



**THE LOUISIANA
SUBSTANCE ABUSE
PREVENTION
STRATEGIC PLAN
2022 - 2026**



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VISION: To recognize that alcohol, tobacco, and other drug abuse is a serious social and public health issue that when addressed will create a climate of healthiness and community wellness for all of Louisiana.

MISSION: To develop and improve a comprehensive prevention system that will utilize partnerships across state government agencies, private sector agencies, and local communities to implement evidence-based programs, practices, and policies to make impactful change in substance abuse prevention.



EXECUTIVE SUMMARY

The state of substance misuse and abuse in Louisiana has reached alarming levels. Binge drinking rates of Louisiana youth attending 8th, 10th, and 12th grades in 2020 were higher than binge drinking rates nationally, as reported in the 2019 Monitoring the Future Survey. According to 2018-2019 National Survey on Drug Use and Health (NSDUH) results, 1.4% of adolescents (12-17) and 6.0% of adults (18+) in Louisiana reported having an alcohol use disorder. The same source stated that 2.5% of Louisiana adolescents and 2.9% of adults reported having an illicit drug use disorder.

The Gulf Coast regional office of the federal High Intensity Drug Trafficking Area (HIDTA) program deploys a survey to law enforcement agencies in its catchment area each year to assess the major illegal drug threats prevailing in their communities. Based on the results of the latest survey, the Gulf Coast HIDTA develops a Drug Threat Assessment Report for each of its states. In the 2022 Report, 47% of participating agencies in Louisiana identified methamphetamine as the greatest drug threat in their jurisdiction, followed by the abuse of fentanyl and then heroin. Marijuana continues to be sold and abused across the state. Cocaine and crack cocaine remain available and controlled prescription drugs are abused to varying degrees throughout the state.

Negative effects and associated consequences of substance misuse abound as well. According to statewide crash data statistics collected and reported from 2017 to 2020 by the Louisiana Center for Applied Research and Statistics in Transportation Safety (CARTS) in the E.J. Ourso College of Business at Louisiana State University, 40% of all motor vehicle crash related fatalities in Louisiana involved alcohol. The Kaiser Family Foundation reports that deaths due to drug overdose have increased in Louisiana from 18.9 per 100,000 in 2015 to 41.5 per 100,000 in 2020.

The news about substance misuse isn't all negative, however. According to the 2019 Monitoring the Future Survey, past 30-day use rates for cigarettes, e-cigarettes, marijuana, and inhalants by Louisiana's 8th, 10th, and 12th graders were lower than the national average. When compared to 2017-2018 rates, 2018-2019 NSDUH results for Louisiana residents 12 years and older showed reductions in 30-day use rates for illicit drug use, alcohol use, and tobacco use.

To ensure the important and necessary work of Louisiana's substance abuse prevention professionals is prioritized so we can continue to see additional improvements in substance misuse and abuse rates and associated consequences, this comprehensive strategic plan memorializes their accomplishments and documents their commitment to ongoing efforts. The *2022-2026 Louisiana Substance Abuse Prevention Strategic Plan* is the third iteration of a statewide strategic plan focused on preventing substance abuse in Louisiana. As with the two previous five-year plans, this document serves as the roadmap for realizing the vision of Louisiana's substance abuse prevention system stakeholders. The plan begins with a pictorial and narrative description of Louisiana's statewide prevention infrastructure. Next, we define the foundational elements of Louisiana's prevention system and explain how the adoption and integration of these elements have provided a legacy for the everlasting support and growth of the system. The plan provides an analysis of data and identifies the priority substance abuse problems to be addressed. Finally, we outline a set of topic-specific goals and objectives that the members of the prevention system are committed to accomplishing in its effort to making measurable improvements in the health and welfare of Louisiana's citizens.

The *2022-2026 Louisiana Substance Abuse Prevention Strategic Plan* is a fluid document and adjustments will be made as needed throughout the five-year implementation process to respond to emerging priorities or redirect resources as achievements are realized.



Introduction

The State of Louisiana has a dynamic substance abuse prevention system comprised of the following elements: a cohort of well-educated prevention professionals, an infrastructure of drug policy-related boards and commissions, a robust set of data systems, a sustainable approach to evidence-based strategy selection and implementation, and an effective problem solving and community engagement process. The elements of this system have successfully interacted independently and interdependently to support and address the needs of Louisiana's state-level departments, non-governmental organizations, advocacy groups, community coalitions, and local behavioral health agencies as it relates to preventing and reducing substance use trends. The infrastructure reaches the highest levels, to include an office in the executive branch of state government.

Under multiple previous federal grant requirements and through a long-standing partnership between the Office of the Governor and the Louisiana Department of Health Office of Behavioral Health (LDH/OBH), the major stakeholders who oversee the substance abuse prevention system in the state previously developed and implemented two five-year comprehensive strategic plans to address substance abuse prevention. The first plan spanned from 2012 to 2016 and the second spanned from 2017 to 2021. To demonstrate their ongoing commitment to building upon previous successes and overcoming still-existing barriers, many of these same prevention stakeholders engaged in the development of the *2022-2026 Louisiana Substance Abuse Prevention Strategic Plan* which is herein offered. As with the two previous plans, this document serves as the roadmap for achieving the vision of Louisiana's substance abuse prevention stakeholders which is to recognize that alcohol, tobacco and other drug abuse is a serious social and public health issue that when addressed will create a climate of healthiness and community wellness for all of Louisiana.

The 2017-2021 Strategic Plan was an ambitious proposal. The approximately 150 stakeholders representing OBH, the Office of the Governor, drug policy-related boards and commissions, and community organizations engaged to work on the plan made significant strides and celebrated many accomplishments, despite landfalls from multiple major hurricanes and an unprecedented global pandemic over the five-year period.

Selected Accomplishments Supporting the 2017-2021 Louisiana Substance Abuse Strategic Plan

- Since 2017, the LA Department of Health has secured over \$100 million in federal funds to address behavioral health-related issues.
- In 2018, the LA Department of Health/Office of Behavioral Health secured \$2.2 million over five years from the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Partnerships for Success (PFS) grant program to prevent the onset and reduce alcohol use by persons 9-20 years old in 10 identified high-risk parishes across the state.
- In 2018, the Office of Drug Policy urged Governor Edwards to enact the Governor's Task Force on DWI through Executive Order JBE 18-03.
- In 2018, the Office of Drug Policy and Office of Behavioral Health were invited to serve as a Lead Advising Agency to the U.S Drug Enforcement Administration's New Orleans Division Office for its implementation of the DEA 360 Strategy, a year-long, community outreach effort tackling the cycle of violence and addiction across the Greater New Orleans area. The campaign culminated with almost 4,000 Louisiana students attending the one-day Louisiana Youth Summit on Opioid Awareness during which Governor Edwards was a keynote speaker.
- In 2019, the Louisiana Center for Prevention Resources (LCPR) was established in the Nelson Mandela College of Government and Social Sciences at Southern University to provide training, education, advocacy and technical assistance to prevent or reduce problems resulting from alcohol, tobacco and other drug use by working collaboratively at the state, regional and community levels.

