



2025 Louisiana Environmental Scan

A PRELIMINARY ANALYSIS
PREPARED FOR THE CDC FOUNDATION'S OVERDOSE
RESPONSE STRATEGY PROGRAM



Louisiana State Scan: Preliminary Findings	3
I. Introduction.....	3
II. About Louisiana	3
Drug Trafficking Routes and Infrastructure	4
High Intensity Drug Trafficking Areas (HIDTA) Designations	6
HIDTA Programs and Law Enforcement Partnerships	7
III. Public Health Surveillance – Overdoses	7
Death Investigation System.....	8
Toxicology and Lab Services	8
Data Sources for Surveillance	9
Overdose Trends and Demographics	10
Other Overdose and Drug Use Data Sets.....	13
IV. Treatment Availability.....	14
State Mental Health and SUD System.....	14
Medication for Opioid Use Disorder (MOUD) Availability and Policies	16
MOUD in Correctional Settings	18
Opioid Settlement Funds.....	19
V. Linkages to Care from Public Safety Settings	21
Drug Courts	24
VI. Overdose Prevention Efforts in Louisiana.....	26
Overdose Prevention Programs	26
VII. State Policy and Legal Framework	30
Good Samaritan Law	30
Naloxone Access and Distribution	31
Paraphernalia Laws	31
Recent Reforms and Exceptions	31
Policy Context and Implementation Challenges.	32



Overdose and Pediatric Fentanyl Reporting	32
Drug Sentencing Laws	32
VIII. Key Partners in Louisiana's Overdose Prevention Efforts	33
Louisiana Department of Health	34
Louisiana State Police and Local Law Enforcement.....	34
District Attorney's Offices and Local Coroners	35
Louisiana Department of Public Safety and Corrections (DPS&C)	35
Tribal and Veteran Health Systems	36
Academic Institutions	36
IX. Challenges, Opportunities and Recommendations for the Overdose Response Strategy (ORS) Program in Louisiana.....	36
1. Data Systems and Surveillance.....	37
2. MOUD Access and Equity.....	37
3. Overdose Prevention and Legal Environment.....	38
4. Public Health-Public Safety Collaboration.....	39
5. Criminal Legal System and Policy Reform	40
6. Community and Academic Capacity	41
7. Funding and Sustainability	41
X. Priority Areas for Further Research	42



Louisiana State Scan: Preliminary Findings

Prepared under the CDC Foundation Overdose Response Strategy Program: Louisiana

I. Introduction

The Overdose Response Strategy (ORS) is a national public health and public safety partnership designed to reduce overdose deaths through enhanced data-sharing, coordinated interventions and strengthened cross-sector collaboration. In Louisiana, the ORS initiative is implemented through a partnership between the Centers for Disease Control and Prevention (CDC), the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas (HIDTA) program and the CDC Foundation.

Overdose deaths in Louisiana remain among the highest in the country. This scan provides a comprehensive overview of the overdose landscape in Louisiana, with the goal of informing sustainable, data-driven strategies to address the state's evolving substance use crisis. It identifies current overdose surveillance systems, key public health and safety partnerships, demographic and geographic trends, treatment and overdose prevention services and relevant policy frameworks. The scan also highlights existing gaps, opportunities for improved coordination and recommendations for advancing overdose prevention and response efforts statewide.

II. About Louisiana

Louisiana, located in the southeastern region of the United States, is a state rich in cultural heritage, historical significance and geographic diversity. Covering approximately 52,378 square miles, Louisiana is home to 64 parishes—the only U.S. state that uses parishes instead of counties as its political subdivisions.

Louisiana's population is approximately 4.6 million people, with a demographic makeup that includes a large proportion of Black/African American residents (about 31 percent), a growing Hispanic/Latino population and diverse Indigenous communities, including four federally recognized tribes (Chitimacha, Coushatta, Jena Choctaw and Tunica-Biloxi) and 11 state recognized tribes.^{1 2} The state is a mix of urban centers such as New Orleans, Baton Rouge and Shreveport and expansive rural regions. About 28 percent of residents live in rural areas³ that often face heightened barriers to healthcare access and behavioral health services.



Nearly 19 percent of Louisiana residents live in poverty⁴—a rate that is well above the U.S. average—and many areas, especially rural parishes and post-industrial Gulf towns, have high unemployment and poor access to care.

Louisiana is also home to several key military installations, which contribute to both the state's economy and population dynamics. Major facilities include Fort Johnson (formerly Fort Polk) in Vernon Parish, one of the Army's premier training centers; Barksdale Air Force Base near Bossier City, home to the Global Strike Command and strategic bomber forces; and Naval Air Station Joint Reserve Base New Orleans in Belle Chasse. These installations support large active-duty and reserve populations and their families, adding unique layers to Louisiana's healthcare and behavioral health landscapes.

Louisiana is known for its distinct cultural identity, shaped by French, Spanish, African and Native American influences. This is evident in its vibrant music traditions (especially jazz and zydeco), cuisine (such as gumbo, jambalaya and crawfish étouffée), Creole-Cajun regions and world-famous festivals like Mardi Gras. The state also holds a complex historical legacy marked by colonization, slavery and resilience.

Its geographic landscape is characterized by the Mississippi River Delta, extensive wetlands and coastal plains, all of which contribute to both its natural beauty and vulnerability to environmental threats like hurricanes and flooding.

Louisiana's unique social, cultural and environmental landscape informs public health work in the state and its distinct culture offers both resilience and stigma-related barriers. The diversity in geography and community infrastructure necessitates locally tailored strategies to improve overdose surveillance, response and prevention, particularly in rural and underserved areas.

Drug Trafficking Routes and Infrastructure

Louisiana's geographic location along the Gulf of Mexico, its position between major drug trafficking hubs in Texas and its extensive transportation network make it a significant corridor for drug trafficking and distribution. The state serves as both a transshipment zone and a point of entry for illicit substances, including fentanyl, methamphetamine, cocaine and counterfeit pills.

According to the Gulf Coast High Intensity Drug Trafficking Area (GCHIDTA) 2021 Drug Threat Assessment⁵, key drug trafficking infrastructure in Louisiana includes:



- **Major Ports:**
 - The Ports of New Orleans, Baton Rouge, St. Bernard, Plaquemines and South Louisiana are responsible for moving one-fifth of all U.S. foreign waterborne commerce. These ports facilitate high-volume international cargo, making them potential entry points for illicit substances.
- **Interstate Highways:**
 - I-10, a major east-west route running from California to Florida, cuts through New Orleans and Baton Rouge and is frequently cited in drug interdiction reports.
 - I-20, I-49 and I-55 also play critical roles in north-south and regional trafficking routes.
- **Airports:**
 - Louis Armstrong New Orleans International Airport and regional airports are international and domestic air traffic hubs that can be exploited for trafficking smaller drug shipments.

This infrastructure contributes to Louisiana's strategic importance in the national drug supply chain and underscores the need for coordinated interdiction, surveillance and public health strategies.



Figure 1. Gulf Coast High Intensity Drug Trafficking Area

Source: US Department of Justice National Drug Intelligence Center⁶

High Intensity Drug Trafficking Areas (HIDTA) Designations

Louisiana includes several regions designated under the High Intensity Drug Trafficking Areas (HIDTA) program, a federal initiative led by the Office of National Drug Control Policy (ONDCP). HIDTA designations support interagency collaboration among law enforcement, public health and community partners to address regional drug threats.

The Gulf Coast HIDTA includes major metropolitan areas such as New Orleans, Baton Rouge, Shreveport and surrounding parishes. These areas receive federal support for intelligence sharing, drug trafficking investigations and data-informed prevention strategies.



HIDTA Programs and Law Enforcement Partnerships

Through the Gulf Coast HIDTA, there are 19 federal, state and local public safety partnerships known as Initiatives in Louisiana,⁷ including:

- Border Enforcement Security Task Force (BEST) – Hammond
- Caddo/Bossier Drug Task Force – Shreveport
- Calcasieu Parish Combined Anti-Drug Team (CAT) – Lake Charles
- City of New Orleans Major Investigation Team – Metairie
- Metropolitan New Orleans Major Investigations Team – Metairie/New Orleans
- Metropolitan New Orleans Mobile Deployment Team – New Orleans
- Middle Louisiana Major Investigations/Transportation Interdiction Group – Baton Rouge
- Monroe Metro Drug Task Force – West Monroe
- Task forces in Lafayette, Monroe, Morgan City and others

These task forces share intelligence, coordinate joint operations and focus on targeting high-level trafficking, including substances like heroin, fentanyl, crack and prescription drugs.

III. Public Health Surveillance – Overdoses

Public health surveillance is a foundational tool in Louisiana's efforts to prevent and respond to drug overdoses. In a state with high rates of substance use and an evolving drug landscape—particularly marked by the proliferation of synthetic opioids like fentanyl—timely, accurate and actionable data is critical to saving lives.

Louisiana's public health surveillance infrastructure relies on multiple fragmented systems. These include syndromic surveillance of emergency department visits, coroner and vital records for fatal overdoses, prescription monitoring and toxicology reports. Surveillance efforts are supported by partnerships between the Louisiana Department of Health (LDH), local health departments, hospitals, coroners and law enforcement agencies. Additionally, the state has built an online dashboard, the Louisiana Opioid Data and Surveillance System (LODSS), to share indicators with the public.⁸

However, surveillance challenges persist, especially in rural parishes with limited resources and reporting capacity. Data delays, variability in death certification practices and limited access to near real-time toxicology continue to hinder rapid response efforts.



Death Investigation System

Louisiana's coroner system is parish-based and utilizes elected coroners rather than a state medical examiner system. Coroners are elected on a four-year term and must be physicians licensed by the Louisiana State Board of Medical Examiners, unless there is no licensed physician qualified to run for office. The coroner must be a resident of their parish or must maintain a full-time medical practice at a facility in the parish.

Coroners report causes of death to LDH Vital Records and are required to conduct an investigation when the death has resulted from violence or accident, or under suspicious circumstances, including deaths in which poison is suspected or due to alcoholism and/or addiction. Coroners are required to perform an autopsy in any death case believed to have been caused by the violation of a criminal statute or when ordered by the court.⁹

Louisiana law also mandates that parish overdose fatality review panels include the coroner or a representative.¹⁰ These panels conduct deep dive case reviews on overdose fatalities to identify systemic prevention opportunities.

