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Counting the Cost of Opioid Abuse

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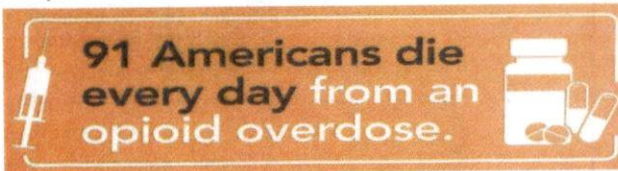
Counting the Cost of Opioid Abuse

Municipal leaders are witnessing the increasing prevalence of opiate addiction and opioid-related deaths in their communities. According to the Center for Disease Control, opioids, including prescription medication and heroin, killed over 40,000 Americans in 2016 – a figure that surpasses the number of Americans killed annually in car accidents or by gun violence. Every day in the U.S., more than 1,000 people are treated in emergency rooms for misuse of prescription opioids.

In recent years, Louisiana has seen an alarming rise in opioid-related overdoses and has become one of eight states where the number of opioid prescriptions outnumbers the state’s residents. The severity of the issue prompted the state to pass several legislative measures aimed at curbing the epidemic.

Less has been said about an area where Louisiana’s opioid abuse rises above the rest – its workforce. The Workers’ Compensation Research Institute reports that 85% of injured workers in Louisiana, on pain medication, received opioids from 2012 to 2014. What’s worse is that one in six received opioids on a long-term basis, ranking Louisiana #1 among the 25 states studied for long-term use.

In communities hit hard by the opioid epidemic, each day brings more babies born addicted to opioids, more children of addicted parents sent to foster care, and more drug offenders sentenced to overflowing jails. In addition, a multitude of health complications affecting multiple organ systems, such as hepatitis, HIV, and cardiovascular



problems can occur because of opioid use.

Opioid addiction is a disease that affects people of both sexes, and all racial/ethnic groups and socioeconomic backgrounds. It is present in tiny towns, suburbs, small cities, and bustling urban centers alike. In fact, new research has shown that although they have ravaged economically-distressed rural areas, opioid use and addiction are now as prevalent in urban areas and suburbs as in rural areas.

A 2009 study published by the National Center on Addiction and Substance Abuse at Columbia University shows that for every \$1.00 Louisiana spends on substance abuse and

addiction: \$0.03 is spent on prevention and treatment and

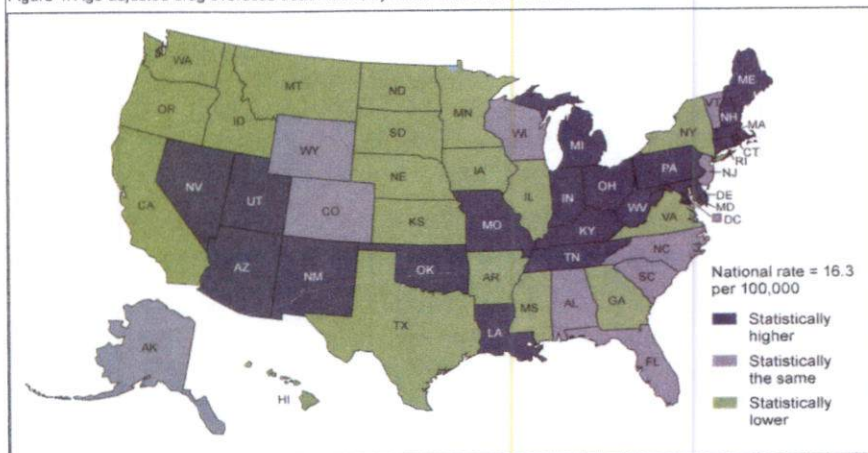
\$0.97 is spent on the consequences of substance abuse. The burden of substance abuse and addiction on state programs is 17.6 percent of the state’s budget.

What Can State Government Do?

To effectively address the opioid epidemic, the National Center on Addiction and Substance Abuse (CASA) recommends in its October 2017 report, *Ending the Opioid Crisis: A Practical Guide for State Policymakers*, that states adopt a four-pronged, public health approach with specific actions to:

1. Prevent opioid misuse and addiction by developing an effective and comprehensive approach which includes:
 - Implementing Effective Public Education/Awareness Campaigns
 - Ensuring that Schools and Communities Implement Effective Prevention Initiatives
 - Reducing Availability of and Accessibility to Addictive Opioids
 - Prescription Drug Monitoring Programs (PDMPs)
 - Safe Prescribing Initiatives for Pain Management
 - Prescription Drug Take-Back Programs
 - Implementing Effective Professional Training in Addiction Care
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
2. Reduce overdose deaths and other harmful consequences by:
 - Increasing Access to Naloxone

Figure 4. Age-adjusted drug overdose death rates, by state: United States, 2015



NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db273_table.pdf#4
SOURCE: NCHS, National Vital Statistics System, Mortality



- Implementing Syringe Exchange Programs (SEPs)
- Monitoring and Reacting Rapidly to Emerging Drug Trends

3. Improve opioid addiction treatment by:
- Increasing Treatment Capacity and Helping Patients and Families Find Quality Addiction Care Increase the Availability of Medication-Assisted Treatment (MAT)
 - Improving the Quality of Addiction Care
 - Improving Insurance Coverage for Addiction Care
 - Providing Comprehensive Recovery Support Services Following Treatment
4. Improve addiction care in the criminal justice system by:
- Providing Prevention and Early Intervention for At-Risk Groups
 - Expanding the Role of Law Enforcement in Addiction Care
 - Implementing and Supporting Diversion Programs
 - Providing Evidence-Based Treatment within Jails and Prisons
 - Providing Connections to Treatment and Support
 - Services upon Reentry

The CASA report concludes that states that make this investment will not only be able to overcome the current opioid epidemic but also will be in a better position to prevent or face down future drug crises.

