



**New Orleans Community Needs Assessment**

**Summary of Data Findings and Recommendations on the  
Drug and Alcohol Problem  
in Greater New Orleans  
2011- 2017**

**Submitted for Review**

**to the**

**Greater New Orleans  
Drug Demand Reduction Coalition**

**September 27, 2017**

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# Summary of Data Findings and Recommendations on the Drug and Alcohol Problem in Greater New Orleans 2011- 2017

This report was prepared for the Greater New Orleans Drug Demand Reduction Coalition which seeks to prevent substance misuse and addiction through prevention and treatment as well as enforcement and justice policies and programs in order to foster a safe and healthy community from early childhood through to adulthood.

The Coalition sponsors a local epidemiology data work group which meets bi-monthly for the purpose of: promoting data sharing and collaboration; providing a forum and process for identifying and addressing information needs and data gaps; and supporting the data needs of the Coalition.

This report examines various data sources in order to assess the extent of substance misuse, the consequences of misuse, and the need for prevention, intervention, treatment and recovery services for both adolescents as well as adults, especially young adults and college students. The report also includes recommendations based on the data analyzed as well as recommendations regarding the data infrastructure needed to inform state and local policy development, support comprehensive local planning, and assist in targeting of resources and development of programming. While this report may be broad ranging, it is hardly comprehensive or exhaustive. Nor has it made full use of all data available.

## Substance Misuse, Consequences, and Need for Prevention and Treatment

### Adolescents

The principal data source examined was the Louisiana Caring Communities Youth Survey (CCYS) administered biennially to 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students in the fall semester. The analysis included data from 2008 through 2016. Because of concerns about the poor participation of Orleans Parish schools in the CCYS, findings are only presented based on reports published for Education Region #1 which corresponds to Greater New Orleans (consisting of Jefferson, Orleans, Plaquemines and St. Bernard parishes). **Because of the poor participation of schools in Orleans Parish, the data in published CCYS reports for Orleans Parish cannot be taken at face value. For 2016 there is no data for Orleans Parish (the City of New Orleans); therefore the 2016 CCYS report for Greater New Orleans is based entirely on student surveys in Jefferson and Plaquemines parishes.** For the indicators reported on below, all available data for Greater New Orleans parishes from 2008 through 2016 was examined and compared to statewide and national trends. The findings presented are considered adequate for policy and planning purposes, but not for evaluating prevention programming or other initiatives. Interpretation of trends is made with great caution.

Summary data for 10<sup>th</sup> grade students is analyzed and presented as best representing the adolescent population, ages 12-17. In the fall semester of the 10<sup>th</sup> grade students are typically 14 and 15 years old, the midpoint of the 12-17 age category.<sup>1</sup>

### Substance Misuse Indicators for Adolescents

- During the 8-year period, 2008 through 2016, current use (any use in the past 30 days) of many types of substances declined. This included declines in cigarette smoking, underage drinking and binge drinking. Nevertheless, **about 5 percent of 10<sup>th</sup> grade students in Greater New Orleans are current cigarette smokers, about 23 percent are underage drinkers and about 12 percent engaged in binge drinking in the past two weeks.**
- There is no evidence of a decline in current marijuana use, statewide or in Greater New Orleans. **About 11 percent of 10<sup>th</sup> grade students in Greater New Orleans are current marijuana smokers, having used marijuana at least once in the past 30 days.** Because of the lack of data for Orleans Parish in 2016, we are less certain about this estimate: the rate may be slightly higher. The fact that marijuana use did not conform to the downward trend observed for cigarette smoking and alcohol consumption, suggests that **marijuana use among adolescents may increase as societal norms become more permissive.** Additional CCYS data not displayed in the report show that **students' perception of risk in using marijuana as well as their perception of parental disapproval and peer disapproval have all declined since 2008** while these same factors increased for cigarette smoking and alcohol use. Already **twice as many 10<sup>th</sup> graders smoke marijuana as smoke cigarettes.**
- Prescription Opiate Misuse among adolescents in Greater New Orleans appears to have followed the statewide pattern: the percent of 10th grade students who indicate they have ever misused opiate prescription drugs had declined from about 7 percent in 2008 and 2010 to about 4 percent in 2016. This raises the hope that as our children grow they will exercise increasing caution regarding the use of opiates, although we do not fully understand the factors contributing to the current opiate epidemic.

