



# THE LOUISIANA SUBSTANCE ABUSE PREVENTION STRATEGIC PLAN 2017 - 2021

OCTOBER 19, 2017

## **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 a comprehensive prevention framework system for the state of Louisiana that will utilize partnerships across state government agencies, private sector agencies, and local communities to implement programs, practices, and policies identified as evidence-based strategies to make impactful change in substance abuse prevention.

**Table of Contents**

Executive Summary	3
Introduction	4
Background	4
Definition of Prevention	5
History of Prevention	5
Prevention Systems Infrastructure	7
Drug Policy Board	7
Prevention Systems Committee	8
State Epidemiology Workgroup	9
Community Coalitions	9
State Technical Assistance & Resource Staff (STARS)	10
Advisory Council on Heroin and Opioid Prevention and Education	10
Organizational Support Chart	11
Louisiana Department of Health/Office of Behavioral Health	11
Costs of Substance Abuse Prevention	13
Current Grants and Programs	13
Prevention Partners	14
Strategic Plan Monitoring and Review	33
SEW Online Data System	33
National Data Sources	34
Louisiana Data Sources	34
Data Infrastructure	37
Needs Assessment Data	37
High Risk Populations	37
State Epidemiology Workgroup Data Prioritization	39
Priority of Geographic Areas	42
Needs Assessment Challenges and Data Gaps	44
Cross-Cutting Issues	46
Sustainability	46
Cultural Competency	46
Underage Drinking	47
Service Disruption	48
Legislation	49
Next Steps	50
Conclusion	51
Appendices	52
A. Louisiana Substance Abuse Prevention Strategic Plan Acronyms	52
B. Data Collection, Analyses, Evaluation and Reporting Action Plan	54
C. Coordination of Prevention Services Action Plan	55

D. Training and Technical Assistance Action Plan	56
E. Behaviors Action Plan	57
F. Illicit Drugs Indicator Overview	58
G. Alcohol Indicator Overview	61
H. Tobacco Indicator Overview	64
I. Prescription Drugs Indicator Overview	66
J. Opioid Indicator Overview	68
K. Illicit Drug Parishes Ranked Highest to Lowest	70
L. Alcohol Parishes Ranked Highest to Lowest	74
M. Tobacco Parishes Ranked Highest to Lowest	78
N. Prescription Drug Parishes Ranked Highest to Lowest	82
O. Opioid Parishes Ranked Highest to Lowest	86

## Executive Summary

The problems associated with substance abuse adversely affect millions of individuals daily across the United States. In Louisiana, a core team of key advisors from multiple state agencies have served as the management team charged with providing oversight and direction for the implementation of the State's current Strategic Plan. Louisiana's updated Strategic Plan (2017-2021) comprehensively and clearly outlines the goals and objectives identified to support and enhance the ongoing efforts to reduce substance abuse throughout the State over the next five years. Louisiana's substance abuse prevention professionals and their colleagues have developed this document as a continuation of the work that was done in the previous Strategic Plan. The State has a robust substance abuse prevention system and infrastructure with a cohort of professionals that are equipped to support and address the needs of Louisiana's local communities as it relates to substance use trends.

Louisiana has been very fortunate to have many statewide agencies, private agencies, and other partners in substance use prevention. These partners have worked collaboratively through shared resources, and, most importantly, ensured that services were not duplicated when addressing substance abuse prevention. The data for Louisiana continues to show the need for substance abuse prevention as youth consistently report higher alcohol use rates than the nation regardless of incidence of lifetime use (ever used in your lifetime), past 30 day use, or binge drinking (5 or more drinks in a row during the past 2 weeks). Usage rates for youth in Louisiana exceeded national rates in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades according to the *Monitoring the Future Survey*. For instance, in 2016, youth in Louisiana reported rates of 14.1% for 30-day alcohol use compared to the national rate of 7.3%. Binge drinking was reported at 7.8% compared to the national rate of 3.4%.

The objectives identified in this Strategic Plan will support strategies to effectively address substance abuse prevention in the state. Topic-specific "mini" action plans have been created and are integrated in the overall Strategic Plan. These plans outline the steps to be used to close the gaps in our substance abuse prevention system. The expectation is to move the needle in substance abuse prevention through the implementation of these action plans. The topic-specific areas are: 1) Data Collection, Evaluation, and Reporting; 2) Coordination of Prevention Services; 3) Training and Technical Assistance; and 4) Behavioral (Alcohol, Tobacco, Illicit Drugs, Prescription Drugs, and Opioids). Agency members of the Prevention Systems Committee and the State Epidemiology Workgroup - subcommittees of the Drug Policy Board - are essentially responsible for the implementation of the Louisiana Substance Abuse Prevention Strategic Plan.

