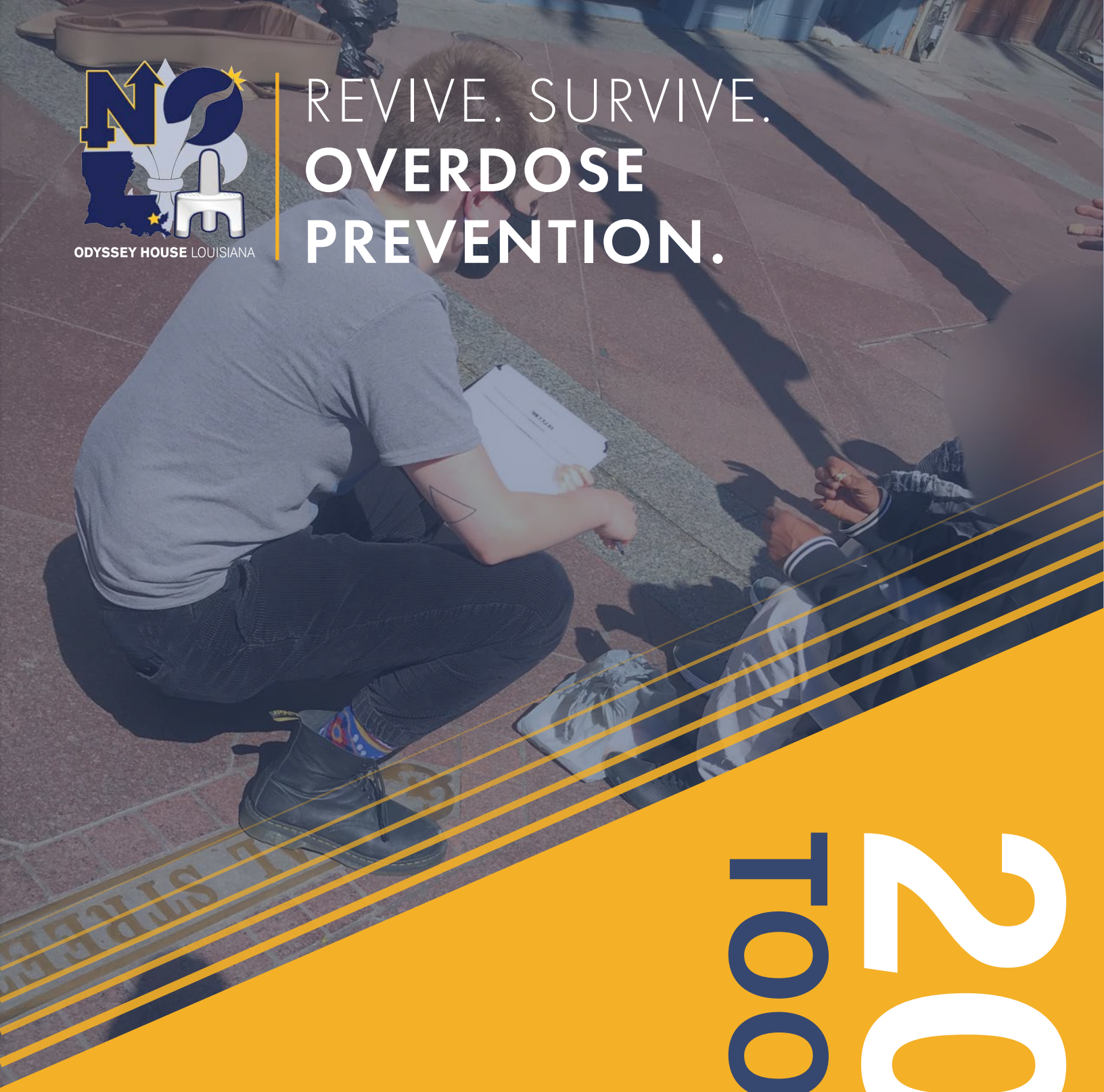

ODYSSEY HOUSE LOUISIANA

REVIVE. SURVIVE. OVERDOSE PREVENTION.

2021 TOOLKIT

ADDRESSING THE OPIOID EPIDEMIC IN NEW ORLEANS, LOUISIANA THROUGH A UNIQUE CONTINUUM OF CARE AND EVIDENCE-BASED RESEARCH.

PREPARED BY: HELENA LIKAJ, ANNETTE JOHNSON, & LAUREN DIEBOLD

ABOUT OUR **TOOLKIT**

Throughout its multiple programs such as Detox, Short term, and long term residential, Odyssey House Louisiana (OHL) provides services to over 1,500 individuals each month. We use evidence-based practices to guide our programs and are nationally recognized as a model substance use treatment program. Our detox facility provides a 5-7 day medically assisted treatment for those experiencing addiction and withdrawals; our short and long-term residential facilities provide additional comprehensive services that aid in persons' road to recovery. OHL's Prevention Department supports the agency's mission and vision by providing services directly to community members through various initiatives. We prioritize increasing access to equitable compassionate health care throughout the community through capacity building, direct services, and linkage to wraparound services.

OHL's Revive. Survive. OverDose Prevention Program (Revive. Survive. ODP) is a five-year SAMHSA-funded grant designed to address and alleviate the opioid epidemic in New Orleans. This toolkit was developed through evidence-based research which includes New Orleans-specific research conducted by Revive. Survive. ODP; overdose prevention training; community outreach; and naloxone distribution.

If you are interested in the 2020 Toolkit, please click here

This year's toolkit contains information about our team's ongoing community work, as well as data and statistics, and evidence-based research. In addition, we cover laws that have affected our efforts at the local, state, and national levels. This toolkit takes a deep dive into the complexity of addiction, opioid use disorder, and harm reduction. Furthermore, we investigate social and environmental factors that have impacted our efforts and our community's health outcomes, such as the COVID-19 pandemic.

The Revive. Survive OverDose Prevention team aims to:

- Increase access to naloxone
- Identify and serve priority populations
- Increase access to treatment services
- Increase awareness and implementation of the harm reduction approach throughout New Orleans

- Develop naloxone distribution workflow recommendations for treatment facilities, Federally Qualified Health Centers (FQHCs), and Community Based Organizations (CBOs)
- Train prescribers, pharmacists, clients, and community members on a cursory history of the opioid epidemic, naloxone administration and access, and tools to address the needs of individuals suffering from addiction
- Facilitate citywide partnerships and capacity with pharmacists, health care providers, social service agencies, community members, and local governance.
- Collectively, we can develop and strengthen our strategies, resources, tools, and data collection efforts to address the unique needs of New Orleans. Through this approach, Revive. Survive. ODP is determined to improve the overall health outcomes of all New Orleanians.

ACKNOWLEDGEMENTS

This work could not be possible without the ongoing support of
our Advisory Board Members and volunteers:
Dr. Jennifer Avegno

We would also like to take this time to remember those who have been impacted
by COVID-19, Hurricane Ida, and the Opioid Epidemic.

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As you make your way through this toolkit, we ask all to please be mindful of our choice of language.

It is critical to recognize that our biases, both implicit and explicit, can result in unintentional or intentional stigma within a population, society, or organization. When dealing with a human-level issue like addiction, understanding that the words you speak possess power and can create a platform for change or trauma.

Which one do you choose?

To reduce stigma, consider these 5 questions:

1. ***Are you using "person first" language?*** Avoid labeling individuals as problems. Use "a person with substance use disorder" rather than "drug abuser" or "addict"

2. ***Are you conflating substance use and substance use disorder?*** An individual who uses or has used substances in the past does not necessarily experience the symptoms associated with substance use disorder (SUD). For example, avoid the assumption that if someone has used heroin they suffer from SUD or addiction.

3. ***Are you using technical language rather than colloquialism or words with inconsistent definitions?*** Be sure you are up to date with the most current clinical and technical language to avoid perpetuating stigmatizing language. For example, "substitution/replacement treatment" implies that one opioid is being substituted for another and perpetuates the stigma of "once an addict, always an addict." Instead, "medication-assisted treatment" (MAT) or "pharmacotherapy for opioid use disorder" is more appropriate.

4. ***Are you using sensational or fear-based language?*** Referring to emerging drug threats as "newer," "bigger," "scarier," or "unlike anything is ever seen before" can be perceived as inauthentic by people who use those substances. It further compounds stigma by conveying the message that anyone who uses such a "terrible" substance is dangerous, or illogical.

5. ***Are you unintentionally perpetuating drug related moral panic?*** Verbiage such as "crack baby" and "junky" places blame on the individual and results in moral panic and marginalization. The fear of judgement and mistreatment by medical professionals often prevents individuals from getting the services they need.

Source: SAMHSA. *Words Matter: How Language Choice Can Reduce Stigma*

GLOSSARY OF **TERMS**

Abstinence: in the context of substance use disorder, abstinence refers to refraining from alcohol or drug use.

Acute Pain: is an expected physiologic experience to harmful stimuli that can become pathologic, is normally sudden in onset, time limited, and motivates behaviors to avoid actual or potential tissue injuries.

Addiction: a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are as successful as those for other chronic diseases.

Agonist: a substance that acts on or binds to a neuronal receptor to produce effects like those of a reference drug.

Antagonist: a substance that counteracts the effects of another agent. Pharmacologically, an antagonist interacts with a receptor to inhibit the action of an agonist that produces specific physiological or behavioral effects mediated by that receptor.

Analog: Drugs that are similar in chemical structure or pharmacological effect to another drug but are not identical. The number of fentanyl analogs contributes to the increasing number of fentanyl related fatalities.

Benzodiazepines: sedatives used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person's risk of overdose and death.

Biopsychosocial: refers to a medical problem or intervention that combines biological, psychological, and social elements.

Buprenorphine: a partial opioid agonist that is used to treat opioid addiction as well as acute and chronic pain. Exhibits agonist effects at mu and delta opioid receptors and antagonist effects at kappa opioid receptors. Component of Sub Oxone (buprenorphine/naloxone), a medication used for MAT.

Chronic Pain: is pain that occurs on at least half the days for six months or more.

Delirium: an acute organic cerebral syndrome characterized by concurrent disturbances of consciousness, attention, perception, orientation, thinking, memory, psychomotor behavior, emotion, and sleep-wake cycles. Delirium tremens may occur during alcohol-induced withdrawal.

Dependence: a cluster of physiological, behavioral, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value.

Depressant: any agent that suppresses, inhibits, or decreases some aspects of central nervous system activity.

Detoxification (Detox): also referred to as a managed withdrawal or supported withdrawal, detox is the supported cessation of a psychoactive substance.

Disparity: in the context of health, is a health difference that is linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect groups of people that have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.

Extended-release/long-acting opioids: slower-acting medication with a longer duration of pain-relieving action.

Fentanyl: a synthetic opioid significantly more potent than morphine or heroin. Evidence of fentanyl has been found in a growing number of overdose fatalities, either mixed with another substance or by itself.

Harm Reduction: is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Heroin: an opioid drug synthesized from morphine.

Illicit Drug: the use of a variety of drugs that are prohibited by law. This includes illicitly produced and distributed substances as well as prescriptions medication consumed by someone other than the prescribed.

Immediate-release opioids: Faster-acting medication with a shorter duration of pain-relieving action.

Integrated Health Care: Is a model that includes the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

Medication-Assisted Treatment (MAT): combines behavioral therapy and medications to treat substance use disorders such as opioid addiction. Methadone, buprenorphine/naloxone (Suboxone) and naltrexone (Naltrexone) are some medications used in MAT.

Methadone: a long-acting opioid agonist medication used in MAT for opioid addiction, often taken as an oral solution in specially designated clinics referred to as Opioid Treatment Programs (OTPs).

Naloxone: generic name for opioid-overdose reversal medication, also known by the brand name NARCAN. This medication is safe, has no addictive potential, and is appropriate for layperson use. It can be administered as a nasal spray, intramuscular injection, or an auto injector,

Naltrexone: an opioid antagonist medication uses in MAT that helps prevent opioid cravings.

Neonatal Abstinence Syndrome: A group of behavioral and physical conditions, or withdrawal syndromes that occurs in newborns exposed to certain substances, including opioids in the womb during pregnancy. (CDC, 2019)

Nonmedical use: taking a medication prescribed to another or taking prescribed medication for an unauthorized amount, frequency, duration of time or indication.

Non-opioid therapy: methods of managing pain that does not involve opioids. These methods can include but are not limited to, acetaminophen (Tylenol) or ibuprofen (Advil), cognitive behavioral therapy, physical therapy, acupuncture, meditation, exercise, medications for depression or for seizures, or interventional therapies (injections).

Opioid: A natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain.

Opioid Use Disorder: An addictive disorder that includes physical and psychological reliance on opioids.

Opiate: refer to specifically natural opioids such as heroin, morphine, and codeine.

Overdose: the use of any drug in such an amount that acute adverse physical or mental effects are produced. Overdoses may result in lasting detrimental effects or death.

Peer Support Specialist: a person willing to self-identify as having a serious mental health condition or addictive disorder with lived, firsthand experiences. Specific training and/or specialized certification is typically provided to these individuals. The role of a peer support specialist is to support others in the recovery process.

Polysubstance Use: the use of more than one drug at once (Example: opioids and benzodiazepines).

Psychosocial Intervention: any non-pharmacological intervention carried out in a therapeutic context at an individual, family, or group level. Psychosocial interventions can be structured, professionally administered interventions such as cognitive behavioral therapy or insight-oriented psychotherapy. They can also be non-professional interventions such as self-help groups, financial support, legal support, employment assistance, information, and outreach.

Physical Dependence: adaptation to a drug that produces tolerance and symptoms of physical withdrawal when the drug is stopped.

Rebound Toxicity: the re-emergence of respiratory depression and other features of opioid overdose following the temporary reversal of opioid overdose symptoms with an opioid antagonist such as naloxone.

Recovery: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Individuals with severe and chronic substance use disorder can, with help, overcome their substance use disorder and regain health and social functioning.

Relapse/Recurrence: a return to substance use after a period of abstinence, often accompanied by reinstatement of dependence symptoms. The Stages of Change Model identifies relapse as a normal progress in the cycle of change.

Suboxone: is a medication used to treat opioid addiction. It is a mixed opioid agonist antagonist composed of buprenorphine and naloxone.

Substance Abuse and Mental Health Services Administration (SAMHSA): the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health (mental illness and addiction) of the nation.

Substance Use Disorder (SUD): a medical illness caused by repeated use of a substance or substances causing clinically significant impairments in health, social function, and control over subsequent substance use. Substance use disorders are diagnosed through assessing cognitive, behavioral, psychological symptoms. Moderate to severe substance use disorders are commonly referred to as addiction.

Stigma: is defined as an attribute, behavior, or condition that is socially discrediting. It is influenced through the understanding of cause and controllability being either internal or external. The misconception that addiction is a choice, and an individual has caused it or can control it has resulted in significant stigma surrounding substance use disorder. As a result, individuals with addiction are less likely than those with other medical conditions, to receive treatment, remain engaged in treatment, or receive adequate services unrelated to addiction. The resulting health disparities illustrate the need for improvements in practice and services.

Syringe Service Programs (SSPs): also known as needle-exchange programs, work to reduce the spread of infectious diseases such as Hepatitis C and HIV by removing used injection equipment from circulation. Research shows that through wrap around services and referrals to addiction treatment SSPs reduce the number of active injection drug users in their area.

Tolerance: a symptom of physical dependence in which higher doses of a drug are required to produce the same effect achieved previously. Opioids are known for producing physiologic tolerance.

Trans theoretical Model of Change/Stages of Change Model: The Trans theoretical model posits that health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and recurrence. Ten processes of change have been identified for producing progress along with decisional balance, self-efficacy, and temptations.

Trauma: Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Although many individuals report a single specific traumatic event, others, especially those seeking

mental health or addiction treatment services, have been exposed to multiple or chronic traumatic events.

Trauma Informed Approach: A trauma-informed approach to the delivery of health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.

Withdrawal: a group of symptoms of variable clustering and degree of severity that occur on cessation or reduction of the use of a psychoactive substance that has been taken repeatedly. Depending on the substance and level of physiological dependence, withdrawal can be fatal. Opioid withdrawal is not typically fatal. The following are common opioid withdrawal symptoms: stress, anxiety, depression, and flu like symptoms including nausea, vomiting, sneezing, and cramping.

Commonly Used Acronyms

Adverse Childhood Experiences	ACEs
Center for Disease Control and Prevention	CDC
Centers for Medicare and Medicaid Services	CMS
Drug Enforcement Administration	DEA
Federally Qualified Health Center	FQHC
Fentanyl Test Strips	FTS
Food and Drug Administration	FDA
Illicitly Manufactured Fentanyl	IMF
Intensive Outpatient Program	IOP
Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual	LGBTQIA+ (often a **plus** sign meant to cover anyone else who is not included)
Louisiana Department of Health	LDH
Louisiana Public Health Institute	LPHI
Medication Assisted Treatment	MAT
Metropolitan Human Services District	MHSD
National Institute of Health	NIH
Neonatal Abstinence Syndrome	NAS
Neonatal Opioid Withdrawal Syndrome	NOWS
New Orleans Health Department	NOHD
New Orleans Syringe Access Program	NOSAP
Odyssey House Louisiana	OHL
Office of Behavioral Health	OBH
Office of National Drug Control Policy	Office of National Drug Control Policy

Office of Public Health	OPH
Opioid Related Diagnoses	ORD
Opioid Treatment Program	OTP
Opioid Treatment Program	OUD
Orleans Parish Sheriff's Office	OPSO
People Who Use Drugs/ People Who Inject Drugs	PWUD/PWID
Prescription Drug Monitoring Program	PMDP
Screening, Brief Intervention, and Referral Treatment	SBIRT
Substance Abuse and Mental Health Services Administration	SAMHSA
Substance Use Disorder	SUD
U.S. Department of Health and Human Services	HHS
World Health Organization	WHO

YEAR FOUR **OVERVIEW**

Team

Program Director: Helena Likaj, MPH

Project Coordinator: Annette Johnson, MPH

Outreach Coordinator: Lauren Diebold, MPH

Our program aims to address and alleviate the opioid epidemic in the Greater New Orleans region by developing and implementing a unique multi-faceted program providing comprehensive quality care supporting the unique needs of the New Orleans community.

Our team is supported by Policy and Research Group Evaluators Carolyn Kelly and Teresa Smith, community volunteers including students from Tulane's School of Medicine, OHL clients, and OHL graduates.

In year 4; October 1, 2020 -September 30, 2021, our team was intentional in the implementation and alteration of our various approaches to meet the needs of our community and the infrastructures throughout the agency. Our utilization of culturally competent and community-centered approaches in our efforts provided community and clients with equitable resources, including but not limited to training, naloxone access, and linkage to care. COVID-19 pandemic not only disrupted the world in a myriad of ways but exacerbated long-standing health inequities. Revive. Survive. Overdose Prevention, like many other local and state agencies, swiftly adapted our procedures to ensure our operations continued while assuring the prioritization of our most vulnerable populations and the safety of our staff and community members. To combat the spread of COVID-19 while remaining active in the community, our team took the following steps:

- Hosted trainings via video conferences applications; all training materials, such as training enrollment forms and pre-and post-questionnaire training questionnaires, were converted to electronic versions.
- Collaborated with partner organizations to deliver in-person trainings while following social distancing guidelines.
- Developed and implemented COVID-19 heightened mitigation plan to guarantee teams' community initiatives were maintained. We followed social distancing suggestions, mask mandate, rules, and prohibitions at the local, state, and national levels.

From October 1, 2020, to September 30, 2021, the Revive. Survive. Overdose Prevention has provided training to several groups, including but not limited to the following:

- OHL Detox clients *(weekly training)*
- OHL Residential clients *(biweekly training)*
- Community members *(monthly training)*
- Low Barrier Shelter residents *(monthly training)*
- Orleans Parish Sheriff Office *(weekly training, but efforts halted due to COVID-19)*

Training

For Year 4, we continued our different trainings for specialized audiences including high-risk individuals, community service providers, pharmacists, prescribers, and general community members thanks to constant data gathering, research, and program assessment of our RSODP team and evaluators. In addition, we broadened our sustainability techniques by working with Tulane University's School of Public Health and Tropical Medicine to create interactive learning courses based on the RSODP team's training material. The pharmacist and prescriber training classes are open to the public and provide broad guidance and training on the opioid epidemic, naloxone administration, and access, and resources to meet the needs of persons suffering from addiction to people all over the world. These were some of the topics and objectives discussed:

· Recognizing the severity of the Opioid Epidemic

· Naloxone Administration

· Local Laws and Regulations around Naloxone Access

· Stigma Surrounding Substance Use and Language

· Incorporating Trauma-Informed Care

· Incorporating Harm Reduction Principles

· OHL's Prescribing and Co Prescribing Protocols

· Understanding of Addiction and Treatment Options

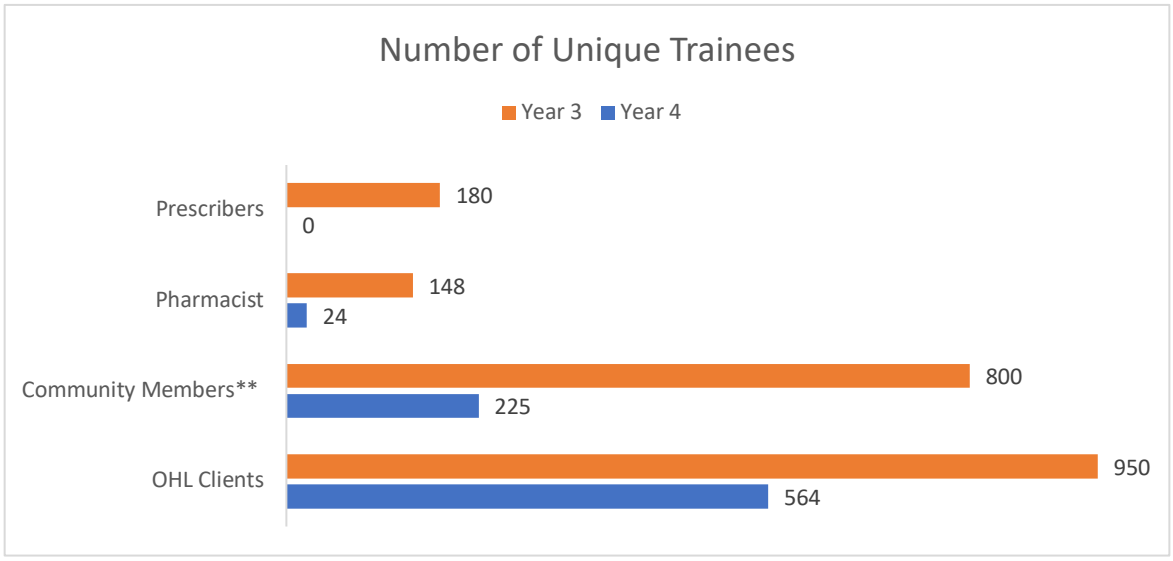
· Interactive activities that encourage open dialogue and provide participants with skills and tools that can be used outside of the classroom.

