



The Criminal Justice Response to the Opioid Crisis in East Baton Rouge Parish

Current Actions and Future Considerations

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EXECUTIVE SUMMARY

The goal of the Innovative Prosecution Solutions for Combating Violent Crime and Illegal Opioids (IPS) grant is to reduce opioid-related deaths by fostering inter-agency collaboration to disrupt local opioid supply chains, educate the community about the dangers of opioid abuse and addiction, and provide support for individuals with opioid use disorder.

This report describes: 1) the history and current state of the opioid crisis in East Baton Rouge Parish; 2) the current and planned efforts of the IPS grant to respond to the crisis; and 3) recommendations for criminal justice practitioners regarding the opioid crisis in our community.

The rising prevalence of opioid-related is a significant issue in East Baton Rouge Parish, Louisiana. From 2014 to 2018:

- Opioid poisoning-related emergency department visits **increased by 45%**,
- Heroin poisoning-related emergency department visits **increased by 30%**, and
- Non-heroin opioid poisoning-related emergency department visits **increased by 59%**.

As emergency department visits increased, so did overdose deaths in East Baton Rouge Parish:

- From 2018 to 2019, **opioid overdose deaths increased by 29%**. Opioid overdose deaths have consistently accounted for nearly all overdose deaths during this time frame.
- From January to June 2020, **opioid overdose deaths increased by 113%** compared to the same months of 2019.

Early attempts to address the opioid crisis were challenging due to a lack of trust and cooperation among governmental agencies and community members most

affected by the opioid epidemic. Criminal justice practitioners (e.g., law enforcement, correctional officials, defense attorneys, prosecutors, court officials) have an important role in reducing opioid-related addiction, overdose deaths, and violence within East Baton Rouge Parish communities. Individuals with substance use disorder are often fearful of interacting with law enforcement due to the belief that they will be arrested for their addiction, decreasing the likelihood that these individuals will reach out for critical treatment. Therefore, public health officials can be reluctant to include criminal justice practitioners in opioid use disorder-related efforts, despite their ability to engage in meaningful, productive partnerships.

For these perceptions to change, criminal justice practitioners must demonstrate a commitment to addiction and overdose prevention by forming vital partnerships and supporting their partners' prevention efforts to address this epidemic.

By engaging in meaningful community partnerships, criminal justice practitioners can implement and support efforts to improve the lives of individuals with opioid use disorder and reduce opioid overdose deaths. The following recommendations were informed by empirical research related to criminal justice and public health interventions concerning opioid use disorder. This report further details each recommendation.

RECOMMENDATIONS

FOR CRIMINAL JUSTICE PRACTITIONERS IN THE COMMUNITY

Strengthen community partnerships to expand access points	Partner with public health and community organizations to implement protocols which emphasize connecting individuals with substance use disorders to viable treatment programs and removing existing barriers to adequate treatment and recovery.
Expand prescription medication disposal programs	Engage in community partnerships to expand prescription medication disposal programs by permanently establishing secure disposal sites for unused and expired medication at law enforcement substations and other amenable community locations.
Expand community education efforts	Expand planned community education efforts, such as push cards and community forums, to include information about situation-specific support programs for survivors (e.g., pregnancy-based treatment, neonatal treatment, safe needle exchange sites).
Support the expansion of effective treatment and harm reduction efforts	Support harm reduction efforts, such as needle exchange programs, Take Home Naloxone programs for hospitals, fentanyl testing kits, as well as community-wide access to evidence-based treatments such as medication-assisted treatment (MAT) and peer-recovery programs.
Publicize the Good Samaritan Laws	Partner with public health and community organizations to raise public awareness of the current Good Samaritan laws, including situational limitations for immunity.
Bolster prevention efforts	Develop cross sector partnerships to prevent the development of substance misuse among youth and other vulnerable populations through educational campaigns.

RECOMMENDATIONS

FOR CRIMINAL JUSTICE PRACTITIONERS IN THE FIELD

Implement departmental protocols regarding possession and use	Develop departmental protocols that emphasize linking individuals to treatment and obtaining cooperation, which would enhance the ability to pursue those responsible for manufacturing, supplying, and distributing illegal narcotics in the community.
Continue to utilize federal law enforcement levers	Continue leveraging federal law enforcement partnerships to access the investigatory and prosecutorial resources available to East Baton Rouge Parish as a High Intensity Drug Trafficking Area (HIDTA) to pursue cases involving manufacturers, suppliers, and distributors.
Identify and monitor social networks using social media data	Use data scraping techniques and social network analysis to identify patterns of illicit drug sales occurring on public social media.
Develop a forensic certification-based Collegiate Internship Program	Provide local college students with the necessary training to receive a uniform forensic analyst certification, as well as professional experience utilizing this training within a Crime Strategies Unit or local law enforcement agency.
Provide appropriate referrals to drug court	Refer potential participants to the District Attorney for the 19th JDC Drug Court treatment and diversion program.
Establish a Prison Take Home Naloxone Program	Distribute naloxone upon release to individuals who have a history of substance use disorder, overdose, or charges pertaining to drug use, as well as provide training on proper naloxone administration, to reduce overdose deaths after release.

RECOMMENDATIONS

FOR CRIMINAL JUSTICE PRACTITIONERS IN THE FIELD

Establish a Leave Behind Naloxone Program	Collaborate with public health and community organizations to establish a Leave Behind Naloxone Program. First responders should be prepared to leave naloxone with the survivor of an overdose or individuals in a position to assist the survivor, as well as provide training on proper naloxone administration.
Provide insight regarding overdose hotspots	Partner with public health officials to share relevant data about the location of overdoses and the concentration of hotspots to inform the deployment of resources (e.g., Louisiana State Opioid Response Medication-Assisted Treatment Mobile Unit) and prevention specialists.
Implement a Public Health and Safety Team (PHAST)	Partner with public health and community organizations to implement a Public Health and Safety Team (PHAST) responsible for conducting overdose fatality reviews.

STATEMENT OF THE PROBLEM

The rising prevalence of opioid-related overdose deaths and opioid-related violence has become a significant issue in East Baton Rouge Parish, Louisiana. Early attempts to address the opioid crisis were a challenge for criminal justice practitioners. A lack of coordination among governmental agencies, along with a lack of trust and cooperation among community members most affected by the opioid epidemic, led to barriers in disrupting the illicit opioid drug market through the investigation and prosecution of opioid suppliers. Education about opioid addiction among law enforcement and community members was needed to foster an understanding that opioid overdoses are not victim-less crimes to be dismissed.

To combat the opioid crisis, criminal justice practitioners recognized the need to use empirical, evidence-based interventions to interrupt the opioid drug market and reduce violent crime related to drug trafficking. The Innovative Prosecution Solutions for Combating Violent Crime and Illegal Opioids (IPS) grant, led by the District Attorney Hillar C. Moore of the 19th Judicial District, has proposed several interventions to reduce opioid-related deaths in East Baton Rouge Parish.

This document describes the history and current state of the opioid crisis in East Baton Rouge Parish, the current and planned efforts of the IPS grant to respond to the crisis, and further recommendations that the criminal justice community might implement or support to reduce opioid overdose deaths in our community.

Historical National Trends

Prescription Opioid Abuse

Opioid prescribing in the United States increased rapidly at the beginning of the 21st century due to decades of aggressive marketing tactics employed by pharmaceutical corporations and the unproven yet widely-held assumptions in the medical community about the effectiveness and safety of long-term opioid treatment to treat acute and chronic pain.^{1, 2, 3} From 1999 to 2008, opioid prescription sales in the United States increased by 400%,⁴ consumption of hydrocodone increased by over 200%, and consumption of oxycodone increased by nearly 500%.³

Because prescription opioids were easier to access, non-medical prescription opioid abuse sharply increased throughout the late 1990s and early 2000s, peaking in 2002 with 2.7 million new non-medical users.³ As prescriptions of opioids increased, so did overdose deaths from prescription opioids.^{1, 4} In 2008, prescription opioid-related overdose deaths in the U.S. accounted for 73.8% of the 20,044 prescription drug overdose deaths and accounted for 40.6% of the 36,450 overall drug overdose deaths.⁴

In 2010, legislators and public health officials responded to this alarming trend by implementing a series of criminal justice and public health interventions, which worked to reduce the rising prevalence of prescription opioid-related overdose deaths.¹ An abuse-deterrent formulation, which is more difficult to crush, inject, and inhale, replaced long-lasting oxycodone;^{5, 6} propoxyphene was removed from the market;¹ and prescription drug monitoring programs were established to enhance accountability and promote safer prescription practices.^{7, 8, 9} Legislators passed restrictions on high-volume opioid prescriptions within pain management clinics, as well as requirements for medical examinations and follow-ups when prescribing opioids for chronic pain.^{10, 11, 12, 13} Communities began to implement community overdose education and naloxone rescue programs to reduce the prevalence of prescription opioid-related overdose deaths. The expansion of these programs across the country led to the near-ubiquitous nationwide adoption of legislation supporting naloxone provision to citizens by 2016.¹⁴

Heroin and Synthetic Opioids

Though efforts to reduce prescription opioid abuse throughout the 2010s exhibited a certain degree of success, it was insufficient to prevent the catastrophic wave of substance use disorder and addiction set into motion by the opioid prescribing practices of the previous decade.¹ The introduction of abuse-deterrent formulations ensured that users could not circumvent the extended-release properties of prescription opioids to produce an intense short-term high. At the same time, legislative reform efforts restricted access to previously obtainable prescription opioids. While the newly adopted measures succeeded in reducing opioid access, they often failed to address the widespread misuse of and addiction to these medications.^{1, 6} Individuals with opioid use disorder transitioned to using a more readily available and cheaper substitute: heroin.^{5, 6, 15, 16} Thus, these measures unintentionally facilitated a national shift from prescription opioid abuse to illicit opioid abuse.