Toxicology and Lab Services

State forensic pathologists in Louisiana—typically working through parish coroner's offices or the Louisiana State Police Crime Lab—play a central role in opioid and overdose surveillance across several interconnected systems:

- **Cause-of-death determination**

Coroners oversee investigations of deaths including suspected overdoses, conducting autopsies or contracting forensic pathologists.⁹ Forensic pathologists then perform autopsies, examine tissues and use toxicology analyses to definitively certify whether death resulted from drug intoxication, including opioids like fentanyl or heroin.

- **Toxicology testing**

The Louisiana State Police Crime Lab's Toxicology Unit and North Louisiana Crime Lab's Forensic Toxicology Section analyze biological samples—blood, urine—from overdose victims. They identify and quantify substances such as alcohol, THC, fentanyl, methamphetamines and cocaine.^{11 12}

- **Data fed into public health surveillance**

Coroners' toxicology results are integrated into the Louisiana Department of Health's LODSS dashboard. Data collected for LODSS spurs reports for the



Governor's Drug Policy Board and the Advisory Council on Heroin and Opioid Prevention and Education, helping track overdose mortality and inform intervention strategies.¹³ Non-fatal overdose events are tracked and recorded through both syndromic surveillance (emergency department visit data in coordination with the Louisiana Hospital Association) and hospital admissions from Louisiana Hospital Inpatient Discharge Data. While that is separate from pathologists' work, it complements fatality surveillance, giving a fuller picture of overdose trends.¹⁴

While coroners in Louisiana play a pivotal role in overdose surveillance in Louisiana, there is significant variation in capacity and resources across Louisiana's 64 parishes. Wealthier parishes, such as Jefferson and St. Tammany, have well-funded, accredited coroner's offices, while rural parishes lack dedicated pathologists or facilities. These smaller parishes contract out autopsy and toxicology services to larger parishes, which may cause delays and complicate early warning systems for new drug threats.¹⁵ Some mid-sized parishes, however, are working on building capacity: Calcasieu Parish, in Southwest Louisiana, opened a brand new forensic center in 2024, including crime-lab-level toxicology suites, autopsy rooms and evidence handling—supporting both parish-level work and surrounding municipalities,¹⁶ and a new crime lab in Iberia Parish will serve eight parishes when it opens in 2025.¹⁷

Data Sources for Surveillance

Louisiana employs multiple data systems to monitor and respond to drug overdoses, each contributing unique insights across the continuum of overdose events—from nonfatal incidents to deaths:

- **Emergency Department Syndromic Surveillance**

The Louisiana Department of Health's Syndromic Surveillance Program collects near real-time emergency department (ED) data, with 90 percent of EDs participating in the surveillance system. Currently, LDH collects drug poisoning-related visits to EDs, as well as drug poisoning-related hospital admissions across the state.¹⁸

- **Electronic Death Registration System (EDRS)**

The Louisiana Electronic Event Registration System (LEERS) is a web-based application that supports the centralized collection of death certificate data. It captures causes of death, including drug overdose fatalities, and is used by public health and forensic professionals for mortality surveillance.¹⁹



- **Prescription Monitoring Program (PMP)**
Managed by the Louisiana Board of Pharmacy, the PMP tracks controlled substance prescribing and dispensing. It supports monitoring for prescription drug misuse, prescriber behavior and potential doctor-shopping.²⁰ Healthcare providers are required to check the database before prescribing opioids to a patient and recheck it every 90 days for prescriptions that continue beyond that period.
- **The Louisiana Health Information Exchange (LaHIE)** enables participating providers and organizations to access and share health-related information from authorized locations across the state. The Exchange currently has more than 500 participating providers, hospitals, health systems, clinics and other healthcare-related organizations across the state. LaHIE provides various types of public health surveillance data to the state's Office of Public Health, including syndromic surveillance from emergency departments.²¹
- **Individual coroners** in several urban parishes release annual reports or announcements documenting drug-related deaths in their respective parishes. These include East Baton Rouge,²² Jefferson²³ and Orleans.²⁴

Overdose Trends and Demographics

Like much of the United States, Louisiana has seen a decrease in overdose deaths in recent years, from its peak of 2,722 drug-involved deaths in 2021 to 2,456 in 2023; data for the first half of 2024 indicates the downward trend has continued. However, Louisiana continues to struggle with one of the nation's highest overdose mortality rates, fueled predominantly by fentanyl. Although deaths peaked in 2021, Louisiana had the fifth-highest drug overdose death rate in the U.S. in 2023, at 50.6 deaths per 100,000 people—double the rate of neighboring Mississippi.²⁵

Figure 2 shows drug-involved deaths by type occurring in Louisiana between 2016 and 2023. While opioid-involved deaths have begun to decrease, stimulant-involved deaths have held steady since a significant increase in 2020.

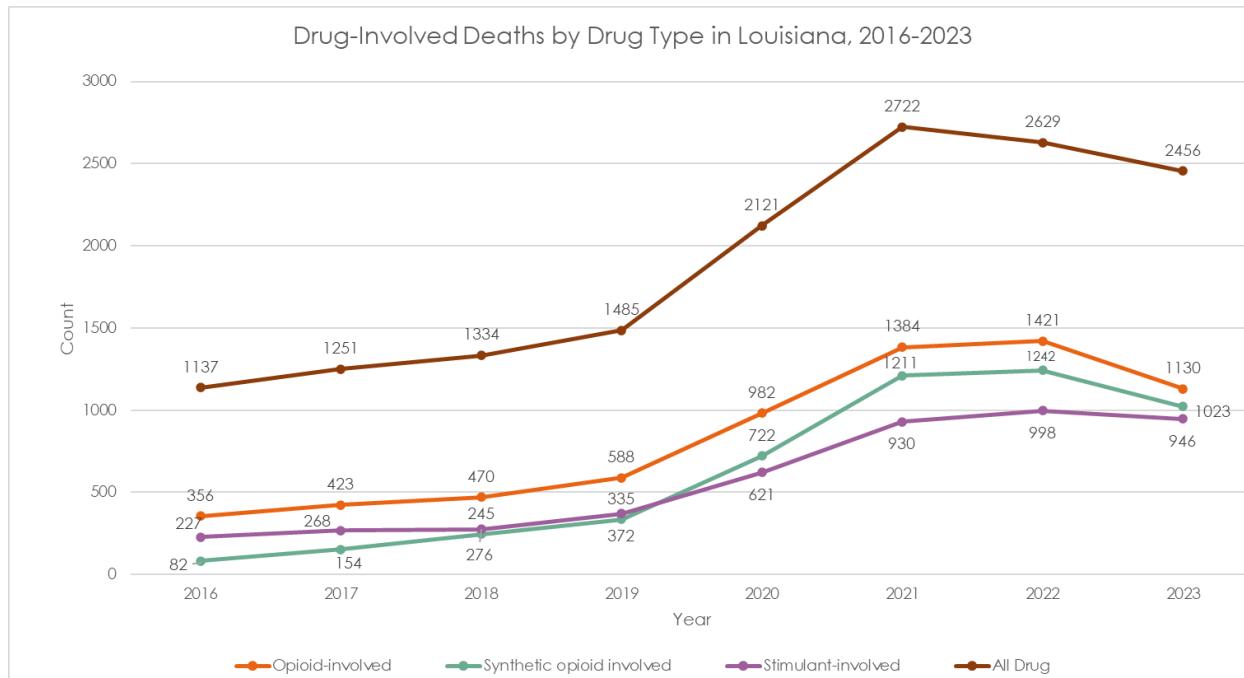


Figure 2. Drug-involved Deaths by Type in Louisiana, 2016-2023

Source: Louisiana Opioid Data and Surveillance System

According to the Louisiana Opioid Data and Surveillance System (LODSS), the population with the highest burden of fatal overdoses in the state are white males aged 35-44, who made up 13 percent of overdose deaths in 2023. Although overdose death rates by race align with Louisiana's overall population demographics, racial disparities persist. Overdose deaths among white individuals declined from 1,772 in 2021 to 1,502 in 2023. In contrast, deaths among Black residents remained relatively unchanged, with 885 in 2021 and 880 in 2023 (see Figure 3). Furthermore, adults ages 35-44 exhibited the highest overdose rates and male overdose death rates were more than twice those of females (see Figure 4).

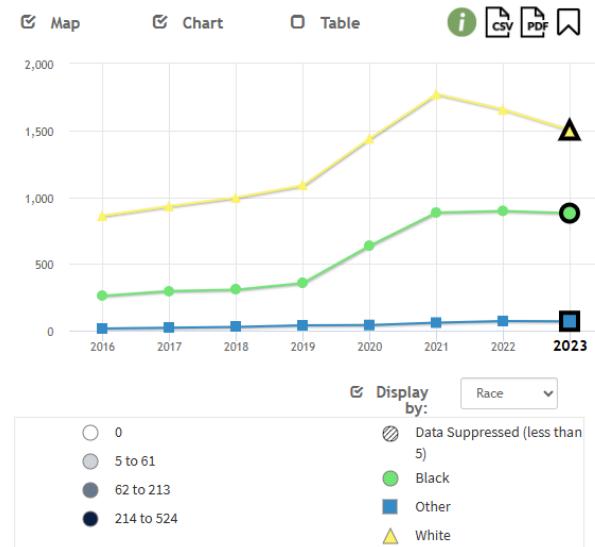
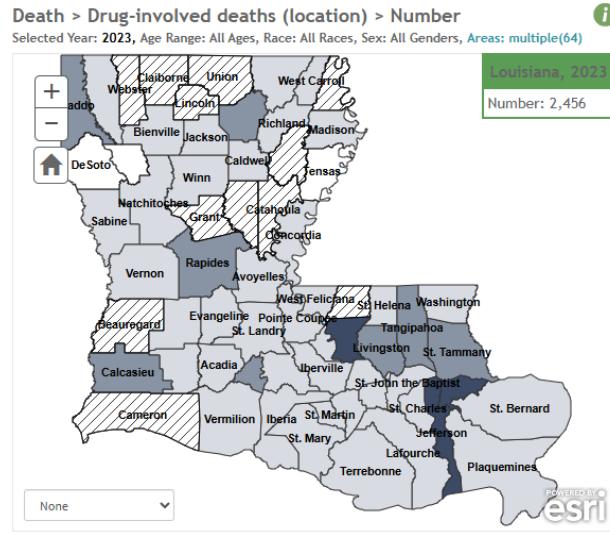


Figure 3. Drug-involved deaths by race: 2023.
Source: Louisiana Opioid Data and Surveillance System.