- Drug policy boards and commissions played an active role in targeting and reducing substance abuse by advocating for the passage of numerous pieces of legislation, of which 16 were enacted into law.
- In 2019, the DWI Task Force authored an issue brief highlighting the benefits of amending state law to require substance use disorder evaluations for DWI first and second offenders to support a proposed legislative bill by the Louisiana Highway Safety Commission. The bill was enacted into law in 2021.
- In 2019, the DWI Task Force advocated for a Senate Resolution to research and recommend methods for improving the use of Drug Recognition Experts (DREs) to detect drug-impaired drivers. The Task Force subsequently completed a report and submitted it to Senate.
- In 2019, Louisiana Department of Health released Louisiana's Opioid Response Plan, the first of its kind for the state.
- Since 2020, the Drug Policy Board has approved two policy positions, one recommending against setting marijuana impaired driving per se limits and a second opposing the legalization of marijuana for recreational use in Louisiana.
- In 2020, the Louisiana Board of Regents developed a comprehensive campus opioid prevention education and training response policy in an effort to address the nation's rising opioid epidemic.
- In 2020, the Louisiana Department of Corrections hired a Substance Use Treatment Director to expand programming and coordinate efforts between the prisons, probation and parole, community partners, and the 10 re-entry centers in local jails. This is the first-of-its-kind position in the Department of Corrections.



Louisiana's Prevention System: A Look at its Infrastructure

One of the most substantive elements of Louisiana prevention system is its extensive infrastructure of substance abuse prevention experts who serve through their employment by state agencies, appointments to state-level boards and commissions, and membership on standing subcommittees. These important individuals ensure the leadership of the prevention system is able to access opinions and perspectives from a broad cross-section of stakeholders who are invested in improving the behavioral health outcomes of Louisiana's citizens. Understanding the roles of these groups is important to comprehend how prevention priorities are identified and resources are allocated across the state.

State/Regional Agency Key Players

Louisiana Department of Health/Office of Behavioral Health

The Office of Behavioral Health (OBH) within the Louisiana Department of Health (LDH) is the designated Single State Authority (SSA) for substance abuse services in Louisiana; this designation is bestowed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). As such, OBH monitors and manages the Substance Abuse Prevention and Treatment Block Grant (SABG) funds for the state which includes an allocation of 20 percent from this funding for prevention.

The Office of Behavioral Health (OBH) was created on July 1, 2010 through Act 384 of the 2009 Legislative Session, and represents a merger of the State's mental health and addiction services into a single, integrated system of care. OBH unified program and administrative functions of the mental health and addiction services field, supporting both the transition of regional services by Local Governing Entities (LGEs) to a unified behavioral health service setting, while also integrating behavioral health care services with primary care services in the state's Medicaid program.

In 2012, LDH/OBH moved to the provision of services through a Statewide Management Organization (SMO) which was responsible for building a network of highly qualified providers throughout the state, providing training to providers, and authorizing services for those referred to treatment. In December 2015, specialized behavioral health care services were integrated into the State's Medicaid Managed Care program known as Healthy Louisiana.

In addition to its substance use disorder treatment services, OBH manages all substance abuse prevention, suicide prevention, and workplace wellness services and resources. OBH Prevention Services continue to promote a comprehensive, research-based approach to prevent alcohol and other drug misuse and abuse and associated negative consequences in Louisiana. The focus of this approach is the adoption and implementation of SAMHSA's Strategic Prevention Framework (SPF) that includes the following activities: networking and coalition building, data-driven needs and resources assessment, strategic training and building capacity of stakeholders, strategic identification and planning of strategies to address systemic alcohol and other drug problems, implementation of those strategies with fidelity, and evaluation of short-term and long-term outcomes. OBH Prevention Services has committed to utilizing the SPF as part of its planning, mandates the utilization of the SPF by sub-grantees funding through discretionary grants, and promotes the adoption and utilization by prevention providers and community coalitions not funded through OBH resources. One way in which OBH ensures that the SPF is adopted and utilized is by providing necessary needs assessment data for state and community partners through its funding of the Louisiana Caring Communities Youth Survey (CCYS) and the higher education CORE Alcohol and Drug Survey.

OBH prevention infrastructure includes headquarters staff, field staff, and community-based providers through contractual agreements. Portions of the 20% of dedicated prevention funds from the federal SABG block grant mentioned above are distributed to each of the 10 LGEs to fund programs, policies, and practices that are needed. OBH state prevention headquarters staff has developed and remains involved in an extensive network of multi-sector state, regional, and community partnerships. OBH state and field staff actively sponsor, implement, and provide needs assessment data, technical assistance, and resources to support a variety of broad-based services and community coalitions. As one of the lead agencies addressing substance abuse prevention, OBH has a history of establishing partnerships to expand and enhance prevention efforts in the state. These partnerships allow OBH to avoid duplication of services and maximize existing resources. Through participation on the various state-level boards and standing working groups OBH continues to develop partnerships that target population-based prevention strategies including retail and social availability, enforcement, community norms, and promotion.

Local Governing Entities (LGEs)

In addition to merging the State's mental health and addiction services, Act 384 established the Local Governing Entities (LGEs) as a way to place mental health, addictive disorders, and developmental disabilities services under one umbrella. The reorganization and expansion of services allowed for greater accountability and responsiveness to local community needs as each LGE serves a region of no more than 12 parishes. Each LGE had to successfully complete a readiness criteria process that demonstrated its capability to assume the responsibility for high-quality service delivery and good governance; in part by meeting requirements of the SABG block grant. This process involved the establishment of local governing boards that provide ongoing support and advice to the regional/district administrators while serving as vehicles for community coordination.

Members of the governing boards are appointed by the Governor from a list of qualified candidates based on local recommendations, and the bylaws require that membership is reflective of the population of the region/district. The regions/districts are staffed by state employees, most of whom are involved in the provision of direct services. Services within the regions/districts are also provided by public or private nonprofit organizations. OBH solicits proposals from these organizations for services. Awards are made

by the Louisiana Department of Health based on the recommendations of an evaluation team at OBH in consultation with the appropriate regional/district office.

Governor's Office of Drug Policy

The Governor's Office of Drug Policy seeks to identify challenges and provides solutions to address substance misuse and abuse and to make recommendations to the governor and state agencies regarding programs, policies and practices that support and sustain prevention, treatment, and enforcement efforts. The Office of Drug Policy has four major areas of focus: (1) manage operations for three legislatively-created boards and commissions and two standing committees (Drug Policy Board, DWI Task Force, Heroin and Opioid Prevention and Education Council, State Epidemiology Workgroup, and Prevention Systems Committee); (2) implement and regularly update the Louisiana Substance Abuse Prevention Strategic Plan, a comprehensive and clear five-year strategic plan that outlines the goals and objectives identified to support and enhance the ongoing efforts to reduce substance abuse throughout the State; (3) ensure maintenance of the Louisiana SEW Online Data System, a valuable tool for providing data to prevention professionals that would otherwise not have access to data; and (4) actively support the federally-funded Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant program awarded to OBH.

Boards and Commissions Key Players

Drug Policy Board (DPB)

The Drug Policy Board was legislatively created in 1990 under Louisiana Revised Statute 49:219:1-4. The purpose of the Drug Policy Board as stated in the statute is to "establish a state agency organizationally positioned and structurally empowered to elicit, motivate, and coordinate the best efforts and ideas of all organizations, agencies, entities, and individuals who volunteer or can be conscripted to make a contribution toward the goal of eradicating drug and alcohol abuse and its poisonous fruit." The major functions of the DPB are (1) identify, select, recommend, or implement drug control and demand reduction policies and strategies, (2) evaluate problem areas relating to the enforcement of drug laws & recommend improvements to those laws, and (3) develop long and short range plans that prioritize areas of need and strategic use of resources. The board has 23 members, either designated from state agencies or appointed by the Governor. Membership terms are concurrent with the Governor's Administration.