During the 2017 regular session, the LMA enthusiastically supported multiple legislative measures to address the opiate epidemic. House Bill 192 implements a seven-day limit on first-time prescriptions of opioids for acute pain. Senate Bill 55 strengthens the state's Prescription Monitoring Program, which is a database for doctors and pharmacists. The bill will requires prescribers to check the system before prescribing an opioid to a patient and check it every 90 days, to reduce doctor shopping by patients who seek out multiple prescriptions. House Bill 490 created a 13-member advisory council on heroin and opioid prevention and education to develop policy recommendations to combat opioid abuse. House Bill 250 removed the prohibition to establish and

Syringe Services Programs: More than Just Needle Exchange

What is an SSP? A community-based program that ideally provides comprehensive services

SSPs DON'T increase illegal drug use or crime but DO reduce HIV risk.

HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV further.

SOURCE: Vital Signs, December 2016

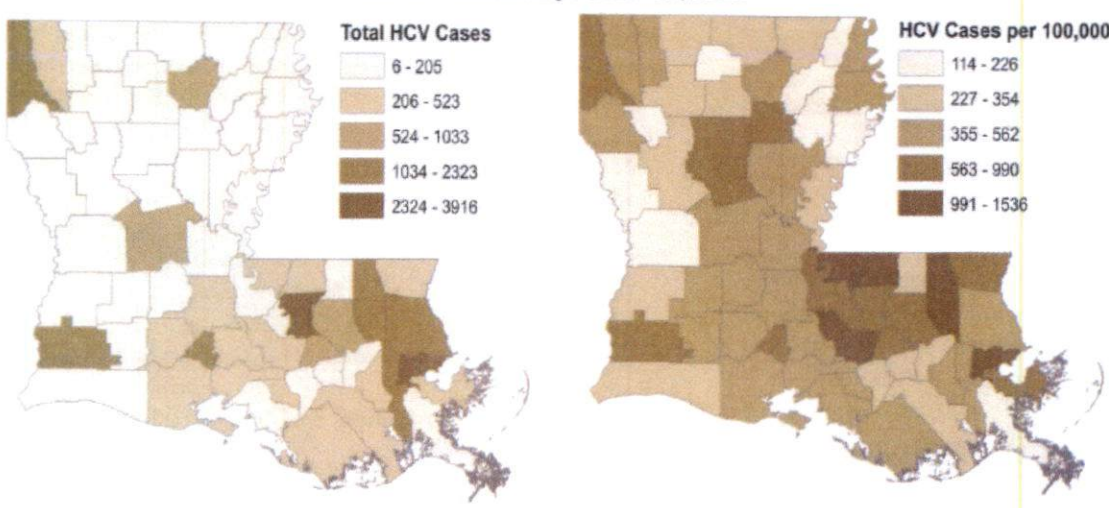
implement needle exchange programs, also referred to as Syringe Services Programs in Louisiana.

What Actions Can Local Government Take?

In February 2018, Assistant to the Secretary for the U.S. Department of Agriculture (USDA) Rural Development, Anne Hazlett, unveiled a new webpage featuring resources to help rural communities respond to the opioid crisis. The webpage can be found at <https://www.usda.gov/topics/opioids>.

"While no corner of the country has gone untouched by the opioid crisis, small towns and rural places have been particularly hard hit," Hazlett said. "The challenge of opioid misuse is an issue of rural prosperity and will take all hands on deck to address. The webpage... will help rural leaders build a response that is tailored to meet the needs of their community."

HCV Prevalence by Parish- LA, 2015



USDA is playing an important role to help rural communities address this national problem at the local level through program investment, strategic partnerships and best practice implementation.

In the area of quality of life, the federal Interagency Task Force on Agriculture and Rural Prosperity included a recommendation to modernize health care access. The report highlighted the importance of telemedicine in enhancing access to primary care and specialty providers. The Task Force also found that improved access to mental and behavioral health care, particularly prevention, treatment and recovery resources, is vital to addressing the opioid crisis and other substance misuse in rural communities.

According to information provided by the Louisiana Department of Health, Office of Public Health - Bureau of Infectious Diseases, Syringe Services Programs can have a powerful impact on communities by reducing the spread of serious and potentially fatal infectious diseases such as Hepatitis C Virus (HCV).