### Consequences of Substance Misuse Among Adolescents

- **About 4 percent of 10th grade students in Greater New Orleans drove after drinking in the past month.** Given that most all 10th grade students are 15 years old or younger, it is remarkable that any of these students indicate they have driven after drinking. Perhaps more disturbing is that **one-in-five (21%) 10th grade students in Greater New Orleans indicated that, in the past month, they rode with a driver who had been drinking.**
- **About 12 percent of 10th grade students in Greater New Orleans have been drunk or high while in school in the past year.**
- **About 5 percent of 10th grade students in Greater New Orleans have sold illegal drugs in the past year.**

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<sup>1</sup> Data for 12<sup>th</sup> grade students affected by school drop-out, increased rates of absence, and difficulties of scheduling.

## Need for Prevention, Intervention and Treatment Services for Adolescents

- **Over 4 percent of 10<sup>th</sup> grade students in Greater New Orleans have a substance use disorder (SUD) requiring clinical intervention or specialized treatment. In other words, on average, one adolescent in every class room of 25 children has an SUD based on the criteria defined by the American Psychiatric Association's *Diagnostic and Statistics Manual* (DSM-IV).**
- Since fall semester of the 10<sup>th</sup> grade represents the midpoint of ages 12-17, we project this figure onto census population estimates for adolescents (12-17) for July 1, 2016. We find that: **over 2,500 adolescents in Greater New Orleans have a substance use disorder (SUD) and are in need of clinical intervention or specialized treatment. This includes over 1,000 in Orleans Parish and 1,300 in Jefferson Parish.**
- The percent of 10<sup>th</sup> grade students in Greater New Orleans who are misusing substances and experiencing negative consequences is much greater than those meeting the criteria for a substance use disorder (SUD) diagnosis. As indicated above, 12 percent are binge drinking, 11 percent are smoking marijuana, and 12 percent have been drunk or high in school at least once in the past year. It is therefore reasonable to project that, beyond those students experiencing a substance use disorder, there are **at least an additional 5,000 students in Greater New Orleans in need of selective prevention or intervention services to stop the progression to more serious consequences and addiction.**

## **Adults, Young Adults and College Students**

### Substance Misuse Indicators

- **One-in-three (35%) young adults, ages 18-25, in Greater New Orleans engaged in binge drinking at least once in the past month** according to the most recent data available from the National Survey on Drug Use and Health (NSDUH). Young adults were one-third more likely to be binge drinkers compared to older adults (26%). (Binge drinking means consuming 5 or more alcoholic drinks on the same occasion.)
- **About 40 percent of college students in Greater New Orleans engaged in binge drinking in the past 2 weeks** according to the Core Institute Surveys of 2015 and 2017. Most of this represents underage drinking.
- **One-in-six (18%) young adults, ages 18-25, in Greater New Orleans used marijuana in the past month** according to the most recent data available from the National Survey on Drug Use and Health (NSDUH). Young adults were almost four times more likely to use marijuana compared to older adults (5%).

- **About 37 percent of college students in Greater New Orleans used marijuana in the past month** according to the Core Institute Surveys of 2015 and 2017—twice the rate for all young adults.
- **One-in-fourteen (7%) young adults, ages 18-25, in Greater New Orleans used an illicit drug other than marijuana in the past month** according to the most recent data available from the National Survey on Drug Use and Health (NSDUH). Young adults were almost twice as likely to use illicit drugs other than marijuana compared to older adults (4%).
- **One-in-ten (10%) college students in Greater New Orleans used an illicit drug other than marijuana in the past month** according to the Core Institute Surveys of 2015 and 2017.
- **One-in-twelve (8%) young adults, ages 18-25, in Greater New Orleans misused a prescription pain killer in the past month** according to the most recent data available from the National Survey on Drug Use and Health (NSDUH). Young adults were twice as likely to misuse **prescription pain killers** compared to older adults (4%).