Drug Policy Board membership

1. Governor's Office of Drug Policy; Designee is appointed by the Executive Director
2. Louisiana Commission on Law Enforcement; Designee is appointed by the Executive Director
3. Louisiana Department of Children & Family Services; Designee is appointed by the Secretary
4. Louisiana Department of Education; Designee is appointed by the Superintendent
5. Louisiana Department of Health; Designee is appointed by the Secretary
6. Louisiana Department of Public Safety and Corrections; Designee is appointed by the Secretary
7. Louisiana State Police; Designee is appointed by the Superintendent
8. Louisiana Highway Safety Commission; Designee is appointed by the Members of the Commission
9. Louisiana National Guard; Designee is appointed by the Adjutant General
10. Louisiana Office of the Attorney General; Designee is appointed by the Attorney General
11. Louisiana Office of Alcohol and Tobacco Control; Designee is appointed by the Commissioner
12. Louisiana Commission on Alcohol & Drug Abuse; Designee is appointed by the Chair
13. Louisiana Board of Pharmacy; Designee is appointed by the Board of Pharmacy
14. Louisiana House of Representatives member; Designee is appointed by the Speaker of the House from among the membership of the House Health and Welfare Committee
15. Louisiana Senate member; Designee is appointed by the Senate President from among the membership of the Senate Health and Welfare Committee
16. A representative from a private organization involved in substance abuse prevention; Appointed by the Governor

17. A representative from the Louisiana District Attorney’s Association; Appointed by the Governor
18. A representative from the Louisiana Sheriff’s Association; Appointed by the Governor
19. A representative of a federal agency with responsibilities in alcohol and drug abuse education, treatment, or prevention; Appointed by the Governor
20. A representative of the indigent defender system; Appointed by the Governor
21. A representative from the alcohol industry; Appointed by the Governor
22. A physician representing the field of substance abuse treatment or substance abuse prevention; Appointed by the Governor
23. District Court Judge; Appointed by the Governor

The Drug Policy Board is designed as a “mega board” to which the other drug-policy focused boards and commissions report. In addition, the DPB has two standing subcommittees that were institutionalized through revisions of the organization’s By-Laws in 2004. The standing subcommittees are called Prevention Systems Committee (PSC) and State Epidemiology Workgroup (SEW).

Prevention Systems Committee (PSC)

The PSC, one of two subcommittees of the DPB, is a state-level advisory group of prevention stakeholders who make recommendations to the DPB regarding effective programs, policies, and practices for substance abuse prevention. Membership of the PSC is aligned with the membership of the DPB to support congruency between perspectives and recommendations from this working subcommittee to its governing board. The PSC supports a framework that builds capacity to mobilize state, regional, and community systems in order to address needs identified by data and to implement evidence-based strategies to reduce substance abuse and its related consequences. This framework requires policy changes that support increased capacity in workforce development, criteria for coalitions, and identification and selection of evidence-based and culturally appropriate interventions.

The PSC utilizes communication plans to increase awareness and opportunities for collaboration across multiple agencies and stakeholders. The PSC also promotes interagency agreements and collaboration among key prevention agencies, compiles and communicates information regarding prevention resources, and supports the assessment of community readiness to address substance-related problems. The PSC will work with the DPB to coordinate programs, policies, and practices throughout the implementation of *2022-2026 Louisiana’s Strategic Plan for Substance Abuse Prevention*.

The PSC membership has evolved over the years as the goals and activities of the committee have changed due to trends in substance use. There are currently 29 individuals representing multiple state agencies, universities, and organizations who serve as members of the PSC. Twenty-two (22) members are designated as full PSC members who possess voting privileges, while other individuals are considered “of counsel” members who are invited to attend meetings and participate, but who do not have voting privileges. The PSC is institutionalized within the DPB bylaws with meetings currently being held on a quarterly basis. Members serve terms concurrent with the governor and enter into Cooperative Involvement Agreements which detail member’s roles and responsibilities. In the event that there is a need to expand participation or fill vacancies, active recruitment and outreach is conducted through the PSC membership subcommittee. Once identified, new members are provided orientation of past prevention efforts particularly as it pertains to the strategic planning process.

State Epidemiology Workgroup (SEW)

The SEW has been tasked with identifying, collecting, analyzing, and disseminating consumption and consequence data related to substance use that is available from state and national data sources, and prioritizing available data for substance abuse prevention needs. The initial work of the SEW focused on the collection of substance abuse-related data toward the aim of developing a state epidemiological profile report. The report included consumption indicators and long term and short term consequence indicators

at the state and community level. During the initial years of the SEW's existence, a key to the success of the SEW was the facilitation of interagency collaboration to encourage data sharing and technical assistance among multiple state agencies. As data sharing became more institutionalized, the SEW turned its attention to data analyses and interpretation, as well as policy issues regarding data.

The SEW reports directly to the DPB on the ongoing progress toward the implementation of the action plan, makes recommendations regarding improvements in data collection, and continuously work to fill data gaps in order to improve the quality, sufficiency and integrity of the data. The SEW works with the DPB to make recommendations on data system design features, which include policy changes and technology needed to support sharing and using data across state systems, organizations, and communities. Furthermore, the SEW fully supports the regional-based epidemiology efforts to support local level data-driven decision making.

The SEW membership has evolved over the years as the goals and activities of the SEW have changed due to trends in substance use. There are currently 21 individuals representing multiple state agencies, universities, and organizations who serve as members of the SEW. Sixteen (16) members are designated as full SEW members who possess voting privileges, while other individuals are considered "of counsel" members who are invited to attend meetings and participate, but who do not have voting privileges. The SEW is institutionalized within the DPB bylaws with meetings currently being held on a quarterly basis. Members serve terms concurrent with the governor and enter into Cooperative Involvement Agreements which detail member's roles and responsibilities. In the event that there is a need to expand participation or fill vacancies, active recruitment and outreach is conducted through the SEW membership subcommittee. Once identified, new members are provided orientation of past prevention efforts particularly as it pertains to the strategic planning process.

Advisory Council on Heroin and Opioid Prevention and Education (HOPE Council)

During the 2017 Regular Legislative Session HB 490, now known as Act 88 and authored by State Representative Walt Leger, III, was signed into law. It requires the Drug Policy Board within the Office of the Governor to establish an Advisory Council on Heroin and Opioid Prevention and Education to coordinate resources and expertise to assist in a statewide response. The Advisory Council is responsible for establishing an Interagency Heroin and Opioid Coordination Plan.

The plan shall include the following: parish-level data on opioid overdoses and the dispensing of overdose-reversal medication; progress of current initiatives in the state relating to the heroin and opioid epidemic; and specific impacts to agencies in addressing education, treatment including the use of medication-assisted treatment, prevention, overdose, and recovery.