Prior prescription opioid abuse among active heroin users has been well documented, suggesting the overzealous opioid prescribing patterns of the 2000s and subsequent public

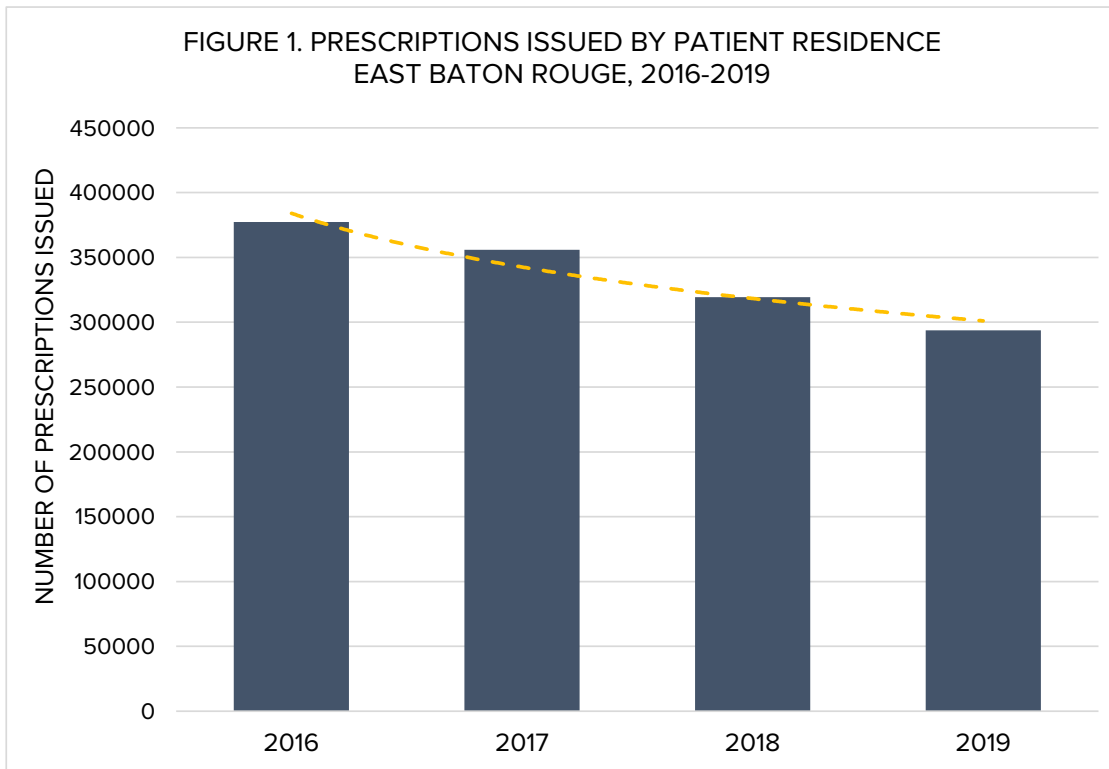
health interventions had a direct influence on the exponential increase in heroin overdose deaths.^{17, 18, 19, 20} From 2004 to 2010, the number of active heroin users who reported prescription opioid abuse prior to heroin initiation increased from approximately 64% to 80%.^{17, 18, 19} Relative to the steady increase which occurred throughout the 2000s, heroin overdose deaths increased by 500% throughout the 2010s, peaking in 2017 with 15,482 deaths.^{21, 22}

The ever-increasing demand for heroin throughout the early 2010s severely impacted existing illicit narcotic supply chains.²⁰ A third opioid mortality wave rapidly emerged in 2013 with the introduction of illicitly manufactured synthetic opioids (e.g., fentanyl and fentanyl analogs) as a means of adulterating heroin supply chains.^{20, 23, 24, 25} Featuring a similar potency to fentanyl produced legally in commercial pharmaceutical laboratories, illicitly manufactured fentanyl provided a cheap alternative that could be produced as a powder to supplement or substitute for heroin to extend supplies, or as a tablet to mimic less potent opioids.²⁶ With a potency 40 times greater than heroin, illicitly manufactured fentanyl's lighter weight and volume allow for easier transportation and distribution than heroin.¹ Though initially introduced through heroin supply chains, evidence suggests illicitly manufactured fentanyl has also penetrated supply chains for counterfeit pharmaceutical pills and cocaine.^{25, 26, 27, 28}

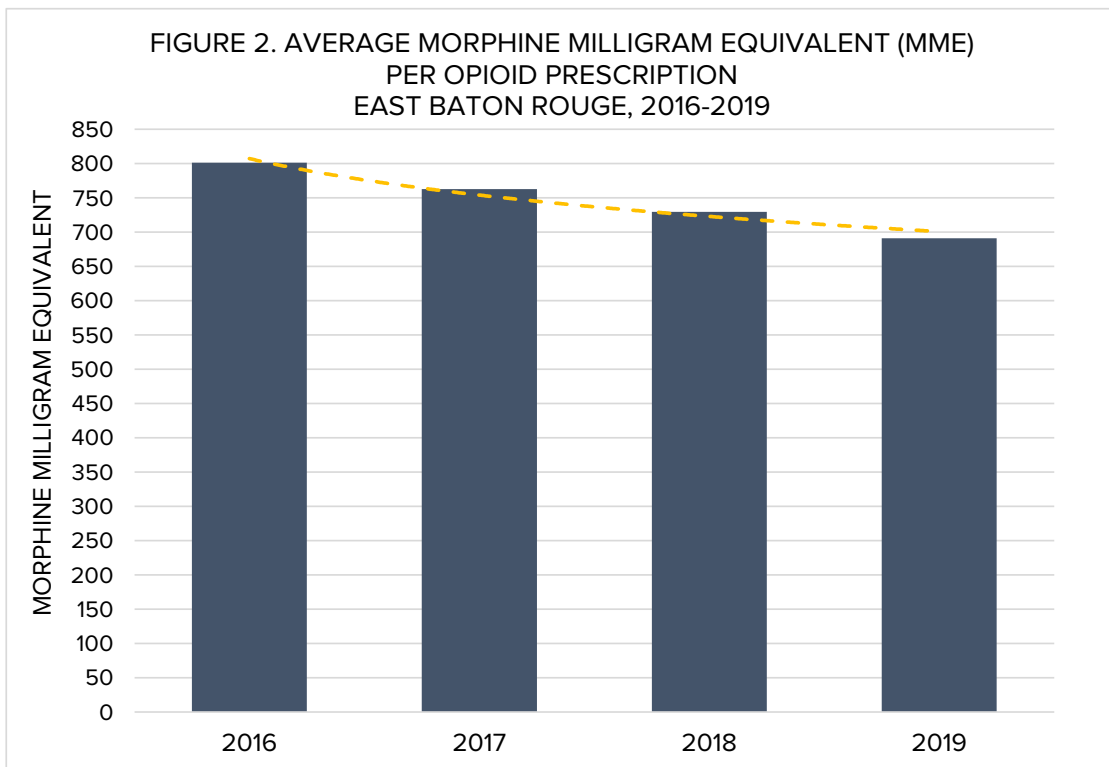
While illicitly manufactured fentanyl and heroin have a similar half-life of 3 to 7 hours, the stronger potency and faster metabolic rate of fentanyl produce a more intense high and allow the user to abuse it more frequently.¹ As a result, fentanyl-related overdose deaths have increased at an alarming rate. From 2013 to 2015, U.S. drug overdose deaths involving synthetic opioids other than methadone (a statistical category overwhelmingly dominated by fentanyl and fentanyl analogs) increased by 209%.²⁵ Evidence suggests these estimates likely undercount overdose deaths involving synthetic opioids like fentanyl, as approximately one-fifth of death certificates fail to list any specific drug involved in the fatal overdose.²⁹

Contemporary Local Trends

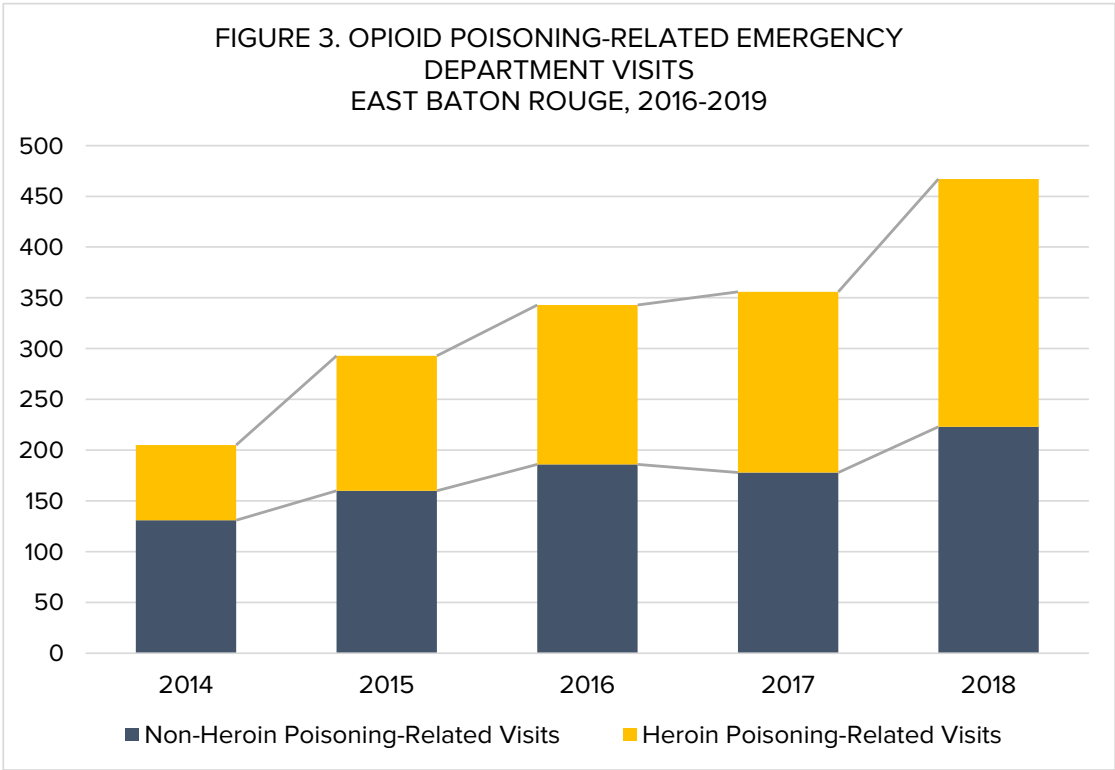
East Baton Rouge Parish recently began to reflect earlier national trends in opioid prescribing patterns, as well as opioid-related morbidity and mortality. From 2016 to 2019, the number of opioid prescriptions issued to patients residing within East Baton Rouge Parish decreased by approximately 22% (see Figure 1).