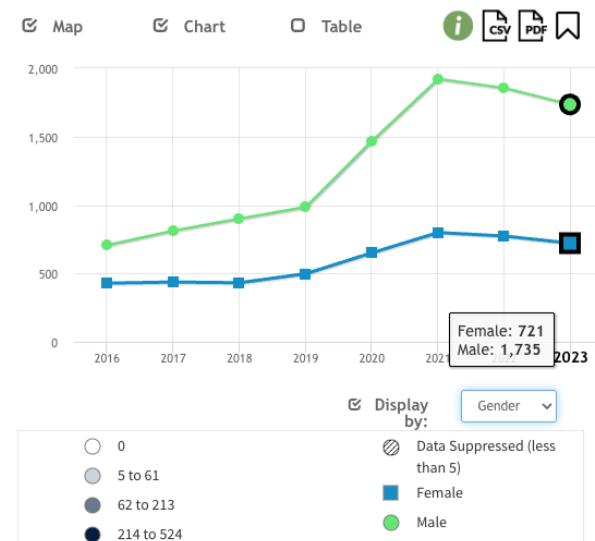
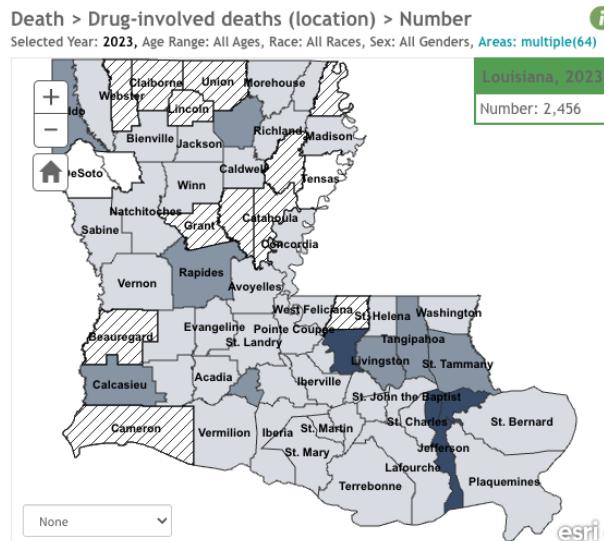


Figure 4. Drug-involved deaths by gender: 2023.
Source: Louisiana Opioid Data and Surveillance System.



Overdose rates are significantly higher in urban areas—notably Orleans, East Baton Rouge, Jefferson and St. Tammany Parishes—all ranking among the state’s worst (see Figure 5). Orleans Parish alone recorded 524 drug-related deaths in 2023, more than double that of neighboring Jefferson Parish.

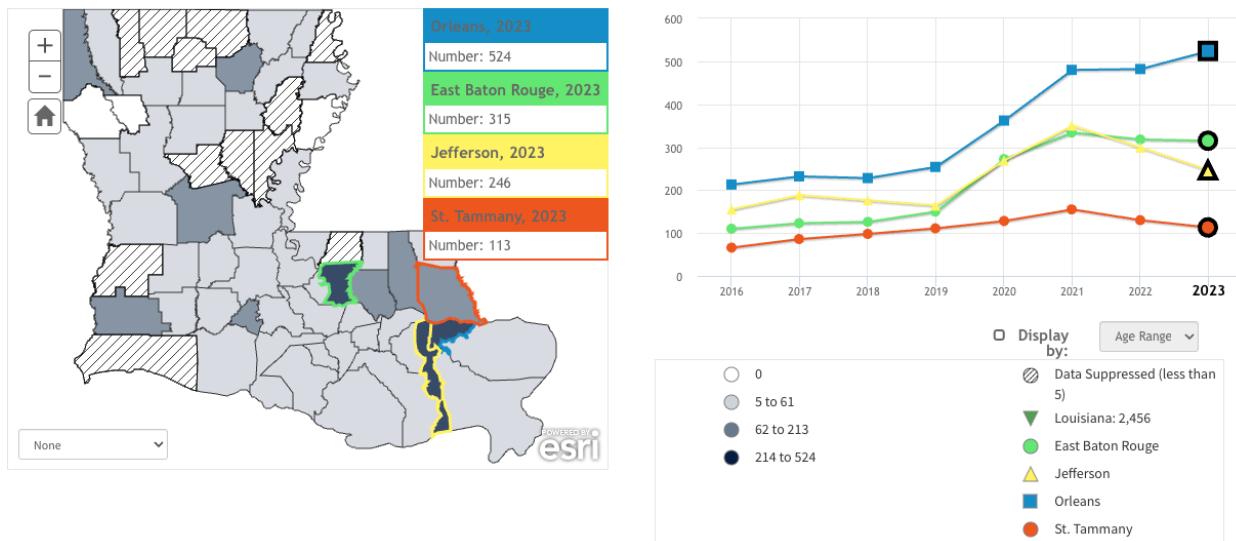


Figure 5. Drug-involved deaths by Parish: 2023.
Source: Louisiana Opioid Data and Surveillance System

Other Overdose and Drug Use Data Sets

Overdose Detection Mapping Application Program (ODMAP)

Currently, Louisiana has 19 agencies registered on ODMAP in six parishes. However, Orleans and Washington are the only parishes submitting overdose cases consistently, and the Natchitoches Parish Coroner’s Office enters only overdose fatalities, sometimes months after the overdose occurred. The Mississippi Department of Health has also recorded cases in parishes bordering the state line (Concordia and Catahoula). Buy-in from law enforcement, first responders and overdose prevention organizations has been challenging due to concerns about capacity/staffing and the potential use of ODMAP data for criminalization.

Forensic laboratories

Louisiana has seven crime labs that report to the National Forensic Laboratory Information System (NFLIS),²⁶ serving different parts of the state:



- **Acadiana Criminalistics Lab**, 5000 W. Admiral Doyal Drive, New Iberia, LA—opening in 2025, will serve Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes.
- **Calcasieu Parish Forensic Center**, 3236 Kirkman Street, Lake Charles, LA—opened in November 2024, serves Calcasieu and surrounding parishes.
- **Jefferson Parish Sheriff's Office Crime Lab**, 1223 Westbank Expressway, Harvey, LA—serves Jefferson Parish
- **Louisiana State Police Crime Lab**, 375 East Airport Drive, Baton Rouge, LA—largest crime lab in the state providing services state-wide
- **New Orleans Police Department Crime Lab**, 2219 Lakeshore Drive, New Orleans, LA—serves Orleans Parish
- **North Louisiana Crime Lab**, 1630 Tulane Avenue, Shreveport, LA—serves 29 parishes in northern and central Louisiana
- **St. Tammany Sheriff's Office Crime Lab**, 300 Brownswitch Road, Slidell, LA—serves St. Tammany and Washington parishes

Local Drug Checking Programs

In partnership with two local overdose prevention programs, LDH started drug checking programs in Alexandria and New Orleans. The New Orleans program is currently on pause while a new partner is identified. Bi-monthly meetings with the State HIV and Hepatitis Program and Bureau of Health Informatics provide an opportunity for the PHA to discuss trends, but more specific data is not currently accessible outside LDH.

IV. Treatment Availability

Access to effective treatment services is essential to addressing the continuum of care needs for people affected by substance use disorder. Louisiana's treatment infrastructure is managed by LDH's Office of Behavioral Health (OBH) together with 10 regional Local Governing Entities (LGEs) that contract for services. These LGEs (e.g. Metropolitan Human Services District in New Orleans, Acadiana Area Human Services District in Lafayette, etc.) fund inpatient and outpatient programs in their regions.

State Mental Health and SUD System

Office of Behavioral Health

The Louisiana Department of Health's Office of Behavioral Health (OBH) plays a central role in the coordination, regulation and funding of mental health and SUD services across the state. OBH is responsible for:



- Managing the state's publicly funded mental health and SUD treatment system²⁷
- Overseeing licensing and regulatory standards for Behavioral Health Service (BHS) providers²⁸
- Administering federal and state grant programs, including the Louisiana State Opioid Response grant
- Supporting the integration of mental health and substance use services across settings, including hospitals, community clinics, schools and correctional facilities
- Collaborating with the state's regional Human Services Districts and Authorities, also known as Local Governing Authorities (LGEs), which have operational responsibility for the delivery of community-based behavioral health services, including outpatient SUD care, prevention services and crisis intervention²⁹
- Maintaining two state psychiatric hospitals at Central Louisiana State Hospital in Rapides Parish and the Eastern Louisiana Mental Health System in East Feliciana Parish
- Providing regular trainings for peer support specialists

State-licensed SUD treatment providers

Louisiana licenses a broad array of SUD treatment providers through OBH, ranging from outpatient counseling centers to residential rehabilitation programs.³⁰ These include:

- **Addiction treatment facilities** licensed as substance abuse treatment programs
- **Behavioral health clinics** providing integrated mental health and SUD services
- **Opioid Treatment Programs (OTPs)**, which provide and dispense methadone and must be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and registered with the DEA
- **Office-Based Providers** providing other Medications for Opioid Use Disorder (MOUDs), including buprenorphine and naltrexone³¹
- **Peer support services and recovery community organizations**, which provide non-clinical services and help bridge gaps in the system of care³²

Treatment providers must meet OBH criteria for clinical services, staffing, data reporting, and coordination with other health and social services systems. Providers may also receive Medicaid reimbursement if enrolled with the Managed Care Organizations (MCOs) operating under Louisiana's Healthy Louisiana program.³³ A list of licensed BHS providers can be found on the LDH website.³⁴



Medication for Opioid Use Disorder (MOUD) Availability and Policies

Louisiana Medicaid covers all three FDA-approved Medications for Opioid Use Disorder (MOUD)--methadone, buprenorphine and naltrexone. Most forms of buprenorphine and naltrexone do not require prior authorization to be prescribed, with the exception of the brand name Suboxone.³⁵ Methadone is only reimbursable for certified OTPs. In 2019, Louisiana policymakers implemented a host of Medicaid and legislative reforms to increase access to evidence-based treatment for OUD. These included Act 425, which requires licensed residential SUD facilities in Louisiana to have onsite access to FDA-approved opioid agonist or antagonist treatments,³⁶ and Act 10, which requires methadone coverage by Louisiana's Medicaid program.³⁷

According to research published in Health Affairs in 2024, these policy changes resulted in the use of MOUDs more than tripling among the state's Medicaid beneficiaries between 2018 and 2021, particularly buprenorphine use.³⁸ That said, disparities remain in access to care. The research also showed that white patients were more likely to receive MOUD than non-white patients, and individuals living in urban areas have greater access than those living in rural areas, particularly to methadone, which can only be dispensed through OTPs. And while nurse practitioners and physician assistants can prescribe MOUDs, they can do so only under a qualifying physician.³⁹

According to SAMHSA, Louisiana has 11 OTPs and 605 buprenorphine practitioners.⁴⁰ As shown in Figures 6 and 7, the majority of providers are concentrated around urban areas, such as New Orleans, Baton Rouge and Shreveport. Southern and Central Louisiana in particular show fewer OTPs and buprenorphine practitioners, contributing to distance-related disparities in access.