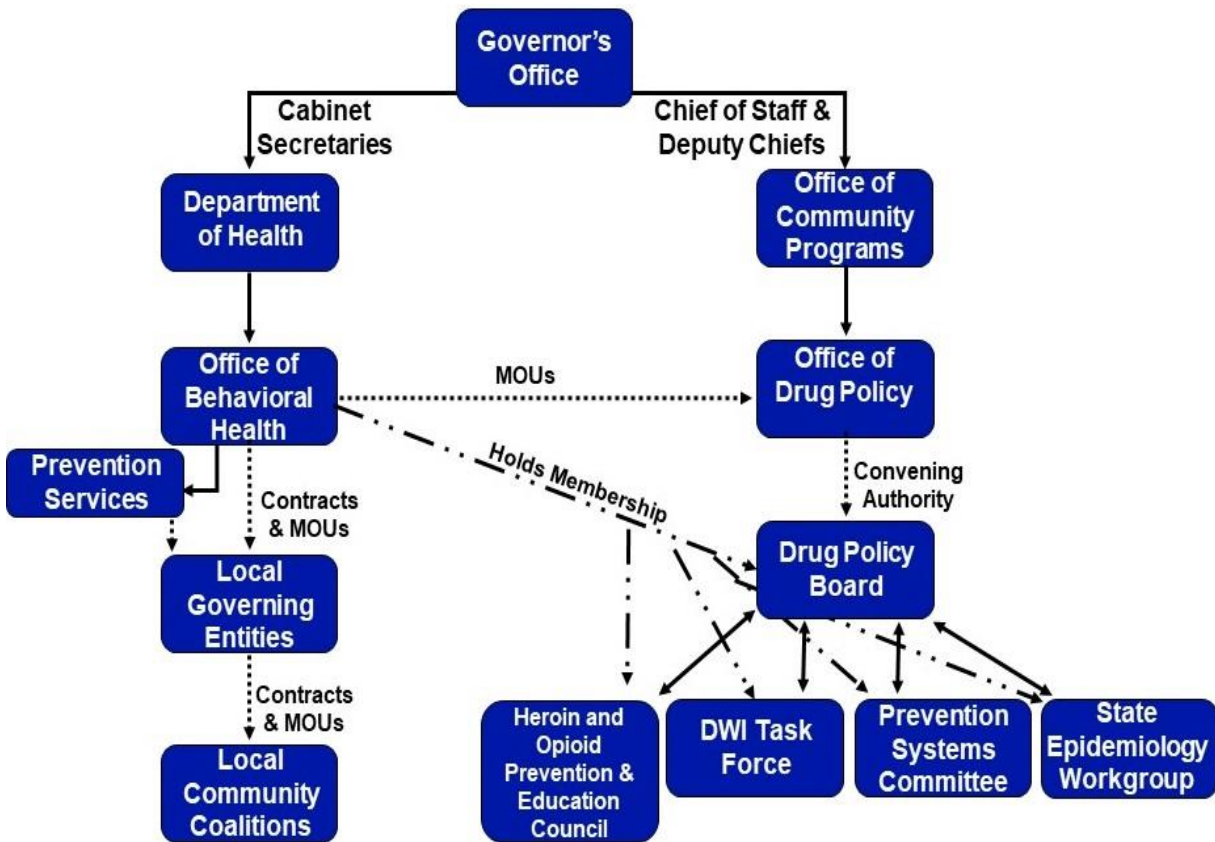
The Interagency Heroin and Opioid Coordination Plan is expected to be submitted annually to the DPB, Governor, president of the Senate, speaker of the House, and chief justice of the Louisiana Supreme Court at the end of each calendar year. In addition to establishing a Coordination Plan, the Council will coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication to support accurate statewide data which is critical in educating both those involved in policy development and the citizens of the state. Also, the Council will coordinate a central online location to disseminate information and resources.

Governor's Task Force on DWI (DWI Task Force)

Governor John Bel Edwards issued *Executive Order JBE 18-03/JBE 18-23: Governor's Task Force on DWI* on February 7, 2018 to establish an advisory board focused on addressing impaired driving in Louisiana. The purpose of the Task Force is to address the high incidence of driving while intoxicated from alcohol or under the influence of drugs through multi-agency coordination and state-level policy recommendations and to help identify and implement effective DWI countermeasures at local levels. The

DWI Task Force is chaired by the Executive Director of the Louisiana Highway Safety Commission and is comprised of designees from the Attorney General’s Office, Department of Transportation and Development, Department of Health/Office of Behavioral Health, LA House of Representatives, Association of Chiefs of Police, District Attorneys’ Association, Property & Casualty Insurance Commission, Restaurant Association, Sheriffs’ Association, State Police, State Police Crime Lab, Mothers Against Drunk Driving, Alcohol and Tobacco Control, Office of Motor Vehicles, and the LA Senate as well as three at-large members.

Louisiana’s Statewide Prevention Infrastructure Organizational Structure



Licensing/Credentialing & Professional Development Key Players

Addictive Disorder Regulatory Authority (ADRA)

ADRA is the state licensing and credentialing board for addiction counselors and prevention professionals. Treatment for addictive disorders vary, but we do know that most patients respond well to talk therapy and social support situations. This process of recovery is often a long and difficult one, so it is important that addiction counselors and prevention professionals have the skills to cultivate an enduring relationship with their patients/clients. ADRA credentialing ensures that all counselors specializing in addiction recovery and prevention have the necessary skills to treat and engage with diverse groups by awarding a seal of accreditation only to those counselors who have exhibited excellence in their trade.

In Louisiana, the practice of most health care professions is licensed and regulated by appointed boards placed within the Department of Health. Therefore, the legislature hereby finds it appropriate that the responsibility and authority to regulate the practice of addictive disorder treatment and prevention be exercised by a licensing board created for that purpose.

ADRA manages licenses and certifications for the following professionals which includes substance abuse prevention professionals:

- CIT: Counselor in Training
- LAC: Licensed Addiction Counselor
- CAC: Certified Addiction Counselor
- CCS: Certified Clinical Supervisor
- RAC: Registered Addiction Counselor
- CCGC: Certified Compulsive Gambling Counselor
- PSIT: Prevention Specialist in Training
- LPP: Licensed Prevention Professional
- CPP: Certified Prevention Professional
- RPP: Registered Prevention Professional
- ATA: Addiction Treatment Assistant

Louisiana Association of Substance Abuse Counselors and Trainers (LASACT)

LASACT's is a membership organization with the mission to promote and enhance addiction professionals & providers in the areas of treatment, education, prevention, and advocacy. LASACT's workforce development offerings include educational workshops on topics such as prevention and counseling of substance abuse, compulsive gambling, professional ethics, and clinical supervision; the Louisiana Addiction Counselor Training (LACT) which provides the 180 education hours that are specific to substance abuse education, a requirement for applying to be a Counselor in Training (CIT) through the ADRA; and an annual conference with the purpose of providing multi-track continuing education opportunities by nationally and internationally known speakers as well as in-state experts.

One of the organization's goals is to ensure that certification/licensure candidates meet all requirements and are competent to serve the public. With this in mind, they work with the ADRA to ensure appropriate standards and valid and reliable testing instruments are utilized in the addiction professional field.

Finally, LASACT's team promotes appropriate proposed legislation that impacts the fields of addiction and professionals not just in Louisiana, but also nationally.

Louisiana Center for Prevention Resources (LCPR)

Drawing on the resources of the Nelson Mandela College of Government and Social Sciences, Department of Psychology, the Office of Behavioral Health has collaborated with Southern University to develop LCPR. The mission of the Louisiana Center for Prevention Resources is to serve as a statewide clearinghouse for training, education, advocacy and technical assistance to prevent or reduce problems resulting from alcohol, tobacco and other drug use by working collaboratively at the state, regional and community levels.