In addition to the declining number of opioid prescriptions, the potencies of opioid prescriptions issued to East Baton Rouge Parish residents have substantially decreased over the past 4 years. On average, the morphine milligram equivalent of opioid prescriptions issued to East Baton Rouge Parish residents decreased by approximately 33% from 2016 to 2019 (see Figure 2).

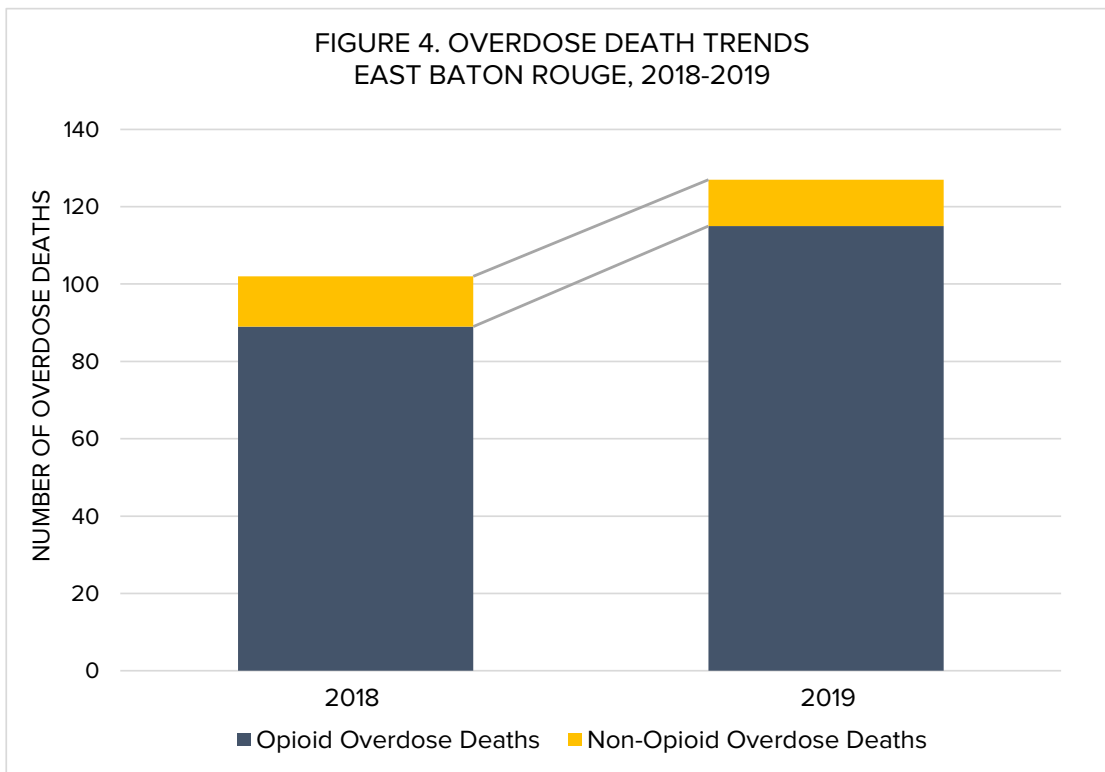


Despite the decline in the amount and potency of opioid prescriptions issued to East Baton Rouge Parish residents over the past 4 years, opioid poisoning-related emergency department visits in East Baton Rouge Parish have substantially increased. From 2014 to 2018, opioid poisoning-related emergency department visits increased by approximately 45% (see Figure 3). During this 5-year period, heroin poisoning-related emergency department visits increased by approximately 30%. Even more disturbing, non-heroin opioid poisoning-related emergency department visits increased by 59%.



Note: 2019 data were not available for opioid poisoning-related ED visits.

Reflective of national trends, East Baton Rouge Parish opioid-related overdose deaths from 2018 to 2019 disproportionately occurred among individuals who were white (72%) and male (67%). During this time period, the majority of individuals who died of opioid overdose were between 30 and 44 years old (67%). Rapid increases in opioid overdose deaths remain a cause for concern. From 2018 to 2019, opioid overdose deaths in East Baton Rouge Parish increased by approximately 29% (see Figure 4). Opioid overdose deaths have consistently accounted for nearly all overdose deaths in East Baton Rouge Parish during this time frame. Though 2020 data are not included in the figures of this report, as they are incomplete and cannot yet be compared to 2018 – 2019 data, it is worth noting the continued steep rise of overdose deaths in East Baton Rouge Parish. Alarming, opioid overdose deaths between January to June 2020 increased by 113% compared to the same months the year before. By August 2020, East Baton Rouge Parish experienced more opioid overdose deaths than in all of 2019. These data necessitate further action to reduce the impacts of opioid misuse within the community.



BEST PRACTICES FOR OPIOID OVERDOSE PREVENTION AND THE ROLE OF CRIMINAL JUSTICE PARTNERSHIPS

IPS EFFORTS

Criminal justice practitioners (e.g., law enforcement, correctional officials, defense attorneys, prosecutors, court officials) have an important role in reducing opioid-related addiction, overdose deaths, and violence within East Baton Rouge Parish communities. Individuals with substance use disorder are often fearful of interacting with law enforcement due to the belief that they will be arrested for their addiction, decreasing the likelihood that these individuals will reach out for critical treatment. Therefore, public health officials can be reluctant to include criminal justice practitioners in substance use disorder reduction efforts, despite their ability to engage in meaningful, productive partnerships. For these perceptions to change, criminal justice practitioners must demonstrate a commitment to addiction and overdose prevention by forming vital partnerships and supporting their partners' prevention efforts to address this epidemic.

In October of 2018, the Office of the District Attorney for the 19th Judicial District in East Baton Rouge was awarded the IPS grant by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The goal of the IPS grant is to reduce opioid-related deaths by fostering inter-agency collaboration to disrupt local opioid supply chains, educate the community about the dangers of opioid abuse and addiction, and provide support for individuals with opioid use disorder. The current agencies involved in the IPS partnership are listed in the Appendix. The following sections describe IPS approaches and activities to address opioid overdose prevention.

Overdose Death Response and Investigation Protocols

The IPS grant recognizes that arresting users and individuals with substance use disorders will not improve our community's addiction problem. Instead, an emphasis should be placed on identifying the suppliers that have worsened and exacerbated the problem. Law enforcement should implement consistent overdose death investigation protocols that treat every overdose death scene as a potential homicide (rather than dismiss overdose deaths as a victim-less crime), allowing for a thorough investigation with an emphasis on the retention and preservation of evidence. Doing so enhances overdose investigations and supports future

prosecutions. Responding officers should be cognizant of the unique forms of evidence critical to successful prosecution, specifically the collection and forensic extraction of data from mobile devices. Furthermore, officers should be mindful of the need to work in a cooperative and coordinated effort with the coroner's office at the scene.

Enhance Use of Data Tools in Law Enforcement

Understanding the full extent of the opioid epidemic is essential to know which programs to implement and where to implement them. Officials and leaders must rely on coordination and information sharing between agencies. The ability to access real-time, pertinent information through robust surveillance, monitoring, and data analysis can better prepare criminal justice agencies' responses. The following details a few examples of the analytical tools and products proposed by the IPS grant:

Geographic Information System (GIS) Mapping Software allows analysts to draw upon local data to understand the spatial distribution of narcotic incidents and opioid overdose fatalities throughout a specific geographic region. Descriptive spatial analyses can be used to develop maps delineating areas with the greatest need for attention and assistance. Inferential spatial analyses can be used to find factors associated with geographic patterns in incidences or fatalities, and to generate maps that forecast vulnerable areas. Employing these techniques offers the opportunity for criminal justice agencies to proactively address the opioid epidemic by identifying locations for tailored crime reduction, community policing, and harm reduction strategies.

Figures 5 – 10 are examples of GIS maps detailing data trends that criminal justice agencies can use to understand the full scope of the opioid epidemic within local communities. These maps used data from IPS partners to highlight the areas experiencing the greatest problems and needs. Many of these maps illustrate the interrelated issues of the complicated and changing nature of overdoses over time.

Figures 5 – 8 illustrate the increase and spread of opioid overdoses across East Baton Rouge Parish from 2018 to 2019, according to emergency medical service (EMS) records and 911 calls. Figures 9 and 10 illustrate the decrease in opioid prescriptions per parish resident from 2018 to 2019.

