Opioid Abatement Funds: City of New Orleans Community Needs Assessment and Funding Recommendations

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Scope of the Opioid Epidemic in the United States

Since the 1990s, the United States has been experiencing a severe uptick in opioid misuse and opioid overdoses (Urban Institute et al., 2019). The root of this epidemic is often attributed to the creation and wide distribution of Oxycodone. This opioid was heavily marketed to prescribers as a solution for broad pain management without a large basis of evidence of its long-term effects (Urban Institute et al., 2019). Between 2000 and 2021, the annual number of overdose deaths has multiplied over six times, with over 106,000 overdose deaths occurring in 2021. About 80,000 of these deaths are opioid-related, with 71,000 of these deaths being related to fentanyl in 2021 (State Health Access Data Assistance Center, 2024).

The rise in popularity of illicitly manufactured fentanyl has accelerated the opioid crisis beyond expectations. Over the past decade, it has become a relatively common practice for illicitly manufactured fentanyl to be mixed with illicitly produced drugs such as heroin, methamphetamines, and cocaine, but also with fake prescription pills such as oxycodone, hydrocodone, and benzodiazepines (MacMillan, 2024). Illicitly manufactured fentanyl is often added to other drugs due to its cheap manufacturing costs and its

potency. Illicitly manufactured fentanyl is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic drug, so adding even the smallest amount can increase the potency of a drug significantly, allowing cheaper production of street drugs that are more expensive to produce (United States Drug Enforcement Administration, 2023).

The opioid crisis disproportionately impacts communities of color and other marginalized communities. While Black individuals make up only 5% of people who use drugs in the United States, they are 29% of those who are arrested for drug offenses and 33% of those who are in state prisons for drug offenses (Johns Hopkins University Bloomberg School of Public Health, 2024a). Similarly, American Indian and Alaskan Native (AI/AN) populations have the highest rate of overdose deaths of any racial or ethnic group, and in 2021 experienced a 39% increase from 2019-2020 (Centers for Disease Control and Prevention, 2023). Poor data collection practices are persistent in AI/AN communities, so it is assumed that these numbers are underestimated (Johns Hopkins University Bloomberg School of Public Health, 2024a).

The COVID-19 pandemic had a deep impact on overdose deaths and access to treatment for substance use disorder (SUD). Overdose deaths increased over 30% in 2020, which was primarily driven by the increase of synthetic opioids and stimulants, such as fentanyl (U.S. Department of Health and Human Services, 2024). Pandemic restrictions made access to treatment and support services for SUD very restrictive. However, these restrictions did lead to an increase in telehealth practices. This meant that people could virtually receive prescriptions for opioid use disorder (OUD) medications, which has been shown to be essential in creating and protecting access to and continuity of care and treatment. However, multiple populations remain who cannot access or afford telehealth services, therefore still leaving gaps in service (U.S. Department of Health and Human Services, 2024).

Scope of the Opioid Epidemic in New Orleans

Despite all efforts, the opioid epidemic in New Orleans is still on the rise. In 2022, opioid overdose deaths made up nearly twice as many fatalities as homicides, despite being one of New Orleans' most violent years in recent history (New Orleans Health Department, 2024). A significant driver of the rise in overdose deaths can be attributed to COVID-19 nationwide (U.S. Department of Health and Human Services, 2024). However, these deaths have not gone down post-pandemic; rather, they have doubled. In 2019, the year before the pandemic began, there were 241 accidental drug-related deaths in Orleans Parish; in 2023, there were 523 accidental drug-related deaths, representing a 117% increase over 5 years (New Orleans Coroner, 2021; 2024).

The leading cause of overdose and drug-related deaths in New Orleans is illicitly manufactured fentanyl. In 2023, Fentanyl was detected in 86% of overdose deaths, down 3% from 2022's toxicology reports (New Orleans Coroner, 2024). Beyond the impact of fentanyl, toxicology reports highlight the prevalence of polysubstance deaths. In 2023, 50% of available toxicology reports tested positive for cocaine, slightly less than in 2022 (58%),

and 23% tested positive for meth or other amphetamines, the same percentage as in 2022 (New Orleans Coroner, 2024).