Our program aims to make our classes more accessible to New Orleans residents. To advertise training to a wide range of organizations, the RSODP team used social media, brochures, email chains, and meetings with important stakeholders. We are supporting programs that are competent in the overdose prevention continuum with continuous interest from our partners from local organizations, direct services providers, institutions, and the community.

From October 1, 2020 to September 30, 2021, we have trained:

- 564 Unique OHL Client
    - less than the previous year
- 225 Unique Community members
    - Less than the previous year, however overall, our 5-year goal surpassed.
- 24 Unique Pharmacist
    - Less than the previous year
- 0 Prescribers
    - Less than the previous year

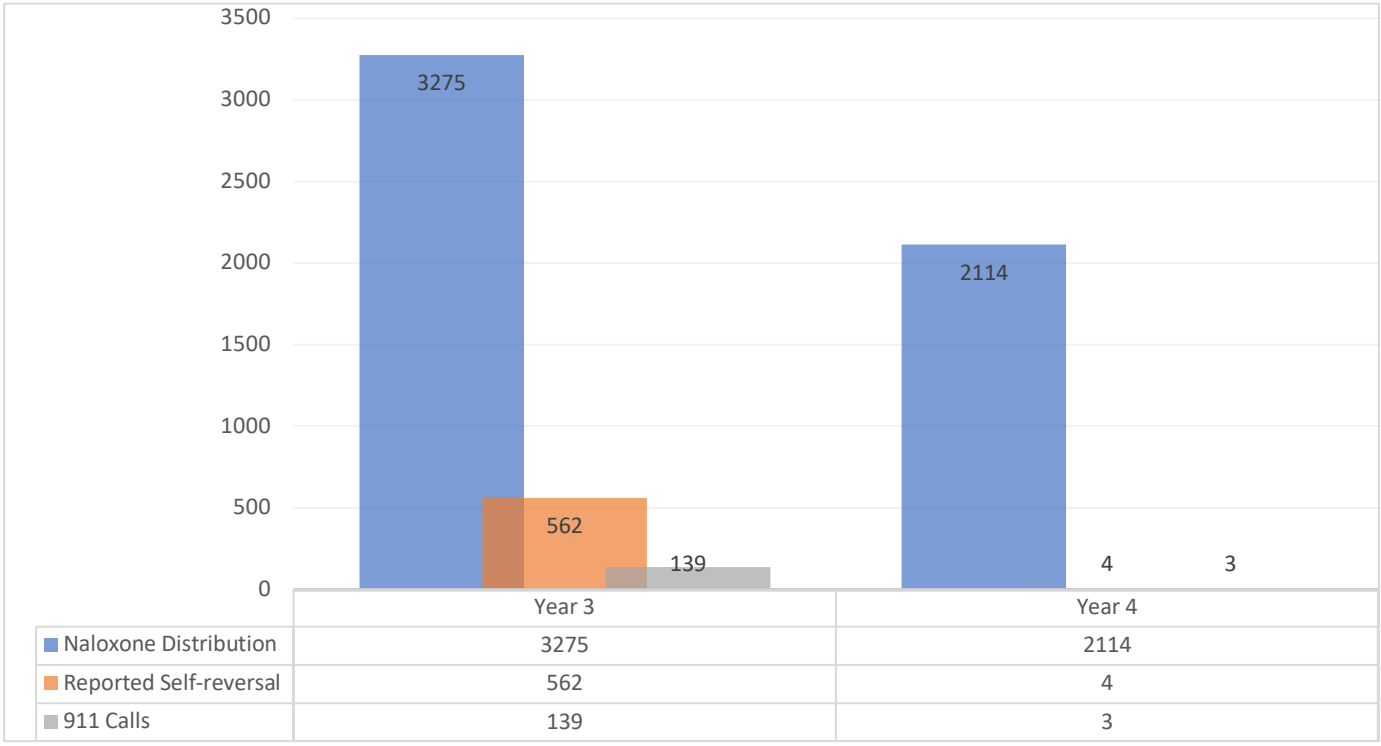
Many of our efforts, particularly at our community and client capacity, were halted due to several factors including the COVID-19 pandemic. Despite our team's best efforts to be visible in the neighborhood, city restrictions on room size capacity, community activities, and gatherings had a substantial impact on our training results. To guarantee the safety of our clients and staff, our organization went to great lengths to follow the City of New Orleans' regulations to COVID-19 procedures and guidelines. *Below is a graph comparing Year 3 and Year 4 training for targeted populations:*



***Trained at Low Barrier Shelter Orleans Parish Sheriff Office, New Orleans Syringe Access Program, General Community trainings, and Community Service Providers*

From October 1, 2020-September 30, 2021 the Revive. Survive. Overdose Prevention Team distributed 2,114 naloxone kits through various efforts. Of the 2,114 distributed, 4 kits were self-reported by clients to have been used for an opioid overdose, of which 911 was called 3 times. In year 4, the number of reversals and 911 calls was significantly lower than the previous year. This could be attributed to a variety of factors, including community recall bias, team data collection

methods and environmental challenges such as law enforcement engagement and COVID-19 concerns. Continuous effort to expand our training is discussed later in this toolkit.



	Year 3	Year 4
Naloxone Distribution	3275	2114
Reported Self-reversal	562	4
911 Calls	139	3

Year 4 Data Summary

- Client questionnaire results— All client outcomes remain significant.
    - PRG detected significant changes in client knowledge pre/post training topics including:
        - changes in clients' self-reported knowledge of opioids, treatment, laws; naloxone and its use; and overdose (including risk, symptoms, prevention, response/treatment methods)
- Team surpassed the overall community member and service provider trainee target by over 2000 individuals.
- External factors related to COVID-19, recall bias, error, time, and data collection methodologies impacted data.

Table A.1. Background Characteristics of Trainees

Characteristic	All Trainees	In Receipt of Naloxone
Personal experience with opioid epidemic	***n* = 3,682**.[1]	***n* = 2,454**
Have used opioids for non-medical reasons	67.1%	74.6%
Have been to the emergency room for opioid overdose	25.5%	29.1%
Have been hospitalized for opioid overdose	16.8%	18.7%
Have experienced an opioid overdose	40.6%	47.7%
Have witnessed an opioid overdose	64.2%	72.8%
Have family or friends at risk of opioid overdose	59.7%	66.3%
Work with individuals at risk of opioid overdose	25.6%	23.5%
Age	***n* = 8,228**	***n* = 4,259**
Mean age	39.3	39.4
Gender	***n* = 4,423**	***n* = 2,717**
Man	62.0%	65.9%
Woman	36.5%	32.5%
Transgender individual	0.8%	0.8%
Other	0.7%	0.8%
Sex at birth	***n* = 8,228**	***n* = 4,258**
Male	67.9%	68.9%
Female	32.1%	31.1%
Identify as LGBTQIA+	***n* = 3,518**	***n* = 2,233**
Yes	13.0%	14.3%

[1] Of the individuals who completed enrollment forms, 77 selected one or more personal experiences with opioids, but also responded *These do not apply to me*. These responses were marked as inconsistent and omitted from results. The 498 individuals who selected only *These do not apply to me* are also excluded from the sample.

Race.[2]	***n* = 7,923**	***n* = 4,152**
Black	40.8%	35.1%
White	51.4%	56.2%
Other	7.8%	8.6%
Hispanic/Latino	4.7%	5.3%
Health insurance status	***n* = 5,822**	***n* = 3,446**
Medicaid or Medicare	70.1%	74.1%
Military	0.6%	0.4%
Private	9.4%	4.1%
No insurance	19.7%	21.3%
Multiple types listed	0.1%	0.1%
Residence	***n* = 8,184**	***n* = 4,204**
Orleans Parish	56.8%	60.3%

[2] Trainees are asked to indicate their race and whether they are Hispanic or Latino; therefore, race and ethnicity categories are not mutually exclusive and may not sum to 100%. Out of all trainees, 7,923 respondents indicated their race; 7,327 indicated whether they were Hispanic or Latino. Out of those that received naloxone, 4,152 respondents indicated their race; 3,845 indicated whether they were Hispanic or Latino.

Table A.2. ***Employment Characteristics of Trainees***

Characteristic	All Trainees	In Receipt of Naloxone
Employed[3]	***n* = 2,937**	***n* = 1,591**
Yes	33.7%	22.6%
First responders	**2.3%** (***n* = 69**)	**0.6%** (***n* = 10**)
Police officer	7.2%	10.0%
Firefighter	7.2%	20.0%
Emergency medical technician	11.6%	20.0%
Medical personnel at school or institution	71.0%	30.0%
Multiple responses	2.9%	20.0%
Healthcare professionals	**11.2%** (***n* = 328**)	**1.3%** (***n* = 20**)
Physician	1.5%	5.0%
Physician assistant	0.3%	0.0%
Nursing profession	23.2%	5.0%
Pharmacist	3.4%	0.0%
Pharmacy staff member, student, or intern	26.5%	20.0%
Other	45.1%	70.0%
Licensed to prescribe medication.[4]	9.4%	14.3%
Licensed pharmacist.[5]	3.6%	4.8%
Direct service providers	**19.8%** (***n* = 582**)	**15.5%** (***n* = 247**)
Public service	18.0%	14.2%
Non-profit services	16.2%	14.2%
Education	3.1%	2.0%
Housing	2.7%	2.0%
Hospitality	2.4%	2.4%

Food and/or beverage	12.9%	19.8%
Retail	7.2%	2.8%
Construction	3.3%	6.9%
Student	2.1%	0.0%
Other	23.4%	28.7%
Multiple responses	8.8%	6.9%

Outreach Year Four

The continuance of street outreach in Year 4 was critical for ensuring equitable access to treatment and resources, particularly considering preliminary evidence showing an increase in opioid overdoses because of the pandemic. It was critical that the team stayed in the community to create relationships, distribute material and services, and connect individuals to care. As a result of the massive state and national response to COVID-19, which included widespread vaccination availability and the gradual lifting of city limitations by city officials, RSODP's focus on outreach fared better.

Like past years, the team was able to create community rapport and access linked to overdose prevention through utilizing social networks, diverse partnerships, and the New Orleans community. During outreach, the team distributed educational literature and resources, including naloxone training and access information; provided referrals and connections to Odyssey House Louisiana and other substance abuse treatment centers; connected the community to our Federally Qualified Health Center; and provided free HIV and Hepatitis C testing to the community. To achieve better health outcomes and address the needs of the public, we collaborated with a variety of organizations and stakeholders, including but not limited to:

- Probation and Parole Office: doc.louisiana.gov/location/new-orleans
- The New Musicians' Clinic: neworleansmusiciansclinic.org

[3] The number of individuals considered *employed* includes 241 individuals who responded to more specific employment questions, but did not respond to the question, "Are you currently employed?"

[4] The characteristic *Licensed to prescribe medication* is reported as a percentage of the total number of individuals that report being currently employed as a healthcare provider. Three individuals reported being licensed to prescribe medication but did not report be currently employed as a healthcare provider. These three individuals are excluded from the table.

[5] The characteristic *Licensed pharmacist* is reported as a percentage of the total number of individuals that report being currently employed as a healthcare provider. Three individuals reported being a licensed pharmacist but did not report be currently employed as a healthcare provider. These three individuals are excluded from the table.

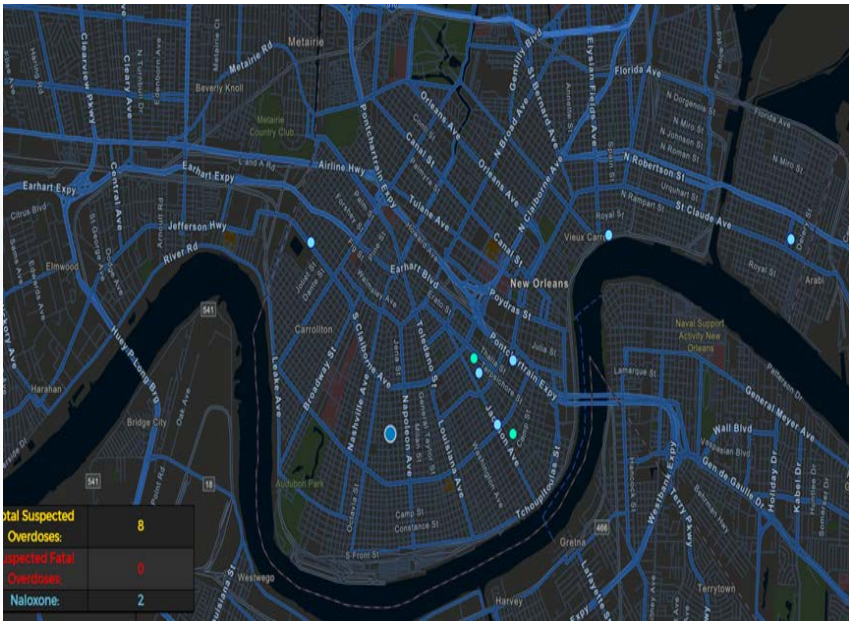
- Ashé Cultural Arts Center : www.ashenola.org
- New Orleans Health Department: www.nola.gov
- New Orleans Public Library: noplweb.wpcomstaging.com

We deployed our services using the Prevention programs iPrevent Mobile unit van to extend and reach a wider community. Not only did the mobile unit publicize our organization, but it also

provided safe and confidential services like syringe access and free HIV/HEP C testing. Numerous studies have shown that behaviors associated with substance use can increase your risk of exposure to HIV and other sexually transmitted diseases, and limited availability of health care resources is a barrier that can reduce access to health services and increase the risk of poor health outcomes, mobilizing our services proved beneficial for our community [8,13].

Street Outreach

A major area of the Revive. Survive. ODP team is street outreach where our team moved outside the walls of the agency to engage with people and provide numerous services to those who may be disconnected and alienated not only from mainstream services but from the services targeting unsheltered persons as well. Through our street outreach efforts, the team delivered services to connect and reach out to unsheltered people by connecting them to our treatment services, distribution of naloxone and sterile syringes and other risk reduction approaches. Meeting our community members where they were established rapport with RSODP provided us with valuable information from people with lived experience, and their personal understanding of the world gained through direct, first-hand involvement in everyday occurrences [20].Our street outreach efforts were greatly helped using the Overdose Detection Mapping Application Program (ODMAP), which provides real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase or spike in overdose events. Daily ODMAP reports from the Outreach Coordinator equipped the team with the information needed to act in suspected overdose hotspots throughout the city. The ODMAP system, as well as New Orleans residents supported the teams in distributing naloxone in hotspot regions, disposing of unsterile used syringes, and connecting high-risk persons to treatment and other resources.



(Left). Outreach Coordinator, Lauren Diebold and community member discussing potential area to scope out on

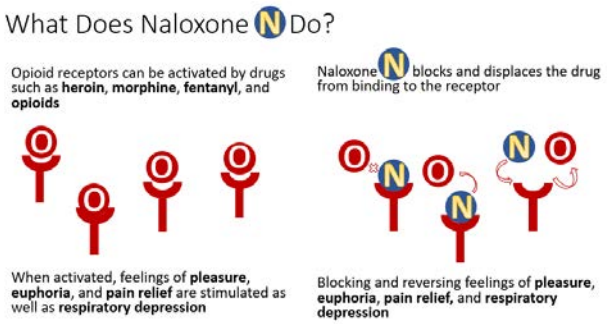
Naloxone and Naloxone Distribution

Throughout our multiple efforts, the team continued to expand naloxone access to guarantee that the New Orleans population has access to the life-saving drug Naloxone.

Naloxone is an opioid overdose reversal medication approved by the Food and Drug Administration (FDA) in 1971. It is an opioid antagonist, meaning it binds to opioid receptors and can quickly reverse and inhibit the effects of other opioids. There were 3 types of naloxone marketed before 2020: intranasal spray, intramuscular injection, and intramuscular auto-injector, also known as EVIZO. Because of its simple-to-use design, both the intranasal spray and the EVIZO products permitted bystanders to reverse an opioid overdose that did not require specialized medical training. However, EVIZO was discontinued by its manufacturer, Kaleo Inc. in October 2020. The FDA approved Hika Pharmaceuticals' higher dosage nasal spray, Kloxxado, for emergency or suspected opioid overdose on April 30th, 2021, based in part on the safety and effectiveness of the already available NARCAN nasal spray 4mg. Kloxxado, delivers an 8mg dose of naloxone in a single administration [28].

OVERVIEW OF THE **OPIOID EPIDEMIC**

Naloxone



Naloxone is supplied at our various treatment facilities, as well as at trainings and outreach events. Intramuscular and intranasal Narcan were given out by the team. The intramuscular is distributed in our outreach efforts, and intranasal Narcan is provided out at our treatment facilities upon discharge. The newly appointed 21st US Surgeon General, Dr. Vivek H. Murthy, MBA, has stated that COVID-19 and the opioid crisis will be among his top concerns in press conferences with Senators [31]. In fact, the 20th Surgeon General, Dr. Jerome Adams emphasized the importance of naloxone for emergency response encouraging all individuals and communities to carry and learn how to use naloxone. Nonetheless, even with vast amounts of acknowledgment and support of naloxone utilization from federal officials some people are still reluctant to carry naloxone. Below are some of community and clients' responses to the question about ***why some people do not want to carry naloxone.***

"People will assume I'm an addict, I could get into trouble" -OHL Detox Client

"I'm embarrassed to have it on me, don't know where to get it!" -OHL Residential Client

"Don't need it." -General Community Member

Researchers Bennet et al., 2020 discovered that stigma associated with substance use, indifference to overdose, fear of negative consequences of carrying naloxone, and fear of misrecognizing the need for naloxone were the greatest barriers to naloxone use, possession, and acceptance. As a result, many of the concepts in our training materials are centered on both naloxone legislation, such as the Naloxone Standing Order and the Good Samaritan Law, and exercises that allow open dialogue regarding factors that could affect naloxone and treatment utilization.

"We cannot neglect the other public health crises that have been exacerbated by this pandemic, particularly the opioid epidemic, mental illness and racial and geographic health inequities."

-US Surgeon General Dr. Vivek Murthy

What Are Opioids?

By definition: Opioids are a class of drugs originally derived and extracted from the opium poppy plant but can also be either semisynthetic or synthetic compounds with comparable properties that can interact with opioid receptors on the nerve cells in the body and brain.

By name: Opioids can be natural, semi-synthetic, or synthetic. Natural opiates are made directly from the opium poppy plant. Natural opiates include morphine and codeine. Semi-synthetic or synthetic opioids are created in labs from natural opiates. Semisynthetic opioids include hydrocodone, oxycodone, and the Schedule I drug, heroin. Synthetic opioids such as fentanyl, methadone, and tramadol are completely unnatural substances that are not made from the same chemicals as natural opioids

By Function: Traditionally, opioids have been used to treat both acute and chronic pain disorder due to its analgesic (pain relieving) and sedative effects. However, researchers like Hartrick (2013) and others have indicated that long-term opioid treatment results in increased tolerance, thus resulting in both higher dosing and physiological dependence. As a result, opioids are highly addictive.

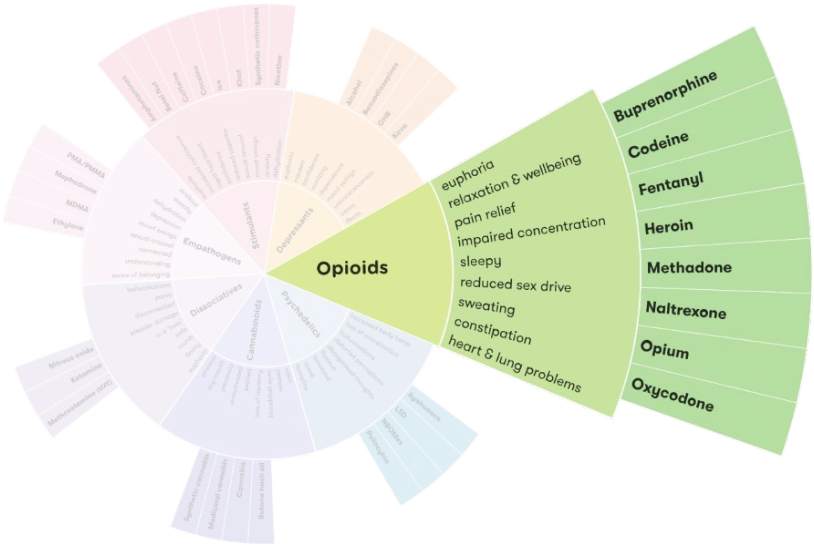


Image: Alcohol and Drug Foundation. Drug Facts. 202. https://adf.org.au/drug-facts/#wheel

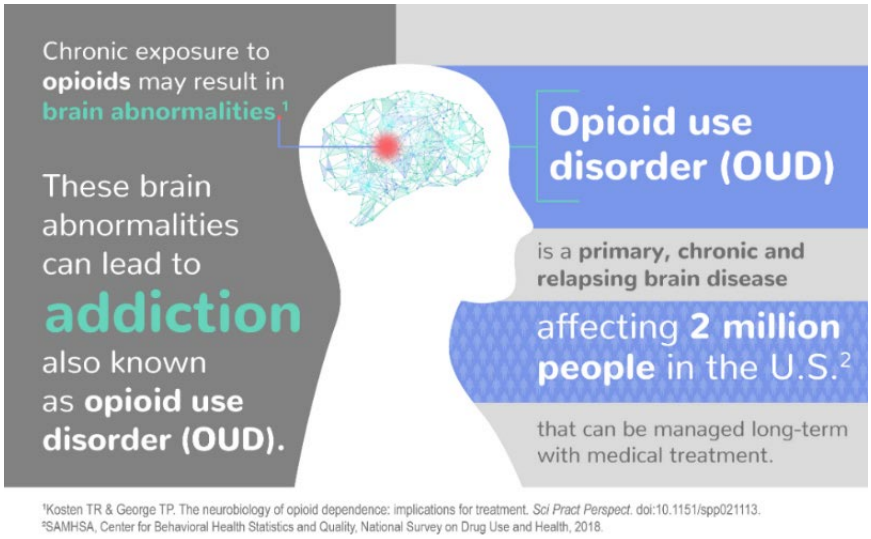
What is an Opioid Use Disorder?