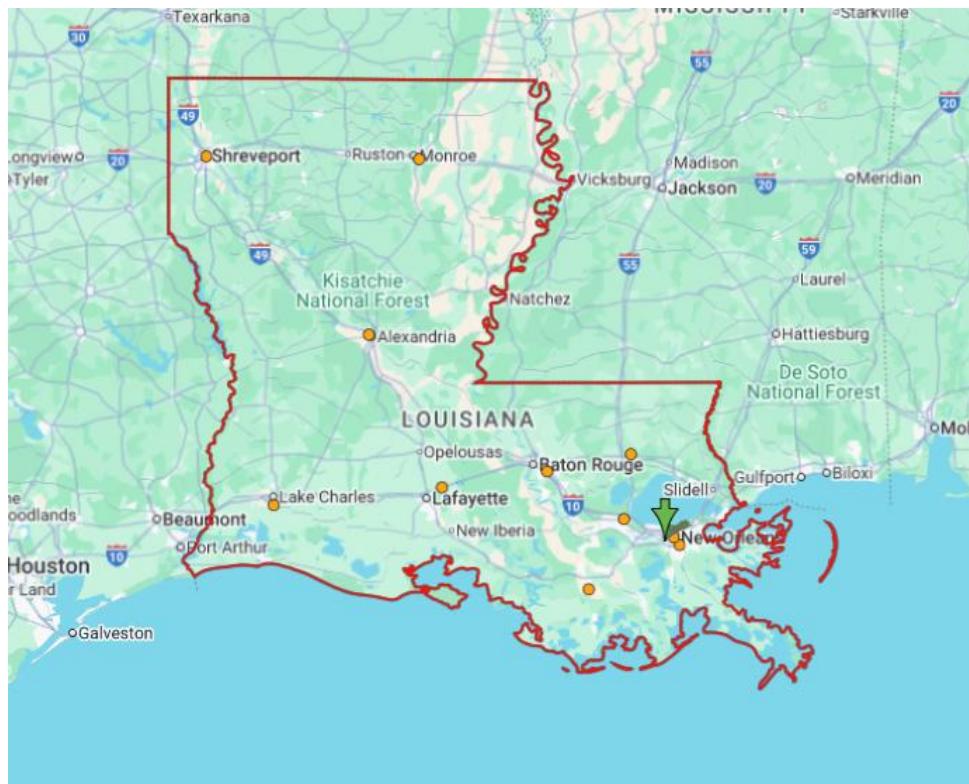


Figure 6. Locations of Opioid Treatment Programs: 2025.

Source: SAMHSA

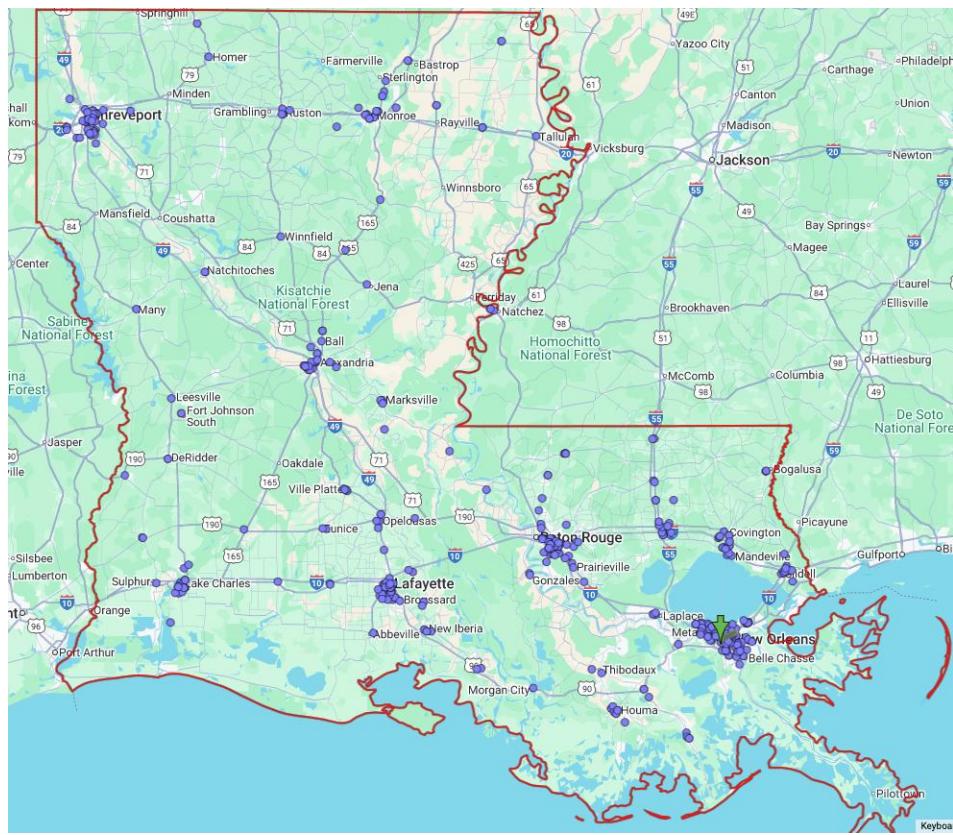


Figure 7. Locations of buprenorphine practitioners: 2025.

Source: SAMHSA

MOUD in Correctional Settings

With an incarceration rate of 1,067 per 100,000 people,⁴¹ Louisiana is known for having one of the highest incarceration rates in the U.S. and globally. Louisiana's prison system relies heavily on the use of local parish jails, operated by sheriffs and police departments. Local jails make up 150 of the state's 230 correctional facilities, with many holding people serving long prison sentences. No state laws or policies require MOUD to be available in the Louisiana correctional system, and public information on MOUD delivery across jails and prisons remains limited. In 2024, 16 out of the 165 reported deaths that occurred in Louisiana prisons and jails were due to overdose. All of these deaths occurred in state prisons.⁴²

According to the Program Manager for the Louisiana State Opioid Response (LaSOR) grant, five facilities are presently providing SUD treatment services on behalf of LaSOR: Louisiana State Penitentiary, Louisiana Correctional Institute for Women, Louisiana



Transitional Center for Women, Plaquemines Parish Detention Center and the Steve Hoyle Intensive Substance Abuse Program (SHISAP) in Bossier Parish Correctional Center. In a report last updated in 2022, Louisiana was operating two Residential Substance Abuse Treatment (RSAT) programs, at SHISAP at Bossier Parish Correctional Facility and Concordia Parish Correctional Facility. These federally funded programs assist state and local governments in developing and implementing substance use treatment programs in correctional facilities. The Bossier program offers MOUD, while the services in Concordia are behavior-focused, requiring attendance of Alcoholics Anonymous and/or Narcotics Anonymous.⁴³

The Department of Public Safety and Corrections (DPS&C), which manages Louisiana's nine state prisons, has identified SUD-related goals in several recently submitted strategic plans. Five-year plans submitted in 2019,⁴⁴ 2022⁴⁵ and 2025⁴⁶ all aimed to develop a "comprehensive mental health program to screen, diagnose and treat mental illness, developmental disabilities and substance use" by 2025, 2028 and 2031, respectively. Strategies to achieve this goal include creating a statewide Substance Use Treatment Coordinator position and providing MOUD to offenders with opioid use disorder. It remains unclear whether a Substance Use Treatment Coordinator has been implemented and what the overall availability of MOUD is in state prisons.

Opioid Settlement Funds

Oversight and Distribution Structure

The Louisiana Opioid Abatement Taskforce (LaOATF) oversees and distributes Louisiana's opioid settlement funds. The Taskforce serves as an advisory body but lacks authority to ensure local governments comply with approved spending purposes outlined in Louisiana's memorandum of understanding (MOU) between state and local governments.⁴⁷ Louisiana employs a unique distribution model where 80 percent of funds go to parish governments and 20 percent go to local sheriffs' offices.

Reporting Requirements and Accountability

Parishes and sheriffs maintain autonomous decision-making authority over fund expenditures, and currently, no oversight entity exists to ensure spending complies with the MOU. However, reporting requirements differ significantly in that parish governments are required to submit spending reports to LaOATF, while no reporting requirement currently exists for local sheriffs.

The Louisiana Legislative Auditor (LLA) recently recommended amending the MOU to give LaOATF the authority to ensure parish and sheriff expenditures comply with the



MOU, and to require sheriffs to submit expenditure reports, addressing this reporting gap.⁴⁷

Settlement Overview and Financial Impact

Louisiana participates in 15 settlements against companies involved in the opioid crisis. These settlements will provide approximately \$600 million over 18 years to Louisiana parishes and sheriffs for opioid abatement strategies.

As of October 2024, LaOATF had distributed \$98.5 million to local governments.

Current Expenditure Data

At present, local reports have not been made publicly available with the exception of survey information published in the Louisiana Legislative Auditor's report. In fall 2024, LLA surveyed all 64 parish governments and 64 sheriffs to assess actual settlement expenditures. General findings from the survey show:

- **Survey responses:** 72 total (29 parishes, 43 sheriffs)
- **Active spenders:** 20 parishes and 24 sheriffs
- **Total spent:** Approximately \$8.6 million as of September 2024

Tables 1 and 2 categorize these expenditures by allowed uses according to parishes and sheriffs.



Table 1

Parish Expenditures of Opioid Settlement Funds by Purpose as of September 2024.

Purpose		Expenditure Amounts
Treatment	Treat Opioid Use Disorder (OUD)	\$707,704
	Support People in Treatment and Recovery	367,519
	Connect People Who Need Help to the Help They Need (Connections to Care)	241,386
	Address Needs of Criminal-Justice-Involved Persons	905,135
	Address Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome	62,874
Prevention	Prevent Overprescribing and Ensure Appropriate Prescribing and Dispensing of Opioids	136,532
	Prevent Misuse of Opioids	239,729
	Prevent Overdose Deaths and Other Harms (Harm Reduction)	242,759
Other	First Responders	829,140
	Leadership, Planning, and Coordination	626,800
	Training	131,872
	Research	126,990
Total		\$4,618,440

Table 2

Sheriff Expenditures of Opioid Settlement Funds by Purpose as of September 2024.