FIGURE 5. COMPUTER-AIDED DISPATCH (CAD) CALLS WITH (POSSIBLE) OVERDOSE, EAST BATON ROUGE PARISH, 2018

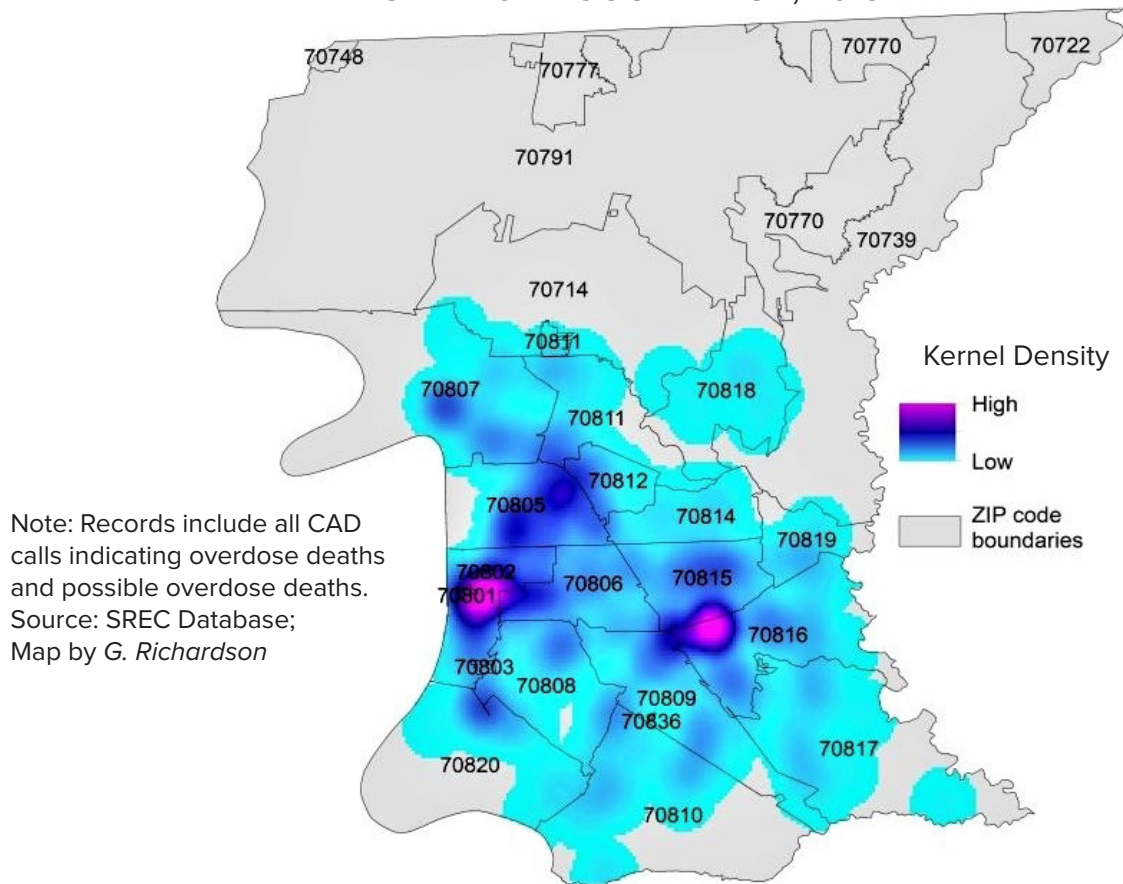


FIGURE 6. COMPUTER-AIDED DISPATCH (CAD) CALLS WITH (POSSIBLE) OVERDOSE EAST BATON ROUGE PARISH, 2019

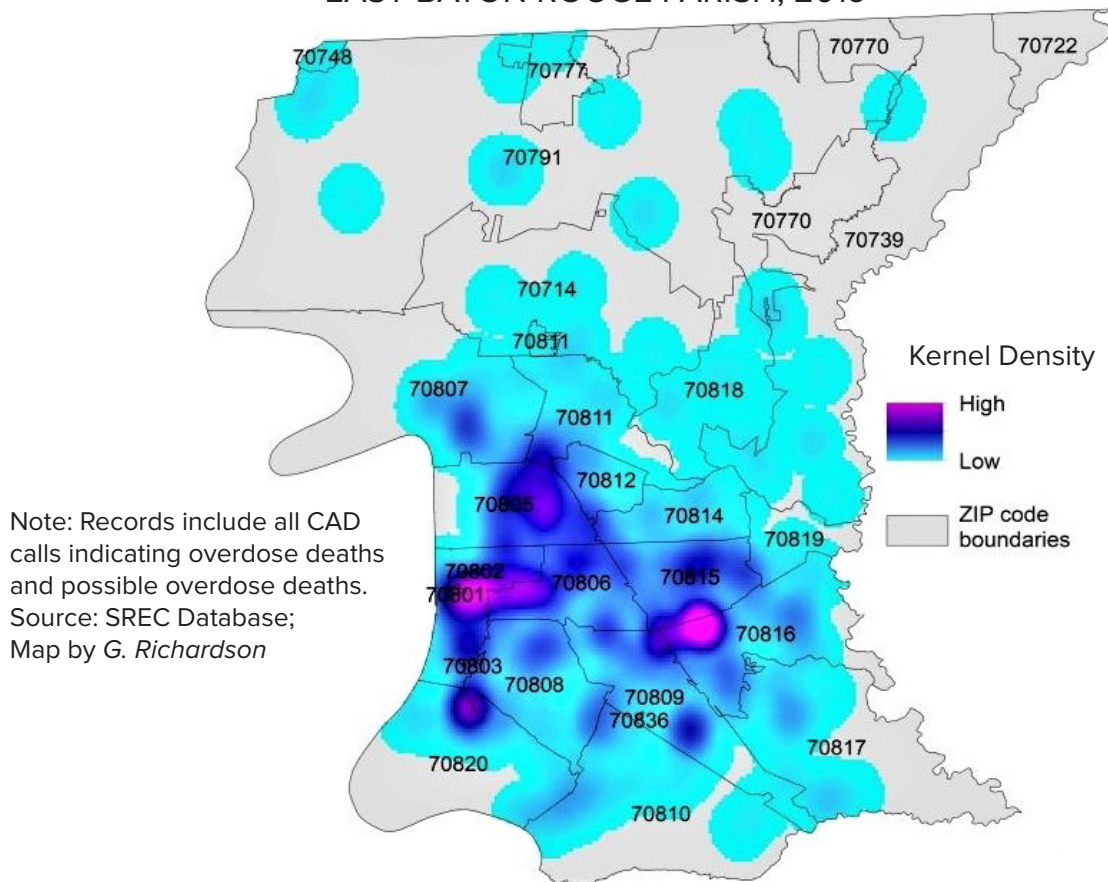


FIGURE 7. EMS OPIOID IMPRESSIONS (OVERDOSE DEATHS), EAST BATON ROUGE PARISH, 2018

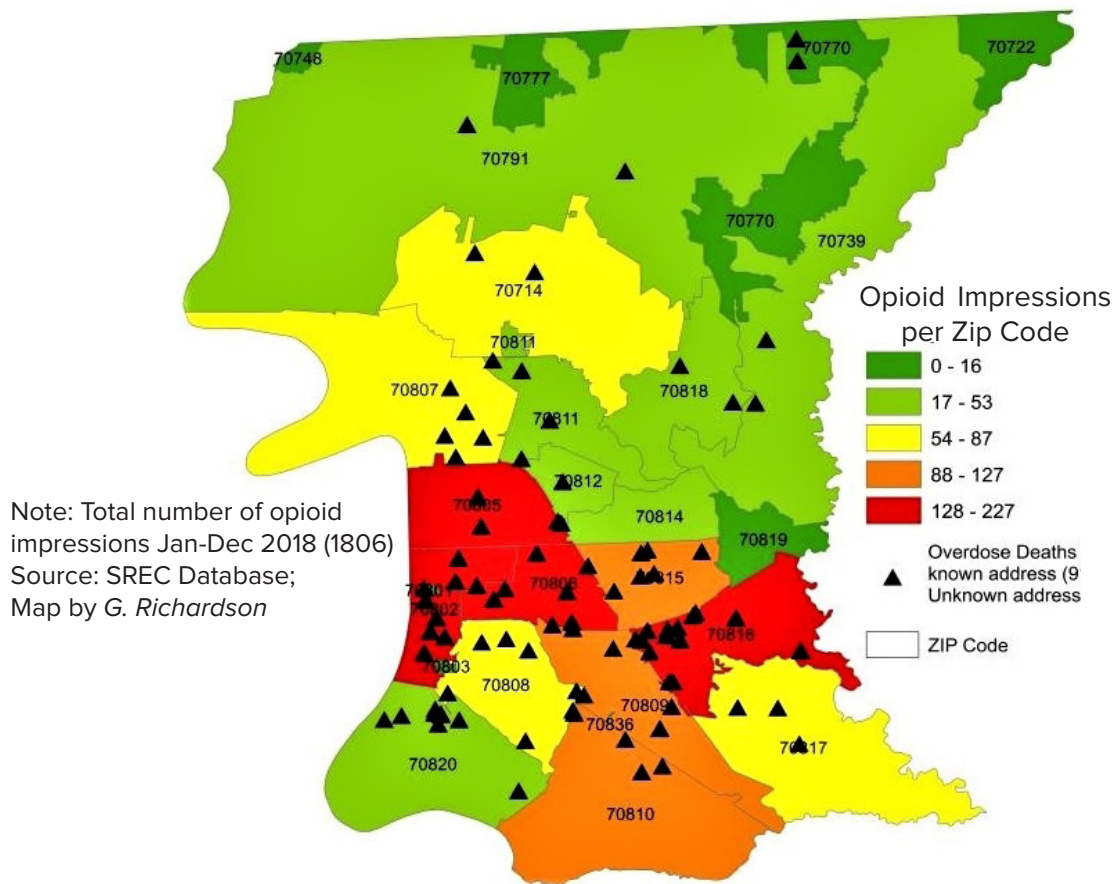


FIGURE 8. EMS OPIOID IMPRESSIONS (OVERDOSE DEATHS). EAST BATON ROUGE PARISH, 2019

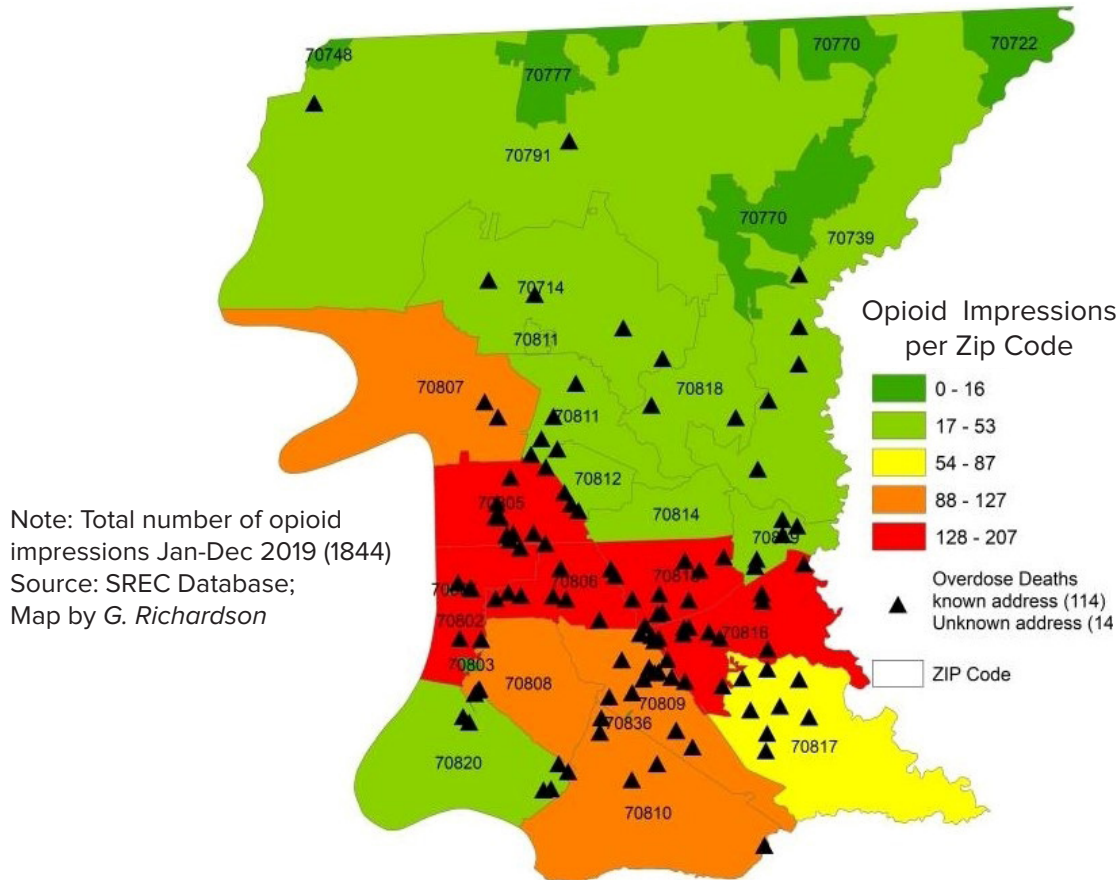
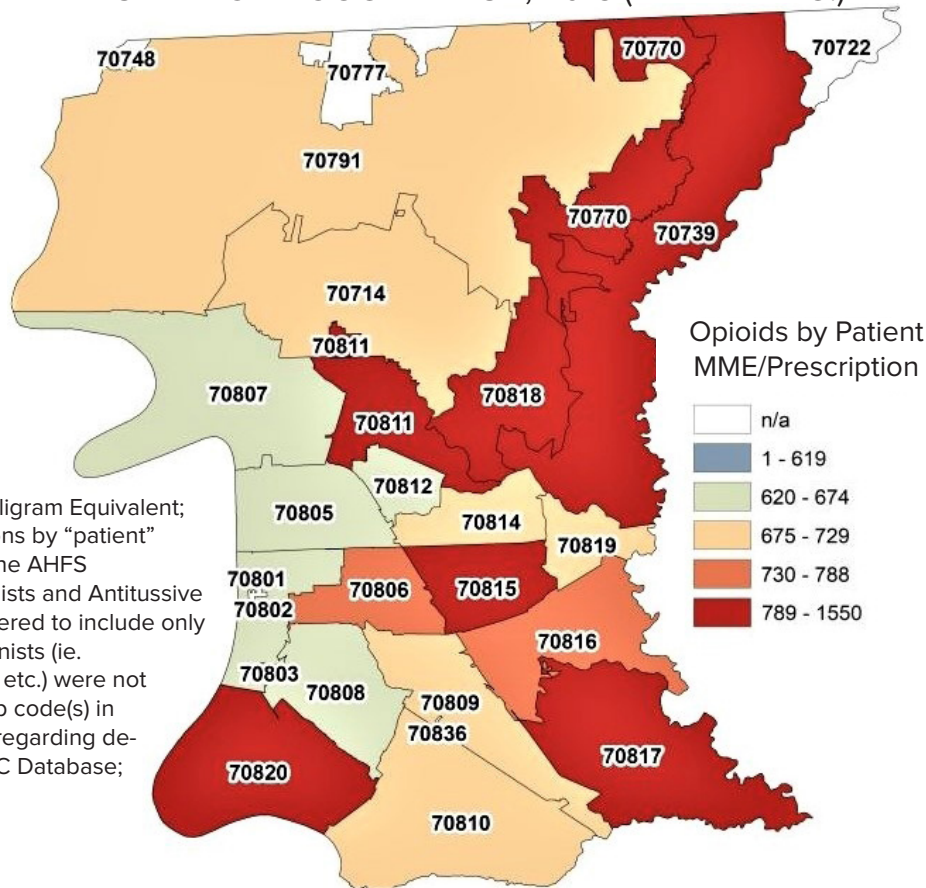
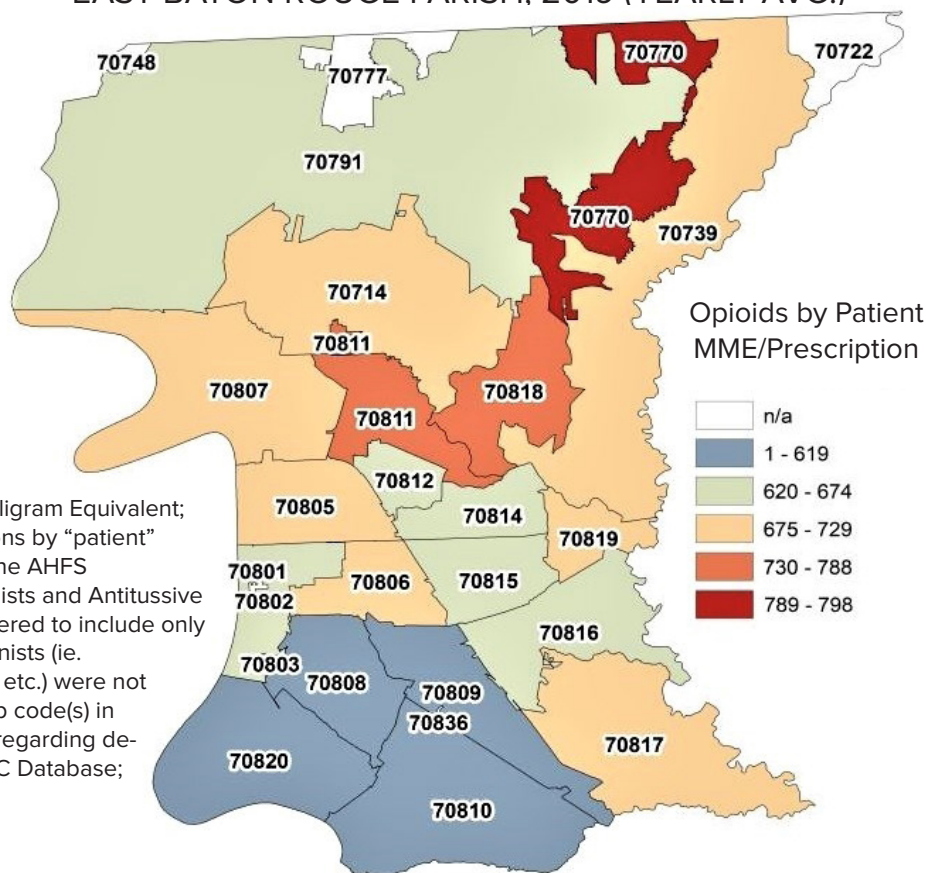


FIGURE 9. OPIOIDS BY PATIENT (MME PER PRESCRIPTION) PER ZIP CODE EAST BATON ROUGE PARISH, 2018 (YEARLY AVG.)



Note: MME is Morphine Milligram Equivalent; MME per opioid prescriptions by “patient” location (zip code). Using the AHFS Classification, Opiate Agonists and Antitussive were selected and then filtered to include only opioids. Opioid Partial Agonists (ie. Suboxone, Buprenorphine, etc.) were not included, n/a = removed zip code(s) in compliance with state law regarding de-identified information. SREC Database; Map by G. Richardson

FIGURE 10. OPIOIDS BY PATIENT (MME PER PRESCRIPTION) PER ZIP CODE EAST BATON ROUGE PARISH, 2019 (YEARLY AVG.)



