

LOUISIANA LEGISLATURE ACT 88:

ADVISORY COUNCIL ON HEROIN AND OPIOID PREVENTION AND EDUCATION

Date: September 23, 2020

Time: 1:30 – 3:00 p.m.

Location: Zoom Line

Minutes:

1. Call to Order- Dr. Hussey called the meeting to order at 1:02pm.
2. Roll Call- A quorum was reached.
 - a. Present:
 - Chair Dr. James Hussey, Dept. of Health
 - Lori Miller- sitting in for Mona Michelli- Dept. of Children and Family Services
 - Michael Comeaux- Dep. of Education
 - Blake Leblanc- Dept. of Public Safety and Corrections
 - Dr. Allison Smith- Board of Regents
 - Elsie Joanne Brown- House of Representatives
 - Monica Taylor- Attorney General's Office
 - Thomas Travis- Dept. of Insurance
 - b. Absent:
 - Major Bob Brown- State Police
 - Linda Theriot- Dept. of Veteran Affairs
 - Sheral Kellar- Workforce Commission
 - Senator Regina Barrow- State Senate
 - Judge Jules Edward- 15th Judicial District Court
3. Review and Approval of September 23, 2020 Agenda
A motion to approve the agenda was made by Tom Travis; Michael Comeaux seconded the motion. The agenda was approved.
4. Approval of March 2020 HOPE Minutes
A motion to approve the minutes was made by Dr. Allison Smith; Joanne Brown seconded the motion. The minutes were approved.
5. Review of the Final Recommendation from the HOPE 2019 End of Year Report
Chair Dr. Hussey gave an introduction on the final recommendations from the last report. He highlighted that LA has seen a decrease in the number of opioid prescriptions written, an increase in the number of Naloxone prescriptions filled, increases in the numbers of people receiving MAT, and an increase in those accessing outpatient and inpatient residential substance use services. While the number of opioid prescriptions has decreased in LA, the number of opioid related deaths has continued to rise. Based on available data, impact metrics, and

feedback from the workgroups of the HOPE Council, additional areas of focus for the state and communities were identified. The following recommendations were addressed as the state's continued needs:

- a. Continue Community of Caring Workgroup dialogue,
 - b. Improve access to alternatives to opioids for management of chronic and severe pain,
 - c. Educate public and providers relative to dangers of synthetic opioids, opioid misuse, stigma, alternatives to opioid pain management, opioid addiction-related trauma, early recognition of symptoms, as well as education on availability of services,
 - d. Incentivize providers to care for those with opioid use disorders, especially those in specialized populations,
 - e. Work to expand access to Medication-Assisted Treatment in emergency departments, hospitals and substance use residential facilities,
 - f. Enhance harm reduction strategies,
 - g. Increase access to, affordability of and utilization of Naloxone,
 - h. Continue development of Care Coordination, Peer Support Services, and Peer-to-Peer Consultation.
- 6. Presentations (Pre/Post COVID Preliminary Trends)**
- a. Jay Besse with Office of Public Health gave a presentation on 2019 data. Some of the highlights include:
 - i. Opioid prescriptions continued to decrease into 2019.
 - ii. Benzodiazepine prescriptions have decreased into 2019, as well.
 - iii. Hospitalization related to opioid poisoning continued to fluctuate.
 - iv. Drug-involved and opioid-involved deaths increased, but opioid involved deaths are increasing at a higher rate.
 - v. Deaths involving fentanyl have increased by 1400% since 2014. Fentanyl in Louisiana causes more deaths than heroin and more deaths than prescription opioids.
 - vi. The most recent data they felt comfortable providing was through June of 2020, and that data is still incomplete. Before COVID, 2020 numbers were increasing from 2019, and during the COVID pandemic, we have seen a substantial spike in fatal overdoses.
 - b. Dr. Joseph Kanter with OPH followed up with some additional information.
 - i. Deaths have increased through the pandemic. COVID has been a real disrupting factor.
 - ii. Access to treatment was restricted, as all outpatient treatment was closed and non-emergent medical care was put on hold.
 - iii. People that were receiving treatment were disrupted, as it took time to set up everything virtually.
 - iv. COVID is a stressor and has been challenging emotionally and psychologically, and these factors are triggering substance use.
 - v. The HOPE Council has some work to do in order to make up for these losses.
 - vi. Thoughts from others were requested:

1. Chair Dr. Hussey said he has similar observations. Some clinics almost shutdown. In any disaster you see an uptick in suicide and overdoses.
 2. Dr. Arwen Podesta said she had a similar experience, as she has seen a large number of overdoses this year compared to last year. One thing that came up is some received a chunk of stimulus money, and a lot of money went toward drugs, which led to overdoses. Some solutions are the methadone take-home, drive up volunteer workers are back, naloxone availability was decreased but now ramped back up. She also stated that she has seen more relapse during this pandemic than any other time in her career.
 3. Dr. Jose Calderon said when meeting with FQHCs and providers, they are emphasizing the need for screening outside the SUD treatment programs. He would like this to be considered when discussing strategies.
- c. Chair Dr. Hussey gave a presentation on Medicaid Claims Data. This is prefaced with Medicaid Claims data being pulled 2 weeks prior to the full 3 months claim, which will be considered an undercount. The following information was discussed:
- i. There is a decline in the number of opioid prescriptions filled in 2020 compared to 2019. It appears to be a continued decline.
 - ii. Emergency Department OUD visits increased in 2020, which is consistent with Dr. Kanter's observations and Jay Besse's data, where people are going into crisis related to OUD.
 - iii. Inpatient admissions increased in 2020.
 - iv. Naloxone prescriptions filled increased in 2020, this includes the standing order prescriptions.
 - v. There is a subtle increase in the number of Inpatient Residential OUD Recipients in 2020.
 - vi. Outpatient OUD recipients for 2020 increased.
 - vii. There is a large increase in Medication Assisted Treatment recipients for 2020.
 - viii. Jay Besse asked if the reason for the uptick in the Medicaid numbers could be from Medicaid picking up those who lost commercial insurance due to loss of job. Dr. Hussey said he will get with Medicaid data team to see how we can determine this.
 - ix. Brice Muhundro with BCBS offered a commercial perspective on where they are on opioid prescriptions. She stated that they are 20% less than where they were this time last year, but they did see a dent between March and April with clinics being closed, etc. and now opioid prescribing is picking back up.

7. Public Comment

Chair Dr. Hussey asked if any members or others might have data available, observations, or information on the impact of COVID disruptions, lessons learned, etc. Some members responded with observations or what kind of data they might have available. Rebecca Nugent with the State Crime Lab said they have seized more drugs- counterfeit pharmaceuticals, Xanax, fentanyl, syringes loaded and ready to inject. Monica Taylor with the Attorney General's Office piggy-backed on that, stating that the Attorney General's office has created a campaign around

counterfeit drugs and can be found on endtheepidemicla.org. Further discussion ensued around outreach efforts and available data regarding opioids. A possible recommendation may come from the discussion: To explore the barriers at the least on how to increase participation in the OD Map.

8. HOPE Post- COVID Report Strategy-

Chair Dr. Hussey shared his initial thoughts on possible HOPE recommendations, which are COVID-related. He said it would seem wise to address this disruption and the challenges it has generated relative to opioid use and service access in the HOPE 2020 End of Year Report. Some of his initial thoughts include:

- a. Any COVID/Opioid Use Disorder recommendations supported by currently-available data or direct agency/stakeholder experiences? For example, assure sufficient access to all OUD and healthcare services during a pandemic or respiratory outbreak.
 - i. Blake Leblanc with DOC said he would like to encourage providers on increasing access to remote services. Possibly for the incarcerated, the first remote service with a provider could take place before re-entry.
 - ii. Chair Dr. Hussey mentioned that there are certain restrictions for providing MAT and methadone, and asked if we should we consider looking into lifting these in instances like this pandemic. Dr. Calderon suggested aligning with federal guidelines around restrictions like prior authorization, take home MAT, etc.
 - iii. Chair Dr. Hussey also mentioned disruptions in drug courts and correctional settings, and if there might be any recommendations concerning public safety around COVID. Blake LeBlanc said he would think a little more on it and get back with Dr. Hussey.
- b. Recommendations for HOPE workgroup activities for calendar year 2021?
 - i. Chair Dr. Hussey asked how we might move forward with the HOPE Council in 2021 and its workgroup activities. Do we have time or interest to continue the workgroup tasks for 2021? Do we want to alter our strategy around the HOPE Council itself and how it works moving forward? Should we recommend to continue this virtually? Michael Comeaux suggested it would be good to have the workgroups reconvene and meet face to face, and then have a virtual option for those who are unable to do so. Monica Taylor with the Attorney General's Office and Dr. Allison Smith with the Board of Regents agreed.

9. Next Steps- Chair Dr. Hussey reminded the group that the next report is due December 2nd. He asked for any feedback from members and/or thoughts on recommendations. With no additional feedback, Dr. Hussey stated he will work internally on recommendations based on the discussions during the meeting and will send out to the members for review and feedback. Members agreed. He said will also send out emails to all previous contributors to the report requesting updated information.

10. The meeting was adjourned at 3:00pm.