As is the case nationwide, the opioid epidemic is disproportionately impacting people of color in New Orleans. While the city's' population is 57% Black, there has been a significant increase in drug overdose deaths among African Americans. According to New Orleans Coroners' Reports, African Americans represented 28% of overdose deaths in New Orleans in 2016; by 2023, 57% of the 523 individuals who died from overdose were Black. It is unsurprising that this crisis disproportionately impacts communities of color in New Orleans, due to their majority status. However, this steady increase in deaths underlines the importance of focusing overdose prevention efforts on this population.

Similarly, New Orleans is also facing the rising problem of Xylazine making its way into the local drug supply. Xylazine, a non-opioid sedative drug, is often added to fentanyl as it can mimic its effects. Because Xylazine isn't an opioid, Narcan is not effective in reversing its side effects. Additionally, Xylazine is not safe or approved for use in humans (Centers for Disease Control and Prevention, 2024; New Orleans Health Department, 2024). When Xylazine testing strips were made commercially available in 2023, NOHD sought to amend local law so that possession of all personal drug testing equipment was legal, regardless of the substance tested. These steps were taken with the knowledge that, despite legality, the New Orleans drug supply is not immune to Xylazine or similar adulterants making their way in. In the fall of 2023, the New Orleans Health Department bought 13,200 Xylazine testing strips to provide to partner organizations for proper distribution (New Orleans Health Department, 2024).

New Orleans is making major strides in community education regarding overdose awareness and safety protocols, particularly with their Narcan distribution efforts. Since 2021, New Orleans has had a 519% increase in individuals trained yearly to provide Narcan doses to a person overdosing and a 935% increase in doses distributed to those who have been trained in the case of necessary bystander administration. There have also been three times as many Narcan administration training sessions conducted (New Orleans Health Department, 2024). This is a positive development for the city, as increased training allows for more doses to be properly administered. Although the New Orleans Health Department is unable to track how much of the Narcan distributed to the community is used, New Orleans experiences a 968.2% increase in bystander-administered Narcan between 2019 and 2023 per New Orleans EMS data (New Orleans Health Department, 2024).

Another focus of the New Orleans Health Department is to address needle litter in communities to reduce the stigma around those who use injection drugs and/or experience SUD (New Orleans Health Department, 2024). Needle litter can increase stigma within a community due to the fear of contracting blood-based diseases by stepping on or otherwise accidentally coming into contact with dirty needles. Common areas experiencing needle litter include parks, parking lots, and underneath overpasses. While some public spaces have syringe disposal boxes, large-scale efforts are difficult to implement due to a lack of internal maintenance capacity and, on the provider side, a lack of resources and capacity for such a complex form of waste disposal (New Orleans Health Department, 2024).

Opioid Abatement Funds Settlement

In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen, and against manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson. Per this national/global opioid settlement, the defendants agreed to pay $26 billion to settle this litigation over an 18-year period. The funds will be divided amongst thousands of communities throughout the United States to assist in their opioid recovery efforts. Under the settlement agreement, funds can be used for: (1) prevention, (2) treatment, (3) recovery and linkage to services support, (4) leadership development, research, and training; and at-risk populations such as pregnant women and their families, people involved with the criminal justice system, and people who are houseless (see Appendix A for a more detailed description).

Louisiana will receive approximately $325 million as part of the Opioid Abatement Settlement Funds (Hawkins, 2023). The state has allocated 20% of this money to sheriff departments and 80% to parishes. Louisiana is unique compared to many other states, with its emphasis on dedicating money to sheriff departments (Louisiana Opioid Abatement Task Force, 2021a). The default allocation plan for most states is giving 70% to the Abatement Accounts Fund, 15% to the State Fund, and 15% to the Subdivision Fund (Mermin et al., 2022). All states must dedicate at least 70% of their share of the funding to future opioid remediation (Minhee, 2024). Orleans Parish will receive 6.29% of Louisiana's settlement money, equivalent to approximately $1 million per year over the next 18 years to address the opioid crisis and associated overdoses (Louisiana Opioid Abatement Task Force, 2023; New Orleans Health Department, 2024).