#### Consequences of Substance Misuse

- In the recent 3-year period, August 2014 through July 2017, **substance use contributed to an increasing proportion of emergency department (ED) visits**. The proportion of weekly total ED visits that were **substance use-related visits increased 15 percent annually**. Alcohol use-related visits increased by 8 percent annually while **drug use-related visits increased 24 percent annually**. Of the drug use-related visits, **opiate use-related visits increased 21 percent annually**.
- According to the *2018 Drug Threat Assessment*, heroin availability is increasing within the Gulf Coast High Intensity Drug Trafficking Area (GC-HIDTA). **Southeast Louisiana, particularly the New Orleans area, has had a recent surge in heroin availability**. Data from Drug Enforcement Agency (DEA) survey participants indicates that heroin and similar illicit opiate use is a **major contributor to violent crime**. According to the New Orleans Police Department, heroin trafficking and abuse is partially responsible for the high murder rate in New Orleans. In recent years, **fentanyl** is increasingly found in samples of heroin and counterfeit pharmaceuticals. Fentanyl is a potent synthetic opioid used for pain management that has rapid onset properties. It is estimated to be 50 times more potent than pure heroin. Fentanyl-laced heroin is worsening the national overdose crisis as numerous drug dealers are using fentanyl to increase the potency of diluted heroin in order to minimize costs and maximize profit. In June of 2017 **carfentanil**, which is 100 times more potent than fentanyl, was first encountered in Gulf Coast HIDTA region. The carfentanil was found in a package shipped to a post office in Metairie (Jefferson Parish).<sup>2</sup>
- **In 2016, deaths from drug overdoses exceeded murders in New Orleans**. The Orleans Parish coroner indicated that there were 211 deaths from drug overdoses in 2016; a 129

<sup>2</sup> Source: Gulf Coast High Intensity Trafficking Area. 2018 Gulf Coast HIDTA Threat Assessment. Metairie, LA. 2017.

percent increase from the 92 deaths in 2015. Out of the 211 deaths, 166 of them (79 percent) were found to be opioid-related. The 174 homicides reported last year were eclipsed by the 211 drug overdose deaths. The presence of non-pharmaceutical fentanyl is rising in Louisiana. Overdose deaths from fentanyl reported by the Coroners increased in both Orleans and Jefferson parishes.

- In the past year (July 2016 through June 2017, New Orleans Emergency Medical Services (EMS) administered naloxone to patients on 997 service calls. Post administration assessment indicated that **in 877 calls there was evidence of opiate use, including 39 cases of opiate cardiac arrest, 415 cases of admitted opiate use and 423 of suspected opiate use.**<sup>3</sup> Over the four and one-half year period from the first quarter of 2013 through the second quarter of 2017, **the number of EMS naloxone administration calls with evidence of opiate use increased at an average annual rate of 18%.**
- **Alcohol-related fatal crashes** in Orleans Parish increased from 13 in 2012 to 28 in 2016, doubling over the 4-year period while alcohol-related **injury crashes** in Orleans Parish grew from 326 in 2011, reaching a high of 489 in 2015, then declining slightly to 461 in 2017. During the 5-year period, April 2012 through March 2017, **alcohol-related injury crashes in Orleans Parish increased at an average annual rate** of 4.4 percent.
- College students in greater New Orleans experienced **consequences in the past year** they **explicitly attributed to their substance misuse** according to the Core Institute Survey for 2015 and 2017. **About 18 percent had driven a car while under the influence. About 15 percent had been hurt or injured. About 9 percent had been taken advantage of sexually. About 34 percent had missed class and 26 percent had done poorly on a test or important project. They also experienced clinically relevant consequences as a result of their substance misuse, suggesting the need for intervention or treatment: Over 30 percent had memory loss (i.e., a black out). Six percent had tried unsuccessfully to stop using substances. About 14 percent though they might have a drinking or drug problem. Six percent seriously thought about suicide due to their substance misuse and about 2 percent tried to commit suicide.**

#### Need for Prevention, Intervention and Treatment Services for Adults

- **About one-in-ten (9.2%) adults age 18 and older in Greater New Orleans will experience a substance use disorder (SUD)** during the year, according to the most recent data from the National Survey of Drug Use and Health (NSDUH). Separate estimates are available for the Metropolitan Human Services District (9.9%) and Jefferson Parish (8.3%). Based on U.S. Census estimates for July 2016, this means that **64,357 adults in Greater New Orleans** will experience an SUD during the year, including 30,995 in Orleans Parish and 28,368 in Jefferson Parish.