The Plan provides a roadmap for addressing substance abuse prevention in Louisiana. The Louisiana Substance Abuse Prevention Strategic Plan is a fluid document and adjustments will be made as needed outline throughout the five-year process.

## Introduction

Louisiana will focus on the implementation of a five-year comprehensive strategic plan to address substance abuse prevention. This is the next step to continue building upon successes achieved through previous funding and current sources and coordinated support from state and federal sources.

In order to update the previous Strategic Plan, the current State substance abuse prevention system, accomplishments, gaps in services, and new trends in substance abuse were reviewed and considered. The explicit goals of the Center for Substance Abuse Prevention (CSAP) at the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) for the Partnerships for Success program were to reduce substance misuse and strengthen the prevention capacity at the state, local, and tribal levels. Thus, the state of Louisiana was able to maintain its focus on these four major topics identified under previous federal grant programs: 1) Data Collection, Analysis, Evaluation, & Reporting; 2) Coordination of Services; 3) Technical Assistance and Training; and 4) Behavioral. The Action Plans outline and identify steps that Louisiana will take to further build infrastructure as well as close gaps in our substance abuse prevention system over the next five years. Furthermore, Louisiana commits to upholding the principles of maintaining cultural competency and addressing high-risk populations.

## Background

The Drug Policy Board (DPB), the State Epidemiology Workgroup (SEW), and the Prevention Systems Committee (PSC) convene quarterly throughout the year to provide guidance and direction on the development of Louisiana's Strategic Plan for Substance Abuse Prevention. The DPB, members of the SEW, and members of the PSC represent state agencies, organizations, and universities that have a vested interest in the prevention of substance use and abuse in Louisiana.

The Louisiana Department of Health/Office of Behavioral Health (LDH/OBH) and the Office of the Governor have jointly provided management and oversight of several prevention planning grants including the State Incentive Grant (SIG), the Strategic Prevention Framework-State Incentive Grant (SPF-SIG), the Strategic Prevention Framework-State Prevention Enhancement (SPF-SPE) Grant, and the current Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Grant with a core team of key advisors. These advisors represent multiple state agencies, including Louisiana Department of Education, Louisiana Highway Safety Commission, Southern University-BR, and the Louisiana Center Addressing Substance Use in Collegiate Communities at Louisiana State University. This team serves as the Strategic Prevention Framework Management Team and provides direction as it pertains to the implementation of Louisiana's Strategic Plan for Substance Abuse Prevention and the future of 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 which led to the creation of the Louisiana 2012-2016 Strategic Plan. Since then, the SPF-PFS funding resources have supported the implementation of the 2012-2016 Strategic Plan as well as provided the capacity to develop this 2017-2021 Plan.

## **Definition of Prevention**

Prevention is the proactive outcome-driven process of promoting healthy lifestyles and improving quality of life by empowering individuals, families, and communities through an integrated system of evidence-based policies, programs and practices. Ideally, prevention is intended to prevent or reduce the risk of developing a behavioral health problem such as underage drinking, prescription drug misuse and abuse, and illicit drug use. Early intervention is the key to preventing the onset of substance abuse usage issues. Community involvement is vital to ensure that the issue of prevention is being tackled at every level. It is our belief that prevention works. Furthermore, it provides hope for effecting change to support healthy behaviors.

## **History of Prevention**

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. Schools and community-and faith-based organizations worked with targeted populations using SAMHSA/CSAP's six strategies: information dissemination, education, alternative activities, community-based process, environmental strategies, and problem identification and referral. Most early prevention efforts, however, neglected environmental factors and community-based processes, focusing instead on protecting the individual through educational efforts, information dissemination, and alternative activities (e.g., 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.

During the last 15 years, the state of Louisiana under the guidance of SAMHSA/CSAP has adopted 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.

The SPF model was adopted by the Drug Policy Board to guide substance abuse prevention planning in the state. Prevention efforts in the past used the risk and protective factor model, which focused on variables that predict - and potentially lead to - substance use. These key components highlight the SPF as an outcome-based model. The SPF steps are formally referred to as 1) Assessment; 2) Capacity; 3) Planning; 4) Implementation; and 5) Evaluation. Sustainability and Cultural Competence are considered cross-cutting components. This model gives communities the ability to assess needs and resources, builds capacity to adequately address needs, effectively plan and implement strategies for the identified needs, and evaluate efforts for improving future prevention.