By Definition: An Opioid use disorder or OUD is defined in the DSM-5 as a problematic pattern of opioid use leading to clinically significant impairment or distress.

By name: In 2020, more than 92,000 Americans died from drug overdoses, a 30% increase over 2019. 70% of the 67,367 deaths in 2018 involved an opioid. In 2018, an estimated 2.0 million people had an opioid use disorder.

By Diagnostics: Opioid use disorder is a chronic lifelong disorder, with serious potential consequences including disability, relapse, and death. An opioid use disorder may be either mild, moderate, or severe, and the severity is described by *The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V)*. For an individual to be diagnosed with an opioid use disorder, a person must have 2 or more of the following symptoms within a 12-month period:

1. Increased amount/duration of opioids than intended.
2. Desire/inability to decrease, cut down or cease opioid use.
3. Considerable time investment in procuring, using, and recovering from the opioid and/or its effects.
4. Strong craving or desire to use opioids.
5. Opioids create problems in fulfilling obligations at work, school, or home.
6. Continued opioid use despite reoccurring social or interpersonal problems.
7. Giving up or reducing activities because of opioid use.
8. Using opioids in physically hazardous situations.
9. Continued opioid use despite knowledge of negative physical and mental impacts.
10. Experiencing withdrawals or taking opioids to relieve/avoid withdrawal symptoms
11. Increase tolerance to opioids.



Opioid Overdose

By Definition: An overdose (OD) occurs when a toxic amount of a drug or combination of drugs impairs the physiological functions of the body.

By Function: Opioids bind to receptors in the brain that signal breathing, and as a result, an opioid overdose can cause respiratory depression and unresponsiveness. When breathing stops during an overdose, oxygen levels in the blood drop (typically identified when an individual's lips and fingers turn blue or ashy color). Lack of oxygen in the blood causes vital organs such as the heart and brain to stop properly functioning, and within 3-5 minutes damage to the brain begins. If the oxygen levels cannot be restored an opioid overdose can become fatal.

In preventing an overdose, it is important to be able to recognize the signs and symptoms of a potential overdose, administer naloxone (if accessible), call for emergency medical services, and provide rescue breaths until EMS arrives.

Recognizing and Responding to Opioid Overdose

Quickly recognizing and responding to an opioid overdose can be vital in saving a life. The following are some signs of an opioid overdose:

- pinpoint pupils
- blue nails, lips, and skin discoloration
- slow, weak, or no breathing
- dizziness or confusion
- loss of consciousness
- unresponsive to external stimuli
- chocking or gurgling sound *(sometimes called the "death rattle")*

Risk for opioid overdose increases when individuals:

1. Take high doses of opioids for long-term management of chronic pain
2. Receive rotating opioid medications (at risk for incomplete cross-tolerance)
3. Are discharged from emergency medical care following poisoning or overdose
4. Take extended-release or long-acting opioids
5. Complete mandatory detoxification or abstinence programs
6. Have recently been released from incarceration and have a history of opioid use disorder
7. Have a medical history of addiction, and are seeking treatment for either acute or chronic pain

a. **Sternal rub is a method that acts as painful stimuli to check for responsiveness during suspected opioid overdose.**

It is extremely critical that calling EMS is the first step in responding to an opioid overdose because individuals with history of chronic opioid use will experience various withdrawals symptoms that may include headache, vomiting, changes in blood pressure, sweating, or nausea, when naloxone (Narcan) is administered. Additionally, naloxone metabolizes faster than opioids and have a shorter half-life than most opioids, putting the individual at risk of rebound toxicity, in which the individual can experience another overdose after the naloxone has worn off in 30-90 minutes [8].

Opioid Use Disorder Treatment

Medication- assisted treatment (MAT) is the use of medication in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to substance use disorders [18]. There are a variety of addiction treatment options and specialized programs for opioid use disorder specifically.

Medical Detox Programs: are staffed with doctors and nurses who are trained to support patients through the process of withdrawals, often using prescribed medications to reduce the severity of certain symptoms and curb cravings.

Opioid Treatment Programs (OTPs): commonly known as methadone clinics, are facilities where patients can take medication under supervision of staff and receive other services. They must be certified by SAMHSA, licensed by the state in which they operate, and register with the Drug Enforcement Administration (DEA), and can exist in a various care setting, including intensive outpatient, residential, and hospitals.

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Office Based Opioid Treatment (OBOT): refers to outpatient treatment services provided outside of licensed Opioid Treatment Programs (OTPs) by clinicians to patients with addiction involving opioid use, and typically includes a prescription for the partial opioid agonist buprenorphine, the provision of naltrexone, or the dispensing of methadone, in concert with other medical and psychosocial interventions to achieve and sustain remission. Both the Drug Addiction Treatment Act of 2000 (DATA 2000) and the Comprehensive Addiction and Recovery Act (CARA) of 2016 allowed more healthcare professionals to obtain waivers to prescribe controlled medications used for MAT

In-Patient Programs: also known as residential treatment, require patients to check themselves into a controlled environment to overcome addiction. In- Patient Programs can be short or long term.

Out-Patient Programs: non-residential, therapy-based type of treatment for addiction. Outpatient centers for addiction usually include group and individual counseling, as well as behavioral treatments.

Furthermore, according to SAMHSA (2021), MAT has been shown to be clinically effective in reducing the need for inpatient detoxification services. Most patients' needs are addressed by MAT, which offers a more comprehensive, individually tailored combination of medication and behavioral therapy. This treatment method has been found to improve patient survival, treatment retention,

decrease illicit use and criminal activity, increase patient ability to find and keep work, and improve birth outcomes in pregnant women with substance use disorders. The mechanisms of action for FDA-approved medically assisted medications are depicted in *Figure 1* and *Table 1*. MAT is the most effective treatment for OUD.

Figure 1
How OUD Medications Work in the Brain

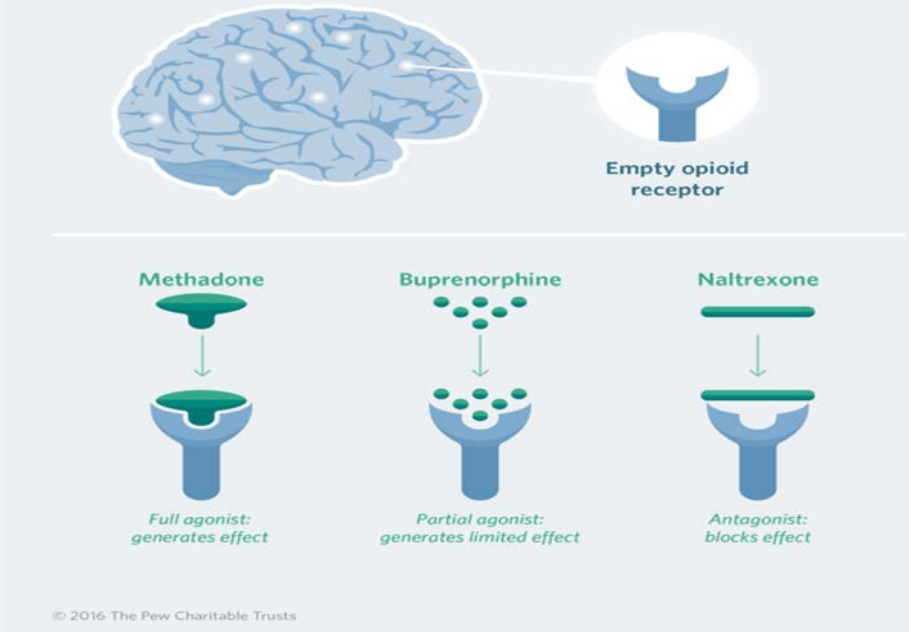
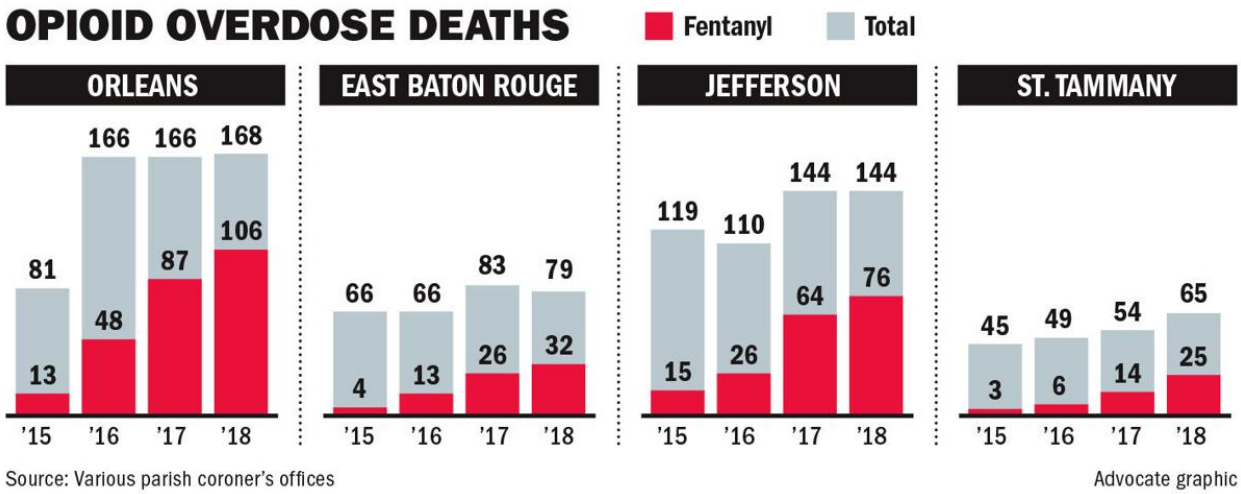


Table 1
FDA-Approved Drugs Used in MAT[21]

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

Local Level: New Orleans

The misuse of opioids, heroin, and fentanyl are the most and second most dangerous drug threats to the Greater New Orleans area, according to the Greater New Orleans Situational Drug Report (2018). Fentanyl was detected in 78 percent of those who died from drug overdoses in 2020, up 107 percent from 2019. The number of accidental drug-related deaths in Orleans Parish increased by 51% in 2020 compared to 2019. In 2020, the rate of opioid Rx dispensing in Orleans Parish is 87.6 per 100, compared to 68.3 per 100 in Louisiana [21].



"The opioid epidemic in Orleans Parish is being fueled by highly lethal, synthetic opiate known as fentanyl. As a result, street drugs in New Orleans are more deadly than they ever have been. In 2020, the number of overdose deaths in New Orleans was almost double the number of homicides."

– New Orleans Coroner, Dr. Dwight McKenna

State Level: Louisiana

In 2020, Louisiana ranked in the top 5 states with the highest increase of overdose fatalities. Louisiana has been struck hard by both the proliferation of synthetic opioids like fentanyl and the detrimental impacts of the COVID-19 pandemic, putting it in the top ten states for predicted overdoses. Overdose deaths increased by 50-75 percent from 2019 - 2020, the largest increase in the country. In 2018, 40% of the

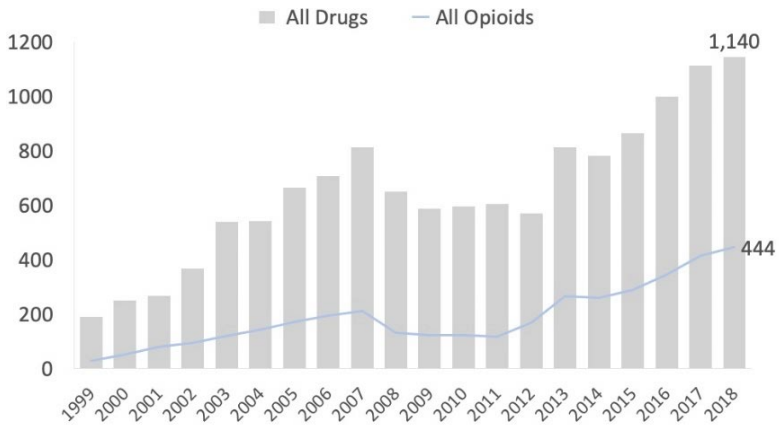
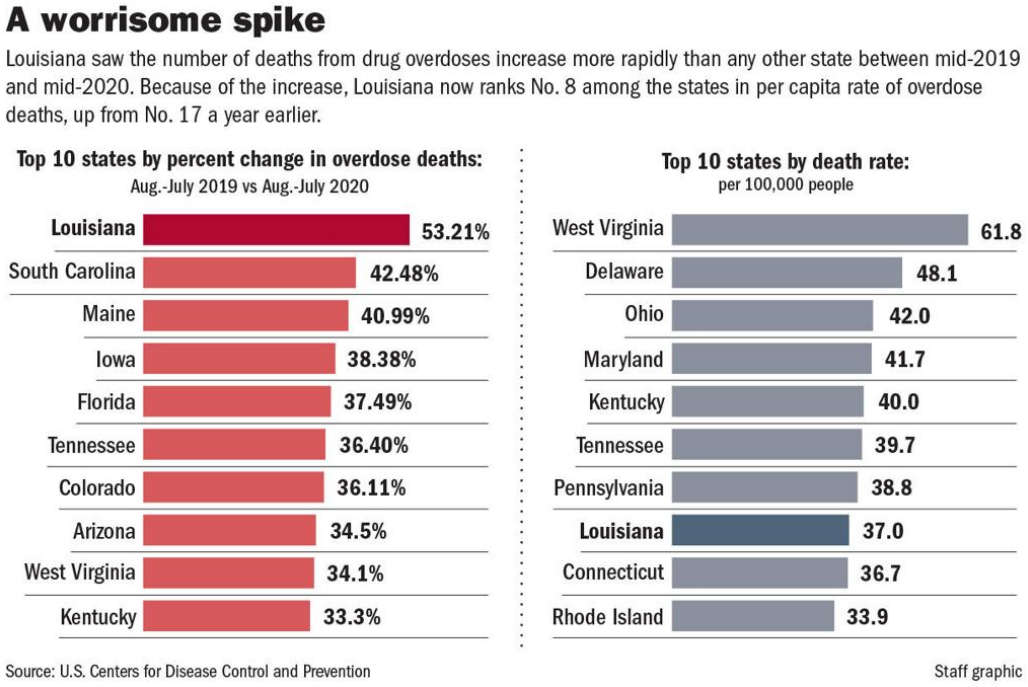
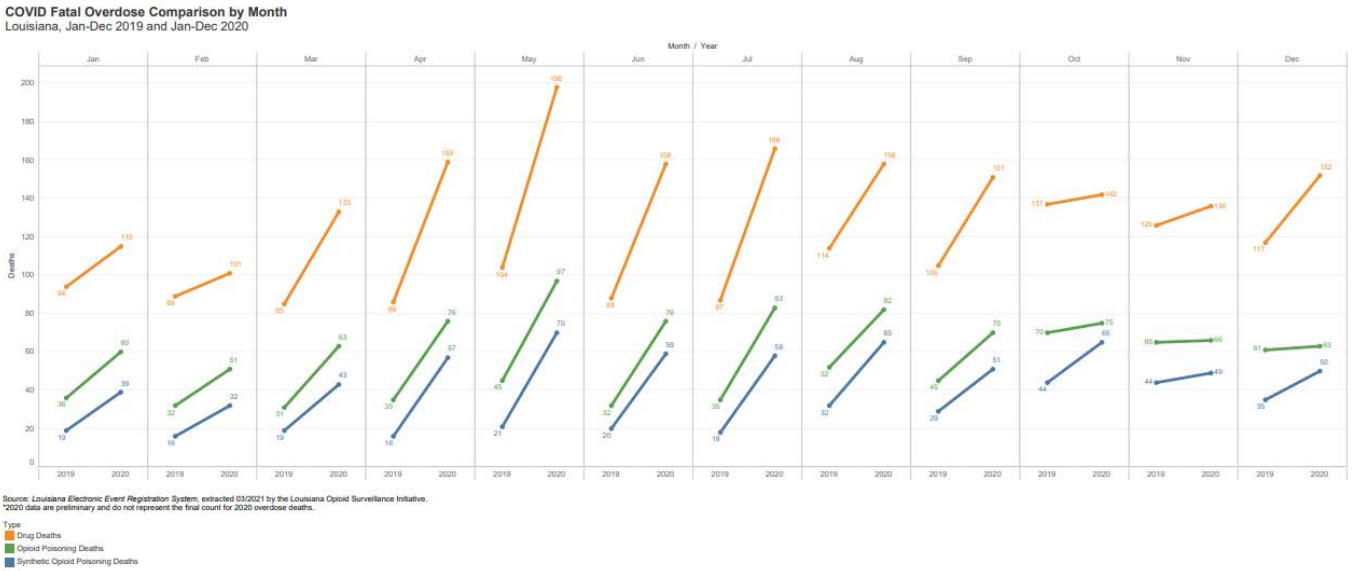


Table 1. Number of drug overdose deaths in Louisiana. Drug categories presented are not mutually exclusive, and deaths may have involved more than one substance. Source: NIDA, 2020.

1,140 reported drug overdose deaths involved opioids [12]. According to the Centers for Disease Control and Prevention (CDC), providers are prescribing 68.3 opioid prescriptions per 100 people, compared to 43.3 prescriptions per 100 people in the United States in 2020. However, prescription medications are not the only issue contributing to the opioid epidemic in Louisiana. While deaths related to prescription opioids have decreased from 2017-2018 deaths involving heroin have dramatically increased.

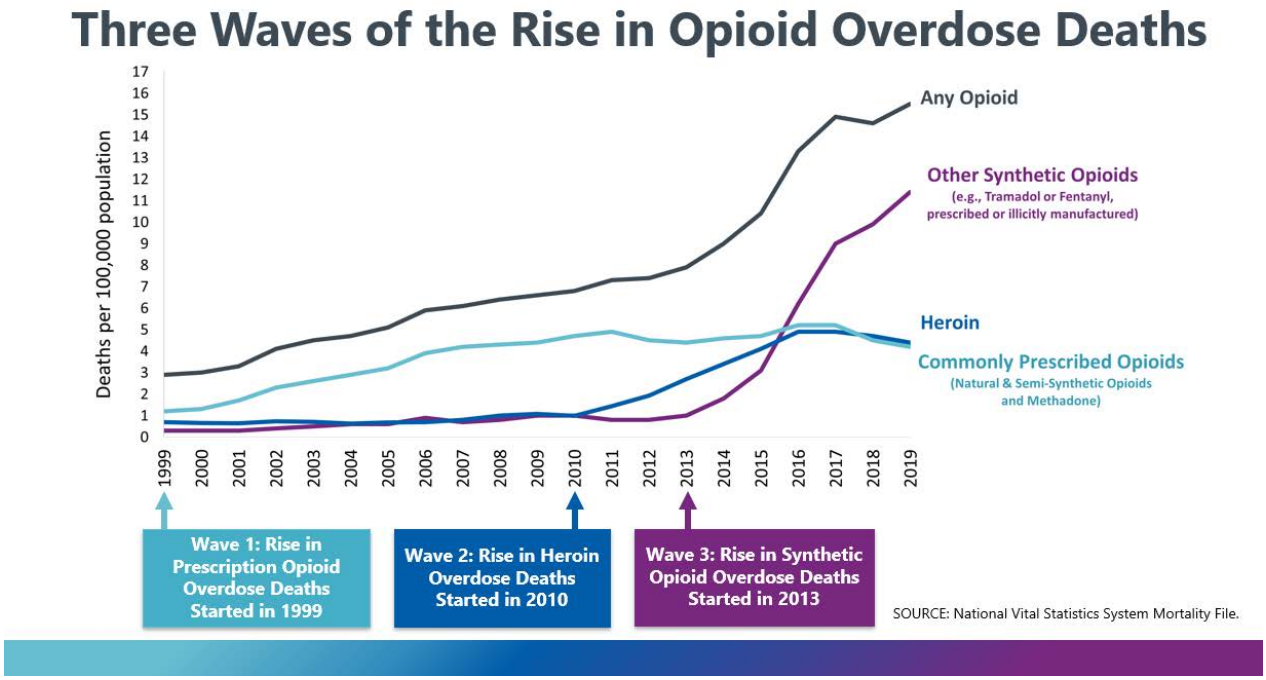




National Level: USA

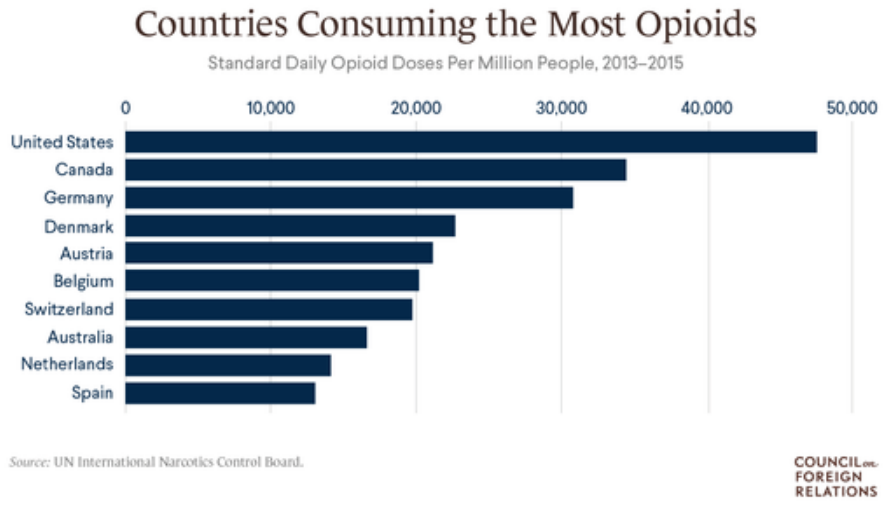
Drug overdose remains the largest cause of injury-related death in the United States, accounting for more than 70% of the 70,000 deaths in 2019. Every day, 136 individuals die because of an opioid overdose [25]. Despite a slight decrease from 2018 to 2019, prescription opioids continue to be a driving force in the epidemic and have been recognized as the most common cause of opioid addiction. About 80% of heroin users started using prescription opioids [13]. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion (about $240 per person in the US) a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement. The overall national dispensing rates declined from 2012 to 2020, falling to the lowest in 15 years at 43.3 prescriptions per 100 persons. Nonetheless, in 2020 dispensing rates remain remarkably high in certain areas in the country. Enough opioid prescriptions were dispensed in 3.6% of U.S. counties to provide one to every individual, with some counties having rates nine times higher. Synthetic opioids (other than methadone) caused more deaths in 2019 than any other type of opioid, with more than 36,000 deaths, up 15% from 2018.