Purpose		Expenditure Amounts
Treatment	Treat Opioid Use Disorder (OUD)	\$5,841
	Support People in Treatment and Recovery	91,266
	Connect People Who Need Help to the Help They Need (Connections to Care)	243,648
	Address Needs of Criminal-Justice-Involved Persons	410,085
	Address Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome	0
Prevention	Prevent Overprescribing and Ensure Appropriate Prescribing and Dispensing of Opioids	0
	Prevent Misuse of Opioids	390,532
	Prevent Overdose Deaths and Other Harms (Harm Reduction)	29,851
Other	First Responders	2,661,153
	Leadership, Planning, and Coordination	66,887
	Training	92,025
	Research	0
Total		\$3,991,288

V. Linkages to Care from Public Safety Settings

Linkages to care from public safety settings refer to the process of connecting individuals with mental health and substance use disorders who have interacted with public safety agencies to the resources and services they need. This can include pre-



arrest diversion programs, post overdose outreach programs, post-release from incarceration linkage programs, drug courts and more.

The Sequential Intercept Model (SIM) outlines a framework for intercepting individuals at six stages of criminal justice involvement—from point of contact to community re-entry—to provide behavioral health interventions rather than incarceration. These intercepts include initial law enforcement contact, post-arrest/pretrial, court settings, jail/correction, re-entry and community supervision. The goal is to embed services and supports—such as crisis response, case management and treatment—across each intercept point.

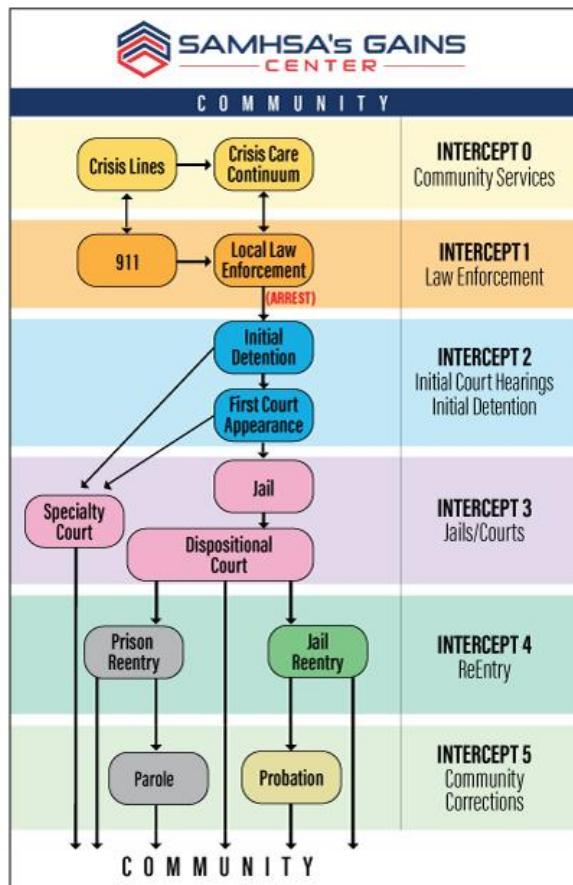


Figure 8. The Sequential Intercept Model.

Source: Substance Abuse and Mental Health Services Administration

Louisiana has implemented some SIM-informed strategies, particularly in urban areas:



- New Orleans' Mayor's Office of Criminal Justice Coordination conducted a sequential intercept mapping exercise in 2022 to identify gaps and enhance diversion programs, including its Law Enforcement Assisted Diversion (LEAD) initiative.⁴⁸
- The New Orleans LEAD program enables officers to divert low-level offenders to case management and support services at Intercept 1–2, focusing on a trauma-informed framework.⁴⁹
- A NACCHO-funded pilot in Calcasieu Parish that implements jail-based overdose prevention and naloxone distribution upon release, along with overdose prevention education, screening and linkage to care.⁵⁰
- The East Baton Rouge Criminal Justice Coordinating Council oversees several programs for justice-involved individuals, including:
 - The David O'Quin Pre-trial Diversion and Recovery Program⁵¹
 - The Case Navigator Program that conducts needs assessments and provides resources and support to individuals within the first 72 hours of their incarceration⁵²
 - The Capital Area Prison Re-entry Initiative (CAPRI)⁵³

Current Department of Justice-funded programs that support various intercepts of the SIM model are below. Funding is slated until September 30, 2025, and beyond.

Intercept 0: Community Services

- The Campti Community Development Center mentorship program for youth currently using or impacted by opioid misuse in Bossier, Caddo and Natchitoches Parishes⁵⁴
- The Odyssey House Louisiana-New Orleans EMS post-overdose rapid response team in Orleans Parish⁵⁵

Intercept 1: Law Enforcement

- Project COPE in Lafourche Parish, which supports various SUD-related prevention initiatives, including law enforcement deflection and diversion, pre- and post-booking treatment alternatives to incarceration and MOUD in the Lafourche Parish Correctional Complex^{56 57}

Intercept 2: Initial Court Hearings/Initial Detention



- Project COPE in Lafourche Parish (see Intercept 1)
- The Judicial Diversion and Intervention for Mental Health Project in Louisiana's 15th judicial district is a diversion program for justice-involved individuals with mental illness or co-occurring mental illness and substance use disorder in Acadia, Lafayette and Vermillion Parishes.⁵⁸

Intercept 3: Jails/Courts

- Project COPE in Lafourche Parish (see Intercept 1)
- The provision of MOUD to Terrebonne Parish Drug Treatment Court participants⁵⁹
- A post-adjudication veterans treatment court in East Baton Rouge Parish⁶⁰
- A juvenile tribal healing to wellness court for the Tunica-Biloxi tribe in Avoyelles Parish⁶¹
- Terrebonne Parish's Extensive Narcotics Diversion (END) Program offers pre- and post-booking treatment alternatives to incarceration for felony-level drug offenses through prosecutorial diversion, aiming to reduce overdose risk by fast-tracking treatment access⁶²
- Expansion of the East Baton Rouge Parish Family Preservation treatment court⁶³
- A court-based diversion program, Crescent City Community Court, in Orleans Parish^{64 65}

Intercept 4: Reentry

- Funding for the Louisiana Department of Public Safety and Corrections (DPS&C) to pilot a behavioral health information exchange to improve post release continuity of care for individuals with substance use disorder⁶⁶
- Funding for DPS&C reentry initiatives⁶⁷
- Local reentry programs in Orleans, East Baton Rouge and Lafourche Parishes
- Reentry court in Jefferson Parish for individuals incarcerated at Louisiana State Penitentiary or LCIW⁶⁸

Drug Courts

In Louisiana, drug courts fall under Specialty Courts. Louisiana has a total of 50 Adult, Juvenile and Family Preservation/Intervention Drug Courts. These courts function within the criminal justice system and target offenders who are charged with a drug-related crime, or a crime committed due to an underlying SUD. Veterans courts and mental



health courts also exist in some parishes. However, coverage is uneven: some rural areas still lack drug courts due to resource constraints. Figure 9 is a map of Louisiana specialty courts.

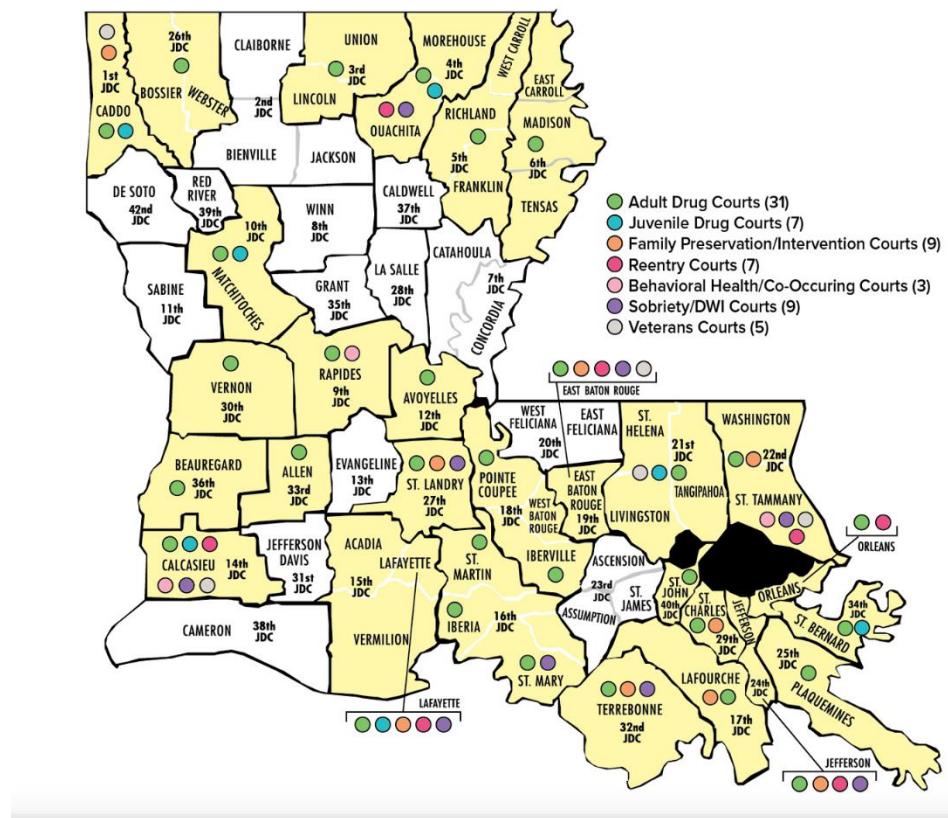


Figure 9. Specialty Courts in Louisiana.

Source: Louisiana Specialty Courts⁶⁹

According to Louisiana law, to be eligible for drug court, an individual must be charged with a nonviolent, substance-related offense and must be deemed by the District Attorney to have a substance use disorder.⁷⁰ Louisiana's drug courts require intensive SUD treatment, frequent drug testing, judicial oversight and community supervision and support. Upon successful completion of the program, charges may be dismissed or sentencing vacated. Louisiana utilizes a system of incentives and rewards in its program.⁷¹ Incentives for positive behaviors range from public praise from the judge to reduced frequency of drug screens to dismissal of criminal charges. If a participant is noncompliant, the court may apply escalating sanctions, ranging from verbal reprimands to fines to month-long jail terms. According to the Drug Court Participant Handbook,



discharge from the program should be considered “only a last resort for people who clearly cannot or will not comply with the structure of the Drug Court Program.”

VI. Overdose Prevention Efforts in Louisiana

Louisiana has made significant strides in expanding services for people who use drugs over the past several years, with notable policy changes and program implementations designed to address the ongoing opioid crisis. The state has developed a multi-faceted approach encompassing increased access to overdose prevention organizations, naloxone distribution initiatives and recent legislative changes regarding drug testing strips. However, challenges for implementation persist, and access to overdose prevention services remains concentrated in urban areas.