Note: MME is Morphine Milligram Equivalent; MME per opioid prescriptions by “patient” location (zip code). Using the AHFS Classification, Opiate Agonists and Antitussive were selected and then filtered to include only opioids. Opioid Partial Agonists (ie. Suboxone, Buprenorphine, etc.) were not included, n/a = removed zip code(s) in compliance with state law regarding de-identified information. SREC Database; Map by G. Richardson

Social Network Analysis encompasses a multitude of analytical techniques that describe the social relationships (if any) among actors involved in law enforcement narcotic incidents. These techniques help identify ties among individuals involved in the manufacturing, supply, and distribution of illicit opioids, as well as individuals with ties to victims of overdose and drug-related homicides. Using these techniques to develop social network maps provides an illustration of the illicit drug market structure and allows law enforcement to prioritize which suspects would be most beneficial to engage. This approach provides valuable insight into distribution supply chains operating within East Baton Rouge Parish, identifies key actors associated with each distribution access point, and potentially allows law enforcement to disrupt the network. By working with data analysts to develop these products, law enforcement can more efficiently distribute agency resources for investigation and enforcement operations.

Uniform Device Forensic Extraction Techniques use proprietary technology to locate, access, and extract data stored within cellphones and mobile devices (e.g., geolocation data, communication logs, social media information). These techniques may only be used under justifiable, ethical conditions with the issuance of a judicial warrant to execute a search of mobile devices. Using mobile device forensic extraction techniques, law enforcement can rapidly obtain information at the scene of an overdose death, which may provide useful to multiple investigations. Archived data on mobile devices may be used to trace illicit opioid suppliers via phone calls and text messages, as well as public and private interactions through social media applications. This information helps investigators understand illicit drug markets by providing historical transaction patterns and critical evidence for prosecution efforts against manufacturers, distributors, and suppliers. For this technique to be useful, law enforcement needs adequate staffing with proper training and expertise in using uniform device forensic extraction technology to perform forensic analysis and develop timely reports to enhance investigatory and prosecution capacity.

Educate the Community on the Dangers of Opioids and Opioid Addiction

Beyond simply disrupting illicit opioid supply chains, criminal justice agencies have several important roles in reducing the demand for illicit opioids within local communities. These roles include, but are not limited to:

- Enhancing public awareness regarding the opioid epidemic;
- Educating local communities about opioid abuse and addiction;
- Participating in programs that reduce the availability of unused prescription opioids within local communities; and
- Identifying potential individuals to link with appropriate treatment programs and care facilities.

The following information outlines the various strategies employed by the IPS grant to engage with each role.

Public Relations Campaign

IPS grantees and partners developed a public relations campaign via radio, social media, and a web page targeting the populations most susceptible to opioid overdose fatalities within East Baton Rouge Parish. The campaign aimed to increase awareness of the opioid epidemic and patterns of addiction, and to provide information on how to reduce opioid exposure within their communities.

Community Forums

To increase community awareness of the opioid epidemic, IPS grantees and partners are planning to host a series of community forums presenting data about the drastic increase in opioid abuse and opioid overdose fatalities in East Baton Rouge Parish, as well as educational material detailing the risks of opioid addiction and methods to prevent opioid abuse. Through these community forums, partners will share information about the safe use and disposal of prescription opioids through the means of medication drop box locations or DEA Take Back Day programs. They will also share resources concerning community treatment options, including how to identify and enroll in appropriate treatment programs. In addition, partners will also offer information about naloxone distribution sites and training programs.

Push cards

IPS grantees and partners are developing informational cards containing relevant overdose resources to distribute among community forum participants, as well as among survivors, family members, friends, and witnesses at the scene of an opioid overdose. These cards will provide crucial information in case of an opioid overdose, including instructions for proper naloxone administration, community treatment resources, and coroner contact information in the case of an opioid overdose fatality.

The Good Samaritan Law

IPS intends to publicize the Good Samaritan Law as part of community education efforts. Fear of arrest and prosecution presents a significant barrier to individuals seeking medical assistance in the event of an overdose. The legal immunities provided by Good Samaritan laws vary from state to state, ranging from broad immunities that prevent arrest and prosecution, to partial immunities.

In general, Good Samaritan laws may provide a degree of medical amnesty for:

- Individuals seeking medical attention for another individual experiencing a drug-related overdose;
- Individuals experiencing a drug-related overdose;
- Bystanders in possession of drugs or drug paraphernalia; and
- Medical providers who prescribe or administer opioid reversal medication.

Currently, the Louisiana Good Samaritan laws provide immunity to individuals who need medical assistance for a drug-related overdose. Specifically, the immunity applies to charges, prosecution, or penalties for possession of a controlled dangerous substance, as defined by the Uniform Controlled Dangerous Substance Law, if evidence was obtained as a result of the overdose and call for medical assistance (La. Rev. Stat. Ann. § 14:403.10).³⁰ These protections extend to individuals acting in good faith who seek medical assistance for an individual experiencing a drug-related overdose, so long as this person did not illegally provide or administer the controlled dangerous substance.³¹ Although these provisions prevent individuals from being prosecuted and sentenced, these individuals are not shielded from arrest for possession of a controlled dangerous substance. Additionally, the Louisiana Good Samaritan laws provide immunity from criminal and civil liability to medical providers who prescribe naloxone, pharmacists who dispense naloxone, and any individual who administers naloxone to a person believed to be experiencing an opioid-related overdose (La. Rev. Stat § 40:978.2).³²

Though evidence suggests Good Samaritan laws reduce overdose fatalities, the laws are only effective if the general public and those most susceptible to drug-related overdose are aware of their existence.³¹ To our knowledge, no study has been conducted in East Baton Rouge Parish to examine public awareness of the Louisiana Good Samaritan laws. Push cards and community forums (especially in “hotspot” neighborhoods) providing education about Good Samaritan laws and the use and availability of naloxone are two ways to share this information so that it is publicly known and understood by the community.

DEA Take Back Day

Public education on the importance of safely storing and disposing prescription pain medication, and giving them the ability to do so, reduces access to opioids within the community. Twice per year, the Drug Enforcement Administration (DEA), an active partner of the IPS grant, hosts national and local Take Back Day events to encourage citizens to bring unused and expired medication to predetermined locations for proper disposal. Criminal justice agencies can actively participate in these events by encouraging public participation, as well

as hosting drug disposal boxes for continuous disposal of unused or expired opioids and other types of medication.

Prescription Monitoring Program (PMP)

As an active partner of the IPS grant, the Louisiana Board of Pharmacy provides data from the Prescription Monitoring Program (PMP) to describe opioid prescribing patterns. Ensuring prescribers receive proper training and education, as well as access to use the PMP portal, protects patients and physicians from the dangers associated with over-prescribing. Louisiana law requires prescribers to consult the PMP portal to review and monitor each patient's opioid prescription history prior to and during treatment, with some exceptions (La. Rev. Stat. § 40:978).³² Prescribers should be encouraged to comply with the PMP, as the database serves as an important tool to prevent doctor shopping and the over-prescribing of opioids and other addictive substances.³³

BEST PRACTICES FOR OPIOID OVERDOSE PREVENTION AND THE ROLE OF CRIMINAL JUSTICE PARTNERSHIPS

CRIMINAL JUSTICE PRACTICES

The following criminal justice programs have shown effectiveness for individuals experiencing opioid use disorder. Some programs are already being implemented to some extent in East Baton Rouge Parish, while some have not yet been considered.

Drug Courts – Diversion and Reentry

Drug courts (i.e., specialized courts designed to handle non-violent offenders with substance use disorders) combine substance use treatment with the legal and moral authority of the court to disrupt the cycle of substance use and drug-related crime.^{34, 35, 36, 37} Implemented for pre- and post-adjudication efforts, drug courts provide candidates with a series of requirements to be completed in exchange for: a) reduced or dismissed charges; b) release on condition of probation; or c) release on condition of parole.³⁶ Upon referral and screening for program eligibility, candidates who agree to participate are expected to abide by various court mandates, which consist of regular appearance before the court for status hearings, as well as adherence to a comprehensive treatment regimen addressing substance use, mental health, education, and employment.^{36, 37, 38, 39, 40}

Since drug court programs are multiphase, status hearings provide an essential forum for judges and various court staff to engage with participants about their individualized treatment plans and progress.^{36, 37} By implementing the principle of graduated sanctioning and rewards, the authority of the court is used to motivate program compliance.^{36, 39, 41} Participants who adhere to the court mandates advance through three or more progressively less intense phases before completing the program, culminating in a formal graduation ceremony upon successful completion of drug court.^{37, 39} Participants who fail to adhere to the court mandates are gradually sanctioned with each subsequent failure to comply.^{37, 39} As a last resort, participants who fail to adhere to court mandates may be dismissed from the program and incarcerated.^{37, 39, 40}

Pre-adjudication drug courts emphasizing diversion typically have a 6- to 12-month duration. In contrast, post-adjudication drug courts focusing on community reentry are longer-

term, lasting upwards of 12 months.³⁷ Evidence suggests drug court programs that last between 8 to 16 months provide the best outcomes regarding recidivism.^{42, 43} Programs may face challenges regarding recruitment and retention of appropriate participants due to the length and difficulty of this process. Though drug courts may vary in terms of programmatic guidelines, the key components of drug courts are:

- Collaborative, non-adversarial, outcome driven court processing;
- Early identification of eligible participants;
- Substance use treatment integrated with criminal justice case processing;
- Frequent urinary analyses;
- Judicial monitoring; and
- Implementation of graduated sanctioning and rewards.^{35, 36, 39}

Evidence suggests adult drug courts significantly reduce the likelihood of three-year recidivism for general offenses and drug-related offenses.³⁷ Conversely, juvenile drug courts have been demonstrated to significantly reduce the likelihood of three-year recidivism for general offenses.³⁷

Pre-Release and Post-Release Treatment Services

Drug overdose is the leading cause of death among formerly incarcerated individuals in the initial two years following release.⁴⁴ Relative to the general population, formerly incarcerated individuals exhibit higher rates of fatal overdose, experiencing a 3- to 8-fold increase in the risk of opioid-related mortality within the first 2 weeks of release, which is sustained throughout the first month of community reentry.^{44, 45} It is imperative to consider the roles of pre-release and post-release treatment services within the continuum of care for incarcerated individuals.⁴⁶