*2020 data are preliminary and do not represent the final count for 2020 overdose deaths.



Global Level

The effects of the opioid epidemic are felt throughout the globe [30]. Approximately 275 million people worldwide (5.5 % of the world's population aged 15-64) used drugs at least once in 2019, of those 62 million of them used opioids. In the same year, about 36.3 million people (about three times the population of New York) suffered from opioid use disorder while only 1 in 7 people receive treatment. Several factors including current trends in international drug trafficking according to the United Nations Office on Drugs and Crimes (UNODC) have adversely affected the crisis, which includes the ease to which fentanyl analogues can be made, the availability of opioids over the internet, international mail delivery systems, and express courier [29]. Around half a million people die each year because of drug use, with opioids accounting for more than 70% of those deaths.



2020

IDS Code	Substance
NC092	Crotonylfentanyl
NV001	Valerylfentanyl

2019

IDS Code	Substance
NC091	Cyclopropylfentanyl
NM044	Methoxyacetylfentanyl
NO012	Orthofluorofentanyl
NP029	Parafluorobutyrylfentanyl

In 2015, the United States had the largest amount of people consuming opioids, with Canada following right behind. From 2019-2020, the Commission on Narcotic Drugs added six narcotic drugs under international control to the 1961 Convention, all of which are opioid analgesics that is an analog of fentanyl [9].

CURRENT RESPONSES TO THE **OPIOID EPIDEMIC**

There have been substantial responses to the opioid epidemic on a local, state, national, and global level. This year's toolkit, however, will concentrate on both local and state actions that strongly impacted the team's initiatives. A few national and global responses, however, will be discussed.

New Orleans

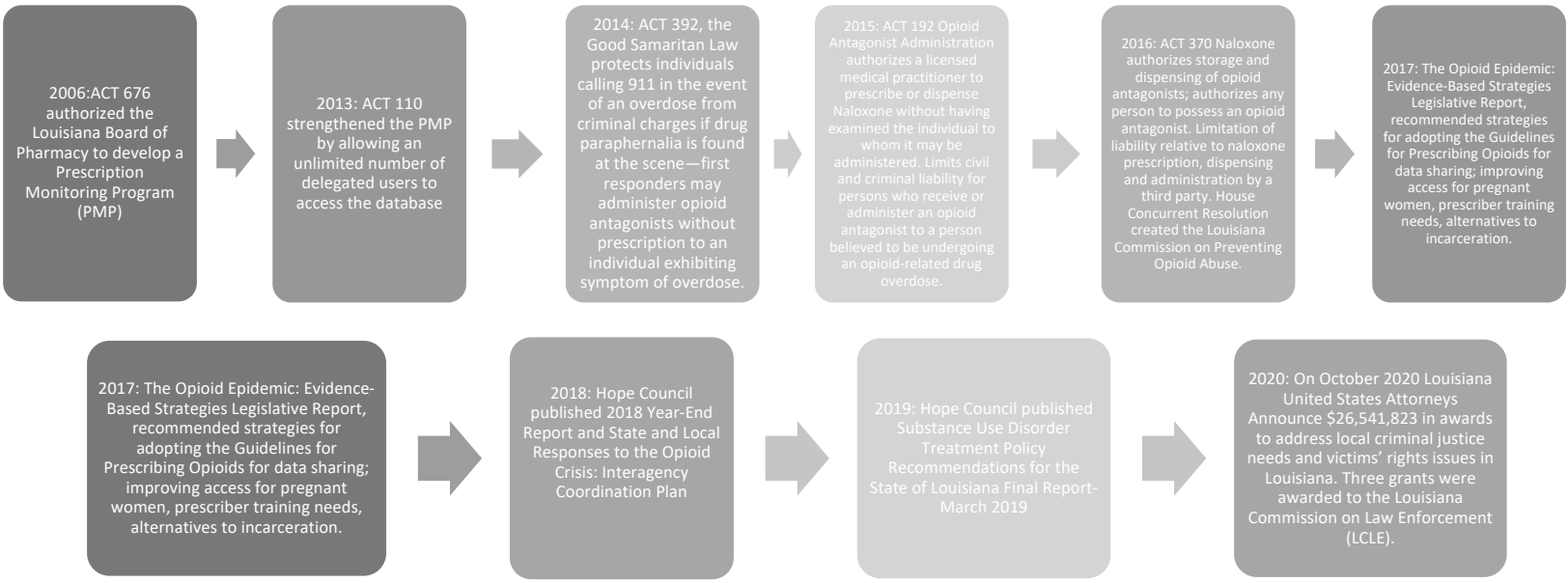
The city of New Orleans has made considerable strides in responding to the opioid epidemic by developing a plan of action for addressing and mitigating the issue. In 2017, a parish-wide naloxone standing order allowed laypeople to access naloxone without having to get a direct prescription from a doctor. The Louisiana Department of Health (LDH) expanded the standing order statewide the following year. New Orleans Health department established the New Orleans Opioid Survival Connection program, where survivors of overdose were linked to treatment services. The city increased the quantity of naloxone accessible to New Orleans EMS, Fire Department, and Police Department to reverse an opioid overdose. On May 6, 2021, New Orleans City Council passed an ordinance allowing for the decriminalization and distribution of fentanyl test strips (FTS) to alleviate the overwhelming number of overdoses attributed to highly potent opioid fentanyl. Other non-government agencies and community organizations have been implementing harm reduction and overdose prevention services including Odyssey House Louisiana, Crescent Care, Trystereo, and Women with a Vision. Through various partnerships, the City of New Orleans aims to expand media campaigns to educate the community on overdose prevention and treatment services, increase safe medication disposal programs, encourage pharmacies to provide opioid counseling, and to link nonfatal overdose victims in emergency departments directly with care.

Louisiana

Several federal funding has been awarded to the Louisiana Department of Health (LDH) for the implementation of statewide opioid-related initiatives. LDH received the State Opioid Response Grant (LA SOR) for $11 million per year for two years in September 2018. The funding was used to support efforts in prevention, intervention, treatment, and recovery. LDH was awarded this funding for a second phase in 2020(LaSOR 2.0), for a total of $34.5 million over two years, to continue to meet the needs of people suffering from opioid and stimulant addiction and misuse, a group that has been particularly hard struck by the COVID-19 pandemic [10].In addition, in 2016 the Louisiana Attorney General's Office launched an initiative, "End the Epidemic", an initiative dedicated to identifying and supporting treatment for the prevention of substance use disorder in Louisiana through education and outreach. Earlier this year, Governor John Bel Edwards proclaimed July 28th as Opioid Crisis

Awareness Day in Louisiana, in response to Louisiana's record number of overdose deaths in the United States [15].

Louisiana Legislation Addressing the Opioid Epidemic



Louisiana State Legislation surrounding Naloxone and the Opioid Epidemic

Below shows Louisiana State Legislation discusses revised statuses addressing and responding to opioid overdose, reporting and opioid overdose, administering naloxone, and continuing education for prescribing of controlled substances.

Public Health and Safety	Criminal Law
RS 40 :978- Prescriptions http://www.legis.la.gov/legis/Law.aspx?d=98895	RS 14.403.10- Drug-related overdoses; medical assistance; immunity from prosecution http://www.legis.la.gov/legis/Law.aspx?p=y&d=919601
RS 40:978.1- Naloxone; first responder; prescription; administration to third party; limitation of liability http://www.legis.la.gov/legis/Law.aspx?d=920749	RS 14.403.11- Administration of opiate antagonists; immunity http://www.legis.la.gov/legis/Law.aspx?d=919602
RS 40:978.2.1- Reporting of opioid related overdose. http://www.legis.la.gov/legis/Law.aspx?d=1147537	
RS 40:978.2- Naloxone; prescription; dispensing; administration by third party; limitation of liability http://www.legis.la.gov/legis/Law.aspx?d=965145	

RS 40:978.3- Continuing education for the prescribing of controlled substances.
http://www.legis.la.gov/legis/Law.aspx?p=y&d=1054653

Federal Appropriations to Louisiana

Table 2: Louisiana Opioid Spending by Department

Department	FY2017	FY2018
Health and Human Services	$39,355,629	$66,603,880
Substance Abuse and Mental Health Services Administration	*$37,972,317*	*$50,820,229*
Centers for Disease Control and Prevention	*$997,702*	*$4,159,002*
Health Resources and Services Administration	*$0*	*$8,969,833*
Administration for Children and Families	*$385,610*	*$1,661,377*
National Institutes of Health	*$0*	*$993,439*
Office of National Drug Control Policy	$5,480,170	$5,815,883
Department of Justice	$3,424,118	$9,513,672
Department of Labor	$0	$0
Total Opioid Spending	**$48,259,917**	**$81,933,435**

Table 3: Louisiana Opioid Spending by Category

Category	FY2017	FY2018
Treatment and Recovery	19%	24%
Prevention	21%	21%
Mixed: Treatment/Recovery and Prevention	41%	36%
Research	0%	1%
Criminal Justice	9%	13%
Law Enforcement	9%	6%

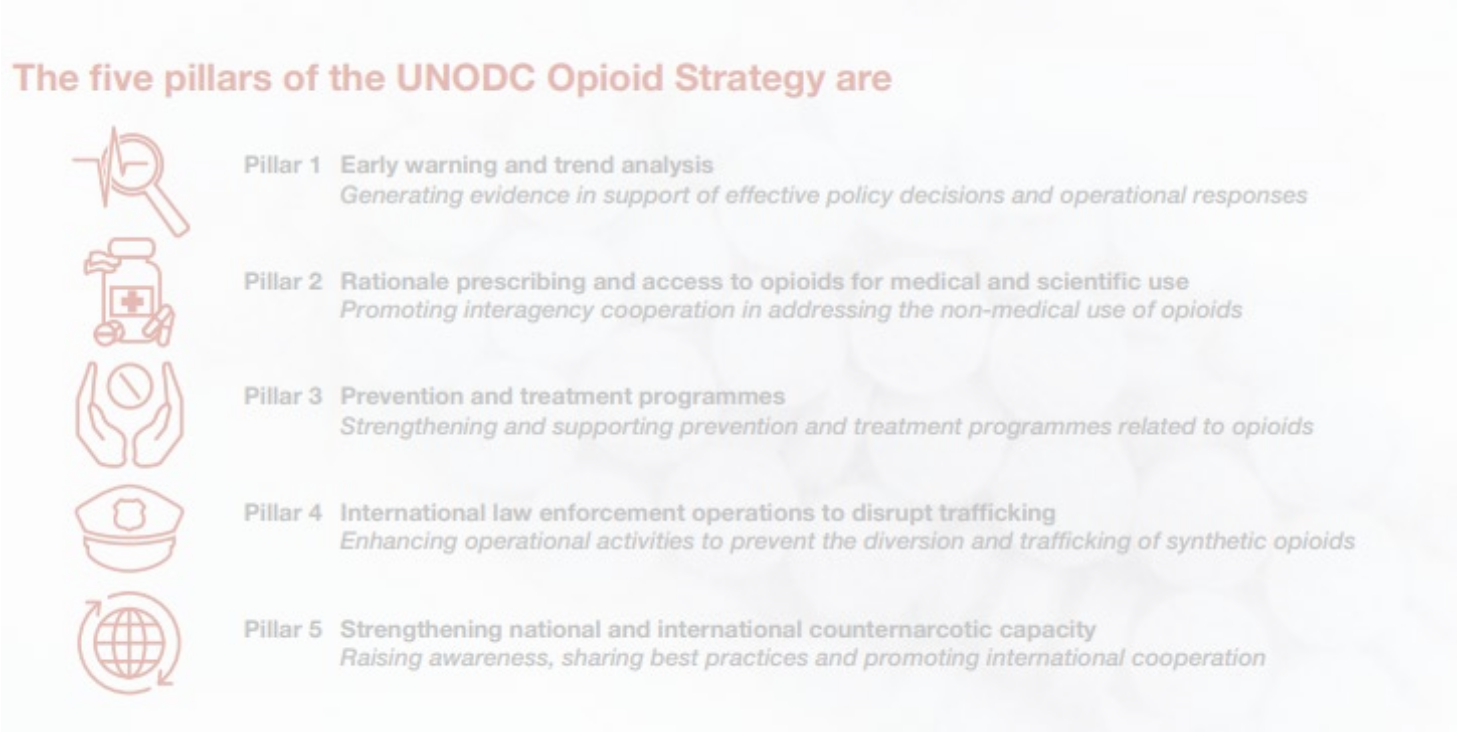
National

Over the past year, the rate of opioid use has continued to increase across the nation. There has been an increase in reports of finding more of a use of fentanyl, which has led to a nationwide increase in fentanyl-related deaths. Fentanyl is stronger than most opioids and requires a faster

response time and more Naloxone in the response to an overdose. In 2021, SAMHSA has put around $280 million around the efforts of substance abuse prevention. The US Department of Health and Human Services has deployed an overdose prevention strategy that expands the scope of the crisis response beyond opioids to include other substances that are often involved in overdoses, including stimulants such as methamphetamine and cocaine. President Biden FY 2022 proposed budget for HHS on overdose prevention programs and initiatives total 11.2 billion across the Department, about 4 billion more than FY 2021(54% increase). Funding will include expansion to substance use prevention, treatment, harm reduction, and recovery support services. These strategies are guided by four principles: equity, data and evidence, coordination, collaboration, integration, and reducing stigma [5]. Though it is still early on within this administration that this plan can change. Besides this proposed plan, there have been no recent changes within laws and regulations at a national level.

Global

The United Nations Office on Drugs and Crime (UNODC) developed an integrated approach in June 2018 to assist countries in tackling the synthetic opioids crisis, which is primarily affecting North America with fentanyl and analogues, as well as areas of Africa, Asia, and the Middle East. The UNODC Opioid Strategy is a five-pillared, interdisciplinary approach to the global opioid crisis. The UNODC's integrated Opioid Strategy is supported by a comprehensive communications and advocacy strategy that highlights worldwide initiatives, accomplishments, and best practices in combating the opioid crisis. This will increase public knowledge of the strategy's progress and the visibility of the crisis multilateral response and contributions.



Incorporate Evidence Based Practice Models in Health Care Settings

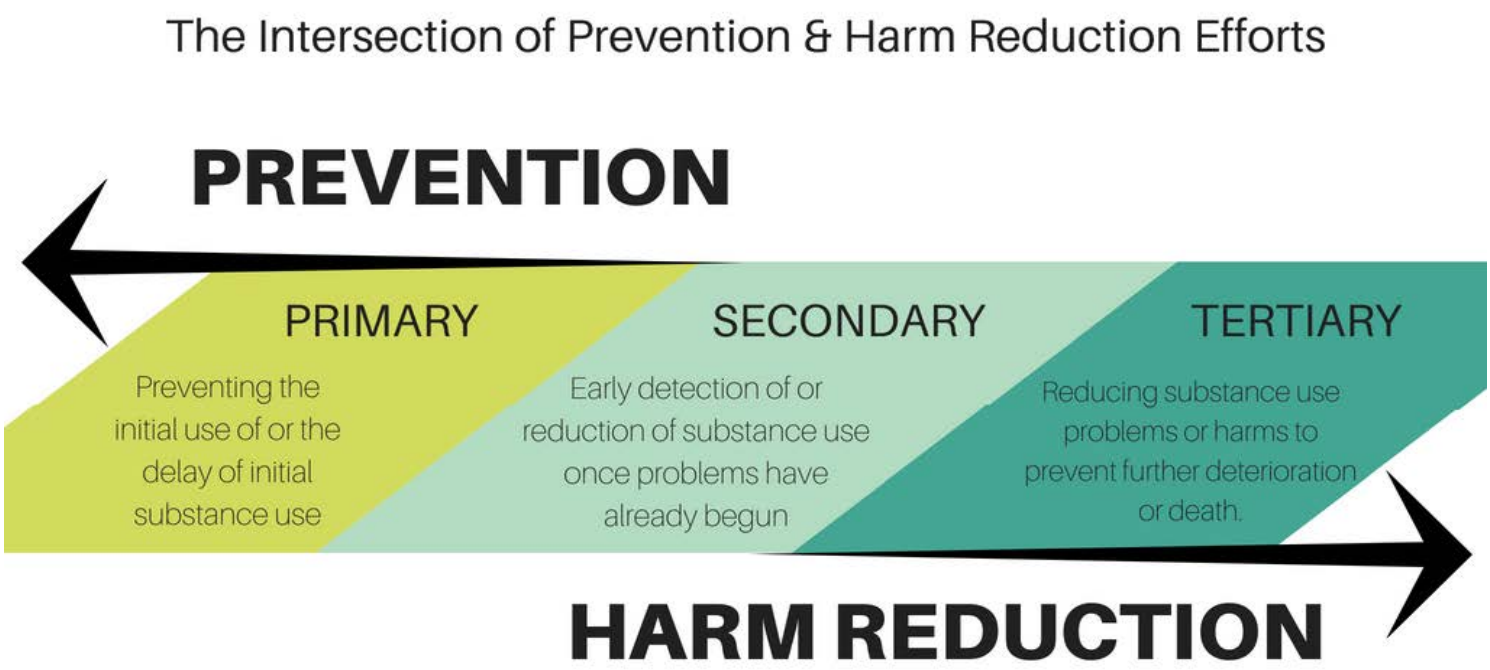
As our health care system adjusts to meet the needs of our community, research has identified the success of integrated health care services. This is the systematic coordination of general and behavioral healthcare. This model employs an evidence-based practice that has not traditionally been applied in the medical field to support integrated care, thus allowing for greater health equity. In the United States, the opioid epidemic has disproportionately affected vulnerable populations such as women and children, as well as minority groups such as Black and Latino people, and LGBTQIA+ individuals, putting them at increased risk of opioid overdoses and misuse. When examining contextual elements related to the opioid epidemic or any other major public health crisis, social determinants of health and other community and system level factors must be considered. To prevent opioid misuse, overdoses, and OUD among these populations, local, state, and national policies focusing on equitable gender and culturally appropriate approaches, trauma-informed care, client-centered services, and policy creation will be required [1,6,19].

Harm Reduction Model

Harm Reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drug. The Harm Reduction Coalition lists these defining principles:

1. Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe harmful use to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.
3. Establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions and policies.
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm.
5. Ensures that individuals who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

6. Affirms that individuals who use drugs themselves are the primary agents of reducing the harms of their drug use and seeks to empower them to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.



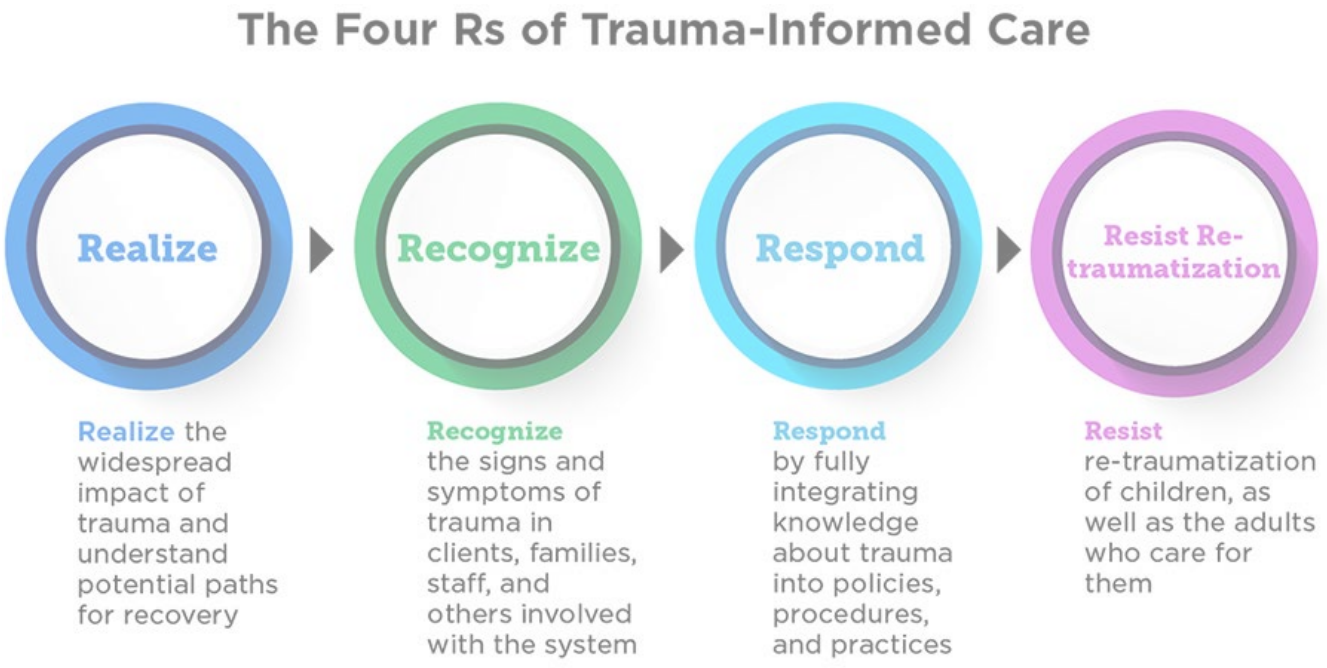
While the goals of both prevention and harm reduction are the same: to create a healthy community of thriving individuals and to prevent injury and death, most harm reduction strategies fall beyond the realm of addiction prevention.