Opioid Abatement Funds Settlement: New Orleans Prioritization Process

The New Orleans Health Department contracted with Tulane University researchers and practitioners to facilitate a stakeholder process for developing evidence-based recommendations for utilization of these monies. This stakeholder approach had multiple components that were implemented in Spring 2024:

1. Extensive review of relevant **scientific literature** related to the scope of the opioid epidemic.
2. A **Community Needs Assessment** open to all community residents, providers, and/or other key stakeholders. Distribution and forwarding of the survey link to relevant individuals and communities was encouraged. The online survey was formatted to allow respondents to priority rank the types of services within the allowable uses (e.g., prevention, treatment) listed in the Memorandum of Understanding (MOU) provided by the Louisiana State Government. The survey also allowed respondents to provide open-ended suggestions for usage of the monies.

The survey was available from April 8th through June 24th and received a total of 143 responses from a variety of community stakeholders.

3. Three **community stakeholder meetings** to elicit feedback and recommendations. In meeting one, general priorities were established. In meeting two, priorities were refined, and specific recommendations were elicited. In the final meeting, a draft plan was presented based on stakeholder feedback and further refinement. Stakeholders represented diverse areas of expertise including prevention and treatment providers, syringe service providers, service providers, medical providers, the legal system, the health department, and academic institutions.
4. Further refinement of the proposed plan was provided in two meetings with local **syringe service providers** who emphasized the need to incorporate prevention and service provision needs beyond treatment alone.
5. Finally, the final draft plan was presented to a group of **people who use drugs**, referred by community partners. The acceptability and feasibility of the proposed plan was elicited as well as further refinements to the plan.

All of these data were triangulated into the final plan developed for the Call for Proposals from the New Orleans Health Department. In response to results of the community survey, and other suggestions that emerged in the various stakeholder meetings, NOHD has earmarked $332,000 of the awarded monies for the three endeavors below.

- Narcan supplies for NOHD, EMS, and NO Fire Department
- An Outreach and Education Coordinator who will provide harm reduction trainings and oversee NOHD's Narcan distribution program
- An Overdose Fatality Review Coordinator who will work with the Overdose Fatality Review Team to identify system gaps and missed opportunities for individuals who die due to overdose.

The community survey revealed that, by far, the community priority for prevention was preventing overdose deaths and other harms (harm reduction). In terms of treatment, community members responded that supporting people in treatment and recovery, through methods such as housing, community and peer services, increased transportation and employment, and stigma reduction. Respondents also identified that increasing treatment availability and connecting people to necessary services such as ensuring clinicians are screening for OUD and funding SBIRT (Screening, Brief Intervention, and Referral to Treatment) programs. Open-ended responses also emphasized the desire to prioritize harm reduction and MOUD approaches when designating the monies, with many expressing the importance of working with preexisting ultra-local harm reduction and substance use reduction groups. These statements were taken into serious account while designing the plan for the remaining funds. This information will inform current and future funding priorities and usage of funds.

Based on data from all of these sources, the plan for the remainder of the current fiscal funds seeks to increase harm reduction efforts and takes a holistic approach to serving people with lived experience. Specifically, the plan outlined below will be implemented in

fiscal year 01 as recommended by the various stakeholders involved in the planning process.

1. Create a multi-service navigational hub for people (a) with a history of injection drug use who are leaving jail and/or who are houseless, (b) who visit the ER due to overdose, and/or (c) who are in detox treatment and who inject drugs. This safe space would:
    a. Be centrally located in a safe and well-lit location. This safe space could either be in a fixed location or through the provision of a mobile unit which could have multiple sites.
        i. Include shared space in the location or mobile unit for people to relax and get off the streets and/or harmful environments.
    b. Must take a holistic, harm reduction approach to services for people with lived experience. Abstinence-only proposals will not be accepted.
    c. Have 24/7 staffing and referral assistance.
        i. For example, ER personnel could call the hub for immediate post-discharge assistance.
    d. Include or have partnership referrals in real time with- to the extent possible- nurses, social workers, case managers, mental health professionals, prescribers, recovery specialists, peer navigators, and other providers deemed important by the applicants.
        i. Note: Peer navigators are not required to be state certified. People with lived experience may also have an important support role.
    e. Provide trauma support.
    f. Facilitate referrals to needed resources (e.g., substance misuse treatment; housing, food; transportation assistance; harm reduction services; other as deemed important by the applicant)
    g. Include a linked informational website, emergency hotline, and telehealth support.
    h. Provide essential on-site services (e.g., shower(s); washer and dryer; meals and beverages; other services as deemed important by the applicant).
    i. Have computer and internet access for people who utilize services.