The unique aspect of LCPR is that their services are available not just to healthcare professionals who provide substance abuse prevention services, but also to youth advocates and community coalition leaders and members. Many of LCPR's training, education, and technical assistance services are free-of-charge and are available for Continuing Education credits through ADRA. In addition, LCPR can provide professional development offerings at minimal costs. It can also be contracted to develop and deliver customized trainings on a wide variety of topics.



Substance Abuse Prevention Strategic Planning in Louisiana: A Look at Past Efforts

As described in the previous section, OBH is the designated Single State Authority (SSA) for substance abuse services in Louisiana. As such, OBH monitors and manages the Substance Abuse Prevention and Treatment Block Grant (SABG) funds for the state which includes an allocation of 20% from this funding for prevention. OBH's Prevention Services department oversees these dedicated funds. The priorities included in Louisiana's SABG application are data-driven and strategically selected based on federal requirements and state and regional needs assessments, particularly those strategies to fund prevention efforts. All prevention efforts are family-focused, evidence-based, outcome-driven and cost-effective.

In addition to federal block grant funds, OBH has been awarded numerous state-level discretionary prevention planning grants over the years. OBH and the Governor's Office have jointly provided management and oversight of these grants including, in funding order, State Incentive Grant (SIG), Strategic Prevention Framework-State Incentive Grant (SPF-SIG), Strategic Prevention Framework-State Prevention Enhancement (SPF-SPE) Grant, Strategic Prevention Framework-Partnerships for Success 2013 (SPF-PFS) Grant, Strategic Prevention Framework for Prescription Drugs (SPF-Rx) Grant, and current Strategic Prevention Framework-Partnerships for Success 2018 grant with a core team of advisors. These advisors represent key public health and safety stakeholders, including Louisiana Department of Education, Louisiana Highway Safety Commission, Louisiana State Police Crime Lab, Southern University-BR, and the Louisiana Center Addressing Substance Use in Collegiate Communities (formerly housed at Louisiana State University) now at the Louisiana Board of Regents. This team serves as the Strategic Prevention Framework Management Team and provides direction as it pertains to substance abuse prevention in Louisiana.

The SPF-SPE grant was timely for the state of Louisiana as implementation of the SPF-SIG grant was finalized in September, 2011. The SPF-SPE funding resource was designed to help states, regions, and districts develop a strategic plan to guide the administration and the advancement of prevention services. The Office of Behavioral Health and the Governor's Office along with the Strategic Prevention Framework Management Team capitalized on the funding opportunity to create a *Capacity Building/Infrastructure Enhancement Plan*. This plan became the basis for the state's shared vision for prevention and led to the creation of the *2012-2016 Louisiana Strategic Plan for Substance Abuse Prevention*. The vision for the *2012-2016 Plan* was to recognize that alcohol, tobacco and other drug abuse is a serious social and public health issue that when addressed will create a climate of healthiness and community wellness for all of Louisiana. In order to realize that vision, work plans focusing on Coordination of Services; Technical Assistance and Training; Data Collection, Analysis and Reporting; and Performance Evaluation were outlined.

In Summer 2017, OBH, the Governor's Office, the Strategic Prevention Framework Management Team, and other stakeholders engaged in an effort to update the *Strategic Plan* for the next five-year period of 2017 to 2021. To do so, the state substance abuse prevention infrastructure was assessed, accomplishments were cataloged, gaps in services were identified, and new trends in substance abuse were considered. The key stakeholders agreed that many successes had been achieved, but much work still needed to be done. With that, they recommitted to the vision stated in the *2012-2016 Plan* and conducted a systematic review of the work plans. Ultimately, the focus of the work plans remained much the same -- Data Collection, Analysis, Evaluation, & Reporting; Coordination of Services; Technical Assistance and Training; and Behavioral (Alcohol, Tobacco, Illicit Drugs, Prescription Drugs, and Opioids). These action plans identified steps to further build infrastructure as well as close gaps in the system, and thus became the *2017-2021 Louisiana Substance Abuse Prevention Strategic Plan*.

As the 2017-2021 period neared completion, members of the PSC and SEW engaged in a series of meetings, brainstorming sessions, prioritization activities, and vetting exercises to identify the

accomplishments of the work plan goals, establish which goals still need work and should remain in future plans, and consider new goals for the various work plans. As the 2022-2026 Plan period has just begun, the Office of Behavioral Health, the Governor’s Office, the Strategic Prevention Framework Management Team, and other stakeholders stand ready to tackle the increasingly complex landscape of substance abuse and misuse in Louisiana.



Louisiana’s Prevention System: A Look at its Foundational Elements

Foundational elements are those that represent the base upon which something stands. Ideally, they provide a legacy for the everlasting support and growth of a system or institution. As they relate to a substance abuse prevention system, these elements are all about establishing the foundation for an effective, sustainable approach to foster a climate of public health and community wellness across the state. In Louisiana, the prevention system has committed to advocating for the adoption of these foundational elements by individual stakeholder groups so as to support and grow the collective approach to prevention. The foundational elements of Louisiana’s prevention system are primary prevention, environmental strategies, community coalitions, the Strategic Prevention Framework, and professionalization of the prevention field.

Primary Prevention

Public health focuses on the prevention of risky behaviors before they become disorders and diseases as well as the promotion of healthy and protective behaviors rather than the diagnosis and treatment of disorders and diseases. In that sense, prevention is proactive. It is an outcome-driven process of intervening early to prevent the onset of unhealthy behaviors, promoting healthy lifestyles, and improving quality of life for individuals and communities. Specifically, substance abuse prevention, as the words imply, is intended to thwart the initiation of substance use and reduce the risk of developing a behavioral health problem such as alcohol misuse and abuse, prescription drug misuse and abuse, and illicit drug use.

Prevention professionals achieve this by empowering individuals, families, and communities through an integrated system featuring collaboration through strategic partnerships, data-driven problem solving processes, adoption of evidence-based policies, programs and practices, and assessing impact of these practices to determine effectiveness. Community involvement is vital to ensure that the issue of primary prevention is being tackled at every level. Our belief, which is backed by a growing body of knowledge, is that prevention works. Furthermore, it provides hope for effecting change to support healthy behaviors.

Strategic Prevention Framework

Research and experience have shown that prevention must begin with an understanding of the complex substance misuse and abuse behaviors and the contributing factors that lead to the problem behaviors. Prevention professionals realize that behaviors are driven by individual personality and genetic composition, family characteristics and relational dynamics, social and economic contexts, and other complex environmental circumstances. By understanding what the interplay of these factors looks like in one’s community, communities can establish and implement effective plans to address substance misuse.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The seven elements offer prevention professionals a comprehensive problem-solving approach to addressing substance misuse and related behavioral health problems facing communities.

The SPF includes these five steps:

1. Assessment: Identify local prevention needs based on data
2. Capacity: Build local resources and readiness to address prevention needs
3. Planning: Find out what works to address prevention needs and how to do it well
4. Implementation: Deliver evidence-based programs and practices as intended
5. Evaluation: Examine the process and outcomes of programs and practices

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps:

- Cultural competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on distinctive heritage and relationships.
- Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.