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<sup>3</sup> Naloxone is typically administered when there is a possibility of opiate overdose, rather than certainty, because there is very little risk of harm in administering naloxone when opiates are not present.

- About **one-in-six (17.1%) young adults ages 18 to 25 in Greater New Orleans will experience a substance use disorder (SUD)** during the year, according to the most recent data from the National Survey of Drug Use and Health (NSDUH). Separate estimates are available for the Metropolitan Human Services District (17.3%) and Jefferson Parish (16.9%). Based on U.S. Census estimates for July 2016, this means that **15,391 young adults in Greater New Orleans** will experience an SUD during the year, including 7,392 in Orleans Parish and 6,845 in Jefferson Parish. **Of all adults experiencing a substance use disorder, about one-in-four (24%) is a young adult aged 18 to 25.**
- Many of these persons experiencing substance use disorders will have a mild condition. Some will recover without formal intervention or treatment, perhaps with the help of a spouse, friend, or pastor. Others will progress to moderate or severe chronic conditions absent structured intervention services, and will require specialty care in an addiction care facility.

## Recommendations

*Rather than being definitive, recommendations here are intended to contribute to development of a more comprehensive set as well as renewed action plans. Comments, suggestions, additions, edits and corrections to this list are welcome. It is suggested that the Coalition use these recommendations in a process that engages its members and other stakeholders.*

### **Data Infrastructure for Assessing Needs, Developing Policy, Planning Programs and Evaluating Outcomes**

#### Caring Community Youth Survey (CCYS)

**The Caring Community Youth Survey (CCYS) is the principal source for statistical information on substance use, mental health and school climate issues among adolescents in Louisiana communities.** The survey is sponsored by the state Office of Behavioral Health and funded as part of the required 20 percent set-aside for prevention services in the Substance Abuse Treatment and Prevention Block Grant (SAPT-BG) received annually from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Through its contractors, the Office of Behavioral Health has a system that meets its planning and federal reporting requirements while providing at no cost to schools, human services agencies and local governments a tool for identifying and addressing substance misuse and mental health problems for their children. In addition, the CCYS provides the data needed to apply for many grant programs as well as core measures for grant reporting requirements. While school administrators are rightly concerned about losing instructional time to survey administration, the **CCYS can be incorporated into the curriculum and provide a tool for developing a safe, supportive learning environment.**

It is unacceptable that CCYS survey completion rates in Orleans Parish have typically been only 10 to 20 percent, making parish level data unreliable at best. The **lack of any data for New**



**Orleans in 2016 means that about \$70 thousand in survey services were completely wasted and any “return on investment” is forgone.** New Orleans may have a unique challenge because public schools in the parish are predominately charter schools and there are no centralized decision makers. However, to the extent this is a problem, it needs to be overcome.<sup>4</sup> The lack of CCYS data for Orleans Parish has the following consequences:

- New Orleans will continue to be at a **disadvantage in efforts to secure funding**, especially for services targeted to children and families;
- schools, prevention providers and local communities **do not have the data needed to plan prevention strategies and evaluate their effectiveness**;
- poor estimates of substance use disorders and treatment need among adolescents in Orleans Parish will **contribute to the lack of services for adolescents**;
- **inability of local communities within New Orleans to apply for Drug Free Communities (DFC) grants and other grants** that require reporting of CCYS indicators. (The CCYS was designed to capture those indicators.)
- **potential loss of funding for the DFC grant project** the Coalition is currently working on due to lack of reporting of the required core measures.