Beyond the provision of outlined services, several recommendations for applicant teams emerged in our discussions.

1. Applications MUST involve inter-agency collaboration for provision of services. Single-agency applications will not be accepted.
2. Applicants must demonstrate a history of collaboration and clearly describe how each participating agency will contribute synergistically to the overall aims of the proposal.
3. Applications must include a detailed description for documentation of calls, walk-ins, referrals, and follow-up actions with 48-72 hours of contact. Quarterly reporting will be required.

4. Funds may be used for syringe service program products (e.g., clean needles and works, fentanyl test strips) to the extent permissible by state and local law.
5. Applications will be strengthened to the extent they build upon and extend and/or complement existing community programs and services. Applications which merely propose to expand existing services will be evaluated less favorably.
6. To the extent possible, applications that propose concrete steps, and provide documentation of partnership commitment in their applications, with other existing entities such as EMS and the HOIS system will be strengthened.

Johns Hopkins Guiding Principles

The New Orleans Health Department will use the five guiding principles that Johns Hopkins University has released to be used when making the most effective decisions about where the money from the opioid settlement should go (Johns Hopkins University Bloomberg School of Public Health, 2024b). These five principles, described below, will serve as a foundation for decisions made by the New Orleans Health Department as to how the money received from the settlement will be distributed.

Information retrieved from (Johns Hopkins University Bloomberg School of Public Health, 2024b)

1. Spend Money to Save Lives

   The first principle is to spend money to save lives. Many states will be tempted to use the dollars received from this settlement to fill holes in budgets instead of expanding needed programs due to their current economic status. This is an inappropriate usage of the funding. Johns Hopkins has three points of advice on how to adopt this principle: Establishing a dedicated fund in which to put the monies, using the dollars to supplement rather than supplant existing funding, and not spending the money all at once.

2. Use Evidence to Guide Spending

   Second, each state should primarily use an evidential basis to guide their spending. At this point, there is a strong body of evidence to demonstrate what is effective and what is ineffective in terms of opioid use prevention and harm reduction. This information should be used to make decisions, as without it, there's a risk of not only creating programs that do not work but also being counterproductive and taking steps backward in progress to reduce opioid use and overdose death. Johns Hopkins recommends directing funds to evidence-supported programs, removing policies that may block the adoption of functional and effective programs, and building data collection capacity within each jurisdiction. Following these principles and evidence-based methods will allow Louisiana and other states to make the most effective decisions with the money received.

3. Invest in Youth Prevention [Note: This principle is not a core part of the current plan for the Call for Proposals. However, it remains a priority for future funding cycles]

The third recommendation made by Johns Hopkins is to invest in youth prevention. Investing in youth prevention allows states to create long-term community change and prevent underage deaths due to opioid misuse. Nearly 8,000 adolescents between the ages of 15-19 died due to opioid overdoses between 1999 and 2016, and approximately one-half of people with substance use disorders began using substances before the age of 14. Integrating investments in primary youth prevention would reduce the number of adolescent deaths, adult substance abuse, and reduce the amount of people who experience addiction and overdose. Youth primary prevention would also reduce other negative outcomes that can come hand-in-hand with substance abuse, such as low educational status, unemployment and under-employment, unintended parenthood, and an increased risk of death from a variety of causes. This principle can best be adopted by following principle two; directing funds into evidence-based interventions.

4. Focus on Racial Equity

Johns Hopkins' fourth recommendation is to focus on racial equity when decision-making for opioid use settlements. Communities of color have been impacted by years and years of discriminatory policies, and now these communities are experiencing significant increases in overdoses. These communities experience SUD at the same rates as other racial groups, but recently, rates of opioid overdose deaths have been increasing more rapidly in Black communities than in white communities. Additionally, communities of color are more likely to face criminal justice involvement and repercussions due to drug use. American Indian and Alaskan Native (AI/AN) communities are also overrepresented in incarcerated populations, but there is inconsistent data collection within these communities, which implies that current data about AI/AN populations and opioid use may be incorrect and an underestimate. Hopkins recommends four ways for jurisdictions to adopt this principle: Investing in communities affected by discriminatory policies, supporting diversion from arrest and incarceration, funding anti-stigma campaigns, and involving community members in solutions.