SAMHSA's Strategic Prevention Framework

The Strategic Prevention Framework model was adopted by the Drug Policy Board in 2005 to guide substance abuse prevention planning in the state.

Environmental Strategies

Substance abuse prevention is a continuously evolving field. Once the province of grassroots strategies providing only anecdotal evidence of effectiveness, today's field is dominated by replicable evidence-based programs, policies, and practices with demonstrated effectiveness.

In the early days of research-based prevention, Louisiana's focus was on individuals. Guided by the risk and protective factor model, prevention efforts targeted the attitudes and behaviors of youth and primary caregivers toward the use of alcohol, tobacco, and other drugs using strategies such as information dissemination, education, alternative activities, and problem identification and referral. Most early prevention efforts, however, neglected environmental factors and community-based processes, focusing instead on protecting the individual through multi-session knowledge and skills building programs, information dissemination, and peer-to-peer groups and afterschool programs with the expectation that educating youth on the risks associated with alcohol, tobacco, and other drugs (ATOD) would be sufficient to prevent and avoid problems. What we found, however, was that these individualistic efforts often were not as effective as expected. A young person who attended a well-presented education seminar on prevention at school might go home to a neighborhood where use was glamorized on billboards, laws were not enforced, and alcohol, tobacco, and other drugs were plentiful.

Researchers in the prevention field began to look at what worked and what did not, testing and replicating prevention strategies with diverse populations to identify those that were effective in preventing substance abuse. The picture of prevention that emerged was of a complex and multifaceted process. It became clear that to be most effective, prevention efforts needed to broaden their focus to target population-level change. Addressing the environment, social structure, and the distribution of resources will ultimately produce measureable improvements in harmful consumption patterns and negative consequences in the targeted population. This expanded framework, known as the public health approach, can reduce substance use and related consequences by focusing on preventing health problems and promoting healthy living for whole populations of people.

Over the last 20 years, Louisiana’s substance abuse prevention system has increasingly emphasized the adoption of this more comprehensive approach. We continue to use evidence-based programs, policies, and practices that change behaviors, attitudes, and perceptions toward substance use and abuse among targeted populations, but also expanding our focus to include strategies that change the environment in which these behaviors, attitudes, and perceptions occur.

Community Coalitions

Research indicates that environmental behavior change strategies are most effective when implemented as part of a multifaceted approach that includes parents and families, law enforcement, healthcare providers, community organizations, schools and universities, local and state governments, and the federal government. Thus, community coalitions have become the primary vehicle through which these efforts are planned and implemented.

High-functioning community coalition member agencies develop shared outcomes and goals. Often times, we realize that individuals and/or agencies work in silos which leads to duplication of services and resources. Coalitions help communities find a way to communicate, network, coordinate, cooperate, and collaborate to effectively align funding, people, and other resources to most efficiently address their local substance abuse problems. This level of formalized cohesion leads to more organized efforts.

Professionalization of Prevention

The prevention field, as a formalized progressive career path, is relatively young. Many who work in prevention begin in related professional fields such as counseling, social work, or health care and migrate to prevention because of its nexus with these areas. Moreover, prevention professionals usually have professional credentials from fields other than prevention. To that end, the Prevention Specialist (PS) credential was established in 1994. Because of the overlap and application to substance use disorders, mental health disorders, violence, crime, and a host of other problems that communities face, obtaining this credential is important.

To support the ongoing professionalization of the prevention field, SAMHSA’s Center for Substance Abuse Prevention recently developed and published a report to promote the prevention core competencies that would serve professionals working in the field of mental health and substance use disorder prevention. The three-phase work plan to advance the development of the prevention core competencies included the identification of prevention domains and cross-cutting principles, the development of substance use prevention core competencies and definitions, and the development of knowledge, skills, and abilities (KSAs) for each competency. This process was based on the U.S. Department of Labor’s methodology for developing competencies and competency models in conjunction with experts from the industry in question. The resulting prevention core competencies and accompanying KSAs published in 2021 offer professional direction to the prevention field, affecting staff development and career ladders and pipelines, and providing guidance for training programs and service delivery qualification.

Why is this important to the field of prevention? Having a set of professional standards promotes a job field to the level of a progressive career path. These standards will eventually become an integral part of job descriptions, staff qualifications, and transferable skills for individuals who pursue prevention-focused jobs. A fundamental way to establish these professional standards is to identify competencies (i.e., the qualities necessary to adequately perform a task). Competencies achievement means one has sufficient knowledge, abilities, and skills which can be gained through education, training, experience, and natural abilities.

As one would conclude, national and state mental health and substance use prevention organizations contributed to the organization of a framework for the prevention core competencies. Five of the domains of prevention competencies are aligned with the stages of the SPF – Assessment, Capacity, Planning,

Implementation, and Evaluation. In addition, a cross-cutting domain with competencies was defined. An overview of the prevention competencies is included in the accompanying chart. For more information, you can access the document titled *Prevention Core Competencies* at <https://store.samhsa.gov/product/Prevention-Core-Competencies/PEP20-03-08-001>.

PREVENTION CORE COMPETENCIES				
Knowledge (K), Skills (S), and Abilities (A) Count by Competency & Domain				
	K	S	A	TOTAL
CROSS-CUTTING COMPETENCIES				
1. Interdisciplinary Foundations	10	SU**	AU*	10
2. Multiple Systems	3	3	4	10
3. Family Dynamics	10	SU**	AU*	10
4. Ethical Practice	8	5	9	22
5. Basic Knowledge	14	SU**	AU*	14
6. Communication	5	7	10	22
	50	15	23	88
DOMAIN 1: ASSESSMENT				
1. Data Gathering	4	5	4	13
2. Needs and Resource Identification	3	2	5	10
3. Problem Definition	4	8	4	16
4. Analysis	3	4	4	11
	14	19	17	50
DOMAIN 2: CAPACITY BUILDING				
1. Collaboration	5	5	3	13
2. Organizational Advocacy	4	3	2	9
3. Organizational Cultural Proficiency	5	3	5	13
	14	11	10	35
DOMAIN 3: PLANNING				
1. Collaborative Planning	4	4	4	12
2. Cultural Inclusion	5	3	3	11
3. Systematic Thinking	4	7	4	15
4. Evidence-Informed Approaches	3	2	3	8
5. Facilitation	4	4	4	12
6. Strategic Planning	5	4	3	12
	25	24	21	70
DOMAIN 4: IMPLEMENTATION				
1. Cultural Responsiveness	5	3	6	14
2. Collaboration	3	5	5	13
3. Change Management	3	4	6	13
	11	12	17	40
DOMAIN 5: EVALUATION				
1. Evaluation Methods	3	4	2	9
2. Data Interpretation and Use	3	3	4	10
	6	7	6	19
Totals	120	88	94	302

*AU = Ability Usage **SU = Skill Usage



Louisiana’s Substance Abuse Problems: A Look at the Data

Overall, Louisiana’s current substance abuse prevention data infrastructure is strong as the state has been fortunate enough to have maintained an active State Epidemiological Workgroup since its inception in 2007. The SEW typically meets four times a year, but has met more often when needed. Membership on the SEW coincides with the Drug Policy Board so data systems managers are able to provide data up to their own agency leadership as well as across the prevention system. Highlights of Louisiana’s data infrastructure include:

- Ongoing data sharing agreements across state agencies that house data relevant to the work of the SEW and supported by the DPB.
- Established SEW dataset of indicators related to the consumption and consequences of substance use, or that pertain to the causes of substance use.
- An online data system which allows the prevention field and other stakeholders to access the SEW dataset and queries of the available indicators and which provides simple analyses functions as well as data dissemination (downloadable data files). The online data system is funded and sustained by OBH.
- Resource Assessment data collection tool for the Office of Behavioral Health’s Prevention Management Information System (PMIS).
- Institutionalized data collection, analysis, and reporting of consumption and consequences information for middle and high school students through the Caring Communities Youth Survey (CCYS) and for college-attending students through the Core Alcohol and Drug Survey (CORE).
- Institutionalized data collection, analysis, and reporting of information related to drug deaths, emergency department visits, hospital admissions, and prescription drug rates through the Louisiana Opioid Data and Surveillance System (LODSS).