Overdose Prevention Programs

Legal Status and Policy Framework

Overdose prevention programs provide overdose prevention supplies, including naloxone and fentanyl test strips, educational materials and wraparound services, such as linkages to services and treatment.

Operational Sites and Service Delivery

The state maintains six overdose prevention programs across key urban areas:

Alexandria:

- **CLASS (FRESH Works): 1785 Jackson Street, Alexandria, LA 71301**
 - Hours: Monday-Friday, 8:00a-5:00p
 - Phone: 318-442-1010
 - Provides naloxone, fentanyl test strips, testing services and other resources
 - Provides outreach, referrals and case management

Baton Rouge:

- **Capital Area Reentry Program (CARP) : 8316 Kelwood Ave., Baton Rouge, LA**
 - Phone: 225-775-7988
 - Hours: Open Tuesday-Thursday from 10:00a-6:30p; after hours services are on Mondays and Fridays from 5:00p-9:00p
 - Operates as a community-focused program providing services after hours, via mobile unit, outreach and delivery and an on-site vending machine.



New Orleans:

- **CrescentCare: 1631 Elysian Fields Ave., New Orleans, LA 70117**
 - Phone: 504-821-2601
 - Hours: Wednesday and Fridays, 12:00p-5:00p
 - Operates a comprehensive overdose prevention program providing overdose prevention education, naloxone distribution and hepatitis C treatment referrals
- **New Orleans Harm Reduction Network (Trystereo): Mobile services**
 - Text: 504-535-4766
 - Weekly drop-ins:
 - 5:30-7:30p at St. Claude Ave. and Fats Domino Ave., New Orleans
 - 3:00p-4:00p at Duncan Plaza at Gravier St. and Loyola Ave., New Orleans
 - Grassroots organization that offers supplies and comprehensive health education
- **Women With a Vision: 2028 Oretha Castle Haley Blvd., New Orleans, LA 70113**
 - Phone: 504-301-0428
 - Drop-in hours: Tuesdays and Thursdays, 9:00a-1:00p
 - Offers overdose prevention kits

Shreveport:

- **The Philadelphia Center: 2020 Centenary Blvd., Shreveport, LA 71104**
 - Phone: 318-222-6633 or 318-510-9074 to arrange a pickup of supplies
 - Hours: Fridays from 10:00a-5:00p
 - Provides HIV and Hepatitis C testing, linkage to care and other overdose prevention services and supplies.

Statewide Infrastructure:

- The Louisiana Health Hub maintains a centralized directory of overdose prevention programs, facilitating access to services across the state
- Programs typically provide comprehensive overdose prevention supplies, HIV and hepatitis C testing and connections to treatment and recovery services



Informational interviews with representatives for the overdose prevention programs cited lack of funding and stigma around substance use as the major barriers for community members accessing services. Limited trust and communication between overdose prevention organizations and law enforcement was also a common theme, particularly in parishes where overdose prevention programs do not operate.

Naloxone Access and Distribution

First Responder Programs

Louisiana's first responder naloxone initiatives include:

- **Law Enforcement:** Police departments across the state are equipped with naloxone and trained in overdose response protocols. They are provided with naloxone by the state's Office of Public Health.
- **Emergency Medical Services:** EMS agencies have expanded naloxone protocols and carry enhanced supplies, including buprenorphine induction.
 - New Orleans EMS instituted a Leave Behind program in 2022
- **Fire Departments:** Fire service organizations participate in naloxone distribution programs in Orleans and Jefferson parishes.

Community Distribution Networks

The Louisiana Department of Health's Harm Reduction Distribution Hub⁷² is a centralized platform that provides overdose prevention resources statewide via designated distribution sites. The Hub acts as an ordering platform where approved community organizations can request materials and supplies to distribute to the general public, with a focus on priority populations including people who use drugs, family members and community organizations that serve high-risk populations. Approved distribution sites include shelters, SUD treatment programs, social service agencies, day reporting/drop-in centers and overdose prevention teams. A map of distribution sites can be found in Figure 10.

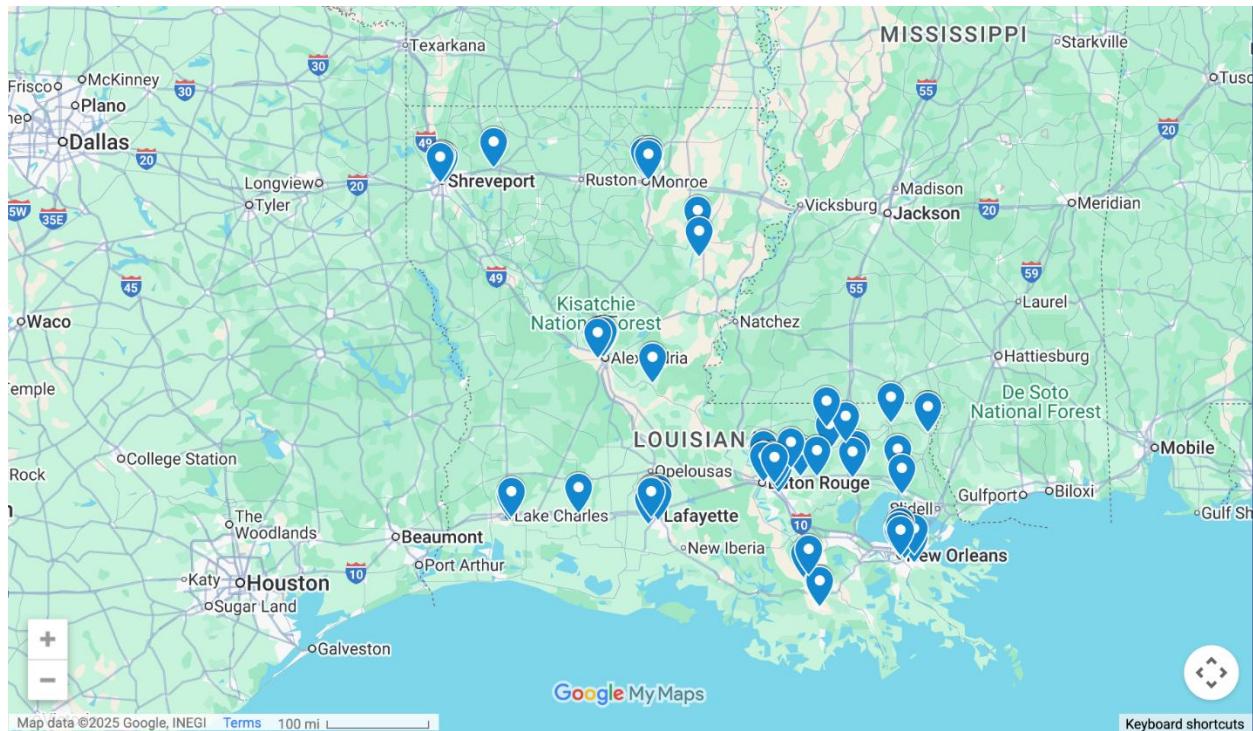


Figure 10. Louisiana Department of Health Harm Reduction Distribution Sites

Source: Louisiana Department of Health

Distribution sites can order naloxone, fentanyl test strips, sharps containers, wound care kits, drug deactivation bags, drug storage bags, hygiene and educational kits and informational fact sheets. The hub also provides training, educational materials and links to partners and resources statewide.

Between December 2022 and March 2025, the Harm Reduction Hub has supported 67 sites that have distributed:

- 180,857 naloxone kits
- 151,559 fentanyl test strips
- 7,098 sharps containers
- 22,738 wound care kits
- 3,629 drug deactivation and disposal bags
- 1,576 lockable bags to securely store medications
- 7,986 personal hygiene kits

LDH also reported 18,155 overdose reversals, 14,234 of which were reversed using LaSOR-funded naloxone.



Training and Education Components

Louisiana's naloxone distribution programs emphasize comprehensive training that includes recognizing an opioid overdose, how to properly administer naloxone, post-administration protocols and ongoing education about adulterant-related risks. Through LDH, community members can access trainings via the nine regional Overdose Prevention Coordinators, while SHHP provides trainings to Harm Reduction Hub distribution sites.

Fentanyl Test Strip Access

Access to testing strips is not broadly available to community members, though community-based overdose prevention organizations across the state integrate test strip distribution into their service offerings. LDH Harm Reduction Hub distribution sites can also request test strips. Additionally, some healthcare providers and treatment facilities offer fentanyl test strips as part of patient education and counseling.

Implementation of widespread distribution programs is still developing, with the majority of the Harm Reduction Hub's distribution sites concentrated in metropolitan areas and rural areas generally lacking access to comprehensive services.

VII. State Policy and Legal Framework

Louisiana's approach to drug policy reflects a mix of evolving overdose prevention support and ongoing reliance on punitive enforcement. While the state has taken meaningful steps toward prevention efforts in recent years—including legalizing naloxone distribution, decriminalizing drug testing strips and reducing penalties for marijuana possession—key aspects of Louisiana's laws continue to hinder the full implementation of overdose prevention services. This is particularly evident when looking at inconsistent application of Good Samaritan laws and the continued criminalization of drug paraphernalia and minor possession offenses. This patchwork approach creates a policy environment where advocates must navigate significant legal and practical challenges even as the state signals support for evidence-based interventions.

Good Samaritan Law

Louisiana's Good Samaritan law (La. Stat. Ann. § 14:403.10), enacted in 2014, provides limited protections for individuals who seek medical help during an overdose event.⁷³ It offers immunity from arrest or prosecution for possession of controlled substances and paraphernalia if the individual is acting in good faith to assist someone experiencing an



overdose. Louisiana law protects both the individual and anyone seeking help, however, immunity does not extend to other individuals who may be present at the scene when first responders arrive, or to someone who caused the overdose. These protections also only apply to simple possession charges — not to more serious drug crimes. Furthermore, there is no mandated training or awareness campaigns for law enforcement, contributing to limited awareness and inconsistent use of this protection, especially outside major urban areas like New Orleans.

Naloxone Access and Distribution

Louisiana has implemented comprehensive naloxone access policies that support both first responder and community distribution programs. The state has established standing orders that allow pharmacists to distribute naloxone without individual prescriptions, and Act 657 in 2024 expanded access further by allowing a broader range of entities (schools, restaurants, colleges, etc.) to stock naloxone effective April 1, 2025.⁷⁴ Furthermore, with the implementation of LDH's Harm Reduction Hub, naloxone access has increased significantly in recent years.