## Prevention Systems Infrastructure

### Drug Policy Board

The Drug Policy Board, which was legislatively created in 1990, under Louisiana Revised Statute 49:219:1-4 to address substance abuse prevention, treatment, and enforcement, positioned Louisiana to be one of twenty states in the first cohort of SPF-SIG funding. Louisiana implemented the SPF-SIG according to the expectations put forth by CSAP, the funding agency within SAMHSA. The project was identified during that time period as, “The Governor’s Initiative to Build a Healthy Louisiana.” Louisiana fully embraced CSAP’s concept that it is the state’s responsibility to develop a substance abuse prevention system and state infrastructure that supports communities in addressing substance abuse issues on a local level. Therefore, during SPF-SIG funding, the Drug Policy Board (DPB) institutionalized the State Epidemiology Workgroup (SEW) and Prevention Systems Committee (PSC) as subcommittees of the Drug Policy Board and formalized both within the Drug Policy Board Bylaws.

The following are excerpts from the enacted Drug Policy Board legislation and board bylaws, respectively:

#### *§219.1. Policy and purpose*

- A. It is the policy of the state to undertake every responsible effort, explore every opportunity, invite every useful contribution, and expend every available resource, to eliminate the abuse of drugs and alcohol and the damage to people and institutions that results from such abuse.
- B. In view of the policy of the state, it is the purpose of this Part 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 following list is representative of participating agencies on the DPB:

- District Court Judge
- Governor’s Office, Office of Drug Policy
- Louisiana Board of Pharmacy
- Louisiana Commission on Law Enforcement
- Louisiana Department of Children & Family Services
- Louisiana Department of Education, Healthy Communities Section
- Louisiana Department of Health, Office of Behavioral Health
- Louisiana Department of Public Safety & Corrections, Louisiana State Police
- Louisiana Department of Public Safety & Corrections, Louisiana Highway Safety Commission
- Louisiana Department of Veteran Affairs
- Louisiana District Attorney’s Association
- Louisiana House of Representatives, Health and Welfare Committee Member
- Louisiana Senate, Health and Welfare Committee Member
- Louisiana National Guard
- New Orleans Health Department

- Louisiana Department of Revenue, Office of Alcohol and Tobacco Control
- Louisiana Department of Justice, Office of the Attorney General
- Private Organization Involved in Substance Abuse Prevention
- Representative from the Alcohol Industry
- Substance Abuse and Mental Health Services Administration

#### *ARTICLE VI Committees*

Section 1: The Prevention Systems Committee (PSC) is created as a state level advisory committee of the Drug Policy Board. The purpose of this Committee is to make recommendations regarding effective programs, policies, and practices regarding resource and capacity issues, as well as develop a framework to build an advocacy network for prevention.

Section 2: The State Epidemiology Workgroup (SEW) is created as a state level advisory committee of the Drug Policy Board. The purpose of this Committee is to advise and make recommendations on issues related to collecting, housing, analyzing, and reporting consumption and consequence data related to substance use.

#### **Prevention Systems Committee**

The Prevention Systems Committee (PSC) is a subcommittee of the DPB and 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. 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 Louisiana's Strategic Plan for Substance Abuse Prevention.

Membership of the PSC is aligned with the membership of the DPB. The SPF process is enhanced when implemented through a functioning coalition. The PSC was formed with the purpose of serving as the state coalition for substance abuse prevention. There are currently 27 individuals representing multiple agencies, universities and organizations who serve as members of the PSC. Some 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 addresses prevention priorities for the state based on data and coordinates prevention services delivered by the member agencies.

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 roles and responsibilities. The work of the PSC is guided by formalized bylaws. In the event that there is a need to expand participation or fill vacancies, active recruitment and outreach is conducted. Once identified, new members are provided orientation of past prevention efforts particularly as it pertains to the strategic planning process.

### **State Epidemiology Workgroup**

The State Epidemiology Workgroup (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 24 individuals representing multiple state agencies, universities, and organizations who serve as members of the SEW. Some 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.

### **Community Coalitions**

Community Coalitions function efficiently with multi-sector representation that also share targeted outcomes and goals. These coalitions would have a vested interest in preventing substance use and have a voice for programs and policies in the state of Louisiana. Often times, we realize that individuals and/or agencies work in silos which lead to duplication of services and resources. It is imperative that we find a way to communicate, network, coordinate,

cooperate, and collaborate to effectively align resources to address substance use. This would in turn lead to organized community efforts from coalitions. The network of coalitions funded by the federal government, local governing entities, school districts, and parishes has helped to advocate for more coalition work at the local level.