Pre-release treatment services (i.e., substance use treatment services delivered throughout a term of incarceration) offer a prime opportunity to engage opioid-dependent incarcerated individuals with sustainable recovery options that can continue upon release.^{47, 48} Though a variety of programs exist, a substantial amount of evidence suggests implementing the following three interventions during incarceration effectively reduces subsequent substance use and recidivism:

- Cognitive behavioral therapy;
- Therapeutic communities; and
- Medication-assisted treatment (MAT).^{47, 49}

Each program exists within correctional and community settings, allowing law enforcement to collaborate with local service providers prior to an individual's release to establish a post-release treatment plan that ensures continual access to care.⁴⁷

Post-release services focus on continuing and expanding treatments that were initiated during incarceration, and address negative outcomes in the weeks following release. One example is Prison Take-Home Naloxone programs, which provide naloxone training and devices to individuals at the time of release to help reduce overdose deaths. These programs have high participation rates among individuals with a history of injection drug use,⁵⁰ and are associated with a 36% reduction in drug overdose deaths in the first four weeks post-release from prison.⁵¹

BEST PRACTICES FOR OPIOID OVERDOSE PREVENTION AND THE ROLE OF CRIMINAL JUSTICE PARTNERSHIPS

PUBLIC HEALTH PRACTICES

The following describes practices and programs implemented in the wider community that would benefit from the participation and support of criminal justice practitioners. Each of these practices require community partnerships to reduce recidivism, overdose deaths, and other negative individual and societal consequences of opioid misuse.

Harm reduction

Harm reduction strategies are important components for comprehensive interventions which mitigate the negative health consequences of opioid misuse and opioid use disorder. Implemented before and during treatment, these strategies reduce physical harm and mortality by integrating education with a linkage to resources.

Through the Louisiana State Opioid Response (LaSOR) federal grant, Capital Area Human Services (CAHS) in Baton Rouge launched an Opioid Mobile Outreach Team and a mobile crisis unit in early 2020 which travels among opioid overdose hot spots to provide addiction counseling, medication-assisted treatment, naloxone distribution, laboratory testing, and needle exchange services.⁵² This section describes the importance of law enforcement and community support to sustain and expand these harm reduction efforts.

On scene use of naloxone and other medications to reverse overdose

Naloxone (Narcan, Evzio) is an FDA-approved medication used to block or reverse the effects of an opioid overdose quickly and safely, thereby preventing overdose fatalities. There is no potential for addiction or abuse of the medication. Naloxone can be used without harm to the victim of the overdose even if the cause of the overdose is unknown. If it is available, naloxone can be administered immediately to the overdose victim at the time and place of the overdose. Education efforts are needed along with naloxone dosing as emergency medical care is usually also required. Making naloxone available to heroin users has not been shown to increase drug use.⁵³

Empirical evidence establishes naloxone distribution as an effective intervention for preventing opioid overdose deaths.⁵⁴ Naloxone must be administered promptly once overdose occurs to be effective. Therefore, it is essential to provide naloxone and training on its use to bystanders and first responders, including firefighters and police officers who may arrive on scene before paramedics. In 2018, the U.S. Surgeon General⁵⁵ released an advisory for the following groups to have naloxone within reach and know how to administer it:

- First responders including paramedics, police officers, and fire fighters;
- Patients prescribed a high dose of opioids for pain management;
- Individuals misusing opioids, including prescription opioids and illicit opioids (e.g., heroin or fentanyl);
- Family and friends of individuals with opioid use disorder; and
- Healthcare providers.

Other communities and states have successfully prevented opioid overdoses by providing naloxone and training first responders and non-medical bystanders.⁵⁶ Training includes the signs of overdose and how to administer naloxone, as well as the importance for bystanders to call 911 as soon as they recognize an overdose is occurring. SAMHSA⁵⁷ published the Opioid Overdose Prevention Toolkit, which is publicly available on their website, for prescribers, community members, patients recovering from opioid use disorder, and the families of individuals with opioid use disorder. The toolkit can be used by health trainers to educate about opioids and how to prevent overdose, recognize overdose, and administer naloxone. The toolkit also discusses strategies for community and local governments to prevent opioid deaths, including ensuring that naloxone is readily available.

Naloxone can be administered by injection or intranasally. EVZIO® is an auto-injectable device pre-filled with a dose of naloxone and can be purchased without a prescription.⁵⁸ However, it is costly at \$4,100. The nasal spray, NARCAN®, comes in a kit which includes two doses. Narcan kits cost an average of \$140 each without insurance, though this may be lower for law enforcement.⁵⁹ Generic naloxone averages around \$40 per dose. Prescription coverage of naloxone varies depending on the diagnosis and an individual's medical coverage. Therefore, it is important to bring in community partners to ensure resources are provided to both first responders and those at-risk of overdose to obtain naloxone.

Leave Behind Naloxone Program

Individuals who have experienced an overdose are at risk for another overdose incident. Expanding upon the naloxone administration by bystanders, another best practice includes leaving behind a naloxone kit with at least one dose and instructions for use with someone who

has overdosed or a loved one.⁵⁹ These interventions commonly use a combination of training EMS to teach patients and families how to use naloxone kits that they “leave behind” and link patients to substance use treatment. Other similar models, called “take home” programs, entail the provision of naloxone and training to overdose victims and family members by emergency department staff.⁶⁰

Needle and syringe exchange programs

The rise in opioid addiction and subsequent increase in injection drug use has been linked to increases in Hepatitis C infections in the U.S.,⁶⁰ as well as community outbreaks of HIV.^{61, 62} The U.S. Surgeon General⁵⁵ and the American Medical Association⁶³ recommend that needle exchange programs be established in all communities. These programs generally provide clean needles and safe disposal of used needles, as well as lab testing for HIV and Hepatitis C, health education, linkage to substance use treatment, mental health and medical services, and social services.⁶⁴ Needle exchange and syringe exchange programs have been shown to be effective in reducing the transmission of infectious diseases (such as Hepatitis C and HIV) resulting from sharing needles, as well as serving as a bridge to addiction treatment.^{65, 66} Moreover, injection drug users who participate in these types of programs are more likely to seek treatment than those who do not participate.⁶⁵

In 2017, Louisiana legalized syringe exchange programs but allowed individual communities to decide whether these programs should be made available to residents in their parishes.⁶⁷ That same year, the East Baton Rouge Metropolitan Council changed a parish ordinance in order to allow needle and syringe exchange programs for its residents. New Orleans, Alexandria, and Shreveport have passed similar ordinances.^{67, 68}

Fentanyl testing kits

The dramatic rise of overdose deaths in the U.S. since 2015 has been attributed to the illegal manufacturing and use of the synthetic opioid fentanyl, which is mixed with heroin and other drugs such as cocaine to increase its potency.⁶⁹ A person who buys illicit drugs has no way of knowing by looking at the drug whether it contains fentanyl and if so, how much, thus also leaving the person unaware of the odds of overdose.

Fentanyl Test Strips (FTS) have increasing popularity in community harm reduction programs. They work by diluting a small amount of drug with water and dipping a test strip into the mixture.⁷⁰ Within a few minutes, an indicator on the test strip appears if fentanyl is detected. The strips are inexpensive and highly accurate. While the evidence of their overall efficacy is still

limited, studies show that there is a willingness among people who inject drugs to use FTS to inform behaviors that prevent overdose.^{71, 72}

Treatment and Recovery Support

Expanding access points to screening, referral, and treatment

Timely screening, referral, and treatment are important factors in decreasing deaths from opioid overdose for those with opioid use disorder. While post-release programs are essential, not all who need addiction services encounter the criminal justice system. Criminal justice practitioners and their community partners (Emergency Medical Services, hospital emergency departments, treatment providers, primary care and specialty physicians and prescribers, dental and allied health professionals, and concerned community members) can work together to link potential candidates to treatment. Each of these partners represent a possible access point to a person with addiction. Ensuring the provision of appropriate screening for opioid misuse, resources, and referral to treatment at multiple access points expands outreach to a broader population more frequently.

An important group to include in this effort are first responders who are often repeatedly sent to the same addresses and administer naloxone to the same individuals. These first responders have first-hand knowledge of who could benefit from treatment in our community. This knowledge makes our first responders an excellent referral source to treatment in the community.

Community-based Medication-Assisted Treatment (MAT)

Due to the nature of drug dependence and its lasting effects on the brain, addiction should be considered and treated as a chronic medical illness.⁷³ The complex causes and effects of addiction, including genetics and environment, require multi-modal, long-term strategies to achieve treatment retention. Medication-Assisted Treatment (MAT) involves the use of medications such as methadone, buprenorphine, or extended-release naltrexone. MAT is effective in treating both prescription opioid and heroin addiction. MAT is associated with higher retention rates, especially when combined with behavioral therapy.⁷⁴ Community-based MAT uses medication in combination with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders.⁷⁵ Research shows that a combination of medication and behavioral therapy can successfully help individuals struggling with addiction sustain recovery.^{76, 77}

Despite its effectiveness, MAT has been slow to expand due to a long-standing preference for outdated models of abstinence-only treatment. It was only in 2019 that Capital Area Human Services (CAHS) began to offer MAT for individuals with opioid use disorder.⁵² Due to the scarcity of MAT providers, many individuals seeking treatment face the possibility of traveling long distances to access their provider, which could greatly affect retention.⁷⁸ Therefore, other settings such as primary care clinics, Federally Qualified Health Centers, and mobile units have begun to provide MAT to individuals in their own communities. Studies show that primary care clinics can be effective in providing MAT for maintenance treatment.⁷⁸ The LaSOR grant began to offer MAT to East Baton Rouge residents through its mobile unit in early 2020.⁵²