Paraphernalia Laws

Under Louisiana Revised Statutes Title 40 § 1021 (2024), "drug paraphernalia" includes a broad range of items associated with drug use or production—such as pipes, bongs, syringes, scoops, test kits, packaging materials and more—if they are "used, intended for use or designed for use" with controlled substances.⁷⁵

Courts determine paraphernalia⁷⁶ based on factors like:

- Owner's statements regarding its use
- Proximity to controlled substances
- Drug residue
- Intent (based on packaging, marketing, legitimate community use)

Penalties include fines up to \$500 and/or jail sentences up to six months for first offenses. Aggravated charges may apply if related to other drugs or age-related restrictions.⁷⁷ These provisions aim to criminalize both the use and intent to use such objects in illegal drug activity.

Recent Reforms and Exceptions

a. Fentanyl Test Strip Exemption ("Gabby's Law," 2022)

Louisiana made a significant policy advancement in 2022 when lawmakers passed



legislation decriminalizing fentanyl test strips. This change removed fentanyl test strips from the state's list of illegal drug paraphernalia. In 2025, legislation went even further to decriminalize any type of drug checking equipment.⁷⁸ Individuals can legally possess fentanyl and other drug testing strips for personal use or distribution.

b. Medical Marijuana Inhalation Devices (2022)⁷⁹

Also excluded from paraphernalia are devices intended solely for inhaling raw or crude medical cannabis by registered patients—non-patients are still restricted.

c. Decriminalization of Marijuana Paraphernalia (2024)⁸⁰

In 2024, Governor Jeff Landry signed HB 165 reducing penalties for marijuana paraphernalia:

- First offense: \$100 fine only (no jail)
- Subsequent offenses: penalties capped at marijuana possession thresholds
- Paraphernalia laws for non-medical cannabis users still criminalize pipes or bongs, though fines are reduced

Policy Context and Implementation Challenges

While Louisiana has taken significant steps by excluding fentanyl test strips and medical marijuana inhalers, and by decriminalizing marijuana paraphernalia for personal, non-medical use, the statute remains broad. Many tools still fall under paraphernalia restrictions. These can undermine prevention efforts or lead to continued enforcement disproportionately affecting marginalized users. These changes also require ongoing education and awareness efforts to ensure that both law enforcement and community members understand the current legal landscape. It is unclear how broadly these education efforts are currently implemented, but the state's Harm Reduction Hub's education initiatives include any relevant policy changes and paraphernalia laws.

Overdose and Pediatric Fentanyl Reporting

Act 769, passed in 2024, mandates that hospitals treating minors for suspected opioid overdoses must conduct fentanyl testing and report positive results to LDH's Office of Public Health without sharing patient-identifying information.⁸¹

Drug Sentencing Laws

Despite some advances, Louisiana's drug sentencing laws remain among the harshest in the U.S.

- In 2023, legislators passed Act 399⁸² which imposes harsher penalties for possession of fentanyl, including:



- Possessing less than 28 grams can result in five to 40 years of hard labor imprisonment, with at least five years without parole and a fine of up to \$50,000.
- Possessing between 28 and 250 grams can lead to seven to 40 years of hard labor imprisonment for a first conviction, with at least seven years without benefits and a fine up to \$50,000. For a second conviction, the penalty increases to 30 to 40 years of prison time, with at least 10 years without benefits and a fine up to \$500,000. Third-time offenders with more than 28 grams of fentanyl face at least 99 years in prison and up to \$500,000 in fines.
- Possessing 250 grams or more can result in 35 years to life at hard labor and a fine up to \$50,000.
- Act 671, also known as Millie's Law, enhanced penalties for distributing heroin or fentanyl so that distributing any amount that causes "serious bodily injury" carries a sentence of five to 40 years in prison, with fines up to \$50,000.⁸³
- Louisiana's second-degree murder statute includes a provision for situations where the distribution of a controlled substance is the direct cause of death. If convicted under this provision, the penalty is life imprisonment at hard labor without the possibility of parole, probation or suspension of sentence.⁸⁴

While Louisiana's laws may be well-intentioned, the Good Samaritan law offers limited protection for people who use drugs, resulting in increased vulnerability to criminalization when trying to save lives. Moreover, harsher drug policies may discourage individuals from calling for help during overdoses and may also conflict with public health approaches that prioritize treatment over punishment.

VIII. Key Partners in Louisiana's Overdose Prevention Efforts

Effectively addressing the overdose crisis in Louisiana requires coordination among partners spanning public health, public safety, behavioral health, overdose prevention services, academia and community-based organizations. These stakeholders support the core components of the Overdose Response Strategy (ORS): surveillance, linkage to care, data-sharing and prevention.



Louisiana Department of Health

- **Office of Public Health (OPH):** Leads surveillance and overdose response coordination and administers the state's CDC Overdose Data to Action (OD2A) funding.⁸⁵
 - The **Bureau of Health Informatics** manages the Louisiana Opioid Data and Surveillance System (LODSS) dashboard and other syndromic surveillance tools. It also serves as the ORS Public Health Lead.
 - The **Bureau of Community Preparedness:** Supports naloxone distribution via regional Overdose Prevention Coordinators (OPCs) and emergency response protocols (including potential overdose spike response initiatives).
 - The **STI/HIV/Hepatitis Program (SHHP)** coordinates a number of statewide and regional programs designed to prevent the transmission of HIV/AIDS, hepatitis and STIs. SHHP also oversees the state's Harm Reduction Hub.
- **Office of Behavioral Health (OBH):** Administers substance use disorder (SUD) treatment programs and manages the Louisiana State Opioid Response (LaSOR) grants.⁸⁶

Louisiana State Police and Local Law Enforcement

- Participating members of **Gulf Coast HIDTA** and co-leads on multi-jurisdictional drug task forces (see Section IX).
- Partners in overdose detection through ODMAP and public safety engagement initiatives.
- Some local agencies, including the **New Orleans Police Department (NOPD)**, participate in diversion and community responder programs, such as LEAD (Law Enforcement Assisted Diversion) and co-response teams.
- The **Louisiana Commission on Law Enforcement** is the state administering agency for Louisiana's share of federal funding from the Department of Justice and its various components, programs and initiatives. This includes the Residential Substance Abuse Treatment (RSAT) grant.⁸⁷
- **Probation and Parole offices in St. Tammany and Jefferson Parishes** are partnering with United Way of Southeast Louisiana to implement re-entry programs to link justice-involved individuals to resources and care.⁸⁸



District Attorney's Offices and Local Coroners

- The **Orleans Parish District Attorney's (OPDA)** collaborates with HIDTA on fatal overdose review and post-mortem drug supply chain investigations. OPDA has also implemented ODMAP in Orleans and the New Orleans Overdose Fatality Review.
- **Coroners' Offices** are key partners in overdose surveillance, death investigations, and toxicology reporting.

Louisiana Department of Public Safety and Corrections (DPS&C)

Key Roles in Overdose Response, Prevention and Treatment:

- **Treatment Access in Correctional Settings:**
 - Currently, Louisiana does not mandate medication for opioid use disorder (MOUD) in correctional facilities.
 - Select facilities (e.g., Orleans Parish Prison, East Baton Rouge Parish Prison, Louisiana State Penitentiary) offer limited access to buprenorphine or naltrexone, often through pilot projects or partnerships with public health agencies.
 - DPS&C supports alcohol and drug treatment programs,⁸⁹ such as:
 - Therapeutic Communities, federally funded programs that require participants be housed separately from the general population and take part in individual and group treatment activities
 - Anger management and relapse prevention programs
 - Substance Abuse Education for Reentry (SAFER) initiatives
- **Reentry Planning**

Through the Reentry Division,⁸⁹ DPS&C collaborates with the Louisiana Department of Health and local providers to connect individuals leaving custody with:

 - SUD treatment
 - Medicaid re-enrollment
 - Housing and employment services
 - Several prisons participate in Second Chance Act grants focused on improving reentry outcomes for individuals with co-occurring disorders⁹⁰
- **Justice-Focused Collaborations:**



- DPS&C is a key partner in State Opioid Response (SOR)⁹¹ justice projects, supporting:
 - Screening and referral for OUD
 - Peer recovery services
 - Transition to sober living facilities upon release

Tribal and Veteran Health Systems

- Tribal health departments (e.g., Coushatta, Chitimacha, Tunica-Biloxi) are critical partners in culturally competent overdose response in tribal lands.
- VA Health Systems in Louisiana (e.g., New Orleans, Shreveport) address rising overdose risk among veterans.

Academic Institutions

- **Louisiana State University Health Sciences Center (LSU Health)**
 - Provides clinical training and research around addiction medicine and public health
 - Partner in the state's Project MOM (Maternal Overdose Mortality)⁹² initiative
- **Tulane University School of Public Health and Tropical Medicine (Tulane SPHTM)**
 - Engaged in overdose data analysis, health equity research and evaluation of public health programs
 - Developed strategic plan for New Orleans Health Department's use of opioid settlement funds⁹³

IX. Challenges, Opportunities and Recommendations for the Overdose Response Strategy (ORS) Program in Louisiana

Louisiana's overdose response is influenced by complicated structural, legal and geographic factors that impact service delivery and public health outcomes. While the state faces major challenges, there have been promising developments in recent years, providing strategic opportunities for the ORS program to strengthen prevention, treatment and recovery efforts.



1. Data Systems and Surveillance

Data-sharing and overdose tracking systems in Louisiana are robust but fragmented. While tools like LODSS and syndromic surveillance are in place, integration across agencies is inconsistent.

- **Challenges:**
 - ODMAP participation is limited to a handful of jurisdictions, reducing the ability to track nonfatal overdose spikes in real-time statewide.
 - Coroner offices operate independently by parish, resulting in inconsistent fatal overdose reporting and delays in toxicology confirmation.
 - Data systems (e.g., syndromic surveillance, EMS, PDMP, toxicology data) are not consistently linked across public health and safety partners.
- **Opportunities:**
 - Use existing platforms like LODSS as a foundation for broader data integration
 - Expand ODMAP or explore other ways to collect data to improve real-time overdose detection statewide
 - Leverage ORS to facilitate cross-sector data-sharing agreements
- **Recommendation 1: Expand Data Systems and Data-sharing**

Work to implement statewide real-time overdose detection for more timely response efforts. Develop formal data-sharing agreements between LDH, law enforcement, EMS and hospitals to enable joint analysis.

2. MOUD Access and Equity

Despite evidence that MOUD reduces overdose risk and supports recovery, access remains highly uneven across Louisiana's regions and systems.