From 2010 to 2015, annualized rates of acute HCV have risen by 500% in Louisiana, due in part to the growing opioid epidemic lending itself to heroin use and increased testing and screening for at-risk populations. Sharing syringes with infected partners is the main risk factor for spreading HCV. The greatest number of HCV cases are located in densely populated urban areas including greater New Orleans, Baton Rouge, and Lafayette. However, when looking at the rate of illness, which compares the number ill versus the population of that Parish, the maps below demonstrate a high prevalence of HCV for most of Louisiana, including many rural communities.

Syringe Services Programs can reduce overall drug use in the community by creating the opportunity to connect Persons Who Inject Drugs (PWID) to treatment and counseling. Comprehensive wrap around services offered alongside needle exchange programs may also include education and counseling to reduce overdose risk, as well as strategies to reduce transmission of other blood-borne infectious diseases such as HIV.

Syringe Services Programs can decrease drug-related crime. In a study done in Baltimore, drug-related crime decreased by 11% following the implementation of a syringe services program. Syringe Services Programs have been shown to lower the risk of needle-stick injuries to law enforcement personnel by as much as 66%.

The Louisiana Department of Health encourages localities that wish to implement syringe services programs to obtain feedback and coordinate such activities with local law enforcement agencies, local mental and behavioral health organizations, and other key members of the community. Educational flyers such as the one below can be used to explain and share the benefits of a Syringe Services Program:

When considering the impact that local ordinances can have on the opioid crisis, the City of Baton Rouge has taken key steps to combat the rising rates of infectious diseases related to drug use and needle sharing. An Advocate.com article from November 18, 2017 by reporter Andrea Gallo, states:

The East Baton Rouge Metro Council rewrote one of the city-parish's ordinances to allow community organizations, nonprofits, health departments and others to set up needle and syringe exchanges "to prevent and reduce the transmission of communicable diseases." It was an especially personal action for Councilman LaMont Cole, whose father died from complications related to AIDS in 1996 when Cole was 22 years old.

"He once told me he was so addicted to drugs that he didn't care about getting a disease," Cole said after the Metro Council's unanimous vote in favor of the reworked ordinance. "I never thought I'd be in the position to do something in honor of my father. I realize we have an HIV crisis here."

Needle exchanges have been operating underground in Baton

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Rouge and New Orleans for years, despite state laws prohibiting the distribution of syringes for non-medical purposes and labeling needles as drug paraphernalia.

Baton Rouge ranked second in the nation for the highest numbers of HIV and AIDS cases per capita, according to the Centers for Disease Control and Prevention's most recent statistics from 2015, with an estimate of more than 5,000 people in Baton Rouge with HIV/AIDS.

Those with HIV are often at risk of being "co-infected" with other sexually transmitted diseases and other infectious diseases, like hepatitis. And Cole pointed out that heroin and opioid use continues to grow in record numbers and the rise in heroin abuse means

more people are using needles and syringes.

Exposing drug users to clean needle programs is also an opportunity to tell them about rehabilitation and addiction treatment services, Cole said. He said opponents of clean needle programs — though none spoke at the Metro Council meeting — need to "look at the greater good."

Metro Councilwoman Barbara Freiberg, who sponsored the ordinance with Cole, pointed to the hundreds of thousands of dollars in healthcare costs that Baton Rouge could save by preventing the spread of HIV. The needle exchange programs are becoming more common nationwide, she said.

"It's just one little step we can take in the right direction," Freiberg said.

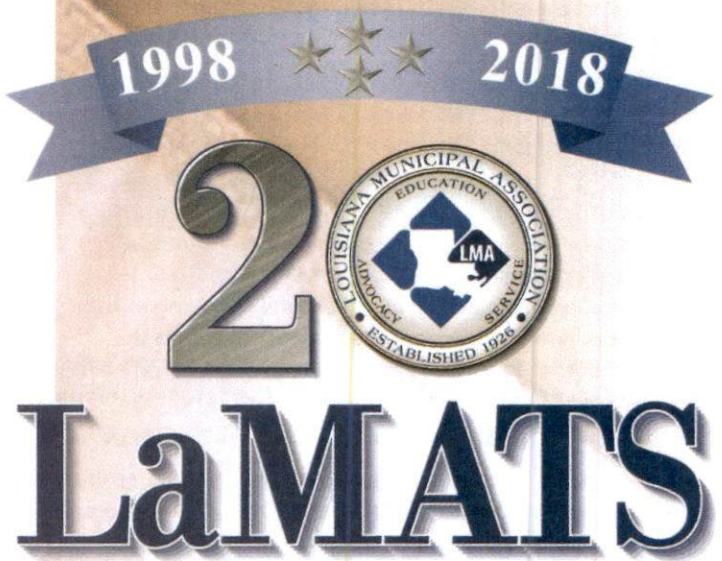
Thank You, LMA MEMBERS!

As LaMATS celebrates twenty years of service to the Louisiana Municipal Association, we'd like to thank each elected official, municipal staff, vendor partner and steadfast Board of Directors for all the work they do on our behalf, and for the support and guidance they've provided LaMATS for two decades.

—The LaMATS Team

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