Peer recovery programs

Peer recovery support programs use a continuum of care, chronic illness approach to recovery,⁷⁹ and provide a bridge between the previously mentioned points of access and treatment. They are implemented by Peer Recovery Support Specialists (PRSS), individuals who have experienced addiction and recovery and are trained to offer various forms of peer support to individuals with addiction. PRSSs perform an array of services, including education on and provision of naloxone; referrals to medical treatment, addiction treatment, needle exchange programs, and community services (including housing, food, and employment resources); assistance with accessing resources and treatment; support in developing personalized recovery plans and goal setting; and non-clinical emotional support from the perspective of someone who has experienced addiction and the recovery process.^{79, 80} Peer recovery support programs are most effective when PRSSs are well-trained and their involvement is integrated across each stage of recovery, from pre-engagement into treatment through recovery maintenance.^{80, 81, 82}

Organizations and communities have successfully implemented peer-based support programs in a variety of settings where individuals with drug use disorders are already engaged: hospital emergency departments, community outreach programs, recovery centers, drug courts, prisons, parole and probation programs, churches, sober living and recovery support homes, and addiction treatment centers.⁷⁹

Other Community-Based Programs

Public Health and Safety Teams (PHAST)

The Public Health and Safety Team (PHAST) program uses a public health and public safety partnership approach. The program conducts overdose fatality reviews with multi-

agency partners. These partners identify changes and plans for targeted responses and actions that can prevent future overdoses. The PHAST partners make recommendations to reduce barriers for agencies to implement changes, help meet the needs for addiction/overdose problems, and related issues. The decision makers in these agencies can leverage connections and relationships to make appropriate changes and support implementation of the recommendations. The PHAST partners generally consist of community, public health, and public safety agencies. A team of those responsible for the day-to-day agency activities generally make recommendations for an administration-level (i.e., sheriff, hospital administrator, District Attorney) team to implement.

The CDC's PHAST Toolkit Version 2.0 was released in March 2020 for download and dissemination. While there is no empirical evidence of the PHAST model's impact on reducing overdoses, overdose fatality reviews are growing in popularity and are increasingly being used across the country.

Overdose Detection Mapping Application Program (ODMap)

ODMap is a mapping surveillance application tool that can be used to detect spikes and locations of overdoses in real-time in the community and shared across jurisdictions using the application. First responders enter data from the scene of overdoses that are mapped and shared with public health and public safety officials. By quickly identifying overdose hot spots, officials can quickly alert the public, identify the source of the overdoses, and coordinate and deploy harm reduction resources to prevent more overdoses.

In Rhode Island, the AnchorMORE program is able to use surveillance data to target the deployment of several programs mentioned in this document, including Peer Recovery Specialist teams, naloxone distribution and education, and referral services to resources and addiction treatment.⁷⁹ Specifically, AnchorMORE used data surveillance of opioid deaths to determine how many naloxone kits should be distributed in each town.

When known, drug suppliers causing fatal overdoses are an important source of public health information that should be shared with the dealers' other contacts and buyers of the potential deadly batch. While not using the ODMap application, specifically, mapping surveillance was shown to be an effective tool for the deployment of resources when the location of overdose hot spots was known to public officials in real-time. The ODMap application information and program implementation training manuals are available at ODMap.org.

RECOMMENDATIONS FOR FUTURE ACTION

This report highlighted national and local trends concerning the opioid epidemic, as well as detailing IPS proposals for innovative criminal justice efforts. Though the proposed measures provide an important foundation, a review of contemporary evidence-based practices suggests that additional actions are required to comprehensively address opioid-related overdoses and violence. The following recommendations and action items should be considered by criminal justice practitioners regarding intervention development and implementation.

Recommendation: Implement Departmental Protocols Regarding Possession and Use

Departmental protocols should be implemented concerning discretionary law enforcement responses to the possession and use of illicit opioids. Rather than arresting individuals solely for small amounts of drugs and drug paraphernalia indicative of personal use, departmental protocols should emphasize linking individuals to community programs (such as Peer Support Specialists) and obtaining cooperation which would enhance the ability to pursue those responsible for manufacturing, supplying, and distributing illegal narcotics in the community.

Recommendation: Continue to Utilize Federal Law Enforcement Levers

Criminal justice agencies should continue to leverage federal law enforcement partnerships to access the investigatory and prosecutorial resources available to East Baton Rouge Parish as a High Intensity Drug Trafficking Area (HIDTA) to pursue cases involving manufacturers, suppliers, and distributors.

Recommendation: Identify and Monitor Social Networks Using Social Media Data

Criminal justice agencies should use data scraping techniques and social network analysis to identify patterns of illicit drug sales occurring on public social media. This information can assist law enforcement in understanding the structure of local illicit drug networks, as well as form the basis of actionable intelligence.

Recommendation: Develop a Forensic Certification-Based Collegiate Internship

Criminal justice agencies should develop a collegiate internship program in which law enforcement provide local college students with the necessary training to receive a uniform forensic analyst certification (e.g., Cellbrite Analyst Certification), as well as professional experience utilizing this training within a Crime Strategies Unit or local law enforcement agency. Though training and certification costs would be associated with the implementation, this program would be mutually beneficial to criminal justice agencies and collegiate interns. This program would enhance the investigatory and prosecutorial capacities of criminal justice agencies by aiding in the extraction, analysis, and reporting of data acquired from mobile devices, while providing interns with valuable training and experience which can assist them with future employment.

Recommendation: Provide Appropriate Referrals to Drug Court

IPS partners should refer potential participants to the District Attorney for the 19th JDC Drug Court treatment and diversion program. Through calls for overdose assistance, law enforcement and first responders are informed referral sources for individuals suffering from substance use disorders who can benefit from the services provided by the diversion process.

Recommendation: Establish a Prison Take Home Naloxone Program

Parish and state correctional facilities should distribute naloxone upon release to individuals who have a history of substance use disorder, overdose, or charges pertaining to drug use, as well as provide training on proper naloxone administration, to reduce overdose deaths after release. This is recommended if it is allowable by the State of Louisiana's Standing Order for the Distribution or Dispensing of Naloxone or Other Opioid Antagonists according to LA Rev Stat § 40:978.2⁸³ or any other applicable statute.

Recommendation: Establish a Leave Behind Naloxone Program

Criminal justice agencies should collaborate with public health and community organizations to establish a naloxone leave behind program for first responders. At sites of overdose survival, first responders should be prepared to leave naloxone with the survivor of an overdose or individuals in a position to assist the survivor, as well as provide training on proper naloxone administration. This is recommended if it is allowable by the State of Louisiana's Standing Order for the Distribution or Dispensing of Naloxone or Other Opioid Antagonists according to LA Rev Stat § 40:978.2⁸³ or any other applicable statute.

Recommendation: Provide Insight Regarding Overdose Hotspots

Criminal justice agencies should partner with public health officials to share relevant data about the location of overdoses and the concentration of hotspots to inform the deployment of resources (e.g., Louisiana State Opioid Response Medication-Assisted Treatment Mobile Unit) and prevention specialists.

Recommendation: Implement a Public Health and Safety Team (PHAST)

Criminal justice agencies should partner with public health and community organizations to implement a Public Health and Safety Team (PHAST) responsible for conducting overdose fatality reviews. This practice will enable better coordination and development of strategies to allocate resources and services to prevent future overdoses.

Recommendation: Strengthen Community Partnerships to Expand Access Points

Criminal justice agencies should partner with public health and community organizations to implement protocols which support prevention efforts, community-based treatment, harm reduction, and recovery efforts. As first responders, criminal justice practitioners should emphasize connecting individuals with substance use disorders to viable treatment programs, removing existing barriers to adequate treatment and recovery, and reserving incarceration as a last resort. Furthermore, criminal justice agencies should join community-based treatment providers, advocating for adequate resources required to meet treatment demands.

Recommendation: Expand Prescription Medication Disposal Programs

Criminal justice agencies should engage in community partnerships to expand prescription medication disposal programs by permanently establishing secure disposal sites for unused and expired medication at law enforcement substations and other amenable community locations. By expanding administrative disposal protocols and participating in community events to raise awareness of proper prescription medication disposal, criminal justice agencies can reduce prescription opioid abuse within local communities.

Recommendation: Expand Community Education Efforts

IPS partners should expand planned community education efforts, such as push cards and community forums, to include information about situation-specific support programs for survivors (e.g., pregnancy-based treatment, neonatal treatment, safe needle exchange sites). Information about Medicaid and other public assistance treatment opportunities should be readily available.

Recommendation: Support the Expansion of Treatment and Harm Reduction Efforts

IPS partners should support effective harm reduction efforts, such as needle exchange programs, Take Home Naloxone programs for hospitals, fentanyl testing kits, as well as community-wide access to evidence-based treatments such as MAT and peer-recovery programs.

Recommendation: Publicize the Good Samaritan Laws

Criminal justice agencies should partner with public health and community organizations to raise public awareness of the current Good Samaritan laws, including situational limitations for immunity.

Recommendation: Bolster Prevention Efforts

The IPS inter-agency partners, communities, schools, and public health agencies should develop cross sector partnerships to prevent the development of substance misuse among youth and other vulnerable populations. Prevention efforts among partners should be highlighted in public awareness and educational campaigns.

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APPENDIX

IPS Partner Agencies

Baton Rouge Police Department
Drug Enforcement Administration
East Baton Rouge Parish Coroner's Office
East Baton Rouge Parish District Attorney's Office
East Baton Rouge Parish District Attorney's Office - Crime Strategies Unit
East Baton Rouge Parish Emergency Medical Services
East Baton Rouge Sheriff's Office
Louisiana Board of Pharmacy - Prescription Monitoring Board
Louisiana Department of Corrections - Probation/Parole
Louisiana State University
US Attorney's Office
US Postal Inspector



LSU

**Social Research &
Evaluation Center**