Data Analysis and Problem Identification

The 2022-2026 Louisiana Statewide Substance Abuse Prevention Strategic Plan is based on a thorough assessment of available data that provides information about substance abuse consumption and related consequences collected by the SEW. This assessment includes identification of the substances that are most threatening to Louisiana’s population across the lifespan and the specific consequences of use and abuse of these substances. The data prioritization process is based on epidemiological findings and is a task of the SEW. It is a framework to guide the substance abuse prevention field and sets a focus for future funding.

Several meetings were convened throughout 2021 to review the consumption and consequence data that is collected and housed within the SEW Online Data System. These sources included the 2021 Drug Threat Assessment prepared by the Gulf Coast High Intensity Drug Trafficking Area; a Comparison of Drug Deaths Between January-June 2019 and January-June 2020 and associated data compiled and reported by LDH/Bureau of Health Informatics; 2018-2019 Maps Of Drug Use Prevalence Estimates By State compiled and reported by National Survey On Drug Use And Health (SAMHSA); Alcohol involved motor vehicle crashes – fatalities and serious injuries compiled and report by LSU’s Center for Analytics and Research in Transportation Safety; Toxicology and Drug Analysis trend data tested by the LA State Police Crime Lab and reported by Rebecca Nugent, Chemistry Manager; 2018 Caring Communities Youth Survey selected results showing lifetime and 30-day use rates for gateway drugs and illicit drugs for each grade of 6th, 8th, 10th, and 12th graders; and Core Alcohol and Drug Survey selected results showing a longitudinal comparison of 30-day use rates for a variety of substances by college students across Louisiana who completed the survey.

Members of the SEW assessed the data and considered the following questions:

1. What are the consumption patterns and consequences of alcohol, tobacco, illicit drugs, and opioids in Louisiana for which epidemiological data is available for all 64 parishes?
2. How close is the relationship between the consumption behavior and associated consequences?
3. How does Louisiana compare to national rates of both consequences and consumption?
4. What are the state rate or percentages for each consequence and related consumption behavior?

Members of the SEW determined that the prioritization would include:

- Separating marijuana out from the definition of illicit drugs to be considered separately;
- Consumption and consequence indicators for alcohol, tobacco, illicit drugs, opioids, and marijuana;
- Consideration of data available at the parish level for SPF-PFS sub-grantees; and
- Application of epidemiology principles to determine disparate populations in SPF-PFS sub-grantee parishes

Following discussions and deliberation, members of the SEW determined the following indicators a priority for each substance:

Alcohol

- Youth (6-12 grade) 30-Day Alcohol Use
- Youth (6-12 grade) Binge Drinking
- Collegiate 30-Day Alcohol Use
- Collegiate Binge Drinking
- Number of alcohol related vehicle crashes resulting in injuries and fatalities across age groups
- Self-reported driving under the influence of alcohol for Youth (6-12 grade) and Collegiate

Tobacco

- Youth 30-Day Tobacco Use
- Youth Heavy Cigarette Use
- Collegiate Heavy Tobacco Use
- Adult Daily Cigarette Use

Illicit Drugs

- Top 5 greatest drug threats as identified by the LSP/HIDTA assessment
- Top 5 drugs besides alcohol detected in blood toxicology results
- Top 5 drugs lists as causes of Drug Poisoning Deaths
- Illicit Drug Use Other Than Marijuana in the Past Month for Louisiana
- Collegiate 30-Day Other Illicit Drug Use

Opioids

- Youth 30-Day Use of Prescription Narcotic
- Youth 30-Day Use Heroin or Other Opioids
- Collegiate 30-Day Opioid Use
- Opioid Overdose-related Death
- Opioid Prescription Rates

Marijuana

- Youth (6-12 grade) 30-Day Marijuana Use
- Collegiate 30-Day Marijuana Use
- Marijuana Use in the Past Month for Louisiana
- Top 5 drugs besides alcohol detected in blood toxicology results

- Top 5 drugs lists as causes of Drug Poisoning Deaths

Please note that due to major changes in other states' marijuana legalization status between since 2016, members of the SEW felt it was imperative to monitor trends in marijuana use and associated consequences among Louisiana residents so stakeholders can be proactive in addressing increased marijuana use. For those reasons, it was decided to separate marijuana out of the illicit drugs category.

Data Gaps and Future Needs

Advocacy for new and/or improved data sources will be one of the primary roles of the SEW over the next five years. By consensus, the membership will continue to seek new data sources and to work within member's respective agencies or organizations to improve data collection for use in prevention planning.

Data challenges and gaps that the SEW plans to address are:

- State and parish-level drug and alcohol-related arrests (including those involving drugs and/or alcohol, but, without obvious possession of such substances)
 - Improvement of crime-related data indicating possession or presence of alcohol and other non-controlled substances
 - Reporting of drug and alcohol related homicide data
 - Consistent collection of arrest data across all jurisdictions
 - Timely collection of arrest data in all jurisdictions
- State/parish drug-related suicides (adults)
 - Data on alcohol- and drug-related suicides
 - Coroner reporting of substance-related suicides
 - Toxicological analysis of all suicide victims
- Improvement or creation of data sources dealing with drug-associated traffic accidents or other accidents
 - Uniform consistent drug and alcohol testing of all victims
 - More detailed reporting of non-traffic and non-mortality accidents (falls, industrial accidents, recreational accidents)
- Age 18 and older consumption/consequence data for those who are not attending institutions of higher education
- Parish level alcohol and tobacco sales
 - Include data pertaining to citations given for sales to minors



Louisiana's Prevention System: A Look at Implementation and Monitoring

The highlight of the Louisiana Substance Abuse Prevention Strategic Plan is a set of goals and objectives conceived by members of the Prevention Systems Committee and State Epidemiological Workgroup. Over the next five years, PSC and SEW members will identify and implement strategies to effectively address the goals and objectives, thereby strengthening Louisiana's substance abuse prevention system. These goals and objectives have been grouped into three topic-specific sections. The topic-specific areas are: 1) Data Collection, Analysis, and Reporting; 2) Coordination of Prevention Resources, Training, and Technical Assistance; and 3) Evidence-Based and Research-Informed Strategies.

LOUISIANA SUBSTANCE ABUSE PREVENTION STRATEGIC PLAN

VISION: To recognize that alcohol, tobacco, and other drug abuse is a serious social and public health issue that when addressed will create a climate of healthiness and community wellness for all of Louisiana.