### **State Technical Assistance & Resource Staff (STARS)**

The state of Louisiana immediately recognized the need to develop a technical assistance and training system to support the integration of the SPF process statewide. Therefore, the State Technical Assistance and Resource Staff (STARS) team was established. STARS is an existing cadre of state and university staff trainers who are knowledgeable and experienced in the implementation of the Strategic Prevention Framework (SPF). The SPF is a five-step process to comprehensively plan, implement, and evaluate prevention problems. The STARS team was developed to provide training and technical assistance in the application of the SPF planning process. The Governor's Office, Louisiana Department of Health/Office of Behavioral Health, and Southern University-BR staff currently serves as members of the STARS team. STARS will continue to expand to include a larger cadre of multi-agency skilled professionals to provide training and technical assistance to community coalitions.

### **Advisory Council on Heroin and Opioid Prevention and Education**

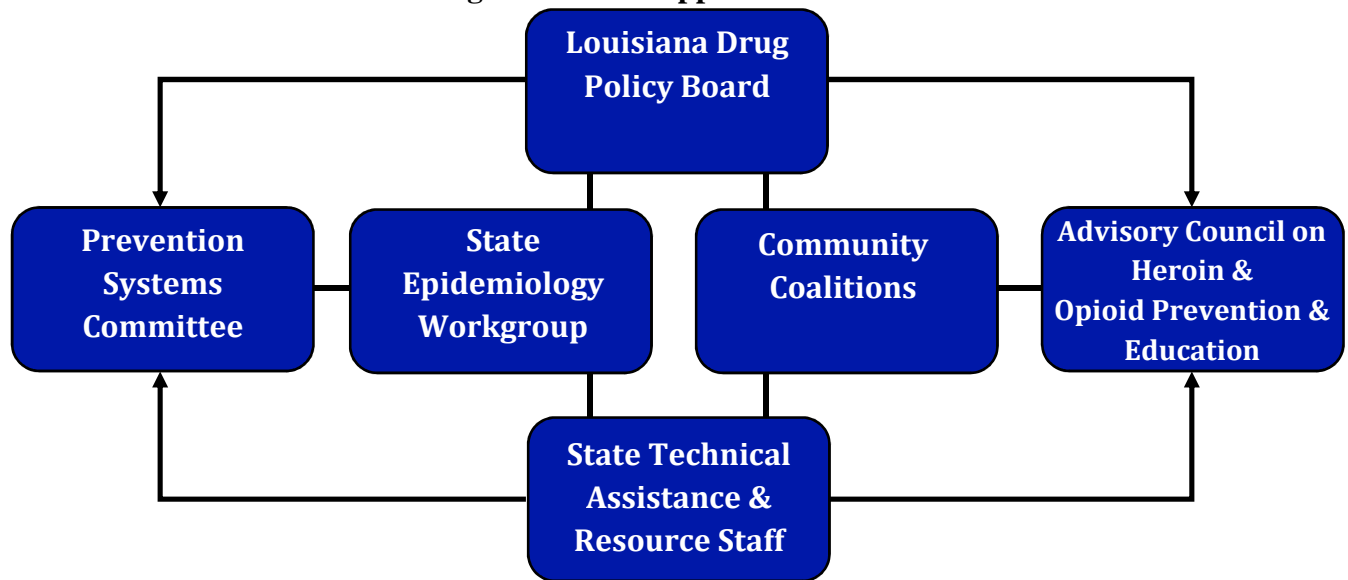
During the 2017 Regular Legislative Session HB 490, now known as Act 88 and authored by State Representative Walt Leger, III, was signed into law. It requires the Drug Policy Board within the Office of the Governor to establish an Advisory Council on Heroin and Opioid Prevention and Education to coordinate 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 listed below:

- 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
- 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.

**Organizational Support Chart****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 through the federal Substance Abuse and Mental Health Services Administration. As such, OBH monitors and manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds for the state which includes an allocation of 20 percent from this funding for prevention.

Act 373, passed during the 2008 Louisiana Legislative Session, requires that all regions which convert to a local governing entity must successfully complete a readiness criteria process that demonstrates capability to assume the responsibility for high-quality service delivery and good governance; in part by meeting requirements of the SAPT block grant. This process involves 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 who 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.