Public health services such as prevention and outreach are fundamentally responsible measures for bringing knowledge, resources, and information to those who may face barriers to access on an individual, community, and organizational level. Harm reduction has helped to improve health outcomes being incorporated into policy development and direct practices. Naloxone access programs, for example, have been developed in healthcare facilities, opioid treatment programs, and pain management clinics. Naloxone access programs can be as simple as prescribing naloxone upon request, or more comprehensive programming, including take home naloxone kits and training classes. Outreach and prevention are effective programs and approaches for lowering community

risk and connecting people to the care they need by providing substance use education, addiction treatment, overdose prevention, and appropriate community resource referrals.

Trauma-Informed Care

Much like the Harm Reduction Model, a Trauma Informed Approach to services can be accomplished both in macro and micro practice. The Adverse Childhood Experience (ACES) Study unveiled the lasting impacts of childhood trauma and the direct correlation with health outcomes. The 10-question survey assesses early trauma experiences and research has shown that as the number of traumatic experiences increase an individual becomes more at risk for a variety of health concerns. Knowing that trauma directly impacts health outcomes, incorporating a Trauma Informed Approach within our healthcare systems has the potential to increase successful treatment interventions and improve the overall health of patients and communities. Take, for example many trauma survivors are either misdiagnosed or underdiagnosed, because general assessment tools to evaluate mental health disorders misclassify post-traumatic symptoms with other disorders. This can result in inappropriate treatment and even re-traumatization. SAMHSA encourages community service providers and agencies to embrace a Trauma Informed Approach and lists four principles that are the foundation to developing and practicing under this model.



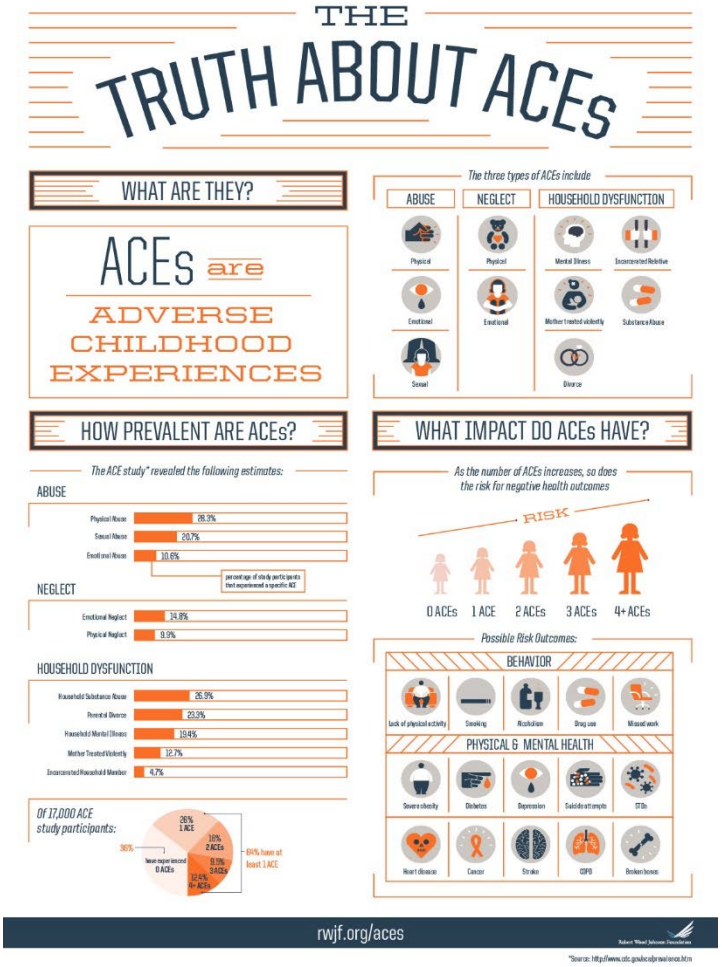
This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Trauma informed care shifts the focus of asking "what's wrong" to "what happened?" This approach to care acknowledges the need to understand a patient or client's life situation (past and present) to provide effective healthcare services. Adopting trauma informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. As healthcare providers moves toward becoming trauma- informed, ensuring emotional wellness among professional and nonprofessional staff is vital requirement for providing quality care. It can also help reduce avoidable care and excess costs for both the health care and social service sectors. Trauma-informed care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery.
- Recognize the signs and symptoms of trauma in patients, families, and staff.
- Integrate knowledge about trauma into policies, procedures, and practices.
- Actively avoid re-traumatization.

Adverse Childhood Experience (ACEs)

ACEs are potentially traumatic events that occur in childhood and can lead to adverse health outcomes in adulthood, such as substance use disorders, chronic health problems, and risky behaviors that can have a detrimental long last consequence on one's health.



ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE (Adverse Childhood Experiences), and 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce many health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

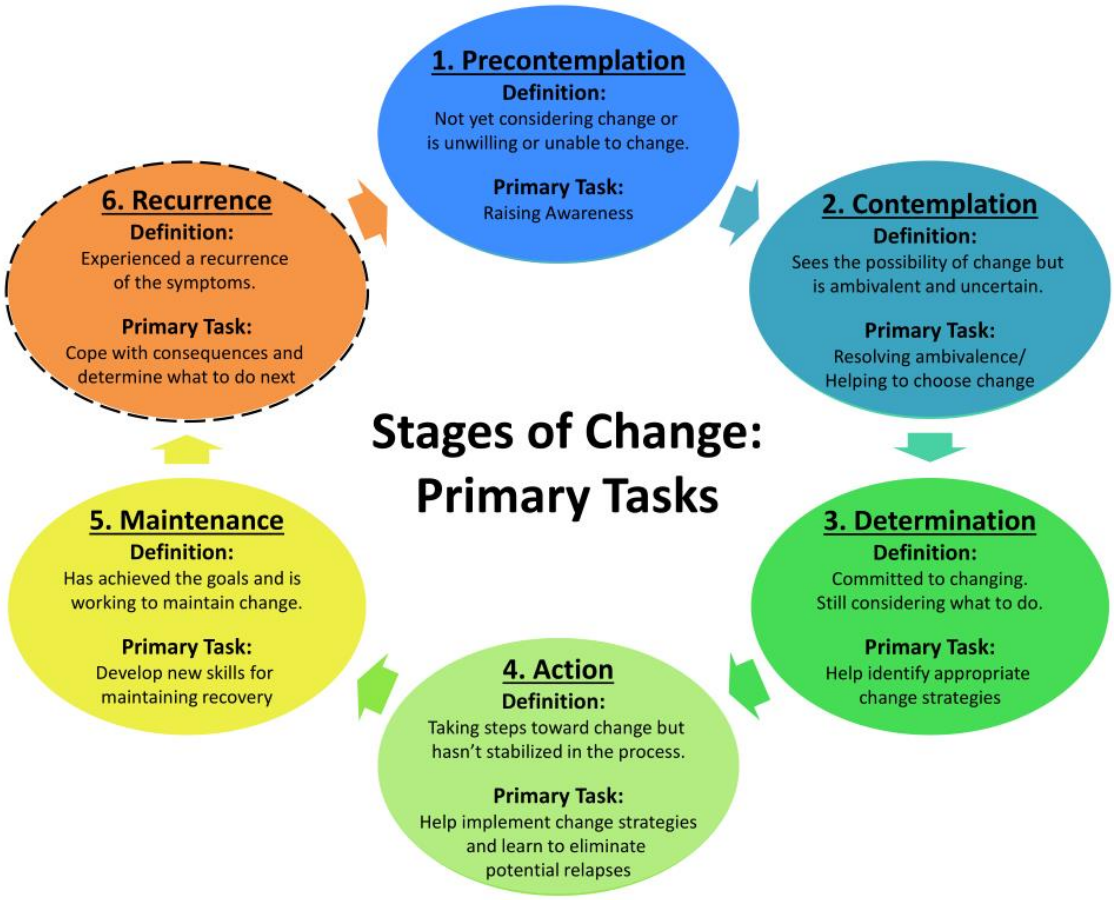
ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

ACEs can be prevented by providing children with safe, stable, caring relationships and environments. In addition, screening and assessing for trauma can allow patients obtain services, support, and treatment they need to recover and live healthier lives.

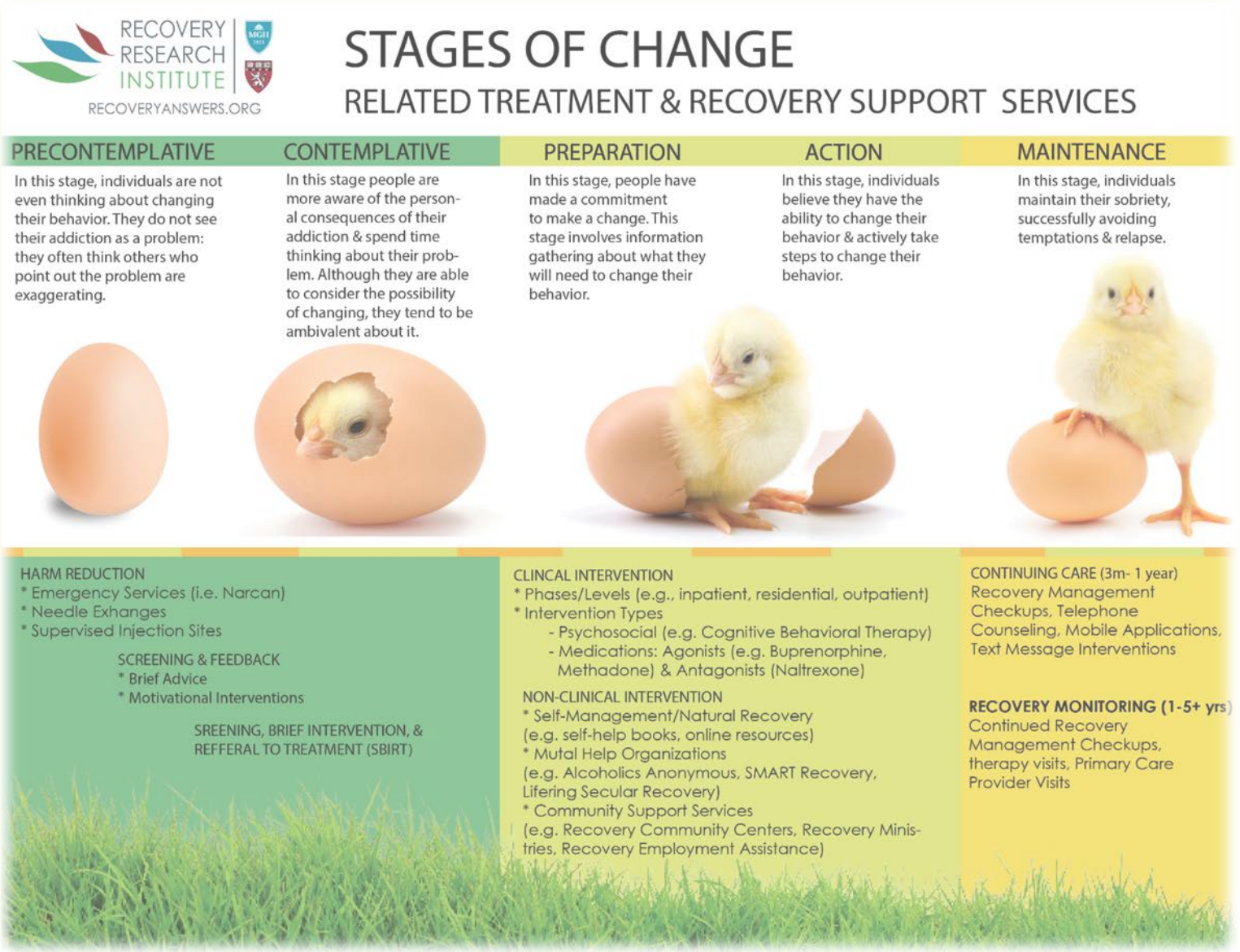
Please visit the Center for Disease and Control to learn more about Adverse Childhood Experiences: https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

Transtheoretical Model (Stages of Change)

Harm reduction models and trauma-informed treatment approaches are based on the same principles: practitioners must recognize the complexity of recovery and life, and they must meet their clients where they are. The Transtheoretical (Stages of Change) Model in conjunction with assessing a client's readiness for change allows us to meet clients where they are, as proscribed in these larger actionable frameworks. There are a variety of processes of change that may transition an individual from one stage to another, and the resolution of stage-specific tasks supports successful transition to a



following phase of change. Health care providers should be familiar with these stages of change, processes of change, and primary tasks to provide their patients with stage-appropriate interventions, which result in more successful treatment outcomes. Motivational Interviewing is a widespread practice that outlines communication techniques proven to empower and support individuals through the change process [27].



What does the Stage of Change Model look like when it comes to treatment and recovery support? Various strategies, programs, interventions, and treatments can be used to address the appropriate stage of the client.

Opioid Use Specific Screening Tools:

Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. Choose evidence-based screening tools and assessment resource materials

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screens						
Screening to Brief Intervention (S2BI (Screening to Brief Intervention))	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
NIDA (National Institute on Drug Abuse) Drug Use Screening Tool: Quick Screen (NMASSIST)	X	X	X	See APA Adapted NM ASSIST tools	See APA Adapted NM ASSIST tools	X
Opioid Risk Tool (PDF, 168KB)		X	X		X	
Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)	X		X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	
Assessments						

Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
CRAFFT	X	X		X	X	X
Drug Abuse Screen Test (DAST-10) * FOR USE OF THIS TOOL - PLEASE CONTACT *Dr. Harvey Skinner*		X	X		X	X
Drug Abuse Screen Test (DAST-20: Adolescent version) * FOR USE OF THIS TOOL - PLEASE CONTACT *Dr. Harvey Skinner*		X		X	X	X
NIDA Drug Use Screening Tool (NMASSIST)	X	X	X			X
Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)	X		X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
*TOOLS WITH ASSOCIATED FEES						

Click: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-toolsresources/chart-screening-tools to find more information

CONCLUSION

The federal, state, and local governments have continued to collaborate with a variety of stakeholders to address and mitigate the opioid epidemic's effects. Despite considerable progress, including a slight decrease in opioid-related fatalities, the opioid epidemic remains the leading cause of unintentional death in the United States. Even though our nation has committed a significant sum of money to combating this public health crisis, money may not be enough to cure this disease. The first step toward effective prevention and treatment is to recognize the underlying factors on health outcomes, such as stigma, socioeconomic determinants, and structural discrimination. Policymakers, healthcare workers, and all other direct service providers must align initiatives with their professional guidelines and ethical obligations to the people they serve.

Our team's continuous efforts to promote health, prolong life and prevent death embody the fundamental mission and scope of public health. Our efforts in Year 4 have allowed us to surpass grant goals within the community through our training and distribution were less in previous years. There are probable limitations that arose over the past year that led to this within our data. COVID-19 regulations continue to have an impact on some of our everyday efforts, which some had to be halted in the last year for the safety of our staff and community members. On August 29, 2021, a Category 4 Hurricane named Ida devastated New Orleans and the surrounding areas, becoming the second-most catastrophic and intense hurricane to make landfall in the United States after Hurricane Katrina in 2005. For a month, the devastating effects of Hurricane Ida limited the work we could do in the community and with our clients. Despite the tremendous setback caused by Hurricane Ida, our team assisted the city in a few ways, including guiding community members in finding appropriate post-storm information.

Going into the final year; continued implementation within the community and the restoration of our community partnerships are critical. Our goal is to re-establish pre-COVID partnerships such as Orleans Parish Sheriff Office (OPSO) and New Orleans Public Library to continue our initiatives. Along with this, we will continue to provide services and training within our agency at Detox and Short-term Residential. From this, we will be able to gain more access and knowledge about potential locations to focus on out in the community, strengthening community rapport, and saving lives.

The opioid crisis is complex and often appears impossible to untangle, but genuine human connection is the foundation of recovery. We can heal through knowledge and understanding fully equipped with professional skills. With community-wide education, we can dissolve stigma and advance systemic and direct care interventions, which will result in improving the health of our communities.

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

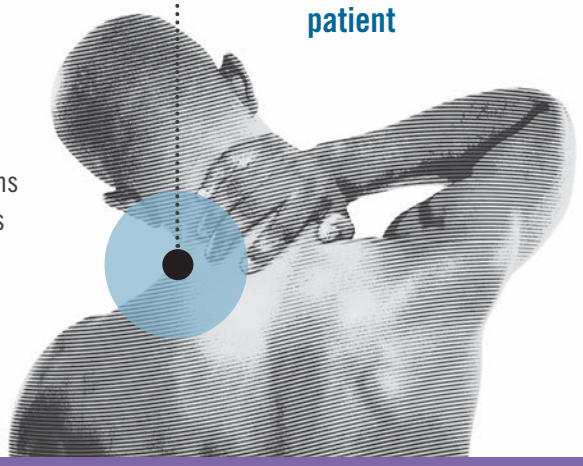
1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- **Opioids are not first-line or routine therapy for chronic pain**
- **Establish and measure goals for pain and function**
- **Discuss benefits and risks and availability of nonopioid therapies with patient**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

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LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

ORLEANS PARISH >>>
SUBSTANCE USE RESOURCE GUIDE

MEDICALLY SUPPORTED DETOX

Utilizes basic oral medication to treat the symptoms of withdrawal.

- **NOLA Detox & Recovery Center**
  4201 Woodland Drive, 3rd Floor
  www.noladetox.com • (504) 466-1111
  Insurance: Medicaid & Commercial
  Capacity: 36 beds
  Referrals: Call or text (504) 446-1111 or email info@noladetox.com

- **Odyssey House Louisiana**
  4730 Washington Avenue
  www.ohlinc.org • (504) 821-9211, Opt. 1
  Insurance: Medicaid & Uninsured
  Capacity: 40 beds
  Referrals: www.referrals.ohlinc.org

RESIDENTIAL PROGRAMS

In-house residential drug rehabilitation programs, which intensively focuses on the most basic aspects of drug rehab treatment.

- **Bridge House/Grace House**
  4150 Earhart Blvd
  www.bridgehouse.org • (504) 821-7120
  Insurance: Medicaid & Uninsured
  Capacity: 84 Male Beds & 66 Female Beds
  Referrals: www.bridgehouse.org

- **Odyssey House Louisiana**
  2700 South Broad Avenue
  www.ohlinc.org • (504) 821-9211, Opt. 3
  Insurance: Medicaid & Uninsured
  Capacity: 144 beds
  Referrals: www.referrals.ohlinc.org

- **NOLA Detox & Recovery Center**
  4201 Woodland Drive, 3rd Floor
  www.noladetox.com • (504) 466-1111
  Insurance: Medicaid & Commercial
  Capacity: 36 beds
  Referrals: Call or text (504) 446-1111 or email info@noladetox.com

INTENSIVE OUTPATIENT PROGRAM

- **CADA Prevention & Recovery Center**
  2601 Tulane Ave, 9th Floor, Suite 900
  www.cadagno.org • (504) 821-2232
  Insurance: Health Blue, Aetna, AmeriHealth, United, Optum
  Capacity: 25 Active Clients
  Referrals: (504) 821-2232

- **CrescentCare**
  1631 Elysian Fields & 3308 Tulane Avenue
  www.crescentcare.org • (504) 607-2378
  Insurance: Commercial, Medicaid, & Uninsured
  Capacity: 24 Clients
  Referrals: (504) 607-2378

- **The Creed Group of Louisiana**
  2235 Poydras Street, Ste. A
  www.creedgroupofla.com • (504) 814-8001
  Insurance: Aetna, AmeriHealth, Healthy Blue, Louisiana Health Care Connections
  Capacity: 108 Clients

IOP WITH HOUSING

- **Odyssey House Louisiana**
  2700 South Broad Avenue
  www.ohlinc.org • (504) 821-9211, Opt. 3
  Insurance: Medicaid & Uninsured
  Capacity: 144 beds
  Referrals: www.referrals.ohlinc.org

SYRINGE ACCESS PROGRAMS

CrescentCare
Wednesday 2:00-4:00 & Friday 12:00-5:00

OHL S.A.F.E.R.
Text (504) 418-4955

Trystereo
Text (504) 535-4766

Women With a Vision
1266 N Broad Ave (504) 301-0428

All programs are 18+ unless otherwise stated.