MISSION: To develop and improve a comprehensive prevention system that will utilize partnerships across state government agencies, private sector agencies, and local communities to implement evidence-based programs, practices, and policies to make impactful change in substance abuse prevention.

Data Collection, Analysis, and Reporting

Goal 1: By 2026, Louisiana will have a sound functioning, well-organized, and interconnected infrastructure of behavioral health data systems.

Objective 1.1:	Formalize processes to sustain the behavioral health data infrastructure
Objective 1.2:	Identify methods to improve behavioral health data collection and reporting through new and current systems
Objective 1.3:	Develop and implement a behavioral health data communication and dissemination plan

Coordination of Prevention Resources, Training, and Technical Assistance

Goal 2: By 2026, the state of Louisiana will be served by a strategically coordinated, broadly represented, data-driven, well-trained substance abuse prevention infrastructure that is responsive to the needs of state and local stakeholders to address substance misuse behaviors among its citizens.

Objective 2.1:	Foster partnerships to improve strategic coordination of substance abuse prevention stakeholders across the across the state
Objective 2.2:	Promote and support services of the designated statewide clearinghouse for training, education, advocacy and technical assistance to prevent or reduce problems resulting from alcohol, tobacco and other substance use, the Louisiana Center for Prevention Resources (LCPR)
Objective 2.3:	Promote and support professional development opportunities offered by local, regional, state, and national stakeholders in the substance abuse prevention field
Objective 2.4:	Develop and implement a communications network to disseminate and promote evaluation research, experiential case studies, effective strategy implementation guides, and model legislation to substance abuse prevention stakeholders

Evidence-Based and Research-Informed Strategies

Goal 3: By 2026, By 2021, the state of Louisiana will observe a reduction in misuse and abuse of alcohol, tobacco, illicit drugs, prescription drugs, opioids, and marijuana across the lifespan through the implementation of evidence-based approaches, processes, and interventions

Objective 3.1:	Research, encourage, and/or facilitate adoption of proven and effective strategies to reduce underage drinking and adult alcohol misuse and associated consequences
Objective 3.2:	Research, encourage, and/or facilitate adoption of proven and effective strategies to reduce the use of tobacco and vapor products among youth and adults
Objective 3.3:	Research, encourage, and/or facilitate adoption of proven and effective strategies to reduce the misuse of opioids and associated consequences among youth and adults
Objective 3.4:	Research, encourage, and/or facilitate adoption of proven and effective strategies to reduce the use of illicit drugs among youth and adults
Objective 3.5:	Research, encourage, and/or facilitate adoption of proven and effective strategies to reduce the use of marijuana among youth and adults
Objective 3.6:	Encourage and facilitate adoption of the foundational elements of Louisiana’s prevention system at the local and regional levels

Strategic Plan Monitoring and Review

This particular step is valuable because it is important to monitor and evaluate the progress of the 2022-2026 *Strategic Plan*. It ensures that progress has been made towards achieving the goals, objectives, and strategies that have been outlined. SEW and PSC members will work on the plan quarterly at each meeting. Also, subcommittees have the opportunity to meet outside of regularly scheduled quarterly meetings. We also realize that the Strategic Plan may require adjustments or modifications to achieve its objectives. Additionally, updates will be given to Drug Policy Board members at quarterly meetings on the Strategic Plan. Members can always provide feedback or direction because essentially the Drug Policy Board is the governing authority.

Sustainability

Within Louisiana's prevention system, sustainability is considered to be the process of ensuring the existence of an adaptive, effective system that achieves and maintains long-term results that have positive outcomes in the state, region, and community. In order to achieve and sustain outcomes, the state, region, and community coalitions should be afforded every opportunity to:

- Foster the adoption of the foundational elements of the prevention system described previously in this report (Strategic Prevention Framework, environmental strategies, community coalitions, and professionalization of the prevention field)
- Disseminate information and resources about innovative, evidence-informed, and evidence-based prevention strategies
- Achieve targeted reductions in consequences and consumption

To sustain efforts, Louisiana must be willing to commit to *Louisiana's Strategic Plan for Substance Abuse Prevention* and align state, regional, and community activities to address the causes of our substance abuse problems.

Cultural Competency

Culturally competent prevention services are offered with cultural diversities in mind. Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate disparities by establishing a blueprint. CLAS Standards are the criteria for prevention in Louisiana. Thus, another priority is the development of a process for assuring the selection and implementation of culturally competent and appropriate programs, policies, and practices at the state, regional, and community level.

Cultural competency has always been a core value of the state's prevention system and is currently emphasized through program planning, trainings, and meetings. Louisiana intends to build on this foundation and to use it within the state's decision making process. Programs, policies, and practices encourage appreciation and acceptance of others' perspectives and realities and require an environment that allows participants to appreciate diversity. Relationships are affected by cultural norms (e.g., community attitudes toward adult substance abuse and underage use) and community realities (e.g., community skill set, community resources, and community's access to skills and resources). LCPR will provide ongoing training and technical assistance to educate providers and community coalitions in the areas of cultural competencies to ensure that they have adequate means of assessing cultural needs and access to programs that are culturally appropriate to address them.



Next Steps

As mentioned in the *Data Analysis and Problem Identification* section and illustrated in the *Evidence-Based and Research Informed Strategies* action plan, the monitoring of marijuana use and implementation of strategies to address said behavior became a priority for the state's prevention stakeholders in the past couple of years. A major focus will be placed on stemming ongoing efforts to legalize marijuana for recreational use and to liberalize the state's medical marijuana program in such a way that it would become a de facto vehicle for the misuse of cannabis under the guise of therapeutic use. Governor John Bel Edwards, whose second term ends in January 2024, has continually expressed his opposition to recreational marijuana and has committed to stem any legislative efforts to legalize it in Louisiana.

A second major focus for the state's prevention stakeholders is fentanyl. The Louisiana Opioid Surveillance Program (LOSP) housed in the LA Department of Health/Office of Public Health is tracking an increase in drug overdose deaths occurring in Louisiana largely due to a surge in the presence of illicitly manufactured fentanyl. As one of several efforts to address the rise in fentanyl-attributed overdoses, the LA Department of Health is working with legislators to exempt Fentanyl Test Strips (FTS) and other drug testing equipment from the definition of drug paraphernalia in the state's revised statutes. If successful, FTS will be legal for purchase and wide-scale distribution through state and local resources.

Conclusion

The State of Louisiana has a dynamic substance abuse prevention system. With the long-standing partnership between the Office of the Governor and the Louisiana Department of Health Office of Behavioral Health serving as the cornerstone for the system, Louisiana continues to innovate in the field of prevention. On behalf of the prevention system stakeholders, the *2022-2026 Louisiana Substance Abuse Prevention Strategic Plan* has been completed to guide work of the utmost importance. The time and commitment put into the development of Louisiana's Strategic Plan for Substance Abuse Prevention from the members of the Drug Policy Board, the State Epidemiology Workgroup, and the Prevention Systems Committee has been invaluable. The goals and objectives in this document set the blueprint of how Louisiana will continue addressing sustainable strategies that will lead to change regarding substance abuse prevention. We realize that prevention works, treatment is effective and recovery happens. The implementation of this plan will help guide decision making and facilitate on-going planning. Lastly, we recognize the need to consider the plan as a fluid document. Adjustments will be made as needed throughout the five-year process to address emerging priorities, respond to changes in drug use trends, and redirect resources as achievements are realized.