The following recommendations are made:

- In collaboration with the Metropolitan Human Services District (MHSD) and the City Health Department, and with the assistance of the state Office of Behavioral Health and Department of Education, the Coalition should **develop and implement a plan for vastly improving CCYS participation among schools in Orleans Parish**. In the past, the Coalition has proposed a 70 percent completion rate as a target (which would require almost all school to participate).
- The state **Education Department should consider requiring all middle and high schools to assess the substance use-related needs of their student bodies in order to develop a plan to address problems identified**. The CCYS provides a tool for assessing those needs and help in developing such a plan.
- The state Office of Behavioral Health should develop mechanisms for **real-time monitoring of local CCYS implementation (planning, engagement, administration) and hold local Human Services Districts/Authorities accountable**.
- The state Office of Behavioral Health should develop/upgrade a **training and technical assistance program to help schools and communities both to administer the CCYS and, perhaps more importantly, to use CCYS data to drive local prevention programming**. In addition to a train-the-trainer model, OBH should consider a “community of practice” method for sharing experience with using the CCYS data for planning and evaluating prevention efforts as well as methods of administration. For instance, some schools are able

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<sup>4</sup> See page 15 of Greater New Orleans Drug Demand Reduction Coalition. “Drug Policy Position Statements, 2014.” Available at [http://arc-associates.net/community\\_needs\\_assessment/new\\_orleans\\_cna](http://arc-associates.net/community_needs_assessment/new_orleans_cna) .

to integrate the CCYS with prevention programming by conducting sessions with students to discuss issues raised by having answered the survey questions.

### Data on Prevention, Intervention and Treatment Services System

Although treatment need can be assessed using the CCYS, the National Survey on Drug Use and Health (NSDUH), and other sources, little is known about the actual services received by persons-in-need. According to the 2018-2019 Federal Block Grant application (p. 25), recently submitted by OBH, in 2016 there were 1,623 persons who received treatment services in MHSD and 596 persons in Jefferson Parish. But these 2,219 patients only represent persons eligible for Medicaid or whom the Human Services District/Authority has determined qualify for public support of treatment. Suppose there were another 2,200 receiving services not supported by Medicaid or OBH funding. Together that would still **only represent about 7 percent of the estimated 64,000 adults who experience substance use disorders (SUDs) during the year.** While many of those individuals may not need specialty care in a licensed addiction inpatient, residential or outpatient program, **we don't know what the actual capacity of the specialty care system is nor the extent of individuals served and services provided.** Three years ago, the Coalition attempted to identify all the treatment facilities in the MHSD district to have them participate in SAMHSA's annual National Survey of Substance Abuse Treatment Services (N-SSATS) and complete a supplemental sheet of additional information. We obtained new federal facility reporting ID's for over 30 programs. The response to this effort was disappointing and no useful data was obtained. **Without such information, it is difficult to determine whether some of the treatment resources listed in the New Orleans Health Department's Behavioral Health Resource Guide database are actually resources for persons suffering from addiction.**

- Absent another strategy to obtain comprehensive information about the extent of individuals served and treatment services provided by the specialty care addiction treatment system, **OBH should require all providers, as a condition of licensure, to participate in the N-SSATS survey and complete supplemental information on an annual basis.** This would support OBH's inspection and oversight role.

### Data on Enforcement and Justice System Efforts

There are many points in the criminal and juvenile justice systems at which either there are programs that directly address substance misuse problems or at which substance misuse or addiction problems have to, or should be, dealt with. **Lack of systematic and reliable data about the drug and alcohol-related offenses encountered by the enforcement and justice systems, and how these agencies and courts respond, means that community leaders and official will fail to the understand and appreciate the nature and extent of threat that drug trafficking and substance misuse poses to their community and, thus, fail to take appropriate action.**

- The Coalition should renew attempts to **obtain quantitative data on the processes and services provided in the enforcement and justice system as well as descriptive information on the protocols and program models used.** These include: **mobile crisis**

**teams; arrests or summons for alcohol and drug-related offenses; medical screening upon entry to facilities such as jails; treatment units or programs within detention and incarceration facilities; prosecutors and public defenders; diversion programs; drug courts; and re-entry programs.** An important issue is the role of community-based treatment and recovery programs with different components of the criminal justice system, including **whether there are adequate services available, the ability of community-based programs to serve these populations, and how such services are financed.**