5. Develop a Fair and Transparent Process for Deciding Where to Spend the Funding

The process of deciding where to spend the monies should be guided by local public health leaders in hand with active engagement of people and families with lived experience, along with other key groups. The City of New Orleans has already been directly working on this principle by hosting open meetings, meetings with people with lived experience, and meetings with local leaders in OUD and SUD. Hopkins recommends three ways to adopt this principle: determining areas of need, getting input from groups that touch different parts of the epidemic to develop the plan, and ensuring that there is representation that reflects the diversity of affected communities when allocating funds.

ACRONYMS

OUD: Opioid use disorder
SUD: Substance use disorder

Scope of US Opioid Epidemic
AI/AN: American Indians/Alaskan Natives
SES: Socioeconomic Status
ODD: Overdose Death Rates

Scope of New Orleans' Opioid Epidemic
NOHD: New Orleans Health Department
CHIP: Community Health Improvement Plan
LDH: Louisiana Department of Health
ORT: Overdose Response Trainings
GNO: Greater New Orleans Area
NOEMS: New Orleans Emergency Medical Services
ODMAP: Overdose Mapping Application Program
NOPL: New Orleans Public Library
NOCC: New Orleans City Council
DAO: District Attorney's office

Funding Parameters
SBIRT: Screening, Brief Intervention, and Referral to Treatment
PWLE: People with Lived Experience
SSPs: Syringe Service Programs

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Appendix A: Approved Funding Purposes- Complete List

Approved purposes outlined in Exhibit A & B of the Memorandum of Understanding (Louisiana Opioid Abatement Task Force, 2021b) that Orleans Parish intends to focus on in their master plan include:

Treatment:

1. Treat Opioid Use Disorder (OUD)
    a. Expand
        i. Treatment availability
        ii. Training access and funding
        iii. Counseling workforce reimbursement
        iv. Mobile/telehealth options
2. Support people in treatment and recovery
    a. Provide
        i. Elements of full continuum of care
        ii. Housing Services
        iii. Community/peer services
        iv. Transportation
        v. Employment services
        vi. Stigma reduction services
3. Connect people who need help to the help they need
    a. Ensure clinicians are screening for OUD
    b. Fund SBIRT programs
    c. Train ER staff on community referrals/discharge options
    d. Support crisis centers, peer support specialists, and recovery coaches
    e. Centralized call centers
4. Address the needs of criminal-justice-involved persons
    a. Support pre-arrest or pre-arraignment diversion models
    b. 911 co-responders/alternative responders' models
    c. Pre-trial services to connect individuals to treatment
    d. Provide evidence-based services to people who are incarcerated or leaving jail/prison
5. Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
    a. Training and treatment of obstetricians
    b. Child and family support
    c. Home-based services
    d. Children's services

Prevention:

1. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids

    a. Training and continuing medical education on appropriate prescribing of opioids
    b. Support for non-opioid alternatives
    c. Improving prescription drug monitoring programs
2. Prevent misuse of opioids
    a. Education of public
    b. Drug take-back programs
    c. School programs
3. Prevent overdose death and other harms (harm reduction)
    a. Naloxone
    b. Public education on Good Samaritan laws
    c. Syringe service programs (SSPs)
    d. HIV/Hep C testing and treatment
    e. Mobile unit
    f. Fentanyl screening in clinical toxicology labs

Other Strategies:

1. Supporting first responders
    a. Law enforcement expenditures and education
    b. Educate law enforcement or other first responders regarding dealing with fentanyl or other drugs
2. Leadership, planning, and coordination
    a. Community regional planning to identify populations of need
    b. Dashboard of key metrics
    c. Investment in infrastructure and staffing
3. Training
    a. Staff training to improve government/community entities
    b. Support infrastructure and staff working on cross-system efforts
4. Research
    a. Monitoring, surveillance, and evaluation of programs
    b. Research novel harm reduction methods (such as fentanyl test strips) and service delivery models