MEDICATION ASSISTED TREATMENT

- **Behavioral Health Group (BHG)**
  2235 Poydras Street, Suite B
  www.bhgrecovery.com • (504) 524-7205
  Insurance: Private or Self-Pay
- **Bridge House/Grace House**
  4150 Earhart Blvd
  www.bridgehouse.org • (504) 821-7120
  Insurance: Medicaid & Uninsured
- **The Creed Group of Louisiana**
  2235 Poydras Street, Ste. A
  www.creedgroupofla.com • (504) 814-8001
  Insurance: Medicaid & Uninsured
- **CrescentCare**
  1631 Elysian Fields & 3308 Tulane Avenue
  www.crescentcare.org • (504) 607-2378
  Insurance: Commercial, Medicaid & Uninsured
- **NOLA Detox & Recovery Center**
  4201 Woodland Drive, 3rd Floor
  www.noladetox.com • (504) 466-1111
  Insurance: Medicaid & Commercial
- **Odyssey House Louisiana**
  1125 North Tonti Street
  www.ohlinc.org • (504) 821-9211, Opt. 2
  Insurance: Medicaid & Uninsured
- **University Medical Center - Integrated Healthcare**
  2003 Tulane Avenue
  www.ohlinc.org • (504) 962-6106
  Insurance: All major insurance including Medicaid

HEALTH CLINICS

- **CrescentCare**
  1631 Elysian Fields & 3308 Tulane Avenue
  www.crescentcare.com • (504) 607-2378
  Insurance: Commercial, Medicaid, & Uninsured
- **Metropolitan Human Services District (MHSD)**
  3100 General De Gaulle Drive
  2221 Phillip Street
  719 Elysian Fields Avenue
  5630 Read Boulevard
  www.mhsdla.org • (504) 607-2378
  Insurance: Commercial, Medicaid, & Uninsured
  Adult & Child services
- **Odyssey House Louisiana CHC**
  2700 S Broad Avenue & 1125 N Tonti Street
  www.ohlinc.org • (504) 821-9211, Opt. 3
  Insurance: Medicaid & Uninsured

Law Enforcement Assisted Diversion (LEAD)
(504) 717-0896 • LEAD is a street-based outreach and case management program directed by the participant and provides direct assistance in accessing community-based services as desired.

WANT MORE RESOURCES IN YOUR AREA?

Text *Opioid* to 898-211 or visit www.vialink.org.

In Louisiana, the number of newborns diagnosed with **NEONATAL ABSTINENCE SYNDROME** nearly tripled in 10 years due to increasing opiate use among pregnant women.

Interested in supportive services while pregnant? Call **Healthy Start New Orleans** at (504) 658-2600.

FREE TRAININGS regarding the Opioid Epidemic for community members, pharmacists, prescribers, service providers, EVERYONE!

Please call OHL's **Revive. Survive. OverDose Prevention Program** at (504) 418-4995.

DID YOU KNOW?

There are new treatment and prevention opportunities to protect you and those around you from hepatitis.

Interested in getting tested for HIV or Hep C? Go to www.gettested.cdc.gov to find your nearest location.

MORE RESOURCE **INFORMATION**

Additional Resources for:

People Who Use Drugs

1. SAMHSA Treatment Options
2. Substance Use Treatment Resources in New Orleans
3. Planned Parenthood Heath Services
4. Harm Reduction Coalition: Find Naloxone and Syringes
5. New Orleans Community Resource Guide 2020

Prescribers

1. The Center for Disease Control and Prevention
2. Prescribe to Prevent
3. Interactive Training Series for Healthcare Providers
4. The US Department of Health and Human Services
5. National Institute for Drug Abuse Screen and Assessment Tools Chart

Individuals Treating Substance Use Disorder

1. Louisiana Board of Pharmacy
2. Trauma Informed Care Information
3. The Center for Disease Control and Prevention: ACEs
4. The Louisiana Department of Health-Opioid Related Resources

Stakeholders

1. Prescription Drug Abuse Policy System
2. Louisiana Opioid Surveillance Portal
3. Harm Reduction Coalition
4. SAMHSA Opioid Overdose Prevention Toolkit
5. Opioid Task Force
6. Project Lazarus

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APPENDIX

Addiction Services

1. Odyssey House Louisiana Agency Overview
2. OHL Agency Resource Guide
3. Substance Use Resource Guide (Spanish)
4. Revive. Survive. OverDose Prevention Resource Guide

Evidence Based Practice Model Worksheet

1. Language Matters: A Quick Guide Worksheet
2. Assessing Your Stage of Change Worksheet
3. Harm Reduction Coalition- Overdose Prevention
4. Overdose Prevention Frequently Asked Questions

Screening and Assessment Tools

1. Adverse Childhood Experiences Questionnaire

Legislation

1. Naloxone Standing Order
2. Good Samaritan Law
3. Prescription Monitoring Program

AGENCY OVERVIEW

ODYSSEY HOUSE LOUISIANA, INC.

ODYSSEY HOUSE LOUISIANA

Odyssey House Louisiana (OHL) is a non-profit behavioral health care provider with an emphasis on addiction treatment.

Established in 1973, the mission of Odyssey House Louisiana is to provide holistic and client-centered services in a safe environment that address the full continuum of special care needs for the state of Louisiana.

It is OHL's philosophy to treat the whole person, not just the addiction.

Medically Supported Detox

4730 Washington Avenue
(504) 821-9211, Option 1

OHL operates 40-bed medically supported detox for individuals 18 or older. The Medically Supported Detox uses medically assisted treatment (MAT) to treat withdrawal and offers MAT induction to clinically appropriate patients. Detox is appropriate for people who are withdrawing from many substances including alcohol, opiates (heroin, oxy, etc.) and benzos. Intakes admitted 7 days a week.

Short-Term Treatment

2700 S. Broad Ave
(504) 821-9211, Option 3

OHL's Adult Residential Program serves men and women 18 years of age and older. OHL offers 144 beds for short-term (approximately 28-day) inpatient drug rehabilitation treatment, focused intensively on the most basic aspects of drug rehab treatment, such as abstinence from substance use, life skills building, and recovery tools.

Long-Term Housing/Intensive Outpatient Treatment (Transitions)

1125 N. Tonti Street
(504) 821-9211 ext. 7407
(504) 270-7388

After successful completion of the Short-Term Treatment program, OHL offers a Long-Term Housing/ Intensive Outpatient Program that combines therapeutic interventions with housing and employment skill building. The program consists of a three-to six-month relapse prevention model. Clients are able to reside in a safe and sober living environment while developing life skills that enable them to gain employment and a strong support system.

Sober Living Program

Focuses on moving graduates of OHL's treatment programs into stable, secure housing, and keeping these individuals housed and engaged in case management. All program participants are required to contribute a portion of their rent and remain engaged in the recovery.

Odyssey House Minority Empowerment Group for Addiction (OHMEGA)

(504) 258-4203

Funded through SAMHSA, the OHMEGA project is a three- to six-month outpatient program embedded in OHL's Transitions program that provides trauma-informed individual and group counseling to racial/ ethnic minority men with substance use disorders who are at high risk for HIV or who are HIV-positive.

Community Health Center/FQHC

2700 S. Broad Ave
(504) 821-9211, Option 2

OHL's Federally Qualified Health Center is a patient-centered medical home providing primary care that is comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The CHC provides comprehensive primary care services to low-income, high-risk, and underserved individuals regardless of ability to pay. With a focus on integrated physical and behavioral healthcare, including wraparound support and screening services, the OHL CHC offers compassionate care in efforts to improve quality healthcare within the communities it serves.

Community Supportive Services (CSS)

(504) 821-9211, ext 7846

OHL's CSS programs focus on moving individuals and families to stable, secure housing, and keeping these families and individuals housed and engaged in case management. Case management is a process in which the OHL case manager and client work collaboratively to asses, plan, implement, coordinate, and monitor the services required to meet the client's health and human service needs.

Sobering Center

732 North Claiborne Avenue
(504) 821-9211, Option 5

The Sobering Center is a 25-bed facility to receive individuals identified as publicly intoxicated by NOPD, State Police, other law enforcement agents based within Orleans Parish, and/or New Orleans EMS. Intoxicated individuals would stay at the facility while they sober up, under the care of trained staff.

BRISCOE LAKE CHARLES

(337) 433-3786
4012 Avenue H,
Lake Charles, LA 70615

Short-Term Adult Residential

OHL's Adult Residential Program serves men and women 18 years of age and older. OHL offers 40 beds for short-term (approximately 28-day) inpatient drug rehabilitation treatment, focused intensively on the most basic aspects of drug rehab treatment, such as abstinence from substance use, life skills building, and recovery tools.

Reentry Program

(337) 433-3786 ext 7113

This program aims to reduce returns to prison by improving and expanding community reentry resources. Via case management and transportation services, OHL provides access to employment and employment readiness services, behavioral health care (mental health and substance use treatment), family reunification, education and/ or vocational training, and other wraparound services. Goals of the program are to increase rates of employment, income, and stable housing for participants and avoid recidivism and re-incarceration, while reconnecting participants with their family and the community.

iPrevent

(504) 913-6776

Funded through SAMHSA, this 5-year grant focuses on peer education and prevention among minority youth. Activities include educational interventions targeting minority youth, distributing condoms, testing for Hepatitis C and HIV, and making referrals to supportive services.

Revive. Survive. Overdose Prevention Program

(504) 418-4955

This five-year SAMHSA-funded grant is designed to address and alleviate the opioid epidemic in New Orleans by training prescribers, pharmacists, clients, and community members on the overview of the opioid epidemic, naloxone administration and access, and tools to address the needs of individuals suffering with addiction.

OHL offers comprehensive services and effective support systems- including prevention, treatment, physical and mental healthcare, life-skills and vocational training, job placement, counseling and case management- that enable individuals to chart new lives and return to their communities as contributing members.

OHL's encompassing continuum of care includes multiple levels of treatment that can address clients at their individual level of need. Today, the wider scope and mission of OHL's operations provides services to over 1000 people per month.

CONTACT US

504.821.9211

www.ohlinc.org

info@ohlinc.org

2700 S. Broad Ave
New Orleans, LA 70125

OHL offers comprehensive services and effective support systems

—including prevention, treatment, physical and mental healthcare, life skills and vocational training, job placement, counseling and case management—that enable individuals to chart new lives and return to their communities as contributing members.

COVID-19 QUARANTINE/ ISOLATION UNIT

Residential clients will be tested for COVID-19. All reactive clients will receive treatment in a **secure quarantine unit**, will receive medical care, attend virtual groups, and will be cared for in a safe environment until medically cleared to move into the full program.

Odyssey House Louisiana (OHL) is a nonprofit behavioral healthcare facility with an emphasis on addiction treatment.

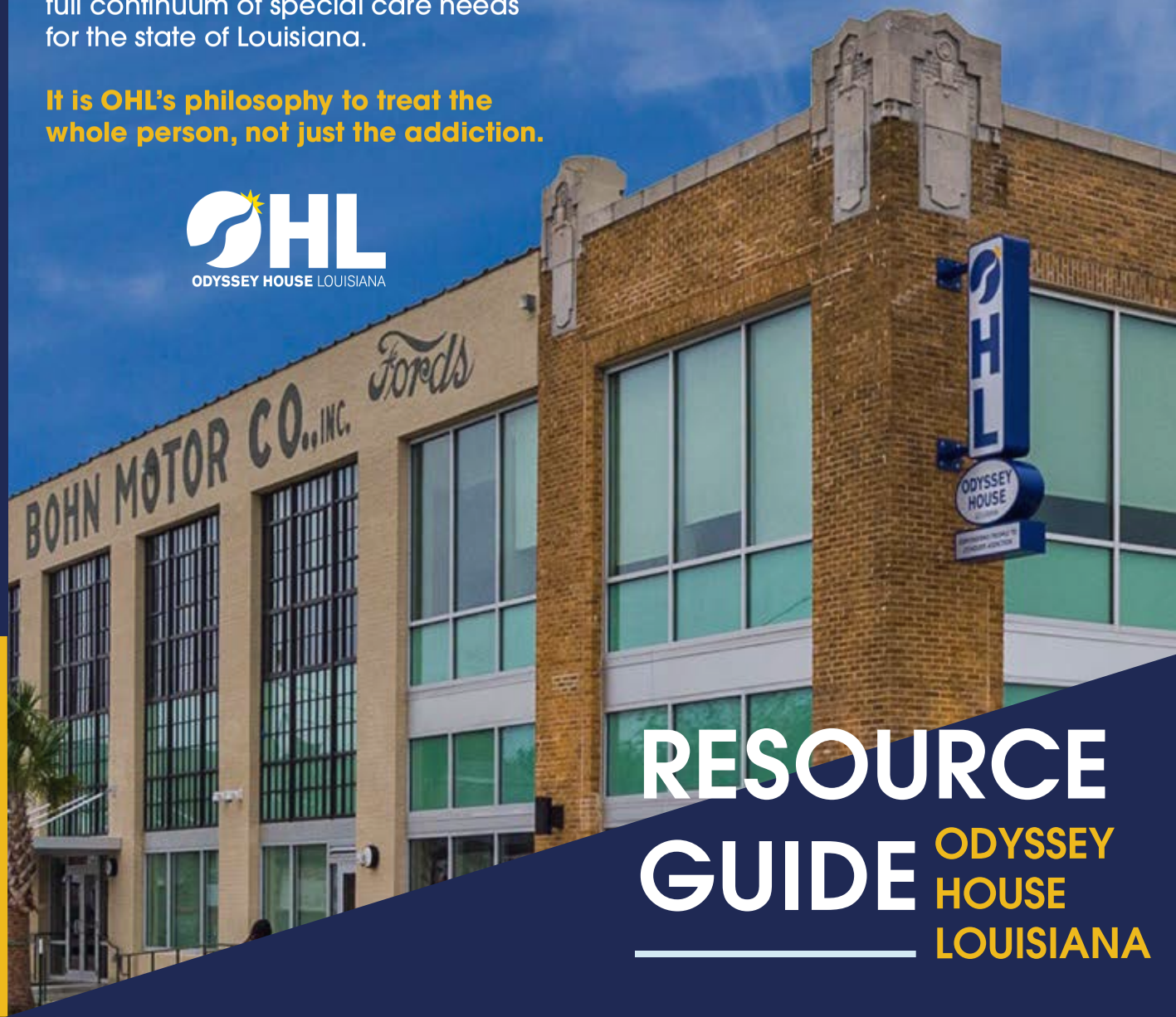
Established in 1973, the mission of Odyssey House Louisiana is to provide holistic and client-centered services in a safe environment that address the full continuum of special care needs for the state of Louisiana.

It is OHL's philosophy to treat the whole person, not just the addiction.

OHL
ODYSSEY HOUSE LOUISIANA

EMPOWERING PEOPLE TO CONQUER ADDICTION

504.821.9211 • www.ohlinc.org • info@ohlinc.org



RESOURCE GUIDE

ODYSSEY HOUSE LOUISIANA

SUBSTANCE USE DISORDER SERVICES

Medically Supported Detox

2700 South Broad Ave
(504) 821-9211, Option 1
OHL operates 40-bed medically supported detox for individuals 18 or older. The Medically Supported Detox uses medically assisted treatment (MAT) to treat withdrawal and offers MAT induction to clinically appropriate patients. Detox is appropriate for people who are withdrawing from many substances including alcohol, opiates (heroin, oxy, etc.) and benzos. Intakes admitted 7 days a week.

Short-Term Residential

2700 South Broad Ave
(504) 821-9211, Option 3
OHL's Adult Residential Program serves individuals 18 years of age and older. OHL offers 144 beds for short-term (approximately 28-day) inpatient drug rehabilitation treatment, focused intensively on the most basic aspects of drug rehab treatment, such as abstinence from substance use, life skills building, and recovery tools.

Long-Term/Intensive Outpatient Treatment (Transitions)

1125 North Tonti Street
(504) 821-9211 ex. 7407
(504) 270-7388
After successful completion of the Short-Term Treatment program, OHL offers a Long-Term Housing/ Intensive Outpatient Program that combines therapeutic interventions with housing and employment skill building. The program consists of a three-to six-month relapse prevention model. Clients are able to reside in a safe and sober living environment while developing life skills that enable them to gain employment and a strong support system environment.

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(504) 258-4203
Funded through SAMHSA, the OHMEGA project is a three- to six-month outpatient program embedded in OHL's Transitions program that provides trauma-informed individual and group counseling to racial/ethnic minority men with substance use disorders who are at high risk for HIV or who are HIV-positive.

Sober Living Program

Focuses on moving graduates of OHL's treatment programs into stable, secure housing, and keeping these individuals housed and engaged in case management. All program participants are required to contribute a portion of their rent and remain engaged in the recovery.

OHL - Lake Charles

4012 Avenue H, Lake Charles, LA
(337) 433-3786
OHL is pleased to expand its Continuum of Care into Southwestern Louisiana, where we offer several programs in the Lake Charles area, including: Sobering Beds (supervised care for individuals who are intoxicated and/or experiencing withdrawal from alcohol, narcotics, or other substances), Short-Term Residential Treatment (short-term inpatient drug rehabilitation treatment, focused intensively on the most basic aspects of drug rehab treatment, such as abstinence from substance use, life skills building, and recovery tools), and a Reentry Program (aims to reduce returns to prison by improving and expanding community reentry resources).

MEDICAL & COMMUNITY SERVICES

Community Health Center/FQHC

2700 South Broad Ave
(504) 821-9211, Option 2
communityclinic@ohlinc.org
OHL's Federally Qualified Health Center is a patient-centered medical home providing primary care that is comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The CHC provides comprehensive primary care services to low-income, high-risk, and underserved individuals regardless of ability to pay. With a focus on integrated physical and behavioral healthcare, including wraparound support and screening services, the OHL CHC offers compassionate care in efforts to improve quality healthcare within the communities it serves. We take Medicaid, Medicare, and Self Pay/Sliding Fee Scale.

Community Supportive Services (CSS)

(504) 821-9211, Ext 7848
OHL's CSS programs focus on moving individuals and families to stable, secure housing, and keeping these families and individuals housed and engaged in case management. Case management is a process in which the OHL case manager and client work collaboratively to asses, plan, implement, coordinate, and monitor the services required to meet the client's health and human service needs.

iPrevent

(504) 913-6776
Funded through SAMHSA, this 5-year grant focuses on peer education and prevention among minority youth. Activities include educational interventions targeting minority youth, distributing condoms, testing for Hepatitis C and HIV, and making referrals to supportive services.

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This five-year SAMHSA-funded grant is designed to address and alleviate the opioid epidemic in New Orleans by training prescribers, pharmacists, clients, and community members on the overview of the opioid epidemic, naloxone administration and access, and tools to address the needs of individuals suffering with addiction.

ORLEANS PARISH >>>
SUBSTANCE USE RESOURCE GUIDE

This resource is a creation of the *New Orleans Opioid Task Force*

MEDICALLY SUPPORTED DETOX

Utilizes basic oral medication to treat the symptoms of withdrawal.

NOLA Detox & Recovery Center
4201 Woodland Drive, 3rd Floor
www.noladetox.com • (504) 466-1111
Insurance: Medicaid & Commercial
Capacity: 36 beds
Referrals: Call or text (504) 446-1111 or email info@noladetox.com

Odyssey House Louisiana
4730 Washington Avenue
www.ohlinc.org • (504) 821-9211, Opt. 1
Insurance: Medicaid & Uninsured
Capacity: 40 beds
Referrals: www.referrals.ohlinc.org

RESIDENTIAL PROGRAMS

In-house residential drug rehabilitation programs, which intensively focuses on the most basic aspects of drug rehab treatment.

Bridge House/Grace House
4150 Earhart Blvd
www.bridgehouse.org • (504) 821-7120
Insurance: Medicaid & Uninsured
Capacity: 84 Male Beds & 66 Female Beds
Referrals: www.bridgehouse.org

Odyssey House Louisiana
2700 South Broad Avenue
www.ohlinc.org • (504) 821-9211, Opt. 3
Insurance: Medicaid & Uninsured
Capacity: 144 beds
Referrals: www.referrals.ohlinc.org

NOLA Detox & Recovery Center
4201 Woodland Drive, 3rd Floor
www.noladetox.com • (504) 466-1111
Insurance: Medicaid & Commercial
Capacity: 36 beds
Referrals: Call or text (504) 446-1111 or email info@noladetox.com

INTENSIVE OUTPATIENT PROGRAM

CADA Prevention & Recovery Center
2601 Tulane Ave, 9th Floor, Suite 900
www.cadagno.org • (504) 821-2232
Insurance: Health Blue, Aetna, AmeriHealth, United, Optum
Capacity: 25 Active Clients
Referrals: (504) 821-2232

CrescentCare
1631 Elysian Fields & 3308 Tulane Avenue
www.crescentcare.org • (504) 607-2378
Insurance: Commercial, Medicaid, & Uninsured
Capacity: 24 Clients
Referrals: (504) 607-2378

The Creed Group of Louisiana
2235 Poydras Street, Ste. A
www.creedgroupofla.com • (504) 814-8001
Insurance: Aetna, AmeriHealth, Healthy Blue, Louisiana Health Care Connections
Capacity: 108 Clients

IOP WITH HOUSING

Odyssey House Louisiana
2700 South Broad Avenue
www.ohlinc.org • (504) 821-9211, Opt. 3
Insurance: Medicaid & Uninsured
Capacity: 144 beds
Referrals: www.referrals.ohlinc.org

SYRINGE ACCESS PROGRAMS

CrescentCare
Wednesday 2:00-4:00 & Friday 12:00-5:00

OHL S.A.F.E.R.
Text (504) 418-4955

Trystereo
Text (504) 535-4766

Women With a Vision
1266 N Broad Ave (504) 301-0428

All programs are 18+ unless otherwise stated.

