** All birthing centers should train and equip obstetric practices so that they can diagnose and treat opioid use disorder. *Metric:* Number of birthing centers providing treatment of opioid use disorder as recommended by the American College of Obstetricians and Gynecologists.
14. **The Department of Health should support a network of comprehensive programs to support families in which the parents have a history of opioid use disorder.** Evidence-based home visiting and other such programs are critical for at-risk families and can provide a wide range of supports, including resources for housing and jobs, that help children and their parents succeed. Attention should be paid to offering programs that address the unique logistical challenges and facilitators to service engagement of women.²⁷ *Metric:* Number of comprehensive family support programs; Number of coordinated programs for families with inclusion criteria that allows for participation of individuals with opioid addiction.

ADDITIONAL OPPORTUNITIES FOR PROGRESS

In addition to these priority recommendations, there are range of additional opportunities for prevention, treatment, recovery and supporting those with opioid use disorder and their loved ones to create long term improvement. Specifically, these include expanding effective educational programs in elementary, secondary, and postsecondary schools, improving economic opportunities to reduce the despair that can lead to opioid addiction, and supporting people in recovery with greater access to housing, jobs, and medical care.

²⁵ Home Visiting Evidence for Effectiveness. <https://homvee.acf.hhs.gov/>

²⁶ Louisiana Substance Use in Pregnancy Toolkit. Accessed October 12, 2018: <http://ldh.la.gov/assets/docs/BehavioralHealth/NASBooklet.pdf>

²⁷ Substance Abuse and Mental Health Services Administration. (2004) Developing Integrated Services for Women with Co-Occurring Disorders and Trauma Histories. Accessed October 25, 2018: <https://www.samhsa.gov/sites/default/files/wcdvs-lessons.pdf>

Conclusion

Louisiana is facing a rising tide of opioid addiction and overdose. The state is moving quickly to address this challenge, but more can be done. To update its strategy, the Department of Health has held a series of public meetings and comment periods to hear from those most affected by the epidemic. After reviewing the resulting ideas, as well as available evidence, we have made 6 priority recommendations. Implementing these recommendations, as well as pursuing other important work on the opioid epidemic, will save many lives in Louisiana.

About the Authors

Rochelle Head-Dunham, MD

Dr. Rochelle Head-Dunham is a New Orleans native and currently serves as the Executive Director and Medical Director for Metropolitan Human Services District (MHSD), the Local Governing Entity tasked with service delivery for persons suffering from Mental Illness, Addictive Disorders and Intellectual/Developmental Disabilities, residing in Orleans, St. Bernard and Plaquemines Parishes.

Dr. Head-Dunham's academic and administrative leadership as an Addiction Psychiatrist has fostered noteworthy advances in the fields of Addiction and Mental Health. She has served as a subject matter expert in various national and state capacities informing best practices for the field of behavioral health. Her success as a thought leader and strategists for programmatic development, training and staff development is well documented over the course of her career. As an academician, Dr. Head-Dunham has lectured and trained extensively, both locally and nationally. Her clinical acumen coupled with her transformative management style have shaped an administrative career that fosters enduring changes for both system and individual levels of performance.

Dr. Head-Dunham currently serves as Clinical Associate Professor and Clinical Assistant Professor of Psychiatry at LSU and Tulane University Schools of Medicine, respectively. Her past immediate appointments were Assistant Secretary and Medical Director for the Office of Behavioral Health (OBH) within the Louisiana Department of Health (LDH). In that capacity, she represented the state of Louisiana nationally, as both the Mental Health and Addictive Disorders authority, serving as both the Commissioner of Mental Health for the National Association of Mental Health Program Directors (NASMHPD), and the Single State Agency Director for the National Association of Alcohol and Drug Abuse Directors (NASADAD).

A trailblazer in her own right, a few of Dr. Head-Dunham's additional accomplishments include:

- FIRST psychiatrist to complete a Substance Abuse Fellowship at Tulane University School of Medicine
- FIRST physician and African American to serve in the dual role of Assistant Secretary and Medical Director for OBH, and now as the Executive Director and Medical Director for MHSD
- FIRST physician representative for the National Association of Substance Abuse and Drug Addiction Directors, receiving the Service Award in 2015 for "*Outstanding service & commitment to the field of substance abuse treatment.*"

Dr. Dunham's vision is to advance her legacy of transformative change to the local tri-parish areas served by MHSD. MHSD, as a "Center of Excellence" for all mental, addictive and intellectual/developmental disability needs, is destined to become the "go to" agency for service, partnership and learning.

Sarah Hamauei, MD

Dr. Sarah Carroll Hamauei, a Louisiana native, completed her undergraduate education at LSU in Baton Rouge. She received dual degrees in both Psychology and Microbiology upon graduation. She then attended LSUHSC School of Medicine in Shreveport, where she completed medical school and residency in Family Medicine in 2009. She began treating addiction in 2010 and expanded to treating all substance addictions after becoming boarded in 2015. She now practices Addiction Medicine exclusively. She

currently runs a small private outpatient clinic where she tailors treatment to each individual patient's needs using modern, evidence-based techniques. In addition, Dr. Hamauei consults for multiple companies as the staff Addictionologist, including HealthyBlue. She has contributed to the development of curriculum for several IOP and outpatient clinics.

Dr. Hamauei is on the Board of Directors for the Shreveport Medical Society and is an active member of the Louisiana State Medical Society, American Society of Addiction Medicine, Louisiana Society of Addiction Medicine, and the American Academy of Family Physicians. She holds active boards from the American Board of Preventive Medicine in Addiction Medicine, American Board of Addiction Medicine, and American Board of Family Medicine. She continues to develop recommendations for improvements to current standards in our state based on ASAM national standards.

Joseph Kanter, MD, MPH

As Administrator and Medical Director for Region 1 of the Louisiana Office of Public Health, Dr. Joe Kanter serves as the lead public health official for the Greater New Orleans area, coordinating clinical services, emergency preparedness, infectious disease control, and strategic health initiatives in the region. In his former role as Director of Health for the City of New Orleans, Dr. Kanter led Mayor Mitch Landrieu's comprehensive opioid mitigation strategy which included issuing a first-in-the-state standing order for naloxone, equipping the New Orleans Police Department with the reversal medication, increasing availability of medication assisted treatment, promoting harm reduction services, and initiating a City-wide effort to reduce the stigma of addictive disorders.

A practicing Emergency Physician at University Medical Center, primary care physician at the Health Care for the Homeless clinic, and Clinical Assistant Professor of Medicine at both LSU Health Sciences Center and Tulane School of Medicine, Dr. Kanter cares for a broad and extremely diverse spectrum of patients in the New Orleans area, including some of the most vulnerable in our community. His primary interests are expanding access to patient-centered care, promoting health equity, and developing innovative, collaborative methods of keeping frequent users of the emergency department healthy, productive, and out of the hospital.

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