During the 2009 Louisiana Legislative Session, Act 384 authored by State Representative Fred Mills and Senator Michael A. Walsworth was created. This legislation authorized the consolidation of the administrative and planning functions of the Office of Mental Health (OMH) and the Office for Addictive Disorders (OAD) into a newly functioning Office of Behavioral Health (OBH) within the Louisiana Department of Health.

The Office of Behavioral Health (OBH) was created on July 1, 2010 and represents a merger of the State's mental health and addiction services into a single, integrated system of care. OBH has unified its programs and administrative functions, supporting both the transition of Local Governing Entities (LGEs) to a unified behavioral health service setting, and the integration of 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 Bayou Health. Bayou Health is comprised of five managed care organizations (MCOs) which coordinate physical and behavioral health care services for over 919,000 Medicaid recipients, including adults with disabilities who do not receive Medicare, children under age 19, their parents and pregnant women. Medicaid recipients not covered in MCOs include nursing home residents, Medicare dual eligible and recipients enrolled for some specialty service Medicaid programs. Individuals who receive home and community based services are not automatically enrolled but may voluntarily opt in to a health plan. Individuals not enrolled in Bayou Health continue receiving care through the legacy fee-for-service system. As a result of these changes, substance use services have increased significantly. In addition, there has been a strong emphasis on implementing evidence based and culturally sensitive practices in the treatment of individuals with substance use disorders.

OBH prevention services continue to develop a comprehensive, research-based approach to prevention services in Louisiana and to focus on the implementation of the SPF that includes the following activities: networking and coalition building, assessment, capacity, planning, implementation, and evaluation. OBH prevention services are also committed to providing necessary needs assessment data for state and community partners by supporting 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. The state is divided into 10 geographic service areas, or regions. SAPT block grant funds are distributed to each of these 10 areas 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 DPB, PSC, and SEW, OBH continues to develop partnerships that target population-based prevention strategies including retail and social availability, enforcement, community norms, and promotion.



## Cost of Substance Abuse Prevention

The National Institute on Drug Abuse estimates that for every dollar spent in prevention, four to five dollars is saved in costs for drug abuse treatment and counseling. *SAMHSA's Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis* showed that effective school based programs pay for themselves and more. For every dollar spent on these programs, an average of \$18.00 dollars per student would be saved over the student's lifetime.

## Current Grants and Programs

Louisiana has had much success with the following prevention grants which led the work of substance abuse prevention across the state. The State Incentive Grant (SIG) 1999; Strategic Prevention Framework – State Incentive Grant (SPF-SIG) 2004; and the Strategic Prevention Framework – State Prevention Enhancement Grant (SPF-SPE) 2011. The State Incentive Grant focused on the implementation of the SAMHSA's Strategic Prevention Framework. The SPF-SIG grant focused on infrastructure ensuring that a solid foundation was in place for delivering and sustaining effective substance abuse prevention services and the SPF-SPE was designed to assist regions and districts in developing a strategic plan to guide the administration and advancement of prevention services based on the 2012-2016 Louisiana Strategic Plan.

Presently, the state has the following funding allocations to further enhance substance abuse prevention efforts.

### Louisiana Department of Health Grants

Grant Name	Grant Summary
OBH - Louisiana Partnerships for Success (LaPFS)  09/30/2013 – 9/29/2018	LaPFS addresses two Federal prevention priorities: underage drinking among person's age 12-20 and prescription drugs misuse and abuse among persons aged 12-25. Using the Caring Communities Youth Survey (CCYS), Highway Safety, and Census Data as the major data sources, 10 high need communities were identified. The 10 communities showed higher rates, compared to Louisiana state rates, in underage drinking and prescription drugs. In addition to the high rates of underage drinking and prescription drugs, the communities also had limited resources to address these priorities. The 10 communities/parishes of focus include: Plaquemines, Concordia, West Feliciana, Bienville, LaFourche, St. Landry, Union, Washington, Beauregard, and Jefferson.
OBH - Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA)  09/01/2016 – 08/31/2019	MAT-PDOA will expand and enhance capacity for medication-assisted treatment (MAT), wraparound services, and recovery support services for individuals with opioid use disorders. The Greater New Orleans area was identified as the region in the state with the most opioid overdose deaths. The ultimate goal is to decrease illicit substance use and behavioral health access disparities among the population of focus. The lessons learned will be translated and shared with other LGE's statewide.
OBH - Strategic Prevention Framework for Prescription Drugs (La SPF Rx)  09/01/2016 – 08/31/2021	The La SPF Rx will raise awareness about the dangers of sharing medication; to work with pharmaceutical and medical communities on the risks of overprescribing to young adults; to raise community awareness; increase prescription drug abuse education to schools, communities, parents, prescribers and patients; and develop a system to use existing data sources in program planning and evaluation in a proactive/preventive manner in the targeted parish.