- **Challenges**
 - While each of the state's nine regions has at least one OTP, many parishes have none, and while there are over 600 buprenorphine prescribers in the state, rural areas still lack accessⁱ
 - Disparities among who can access MOUD persist: Researchers at Johns Hopkins found people of color, people under 20 and individuals living in rural areas are much less likely to receive MOUD⁹⁴

ⁱ According to findtreatment.gov, Ascension, Bienville, Catahoula, De Soto, East Carrollton, Franklin, Jackson, Red River, St. Helena, St. James, Tensas, Union, Webster are all without buprenorphine prescribers



- Correctional facilities lack standardized MOUD access, especially for individuals with OUD during incarceration or reentry
- Stigma and lack of resources still discourage providers, particularly in rural areas, from offering MOUD
- **Opportunities**
 - Fund jail-based programs using opioid settlement dollars
 - Support mobile or telehealth MOUD in rural regions
 - Promote provider training and anti-stigma efforts
 - A number of federally funded programs are implemented in urban areas, offering opportunities for collaboration and technical assistance for more rural areas
- **Recommendation 2: Support Scale up of MOUD in Jails and Correctional Facilities**

Support efforts to expand MOUD programs across state prisons and parish jails with technical support, education and advocating for the use of opioid settlement funds. Provide opportunities to educate jails around current MOUD standards. To ensure continuity of care upon release, support efforts for Medicaid re-enrollment and community provider linkage.
- **Recommendation 3: Boost Treatment Access**

Support expansion of mobile treatment units or telehealth, especially in rural areas. Encourage existing OTPs and other qualified providers to partner with local jails to provide MOUD. Identify training opportunities for providers in MOUD.

3. Overdose Prevention and Legal Environment

Overdose prevention services have expanded but face structural and policy barriers. Louisiana's legal framework places some limitations on certain overdose prevention practices, as evidence and support for their effectiveness continue to grow.

- **Challenges**
 - Despite progress significant gaps in access exist across the state, particularly in rural areas.
 - Broader drug paraphernalia laws still criminalize possession of safer use supplies (e.g., cookers, sterile water, pipes), limiting the reach of overdose prevention efforts and deterring participation in existing services.
- **Opportunities**
 - LDH's Harm Reduction Hub has scaled up access statewide, distributing over 180,000 naloxone kits and 150,000 fentanyl test strips through nearly 70 partners.



- Act 657 (2024) will allow even more entities (e.g., schools, restaurants, colleges) to stock naloxone under the state's standing order, increasing community coverage.
- Groups like CrescentCare, Trystereo, CARP and Fresh Works provide peer-led services and are well-positioned to expand rural outreach if supported with funding and local legal protection.
- **Recommendation 4: Enhance Naloxone Distribution**
Continue supporting the statewide Harm Reduction Hub and any efforts to extend it to new sites. Prioritize the availability of free naloxone in rural areas. Work with partners at LDH to increase public awareness that naloxone is available over-the-counter, and where it can be obtained for free. Encourage all police and jail staff to carry naloxone (if not already) via educational opportunities around stigma and overdose prevention.
- **Recommendation 5: Build Overdose Prevention Program Capacity**
Work with the STI/HIV/Hepatitis Program (SHHP) to support efforts for new overdose prevention programs in underserved areas. Provide technical assistance (through LDH or ORS resources) on starting organizations and overdose prevention education. Explore opportunities for mobile overdose prevention services.

4. Public Health-Public Safety Collaboration

Collaborations between public health and law enforcement vary significantly by parish, limiting statewide coordination of overdose prevention and response.

- **Challenges**
 - Public Health-Public Safety models like ODMAP, co-response teams or overdose fatality review are only active in a few areas (i.e., New Orleans) but are not replicated in other high-need jurisdictions.
 - Limited trust and communication between overdose prevention organizations and law enforcement hinder potential partnerships, especially in rural and conservative parishes.
 - Many local agencies lack the resources or capacity to build and sustain cross-sector partnerships.
- **Opportunities**
 - Parishes like Orleans and East Baton Rouge already have multi-sector partnerships, coroner engagement and treatment providers.



- These parishes can serve as demonstration or mentor sites for regional replication, especially for overdose fatality reviews, ODMAP integration or jail-based MOUD pilots.
- **Recommendation 6: Strengthen Overdose Fatality Review Infrastructure**
Establish or expand multidisciplinary OFR teams in high-burden and underserved parishes to enhance public health-public safety partnerships. Develop standardized data-sharing protocols and technical assistance for implementation, with support from LDH, local coroners and ORS.

5. Criminal Legal System and Policy Reform

Although some progress has been made in the legal landscape, punitive drug laws in Louisiana still dominate state-level responses to overdose, undermining overdose prevention efforts.

- **Challenges**
 - Recent laws, such as Act 399 (2023) and Act 671 (2022), impose harsh penalties for fentanyl distribution—including 99-year minimum sentences—which may potentially deter bystanders from calling 911 out of fear of prosecution.
 - Good Samaritan protections are limited and inconsistently applied, particularly in overdose death cases where distribution may be suspected.
- **Opportunities**
 - Training law enforcement and legal practitioners on overdose prevention services, naloxone use, Good Samaritan laws and public health approaches to substance use can reduce stigma and ensure more consistent enforcement of laws.
 - Opioid settlement funds could be used to support pretrial diversion, treatment courts and legal aid services that connect people with care rather than incarceration.
- **Recommendation 7: Engage Communities and Reduce Stigma**
To build momentum for policy reform, efforts should focus on partnering with communities most impacted by criminalization and overdose. Partnering with community leaders and incorporating people with lived experience into educational efforts can reduce stigma that fuels punitive policies. The ORS team can also work with LDH Overdose Prevention Coordinators to develop and distribute culturally relevant materials in hardest-hit parishes to reframe substance use as a public health issue, not a criminal one.



6. Community and Academic Capacity

While Louisiana benefits from academic institutions with strong public health and behavioral health programs, partnerships between these institutions and local implementation sites are not always formalized or adequately resourced. State and local agencies should tap into academic and grassroots partners for technical assistance, program evaluation and training to support ORS work.

- **Challenges**

- Many rural or high-need parishes lack the capacity to design, evaluate and sustain overdose prevention programs without technical assistance.
- Local programs may struggle to measure impact or scale up proven models.

- **Opportunities**

- Leverage universities like Louisiana State University Health and Tulane School of Public Health and Tropical Medicine for evaluation and technical assistance.
- Integrate the principles and lessons learned from Project MOM (Maternal Overdose Mortality), a model developed by LDH in partnership with LSU Health. Project MOM integrates MOUD access, prenatal care, mental health support and peer navigation into a coordinated continuum of care.
- Adapt Project MOM's framework to other populations, such as reentry, youth or justice-involved groups.

- **Recommendation 8: Evaluate and Monitor**

Identify ways to monitor the impact of these strategies and how they may be leveraged to other priority populations. Regularly convene ORS interest holders (LDH, law enforcement, treatment providers, community groups) to review data as the programs evolve.

7. Funding and Sustainability

Although Louisiana has significant settlement funding, many parishes are slow to spend it. The Louisiana Legislative Auditor's report found most parishes spent little of their share of settlement dollars. ORS can help by advising local officials on evidence-based uses (e.g., funding naloxone, peer support specialists, OFRs). While federal funding opportunities are currently in flux due to policy changes and potential shifts in funding priorities, federal grants that are available, in combination with opioid settlement dollars, present a unique opportunity to fund long-term, structural improvements in overdose prevention.



- **Challenges**
 - Many parishes have been slow to spend opioid settlement funds.
 - Local capacity to plan and implement programs varies widely.
- **Opportunities**
 - ORS staff can provide resources and support to guide evidence-based funding decisions that align with ORS priorities.
 - The 20 percent of settlement funds allocated to parish sheriff's offices could be strategically used to scale up MOUD in jails and improve public health-public safety collaboration.
 - Policymakers are increasingly open to overdose prevention strategies that align public health and public safety.
- **Recommendation 9: Leverage Settlement Funds**

Help local governments develop evidence-based plans for using opioid settlement dollars (e.g., staffing prevention programs, overdose prevention outreach, MOUD access). Provide guidance on tracking and evaluating outcomes of those expenditures, addressing the oversight gaps noted in the auditors' report.
- **Recommendation 10: Monitor Emerging Trends**

Keep watch on stimulant/fentanyl mixing and new adulterants entering the drug supply and disseminate alerts if a new drug trend appears. Continuously update and expand community prevention messaging.

X. Priority Areas for Further Research

To strengthen the effectiveness, equity and sustainability of Louisiana's overdose prevention efforts, the following areas warrant further research:

Effectiveness of Jail-Based MOUD Programs

There is limited data on access to and outcomes of medication for opioid use disorder (MOUD) in Louisiana correctional facilities. Exploration of the areas noted below will help to identify areas to address gaps and provide support.

- Evaluate existing jail-based MOUD efforts to determine current levels of treatment availability and how well these programs are working.
- Identify implementation barriers and gaps to understand logistical, financial and cultural obstacles that prevent the delivery of consistent MOUD services in custody.



- Assess impact on relapse, re-incarceration and overdose post-release to measure whether jail-based MOUD helps reduce return to use, repeat arrests and overdose deaths after release.
- Identify high-impact reentry supports (e.g., peer support, housing, treatment) to highlight which supports improve continuity of care and reduce overdose risk during reentry.

Gaps in Overdose Prevention Services in Rural Communities

Most overdose prevention services, including MAT, are concentrated in metro areas, leaving rural parishes underserved.

- Investigate community-level access barriers (e.g., stigma, transportation, law enforcement practices) to uncover structural and cultural barriers to overdose prevention services in rural settings and develop collaborative solutions with key partners.
- Identify effective delivery models in rural settings (i.e., mobile and peer-led outreach) to highlight strategies that have demonstrated success and could be scaled across smaller or rural parishes.
- Assess community readiness and the impact of local enforcement to evaluate how receptive local leaders, law enforcement and residents are to these services.

Integration and Utilization of Overdose Surveillance Systems

Louisiana operates multiple overdose surveillance platforms (e.g., LODSS, syndromic data, ODMAP, coroner reports), but there is limited understanding of how these systems are used in practice for decision-making or coordinated response.

- Assess how systems (e.g., LODSS, ODMAP) are used in real-time and shared across agencies to evaluate if these systems are being used to guide quick response efforts.
- Identify technical and policy barriers to cross-agency sharing to clarify what prevents agents from sharing data and recommend solutions.
- Recommend strategies to improve data-driven decision-making to provide guidance for policymakers and practitioners on using surveillance data to guide prevention and response strategies.



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