- Given the current opiate epidemic, **it is even more important that timely and reliable cause-of-death statistics become available from the Coroners' offices** so that trends for different substances can be identified and monitored as part of drug threat assessment. Appropriate information systems should be implemented to facilitate timely and reliable reporting. **Louisiana should consider whether the state should move to a medical examiner system similar to that in Florida.**<sup>5</sup>
- The annual **Drug Threat Assessment** produced by the Gulf Coast High Intensity Drug Trafficking Area (GC-HIDTA) provides an overview of the challenges faced by enforcement in efforts to disrupt the trafficking of illegal and dangerous drugs in the Gulf Coast region. The report describes how different drugs are trafficked, the dangers involved in the marketing and consumption of different drugs, the availability of the various drugs in different communities including whether availability is increasing, and the priority different communities give to the threat from specific types of drugs. One of the methods used by GC-HIDTA is surveys of key informants, including enforcement agencies in sentinel communities in the region as well as prevention and treatment providers. Until recently no providers in Louisiana participate in the key informant survey. **The Office of Behavior Health needs to continue to strongly encourage prevention and treatment providers in Louisiana to participate in the Drug Threat Assessment survey.**

#### Office of Public Health's Bureau of Health Informatics

Through its Data Work Group, the Coalition should continue to **build collaboration with OPH's Bureau of Health Informatics** to access and utilize data for assessing need, developing policy proposals and supporting planning to address drug and alcohol problems. Importantly, the Bureau has a program targeted at assessing and monitoring the opiate misuse epidemic. Data sources include hospital inpatient discharge, outpatient and emergency department visits, the Behavior Risk Factor Surveillance System (BRFSS) and Vital Records including death statistics.

#### Core Institute Survey of College Students

The content of the Core Institute Survey is excellent for assessing substance misuse and consequences as well as risk and protective factors for college students. The survey provides the information needed for planning and assessing prevention programming on campus. However, apparently the number of students responding to the survey has decreased over the years and it is not clear which institutions of higher learning are participating in any given year.

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<sup>5</sup> See page 18 of Greater New Orleans Drug Demand Reduction Coalition. "Drug Policy Position Statements, 2014." Available at [http://arc-associates.net/community\\_needs\\_assessment/new\\_orleans\\_cna](http://arc-associates.net/community_needs_assessment/new_orleans_cna) .

- **The Coalition should reach out to colleges and universities in Greater New Orleans,** probably through the Louisiana Center for Addressing Substance Use in Collegiate Communities (LaCASU) at LSU, to determine what colleges and universities are participating in the survey and what problems are experienced in administering the survey and using the data as well as to encourage continued and expanded survey participation.

#### Other Potential Data Sources to be Developed

Other sources from which the Coalition should attempt to obtain data to assess need and/or measure the response to need include:

- Child Protective Services - number of cases of abuse or neglect involving drug or alcohol problems;
- School suspensions/expulsions for alcohol or drug offenses;
- Prevention services other than those funded through the OBH.

#### **Response to Adolescent Service Needs**

Findings from the Caring Communities Youth Survey (CCYS) demonstrate that many adolescents are already in trouble with substance use. Based on the CCYS, we have estimated that **2,500 adolescents (age 12-17) in Greater New Orleans need clinical intervention or treatment services and an additional 5,000 need selective prevention or intervention services.**

The Office of Behavioral Health (OBH) has focused its funding on “universal” prevention programs operated in schools in order to reach the greatest number of children given limited resources. According to OBH’s PMIS Prevention Services report, a total of 79,000 children were enrolled in school-based prevention programs in the 2016-17 school year, including 10,000 in MHSD and 6425 in Jefferson Parish. OBH funded two “selective” prevention programs that enrolled 168 students and one “indicated” program that enrolled 132 students. **There are no OBH-funded selected or indicated prevention programs in Greater New Orleans.** Statewide, only 8 percent of enrollees were high school students; in MHSD, 11 percent were high school students while only 2 percent of enrollees in Jefferson Parish were high school students.