MEDICATION ASSISTED TREATMENT

- **Behavioral Health Group (BHG)**
  2235 Poydras Street, Suite B
  www.bhgrecovery.com • (504) 524-7205
  Insurance: Private or Self-Pay
- **Bridge House/Grace House**
  4150 Earhart Blvd
  www.bridgehouse.org • (504) 821-7120
  Insurance: Medicaid & Uninsured
- **The Creed Group of Louisiana**
  2235 Poydras Street, Ste. A
  www.creedgroupofla.com • (504) 814-8001
  Insurance: Medicaid & Uninsured
- **CrescentCare**
  1631 Elysian Fields & 3308 Tulane Avenue
  www.crescentcare.org • (504) 607-2378
  Insurance: Commercial, Medicaid & Uninsured
- **NOLA Detox & Recovery Center**
  4201 Woodland Drive, 3rd Floor
  www.noladetox.com • (504) 466-1111
  Insurance: Medicaid & Commercial
- **Odyssey House Louisiana**
  1125 North Tonti Street
  www.ohlinc.org • (504) 821-9211, Opt. 2
  Insurance: Medicaid & Uninsured
- **University Medical Center - Integrated Healthcare**
  2003 Tulane Avenue
  www.ohlinc.org • (504) 962-6106
  Insurance: All major insurance including Medicaid

HEALTH CLINICS

- **CrescentCare**
  1631 Elysian Fields & 3308 Tulane Avenue
  www.crescentcare.com • (504) 607-2378
  Insurance: Commercial, Medicaid, & Uninsured
- **Metropolitan Human Services District (MHSD)**
  3100 General De Gaulle Drive
  2221 Phillip Street
  719 Elysian Fields Avenue
  5630 Read Boulevard
  www.mhsdla.org • (504) 607-2378
  Insurance: Commercial, Medicaid, & Uninsured
  Adult & Child services
- **Odyssey House Louisiana CHC**
  2700 S Broad Avenue & 1125 N Tonti Street
  www.ohlinc.org • (504) 821-9211, Opt. 3
  Insurance: Medicaid & Uninsured

Law Enforcement Assisted Diversion (LEAD)
(504) 717-0896 • LEAD is a street-based outreach and case management program directed by the participant and provides direct assistance in accessing community-based services as desired.

WANT MORE RESOURCES IN YOUR AREA?

Text *Opioid* to 898-211 or visit www.vialink.org.

In Louisiana, the number of newborns diagnosed with **NEONATAL ABSTINENCE SYNDROME** nearly tripled in 10 years due to increasing opiate use among pregnant women.

Interested in supportive services while pregnant? Call **Healthy Start New Orleans** at (504) 658-2600.

FREE TRAININGS regarding the Opioid Epidemic for community members, pharmacists, prescribers, service providers, EVERYONE!

Please call OHL's **Revive. Survive. OverDose Prevention Program** at (504) 418-4995.

DID YOU KNOW?

There are new treatment and prevention opportunities to protect you and those around you from hepatitis.

Interested in getting tested for HIV or Hep C? Go to www.gettested.cdc.gov to find your nearest location.

PARROQUIA DE ORLEANS

RECURSOS PARA EL USO DE SUSTANCIAS

Desintoxicación con Soporte y/o Supervisión

Uso de medicamentos orales básicos para tratar los síntomas de la abstinencia en las personas.

Odyssey House Louisiana
4730 Washington Avenue, New Orleans, LA
- Capacidad: 40 Camas
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y sin seguro
- Teléfono: (504) 821-9211, opción 1
- Sitio Web: www.ohlinc.org
- Para Referencias: www.referrals.ohlinc.org

Qualis Care
4201 Woodland Dr. New Orleans, LA
- Capacidad: 12 Camas
- Edad: Mayores de 18 anos
- Seguro de vida: Medicaid, seguro privado, o pago en efectivo
- Teléfono: (504) 272-2350
- Sitio Web: www.qauliscare.com

Clínicas

Metropolitan Human Services District (MHSD)
Algiers Behavioral Health Center: 3100 General DeGaulle Dr. New Orleans
Central City Behavioral Health & Access Center: 2221 Phillip St. New Orleans
Chartres-Pontchartrain Behavioral Health Center: 719 Elysian Fields New Orleans
New Orleans East Behavioral Health Center: 5630 Read Blvd. New Orleans
- Acceso abierto y citas programadas
- Servicios para adultos y niños
- Seguro de vida: Medicaid & sin seguro
- Teléfono: (504)-568-3130
- Sitio Web: www.MHSDLA.org

Odyssey House Louisiana Community Health Center
1125 N Tonti Street New Orleans LA 70119
- Acceso abierto y citas programadas
- Atención primaria para adultos y servicios de salud conductual
- Seguro de Salud: Medicaid y sin seguro
- Teléfono: (504) 821-9211, opción 2
- Sitio Web: www.ohlinc.org

Programa Intensivo Para Pacientes Ambulatorios

CADA Prevention & Recovery Center
2640 Canal Street New Orleans, LA
- Capacidad: Citas el mismo día o para el día siguiente; sin limite
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y sin seguro
- Teléfono: (504) 821-2232
- Sitio Web: www.cadagno.org

Programas Residenciales

Programas de rehabilitación de drogas para residentes internos enfocados de manera intensa en los aspectos mas básicos del tratamiento, como abstinencia por el abuso de drogas, desarrollo de habilidades para la vida y herramientas de recuperación.

Bridge House/Grace House
4150 Earhart Blvd, New Orleans, LA
- Capacidad: 84 Hombres/51 Mujeres
- Mujeres embarazadas son bienvenidas
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid
- Teléfono: (504) 821-7120
- Sitio Web: www.bridgehouse.org

Odyssey House Louisiana
1125 N. Tonti Street, New Orleans, LA
- Capacidad: 144 Camas
- Mujeres embarazadas son bienvenidas
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y sin seguro
- Teléfono: (504) 821-9211, opción 3
- Sitio Web: www.ohlinc.org
- Para referencias: www.referrals.ohlinc.org

Qualis Care
4201 Woodland Dr. New Orleans, LA
- Capacidad: 38 Camas
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid, seguro privado, pago en efectivo
- Teléfono: (504) 272-2350
- Sitio Web: www.qualiscare.com

Programa Intensivo Para Pacientes Ambulatorios con Vivienda

Odyssey House Louisiana
1125 N. Tonti Street, New Orleans, LA
- Capacidad: 30 Camas
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y sin seguro
- Teléfono: (504) 821-9211, opción 4
- Sitio Web: www.ohlinc.org
- Para Referencias: Referrals.ohlinc.org

V1: 08/2019

Tratamiento Asistido con Medicamento

El tratamiento asistido con medicamentos (MAT), incluye los programas de tratamiento (OTP), combinando terapia conductual con medicamentos para tratar los trastornos por uso de sustancias.

Health Care for the Homeless
Algiers: 1111 Newton St. New Orleans
Central City: 2222 Simon Bolivar Ave. 2nd Floor, New Orleans
Downtown: 1530 Gravier St. New Orleans
- Capacidad: Sin limites
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y seguro privado
- Teléfono: (504) 658-2785

Odyssey House Louisiana
1125 N Tonti Street New Orleans
- Capacidad: Sin limites
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid y sin seguro
- Teléfono: (504) 821-9211, opción 2
- Sitio Web: www.ohlinc.org

Qualis Care
4201 Woodland Dr. New Orleans
- Capacidad: Sin limites
- Edad: Mayores de 18 anos
- Seguro de Vida: Medicaid, seguro privado, pago en efectivo
- Teléfono: (504) 272-2350
- Sitio Web: www.qualiscare.com

BHG - Methadone Provider
2235 Poydras St. Ste. B, New Orleans
- Capacidad: Sin limites
- Edad: Mayores de 18 anos
- Seguro de Vida: Seguro privado y pago en efectivo
- Teléfono: (504) 524-7205
- Sitio Web: www.bhgrecovery.com

University Medical Center - Integrated Health Clinic
En un entorno de atención primaria se brinda tratamiento medico asistido con buprenorfina para pacientes con trastorno por consumo de opioides que desean dejar de consumir.
2000 Canal Street, New Orleans
- Capacidad: Sin limites
- Edad: Mayores de 18 anos
- Seguro de Vida: Todos los seguros principales, incluido Medicaid
- Teléfono: (504) 962-6110

¿SABIAS QUE?

Existen nuevas oportunidades de tratamiento, protección, y de prevención de la hepatitis para protegerlo a usted y a quienes lo rodean.

Mas de 4 millones de personas en los Estados Unidos viven con Hepatitis viral. ¡La mayoría no lo saben!

La Hepatitis A se puede prevenir con una vacuna segura y efectiva.

Muchas personas se han contagiado con Hepatitis B antes de que vacuna estuviera disponible al publico.

Existen tratamientos disponibles que pueden curar la Hepatitis C.

¿Interesado en realizarse una prueba del VIH o de Hepatitis C?
¡Visite www.gettested.cdc.gov para encontrar su localidad mas cercana!

En Louisiana, el numero de recién nacidos diagnosticados con síndrome de abstinencia neonatal casi se ha triplicado en 10 anos debido al aumento del uso de opioides entre mujeres.

¿Interesada en servicios de apoyo durante el embarazo? Llame a **Healthy Start New Orleans** al (504) 658-2600 para obtener mas información.

¡Capacitaciones **GRATUITAS** sobre la depidemia de opioides para miembros de la comunidad, farmacéuticos, prescriptores, proveedores de servicios, TODOS!

Por favor llame a programa de **Prevención de Sobredosis. Revivir. Sobrevivir** de OHL al (504) 418-4995.

PROGRAMA DE ACCESO A JERINGA

Crescent Care
1631 Elysian Fields, New Orleans
Viernes 12:00-5:00pm

Trystereo
Para suministros gratis, textea a (504) 535-4766 para reunirse con un voluntario.

Women With A Vision
1266 N. Broad St. New Orleans
Teléfono: (504) 301-0428

¿Quieres mas recursos en tu área? Vaya a: www.vialink.org/our-resources.php

NOT THAT SAY THIS!

WHEN REFERRING TO AN INDIVIDUAL:

Avoid labeling a person by their illness. These labels imply permanency to the condition and do not allow space for change.

Addict
Alcoholic
Abuser
User
Junkie/ Crackhead / Drunk/ Pothead
Sober
Clean

Always use person-first langue. These modifies give identity to individuals as people rather than labeling them by their illness.

"A person with/in…"
Substance use disorder
Active disorder/disease/addiction
Remission
Abstinent from substances
Substance/Addiction free
Person in recovery

WHEN REFERRING TO SUBSTANCE USE AND DIAGNOSIS:

Avoid projecting judgment and stigma. The following words convey an individual chooses to have a medical condition, blames the individual and perpetuates stigma.

Misuse
Abuse/ Drug abuse/ Substance abuse
Drug habit/ Drug problem
Drug of Choice

Use current medical terminology that objectively defines substance consumption and its impact on physical, psychological, and social wellbeing.

Use/ Recreational use
Unhealthy/ Harmful/ Hazardous use
Substance Use Disorder (SUD)
Opioid Use Disorder (OUD)
Addiction

WHEN DESCRIBING AN INDIVIDUAL'S BEHAVIOR:

Avoid descriptions that assume specific behaviors are the result of an individual's character rather than accounting for the neurological impact of addiction that influences decision making and behavior.

Drug seeking
Manipulative
Non-compliant/ Resistant

Use a strength-based approach in understanding and describing behavior.

Trying to get specific needs met
Choosing not to; would rather...
Prefers not to; is unsure about
Ambivalent
Task may not be culturally appropriate

WHEN DESCRIBING MEDICAL EQUIPMENT OR PROCEDURES SUCH AS DRUG TEST OR SYRINGES:

Avoid associating objects and individuals with connotations of filth.

Clean
Dirty

Use medical and technical terminology.

Negative/positive
Sterile
Used/unused syringes

WHEN REFERRING TO TREATMENT OPTIONS:

Avoid describing the use of medication in addiction treatment as a lateral move from illegal substance use to legal substance use which disregards the positive impacts of treatment on physical, psychological, and social well-being.

Substitution or Replacement Therapy
Opioid Replacement
Methadone Maintenance

Use current terminology to describe addiction treatment that incorporates pharmacology.

Treatment or medication for addiction
Medication for Opioid Use
Medication Assisted Treatment (MAT)

CALL TO ACTION:

1. Chose a word from the left-hand column that you currently use: _____
2. Select an alternative for this word from the right-hand column: _____
3. Make a commitment to use this new language moving forward.
4. Set an alarm on your phone for one month from today to check on your progress. If you have made an improvement, move on to another word.
5. Continue this process until you are no longer using stigmatizing language when referring to addiction.

References:

1. ASAM Board of Directors (2011). Public Policy Statement: Definition of Addiction (Long Version). *American Society of Addiction Medicine*.
2. Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary". *Alcoholism Treatment Quarterly*, *34:*1, 116–123.

Additional Resources:

Broyles, L. M., Binswanger, I. A., Jenkins, J. A., Finnell, D. S., Faseru, B., Cavaiola, A., Gordon, A. J. (2014). Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response. *Substance Abuse*, *35*(3), 217–221. doi: 10.1080/08897077.2014.930372

Goldsmith, R. J. (2016). Letter to Director Botticelli. *American Society of Addiction Medicine*.

The Words We Use Matter: Reducing Stigma through Language. The National Alliance of Advocates for Buprenorphine Treatment. Naabt.org

Words Matter: How Language Choice Can Reduce Stigma. SAMHSA'S Center for the Application of Prevention Technologies.www.smhsa.gov/capt/

Assessing Your Stage of Change Worksheet

Answer the fillowing questions to help you determine where you are in your change process. Remember, progress is any movement through one stage to the next. Aim for change, not perfection! Place a check mark (√) in the appropriate box for each question.

	Absolutely Yes	Probably	Not Sure	Absolutely Not
Precontemplation/contemplation stages				
1. Do you think you have a problem with alcohol, tobacco, or other drugs?				
2. Are you clear about why you want to quit using substances?				
Preparation stage				
3. Are you willing to make a commitment to quit using within the next month?				
4. Do you know what steps to take to stop using on your own?				
5. Do you need to be detoxified from alcohol or other drugs to stop using?				
6. Have you told others (family, friends, etc.) about your desire to change your problem with alcohol or other drugs?				
Action stage				
7. Do you have a strong commitment to quit alcohol or drugs and stay sober?				
8. Do you need to change people, places, or things to help you stay sober?				
9. Do you need to learn to control your thoughts and cravings for substances?				
10. Do you need to address the effects of your substance use on your family or other relationships to increase your chances of staying sober?				
11. Do you need to address new ways of dealing with upsetting feelings to increase your chances of staying sober?				
12. Are you willing to participate in self-help groups or other forms of social support to increase your chances of staying sober?				

	Absolutely Yes	Probably	Not Sure	Absolutely Not

Maintenance stage

13. Do you know the warning signs of a potential relapse and have strategies to help you cope with these **before** you use alcohol, tobacco, or other drugs again?
14. Do you know your personal high-risk factors that make you feel vulnerable to using substances and have strategies to cope with these?
15. Do you know what steps to take should you actually go back to using substances following a period of abstinence?
16. Is your life generally in balance?

There are no questions about the termination phase because we assume that you would not need this workbook if you were in that phase of change.

Harm Reduction

In regards to Harm Reduction and drug use, the Harm Reduction Coalition lists these defining principles:

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe harmful use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that individuals who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms that individuals who use drugs themselves as the primary agents of reducing the harms of their drug use, and seeks to empower individuals who use drugs to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Stages of Change

If we are familiar with the Stages of Change, we can better identify the appropriate services for individuals.

1. **Pre-contemplation**: People in this stage are not thinking seriously about changing and tend to defend their current behavior patterns. May not see their use as a problem. The positives or benefits, of the behavior outweigh any costs or adverse consequences so they are happy to continue using.
2. **Contemplation**: People in this stage are able to consider the possibility of quitting or reducing their behavior but feel ambivalent about taking the next step. On the one hand their drug use is enjoyable, exciting and a pleasurable activity. On the other hand, they are starting to experience some adverse consequences (which may include personal, psychological, physical, legal, social or family problems).
3. **Preparation**: People in this stage have usually made a recent attempt to change a behavior in the last year. Sees the 'cons' of continuing as outweighing the 'pros' and they are less ambivalent about taking the next step. They are usually taking some small steps towards changing behavior. They believe that change is necessary and that the time for change is imminent. Equally, some people at this stage decide not to do anything about their behavior.
4. **Action**: People in this stage actively involved in taking steps to change their using behavior and making great steps towards significant change. Ambivalence is still very likely at this stage. May try several different techniques and are also at greatest risk of relapse.
5. **Maintenance**: People in this stage are able to successfully avoid any temptations to return to using behavior. Have learned to anticipate and handle temptations to use and are able to employ new ways of coping. Can have a temporary slip, but don't tend to see this as failure.
6. **Relapse**: During this change process, most people will experience relapse. Relapses can be important for learning and helping the person to become stronger in their resolve to change. Alternatively relapses can be a trigger for giving up in the quest for change. Relapse is a factor in the action or maintenance stages. Many people who change their behavior decide for a number of reasons to resume their drug use or return to old patterns of behavior. Research clearly shows that relapse is the rule rather than the exception. This being the case it is important that we do not stigmatize relapse or consider it a failure, instead we can support that individual in identifying personal strengths and weaknesses and develop a plan to address those weaknesses moving forward.

WORKSHEET

Overdose Prevention Tips

This worksheet is a component of *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, produced by Harm Reduction Coalition. More information at harmreduction.org

This worksheet highlights common overdose risks and provides prevention tips.

We understood that every prevention message might not be applicable or pragmatic in every situation; we hope these tips can provide and messages can be shared and adapted as needed.

More information on each risk factor can be found at harmreduction.org.

Mixing Drugs:

- ☐ Use one drug at a time.
- ☐ Use less of each drug.
- ☐ Try to avoid mixing alcohol with heroin/pills – this is an incredibly dangerous combination.
- ☐ If drinking or taking pills with heroin, do the heroin first to better gauge how high you are – alcohol and especially benzos impair judgment so you may not remember or care how much you've used.
- ☐ Have a friend with you who knows what drugs you've taken and can respond in case of an emergency

Tolerance:

- ☐ Use less after any period of abstinence or decreased use – even a few days away can lower your tolerance.
- ☐ If you are using after a period of abstinence, be careful and go slow
- ☐ Use less when you are sick and your immune system may be weakened.
- ☐ Do a tester shot, or go slow to gauge how the shot is hitting you.
- ☐ Use a less risky method (i.e. snort instead of inject).
- ☐ Be aware of using in new environments, or with new people—this can change how you experience the effects of the drugs and in some cases, increase the risk of overdose

Quality:

- ☐ Test the strength of the drug before you do the whole amount.
- ☐ Try to buy from the same dealer so you have a better idea of what you're getting.
- ☐ Talk to others who have copped from the same dealer.
- ☐ Know which pills you're taking and try to learn about variations in similar pills.
- ☐ Be careful when switching from one type of opioid pill to another since their strengths and dosage will vary.

Using Alone:

- ☐ USE WITH A FRIEND!
- ☐ Develop an overdose plan with your friends or partners.
- ☐ Leave the door unlocked or slightly ajar whenever possible.
- ☐ Call or text someone you trust and have them check on you.
- ☐ Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually given themselves naloxone before!

continued on next page

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Age and Physical Health:

- ☐ Stay hydrated! Drink plenty of water or other fluids.
- ☐ Eat regularly.
- ☐ Get enough sleep and rest when you feel worn down.
- ☐ Pharmaceuticals (like opioids and benzos) – especially those with Tylenol® (acetaminophen) in them – are harder for your liver to break down. If you have liver damage, stay away from pharmaceuticals with a lot of acetaminophen in them, like Vicodin and Percocet.
- ☐ Carry your inhaler if you have asthma, tell your friends where you keep it and explain what to do if you have trouble breathing.
- ☐ Go slow (use less drugs at first) if you've been sick, lost weight, or have been feeling under the weather or weak—this can affect your tolerance.
- ☐ Try to find a good, nonjudgmental doctor and get checked out for any health factors that may increase your risk of overdose, like HIV, viral hepatitis, COPD, high or low blood pressure, high cholesterol, heart disease or other physical issues that could increase your risk for a stroke, seizure, respiratory problems or heart attack.

Mode of Administration of the Substance:

- ☐ Be mindful that injecting and smoking can lead to increased risk.
- ☐ Consider snorting, especially in cases when you're using alone or may have decreased tolerance.
- ☐ If you inject, try and remove the tie after registering and before injecting – this will allow you to better taste your shot and inject less if it feels too strong.
- ☐ Be careful when changing modes of administration since you may not be able to handle the same amounts.

Previous Nonfatal Overdose:

- ☐ Always use with a friend or around other people.
- ☐ Use less at first, especially if you are using a new product.
- ☐ Make an overdose plan with friends or drug partners.

Frequently Asked Questions

1. ***What is the naloxone shelf life?***
    a. 18- 24 months
2. ***How should naloxone be stored?***
    a. Room temperature and out of direct sunlight
3. ***If naloxone has expired, should I still use it?***
    a. Yes. It may lose potency, but it will not hurt the individual. We always recommend replacing expired naloxone kits but if that is all that is available please use it.
4. ***What is the difference between rescue breathing and CPR?***
    a. CPR chest compressions are used in the case of a heart attack. Rescue breaths are used when an individual is not breathing or has weak breaths.
5. ***If I am using the IM naloxone, do I have to be sure there is no air in the syringe before I administer?***
    a. No, air bubbles are not dangerous in muscle injections.
6. ***What kind of needle should be used with the IM naloxone?***
    a. Experts recommend using a thicker, longer needle designed for injecting into muscles. This is typically 22-gauge and 3cm or longer that can easily be injected into the upper arm or thigh. These larger needles also allow you to save time by injecting through someone's clothes if necessary. However, laypeople have reported successful naloxone reversals using smaller needles as well.
7. ***How long has Naloxone been out?***
    a. Patented in 1961 and approved for opioid overdose by the Food and Drug Administration in 1971.
8. ***Why is it important to leave someone in the recovery position?***
    a. If a person is unconscious but is breathing and has no other life-threatening conditions, they should be placed in the recovery position. Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.
9. ***Is tramadol an opioid?***
    a. Tramadol is an opioid. It is often confused with Toradol, which is not an opioid and can be used to treat pain (it is in the same class as Advil). Toradol is an anti-inflammatory, while tramadol is not.
10. ***If a training attending or individual in the community share an experience with ODP staff regarding negative experience with NOPD regarding an overdose experience or naloxone, especially if it violated their rights or Good Samaritan Law we should:***
    a. Go to the NOPD 5th District station at 3900 N. Claiborne (504) 658-6050, to report the experience. Ask for an NOPD rank if need be.