- The Coalition should explore the potential for **implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) models in high schools,** including how they can be paid for.
- There are currently five full-time and one part-time school-based health clinics in all of Greater New Orleans. **School-based health clinics can provide the platform for integrated health care, including substance misuse intervention services** and either direct provision of, or referral to, treatment services for adolescents. The Coalition should reach out to providers of school-based health clinics, obtain data about services offered and patients served, determine whether they provide or would like to provide intervention services, what

programs models are being use, how the services are financed, and **what are the barriers to replicating and expanding school-based health clinics to additional high schools?**

- The Coalition should determine what other substance misuse prevention or intervention services are being provided by other types of providers? How many adolescents are served? What types and extent of services are provided? How are services are paid for?
- The Coalition should explore other potential resources for intervening in developing substance misuse problems among adolescents. For instance, **what are the current practices among pediatricians in Greater New Orleans for screening and intervening in their patients' substance use?** What resources do pediatricians need to effectively deal with the substance use problems of their patients?
- **An assessment is needed of the adequacy of resources in the community to deal with adolescent substance use problems once they are identified and a referral needs to be made.** What resources are being used? How many adolescents receive treatment services? What types of services are provided? Are they appropriate to the problem? Are they accessible? How are they financed?
- The state Education Department should consider requiring all middle and high schools to develop and implement a plan to address the substance use issues of their students based on an assessment of the needs of their students. (Are there any standard substance misuse protocols used by school nurses?) **In conjunction with the Office of Behavioral Health, the Education Department should develop minimum standards for planning for and addressing the substance use issues of their students as well as identify several program models that could be implemented.**

### **Broad Response to Substance Misuse and Addiction Problems**

Apparently local Human Services Districts/Authorities do not engage in a comprehensive planning process that takes a **population health approach**. Such an approach would go beyond allocating existing resources in order to engage communities in a process to address the needs of the whole community, identify and quantify problems, define the elements of a model service system, assess the gaps and priorities based on a system model, and develop strategies and identify potential resources to address problems. Service systems should be assessed based on *Availability and Access, Quality and Effectiveness, and Cost and Efficiency* for the whole community, not just a particular funding source or behavioral health plan. Planning should address prevention, intervention, treatment and recovery services as well as integration with the health care system as described in *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health*.<sup>6</sup>

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<sup>6</sup> U.S. Dept. of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health*. Washington, DC: HHS, November 2016.

- The Office of Behavioral Health should engage and support local Human Services Districts/Authorities in developing local planning processes that focus on population health, not just funding to be allocated.
- Consistent with the Surgeon General’s Report, the Office of Behavioral Health, in conjunction with local Human Services Districts/Authorities, should (1) specify the service components of a **Recovery Oriented System of Care (ROSC)** including levels of care for treatment services and type of recovery support services; (2) develop methods of inventorying services currently available; (3) develop methods for estimating the level of need for different service components; (4) develop measures for determining the extent to which the need for different service components is being met; (5) develop procedures for determining program development priorities for each Human Services District/Authority recognizing the interrelationship of the various service components; (6) develop strategies for financing services, such as requiring that certain service components be covered by health insurance.
- The Office of Behavioral Health should review indicators specified in the Block Grant application to determine the extent to which they are comprehensive and whether they can be used or adapted for a population health approach which would go beyond the Medicaid-eligible population and those served through the Human Services Districts/Authorities.

Survey data demonstrate that **young adults** misuse substances, experience consequences and substance use disorders typically at rates **double those of older adults**. But adults typically enter treatment in their mid-thirties. While the consequences and substance use disorders experienced by most young adults may be mild, why wait for serious consequences or chronic addiction to develop?

- The Office of Behavioral Health and local Human Services Districts/Authorities, together with service providers, should develop and implement strategies targeting young adults to prevent and intervene in substance misuse and disorders as well as to engage young adults in treatment when necessary.

Colleges and universities, and their students, contribute greatly to the vitality of New Orleans. However, many **college students misuse substances and suffer consequences beyond what other young adults experience**.

- The Coalition should reach out to these institutions, probably through the Louisiana Center for Addressing Substance Use in Collegiate Communities (LaCASU) at LSU, to determine **what approaches to prevention and intervention are being taken on campuses in Greater New Orleans as well as how substance use problems and solutions on campus affect, and are affected by, the broader community**.

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