11. ***Is naloxone effective with an overdose involving fentanyl?***
    a. Yes, it is still effective, but fentanyl is more potent and does bind more tightly to the receptors than heroin Therefore, multiple doses of naloxone may be needed to revive the person and get them to breathe again, and it is more likely that they go into a second overdose when the naloxone wears off. **Therefore, it is always important to call 911!**

12. ***So, I called 911, gave naloxone, gave recovery breaths, and they are breathing in the recovery position. Can I leave now?***
    a. It is essential to the person's chances that you stay around the scene:
        i. You can give EMS information about the individual, what drugs they were doing, how long they have been unconscious, and how their overdose signs and symptoms progressed
        ii. It is ideal to have someone continue to check on the person for a pulse, if they are breathing, and if their airway is clear until EMS arrives
        iii. Keeping the person warm is another way that you can help

13. ***Does speedballing (combining opioids with cocaine or methamphetamines) help to prevent overdosing on opioids***?
    a. NO!!! In fact, it increases the risk.
        i. First, the reason that individual's speedball is because the side effects of the two drugs *seem* to cancel each other out. This allows the user to experience a greater euphoria, without nodding off or losing consciousness. This "canceling out" is a simplified explanation, and we will not get into the complex pathophysiology associated with drug metabolism.
        ii. Combining a stimulant and depressant makes the user feel like they can tolerate more of the drugs, which increases chances of overdose

14. ***How do you effectively differentiate "going on the nod" or "ducking" from an overdose?***
    a. People who misuse opioids often seek the experience of "ducking" while getting high, which is a euphoric feeling while drifting in and out of consciousness This phenomenon is achieved when an individual is very close to overdosing, and it is therefore very hard to tell the difference. It is not your job to be a medical professional. <u>If you are unsure or worried about the person, call a 911 dispatcher and describe the person's symptoms If they show other signs, such as decreased breathing, choking, blue or ashy lips, then, in addition to calling 911, distribute naloxone and perform rescue breathing.</u>

15. ***When a urine tox is done, does Fentanyl show up as Fentanyl or under opioids in general?***
    a. The standard urine drug toxicology report just lumps together all opioids. However, there is a test that will differentiate Fentanyl specifically that may be used at different facilities.

16. ***How long has the Good Samaritan Law been enacted nationally?***
    a. The Good Samaritan Laws are slightly different in each state, but a law was enacted in 1998 nationally requiring all states to have some sort of law on the books.

17. ***If there is no face mask available to, should I still provide rescue breaths? Am I at risk of contracting COVID 19?***
    a. Yes, whenever rescue breathing is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with COVID-19. Normally, we encourage rescue breathing in this circumstance, but decision to actively provide rescue breaths or not.

18. ***What is Gray Death?***
    a. Illicit opioid combination of powerful and dangerous drugs, according to the National Institute on Drug Abuse (NIDA), is not a single drug, but typically contains several potent opioids, including whatever a drug dealer has on hand. It can be a toxic mix of other potent opioids, such as carfentanil, or other illegal drugs:
        - heroin
        - fentanyl
        - carfentanil
        - U-47700 (pink)
        - possibly other opioids or unidentified drugs or toxins.

19. ***Can CPS get involved if children are on site around the scene of opioid overdose?***
    a. The laws surrounding CPS at the scene of an opioid overdose are unclear because referrals for child protection associated with parental substance use are not required data collection. CPS does have a right to investigate if it appears a child is in danger of abuse or neglect due to substance-using parents. Substance use during pregnancy is considered reportable child abuse.

20. ***What does the Good Samaritan Law explicitly state?***
    a. Louisiana enacted Act 192, commonly known as the "Good Samaritan Law," of the 2015 Regular Legislative Session so that overdose victims can get emergency assistance and follow-up treatment without fear of prosecution. Essentially, Act 192 allows for a person acting in good faith to receive a naloxone or other opioid antagonist prescription from a licensed healthcare professional, possess and administer the naloxone to an individual appearing to experience an opiate-related overdose, and they and the healthcare professional shall be immune from prosecution and civil liability because of their good-faith effort to provide medical assistance. The person administering the naloxone or other opioid antagonist shall assist the victim with seeking emergency medical attention as evidence of their good faith.

21. ***What is a Mandated reporter and what are they required to report?***
    a. The legal definition of a mandated reporter is "an individual who holds a professional position (as of social worker, physician, teacher, or counselor) that requires him or her to report to the appropriate state agency cases of child abuse that he or she has reasonable cause to suspect" (Merriam-Webster Dictionary). Mandated reporters are required to make a report of suspected abuse when they have reasonable cause to suspect that a child or elderly person is a victim of child or elderly abuse, including in the cases of parental substance use.

22. ***Is there a limit on the number of times a community member can request naloxone from participating pharmacies?***
    a. No, the State of Louisiana's Standing Order for the Distribution and Dispensing of Naloxone or Other Opioid Antagonists states, "refills may be filled *as needed*, pursuit to this order..."
23. ***Does the OHL Prevention Department number take collect calls from prison or an institution?***
    a. Yes, the OHL Prevention Department Hotline accepts phone calls, text messages and collect calls.

24. ***Are the signs and symptoms of an opioid overdose the same as a crack cocaine overdose?***
    a. No, opioid overdoses cause respiratory depression. Crack cocaine overdoses cause over-stimulation and can include seizures and heart rate and rhythm disturbances.

25. ***Can you overdose on naloxone?***
    a. No, you cannot harm a person with too much naloxone. Naloxone is safe to use on all ages, has no misuse potential, and has minimal negative side effects if used on someone experiencing something other than an opioid overdose. Naloxone is a medication that acts as an opioid overdose antidote. It works by displacing opioid molecules from their receptors so that the effects of the opioids are immediately withdrawn. This can be an uncomfortable experience and it is important that the individual receive medical attention immediately for a few reasons:
        i. It is very uncomfortable experience
        ii. Once the naloxone wears off the individual may still overdose- the impact of Naloxone may wear off, but the effects of the opioid may last longer.

26. ***Can you build a tolerance to naloxone?***
    a. No, naloxone will be just as effective each time it is administered**.**
27. ***Can naloxone be administered intravenously?***
    a. Naloxone can be administered in several different ways, including intravenously, intramuscularly, and subcutaneously. For the sake of saving time in the event of an overdose, it is recommended to inject naloxone intramuscularly since it is the fastest method of injection for the vial form of naloxone.
28. ***If you keep naloxone/Narcan in a locked box in your vehicle, are the police allowed to search the lock box?***
    a. Generally, police are not allowed to search a lockbox in your vehicle without your consent or probable cause. While keeping naloxone/Narcan in a safe, protected place is a good idea, when

thinking about where to keep your lockbox, remember that naloxone should be stored at room temperature and out of direct sunlight.

29. Is carfentanil the same thing as fentanyl?

a. Carfentanil, a derivative of fentanyl, is a synthetic opioid that was developed as a large mammal tranquilizer and has no human use application. Carfentanil is 100 times stronger than fentanyl.

30. Do police officers carry naloxone?

a. In response to the national opioid epidemic, more and more law enforcement agencies are equipping officers with naloxone. Currently, more than 220 law enforcement agencies in 24 states now carry naloxone. Louisiana has added naloxone administration to the scope of practice of law enforcement personnel, which explicitly permits them to administer the medication under a standing medication order.

31. Can my Primary Care Physician call my pharmacy to put in an order for naloxone for me to pick up?

a. Yes, your prescriber can place an order for naloxone for you to pick up and the pharmacy can determine whether it is covered by your insurance. In Orleans Parish, naloxone is covered by most insurances, including Medicaid. If you do not have a Primary Care Physician, you can visit local participating pharmacies and receive naloxone without a prescription. Naloxone is also available free of charge from several community agencies, including Odyssey House Louisiana. You may call our 24/7 outreach phone number at (504) 418-4955 for more information on obtaining naloxone for yourself or others.

32. How are different opioids classified?

a. Opioids, or narcotics, are classified by the United States' Drug Enforcement Administration (DEA) and Food and Drug Administration (FDA) as controlled substances with the potential of misuse. Opioids fall under Schedules 1-5.

i. Schedule 1 substances are the most dangerous with the highest potential for misuse and have NO medicinal value, such as heroin. S

ii. Schedule 2 opioids also have a high potential for misuse and can lead to severe psychological or physical dependence, such as hydrocodone, oxycodone and fentanyl.

iii. Schedule 3 substances have a moderate to low potential for physical and psychological dependence.

iv. Schedule 4 substances are classified as having a low potential for abuse and low risk of dependence and

v. Schedule 5 substances have a lower potential for misuse than Schedule 4, and contain very low or limited quantities of narcotics, such as cough syrups with a small amount of codeine.

33. Does OHL offer tours of the short-term Residential facility? How many clients share a room?

a. Due to precautions surrounding COVID-19, OHL facilities are not offering tours currently. Clients are tested for COVID19 upon admission and are to always wear masks, and cleaning is extensive in all our facilities. The number of clients per room is dependent on the number of residents at that given time, but typically ranges from 2-3 clients per room.

34. Does Narcan contain adrenaline in it?

a. No, Narcan - or any other form of naloxone - does not contain any adrenaline (also called epinephrine). Epinephrine, such as an EpiPen, is NOT effective in the reversal of an opioid overdose because it does not affect the brain receptors in the way that naloxone does to reverse symptoms of an opioid overdose, such as respiratory depression.

35. If fentanyl was mixed into a substance I used without my knowledge or awareness, how long will the fentanyl stay in my system? Will fentanyl show up on a drug test panel?

a. The effects of fentanyl can vary depending on the amount that was mixed in with the other substance(s) and the potency. Effects can last for several hours, depending on the amount, potency, the individual's size, speed of metabolism, amongst other factors. Fentanyl is broken down in the body into nor fentanyl which can stay in a person's system for up to 4 days. A person can test positive for fentanyl on a urine test for 24–72 hours after last use**.**

36. What is opioid "half-life" and what does it mean for substance use?

a. The half-life of an opioid or drug is an estimate of the period that it takes for the drug in the body to be reduced by exactly one half (50%). For example, if a 50mg dose of an opioid has a half-life of one hour, that means that one hour after taking the 50mg dose, 25mg of the drug remain in the body. Half-lives of opioids are important to be aware of because the longer the half-life is, the longer that opioid or drug will remain in a person's system, potentially increasing the danger of an opioid overdose.

37. What is the difference between OPIATES and OPIOIDS?

a. Opiates are "natural" substances, meaning that the active ingredients contained in the opiate are derived from poppy plants. A few examples of opiates include opium, morphine, and codeine. Opioids are substances that are made synthetically or partly synthetically, meaning that the active ingredients in the drug are created chemically. A few examples of opioids are OxyContin, hydrocodone, and fentanyl. Even though they are derived from different sources, opioids act just like opiates in the body.

38. What is the difference between naloxone, naltrexone and Vivitrol?

a. Naloxone is a medication that is an opioid antagonist, meaning it can reverse an opioid overdose by binding to opioid receptors to block the adverse effects of opioids, mainly respiratory depression.

b. Naltrexone is a medication that blocks the effects of opioids. Blocking the effects of opioids can help reduce cravings or urges to use opioids, amongst other substances such as alcohol and can be effective in helping individuals refrain from substance use.

c. Vivitrol is the brand name for naltrexone and is a once monthly injection opioid blocker. It is available through prescription and administered by a healthcare provider. Individuals must be opioid-free for 7-14 days to receive Vivitrol.

39. I am familiar with which pharmacies I can get naloxone from in Orleans Parish. Are there pharmacies that are participating in the Naloxone Standing Order in Jefferson Parish? Where are they located?

a. The Naloxone Standing Order is a state-wide order. Pharmacies are expected to abide by the standing order and so should carry a supply of naloxone. You may call or stop by your local pharmacy to check.

40. Is there any way to have naloxone directly delivered to my place of residence?

a. YES. The NaloxoneExchange.com website DOES NOT take insurance but does offer direct delivery to places of residence. It is currently available in 35 states, including Louisiana.

41. If a person discharges from OHL Detox or Residential facilities, how long must he/she wait until they are able to be readmitted as a client?

a. The time an individual must wait to be readmitted into either OHL's Detox or Residential facilities can vary is contingent on type of insurance, reason for discharge and other possible variables. You may ask staff at Detox or Residential at time of initial discharge when you may be readmitted.

42. ***What is the difference between Suboxone and sublocade/Subutex? Are these medications used to reverse an opioid related overdose instead of naloxone?***
    - ***a.*** Suboxone is a single dose daily film that is placed under the tongue for absorption and contains both buprenorphine and naloxone. Sublocade or Subutex is an injection given once a month and contains only buprenorphine. Both Suboxone and sublocade are designed to help with opioid related withdrawal symptoms, NOT for reversals of opioid related overdoses. Even though Suboxone contains some naloxone, it is NOT recommended for use for an opioid related overdose in place of naloxone**.**

43. ***Can you overdose on Suboxone?***
    - *a.* It is possible to overdose on Suboxone. Because Suboxone contains naloxone in it, some may get the incorrect impression that the naloxone will prevent an overdose. However, Suboxone contains a very small amount of naloxone and it is NOT enough to prevent an overdose. Naloxone is not meant to be taken orally, so the effect from the naloxone contained in Suboxone will be very minimal so it is important to not take more Suboxone than you are prescribed.

44. ***If we breathe out carbon dioxide when we exhale, how does Rescue Breathing provide oxygen to the individual that is overdosing?***
    - *a.* While humans do exhale more carbon dioxide than they inhale (we exhale 4% carbon dioxide in each breathe), our bodies still exhale some oxygen. We exhale 16% oxygen, which is a significant amount, especially when trying to revive an individual who is not able to breathe on their own. <u>If you are in a situation where an individual is overdosing, always first Call 911, next Administer naloxone (Narcan), and then administer Rescue Breathing until EMS arrives.</u>

45. ***What are Rapid Fentanyl Test Strips (RFTS) and where can I get them?***
    - a. Rapid Fentanyl Test Strips (RFTS) are designed so that a substance can be tested to check if fentanyl has been mixed into the substance. Fentanyl Test Strips are available through New Orleans community agencies such as RSODP, Trystereo and at various health centers in the area**.** The city ordinance passed 2021 allow for the possession and dispensing of fentanyl test strips.

46. ***Will naloxone work for Mojo?***
    - *a. (I (Chris) fielded this one accurately twice in the last week. While Mojo/Spice/K2 may have similar effects in some iterations, naloxone will not work for synthetic cannabinoids. As states move to legislate against the active chemical component(s) in Mojo, laboratories are just as quick to shift the chemical composition so this "legal high" remains legal. In the decade to decade and a half since Mojo's introduction, the active cannabinoid is shying away from mirroring the effects of cannabis to mirroring the effects of stimulants, with instances of mania emerging like excessive use of cocaine or methamphetamine. Further, there is no evidence of synthetic cannabinoids being laced with opiates.)*
        - *i.* Source: Drug Enforcement Administration. United States Department of Justice. *Drugs of Abuse (2017 Edition).* 88-89.

47. ***Will naloxone work for cocaine laced with opioids?***
    - *a. I (Chris) fielded this one. "Yes, if the overdose is from the opioid, "no" if the overdose is from the cocaine. Also, consider testing cocaine for fentanyl using fentanyl test strips."*

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

STATE OF LOUISIANA

Standing Order for the Distribution or Dispensing of Naloxone or Other Opioid Antagonists

Background and Purpose

Naloxone, and other opioid antagonists, is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Given the current public health emergency relative to the misuse and abuse of opioid derivatives, it has been determind that widespread availability of opioid antagonists to addicts and their caregivers, as well as first responders in the community, would serve the public interest. For as long as naloxone, and other such opioid antagonists, remain classified as prescription drugs by the federal Food and Drug Administration, pharmacists must secure a prescription or order from a prescriber with the legal authority to prescribe said drug products in order to dispense or distribute the drug product. Thus, the Lousiana Legislature has adopted a number of laws designed to facilitate the distribution and dispensing of naloxone, or other opioid antagonists, beyond the person who would need the medication on an emergent basis to manage an opioid-related drug overdose; specifically first responders, caregivers and family/ friends of potential patients.

According to La R.S. 40:978.2, a licensed medical practioner may, directly or by **standing order** (emphasis added), prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered if two conditions are met. First, the licensed medical practitioner must provide the individual receiving and administering the naloxone or other opioid antagonist all training required by the Louisiana Department of Health (LDH) for the safe and proper administration of naloxone or another opioid antagonist to individuals who are undergoing, or who are belived to be undergoing, an opioid-related drug overdose. According to the statute, the training, at a minimum, shall address (1) techniques on how to recognize signs of opioid-related overdose, (2) standards and procedures for the storage and administration of naloxone or another opioid antagonist and (3) emergency follow-up procedures including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist to an individual apparently experiencing an opioid-related overdose. Second, the naloxone, or other opioid antagonist, must be prescribed or dispensed in such a manner that it shall be administered through a device approved for this purpose by the United States Food and Drug Administration.

Authorization

The standing order is issued in compliance with, and under the authority of, La. R.S. 40:978.2 and shall be deemed as a medical order for naloxone, or other opioid antagonist, as long as the conditions of the statute are met. This standing order shall be valid for one year from the date of issue below.

Training and Instructional Materials

In accordance with the Louisiana Board of Pharmacy's regulations (LAC 46:LIII.2541), the pharmacist distributing the naloxone, or other opioid antagonist, must verify the recipient's knowledge and understanding of the proper use of the drug product. At a minimum, this must include (1) techniques on how to recognize signs of an opioid-related drug overdose, (2) standards and procedures for the storage

and administration of the drug product, and (3) emergency follow-up procedures, including the requirement to summon emergency service either immediately before or immediately after administering the drug product to the individual experiencing the overdose.

Dosage and Refills

Further, refills may be obtained as needed pursuant to this order. Do not administer naloxone for usage on an individual with known hypersensitivity to naloxone, or to any other ingredient that may be referenced in the package insert of naloxone, or any other opioid antagonist prescribed and/or dispensed.

Reimbursement

For reimbursement purposes, it may be necessary to have the medication dispensed in the name of the insured. This standing order authorizes the pharmacist to prepare a prescription for naloxone or other opioid antagonist, with refills authorized, in the name of the insured, and then dispense that product. This standing order, in and of itself, should not be relied upon as a guaranty or reimbursement from any payer source.

Recordkeeping

In order to comply with the recordkeeping requirements found in the Board of Pharmacy rules and regulations, the pharmacist shall attach a copy of this standing order to the invoice, or other record of sale of distribution. Further, the pharmacist shall store these transaction documents with the other distribution records in the pharmacy.

I hereby declare this standing order as a statewide medical order for the dispensing of naloxone, or opioid antagonist product, as long as the requirements of La. R.S. 40:978.2 and LAC 46:LIII.2541 are satisfied. Any pharmacy licensed by the Louisiana Board of Pharmacy may rely on this standing order for the distribution or dispensing of naloxone or other opioid antagonist to any Louisiana resident.

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Louisiana Department of Health

Date of Issue: 1/7/19

2020 Louisiana Laws
Revised Statutes
Title 14 - Criminal Law
§403.11. Administration of opiate antagonists; immunity

Universal Citation: LA Rev Stat § 14:403.11 (2020)

RS 403.11 - Administration of opiate antagonists; immunity

A. First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose.

B. For the purposes of this Section, a first responder shall include all the following:

(1) A law enforcement official.

(2) An emergency medical technician.

(3) A firefighter.

(4) Medical personnel at secondary schools and institutions of higher education.

C. (1) Before administering an opioid antagonist pursuant to this Section, a first responder shall complete the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. The training, at a minimum, shall cover all of the following:

(a) Techniques on how to recognize symptoms of an opioid-related overdose.

(b) Standards and procedures for the storage and administration of an opioid antagonist.

(c) Emergency follow-up procedures.

(2) Any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall not be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in said emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.

D. The deputy secretary of public safety services of the Department of Public Safety and Corrections shall develop and promulgate, in accordance with the Administrative Procedure Act, a set of best practices for use by a fire department or law enforcement agency in the administration and enforcement of this Section including but not limited to the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose, the standards and procedures for the storage and administration of an opioid antagonist, and emergency follow-up procedures.

Acts 2014, No. 392, §1.

2020 Louisiana Laws
Revised Statutes
Title 14 - Criminal Law
§403.10. Drug-related overdoses; medical assistance; immunity from prosecution

Universal Citation: LA Rev Stat § 14:403.10 (2020)

RS 403.10 - Drug-related overdoses; medical assistance; immunity from prosecution

A. A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized for possession of a controlled dangerous substance under the Uniform Controlled Dangerous Substances Law if the evidence for possession of a controlled dangerous substance was obtained as a result of the person's seeking medical assistance, unless the person illegally provided or administered a controlled dangerous substance to the individual.

B. A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged, prosecuted, or penalized for possession of a controlled dangerous substance under the Uniform Controlled Dangerous Substances Law if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.

C. Protection in this Section from prosecution for possession offenses under the Uniform Controlled Dangerous Substances Law may not be grounds for suppression of evidence in other criminal prosecutions.

Acts 2014, No. 392, §1.