OBH - State Targeted Response to the Opioid Crisis Grant (Opioid STR)  05/01/2017 – 04/30/2019	STR will enhance existing statewide prevention, treatment, and recovery support services offered for individuals experiencing or at-risk for opioid use disorder (OUD). Through this grant, OBH will: 1) Increase public and professional awareness and education for prevention and treatment of opioid use, misuse, and abuse; 2) Increase the number of individuals with an OUD diagnosis who are being treated with Evidence-Based Programs; and 3) Increase recovery support services for OUD clients.
OPH - Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)  09/01/2016 – 08/31/2019	The DDPI is a CDC Cooperative Agreement to improve data collection and analysis around the epidemic of opioid abuse. OPH is leveraging existing data sources and acquiring access to others to draw together a comprehensive source of data available for use for all prevention and policy needs to combat opioid overdose and over-prescription. Two activities of this initiative are a strategic plan to address prescription drug abuse & overdose and a needs assessment.

## Prevention Partners

The state realizes that the complexity of addressing substance abuse prevention requires collaboration. We are fortunate to have great partnerships that work cohesively to tackle the issue statewide. The entities listed below are some prevention partners that collaborate to address prevention.

### **D.A.R.E (Drug Abuse Resistance Education)**

1120 Government Street  
Baton Rouge, LA 70802

D.A.R.E. is a substance abuse prevention program designed to equip school children with skills for resisting peer pressure to experiment with tobacco, drugs, and alcohol and the violence which often accompanies it. D.A.R.E. was founded 1983 in Los Angeles, California by former Chief of Police Bill Gates.

D.A.R.E. is designed to give young people the facts about drugs and alcohol and to “inoculate” them against negative peer pressure by teaching them self-management and resistance skills. The D.A.R.E. program is taught by Law Enforcement Officers who have been certified to teach the D.A.R.E curriculum in a classroom setting. Law enforcement officers become certified DARE officers by completing the required training courses at a certified D.A.R.E. training center.

D.A.R.E. officers deliver an innovative curriculum that emphasizes self-esteem, taking responsibility for one’s own behavior, and saying “no” to drug experimentation. D.A.R.E. focuses special attention on students in elementary school exit grades (5<sup>th</sup> or 6<sup>th</sup>) who are not yet likely to have been led by their peers to experiment with alcohol, tobacco, and other drugs and are, therefore, more receptive to prevention education.

Act 148 of the Third Extraordinary Session of 1994 enabled state funding of the D.A.R.E program for the first time, and continued from that point until state FY2002. Act 19 of the 2002 Regular Session of the Legislature increased the tax on cigarettes, with those funds being deposited in the Tobacco Tax Health Care Fund. A portion of those funds are now used to

administer and implement D.A.R.E programs statewide. There are currently 52 Parish Sheriff's Offices and 21 Police Departments across the State of Louisiana teaching the D.A.R.E. program.

**Louisiana Center for Addressing Substance Use in Collegiate Communities**

Louisiana State University  
3196 Pleasant Hall  
Baton Rouge, LA 70803

After the cessation of participation in the Robert Wood Johnson "A Matter of Degree" program to address high-risk binge drinking, LSU's Campus Community Coalition for Change (CCCC) partnered with state agencies to expand its environmental approaches to substance abuse prevention in collegiate communities statewide. This move led to the establishment of the Louisiana Center Addressing Substance Use in Collegiate Communities (LaCASU) Office in 2007, in partnership with the Office of Behavioral Health and previously the Louisiana Highway Safety Commission (up until 2014).

In its current structure, the LaCASU Office provides research and evaluation (through the Core Alcohol & Drug Survey), provides technical assistance (through regional and individual institution trainings), and creates opportunities for professional development (through an annual summit) for persons in various fields of substance abuse prevention and treatment across the state. The Core Alcohol & Drug Survey, which is administered every two years, recently completed its sixth administration in February 2017. Participation is free and open to any institution of higher education in the state who would like to participate. All statewide services provided by the LaCASU office are done through the Louisiana Higher Education Coalition (LaHEC) and offered at no cost, which is made possible through grant funding through the Louisiana Department of Health.

Lastly as LaCASU is housed on the LSU campus, its lead campus initiative is bringing a collegiate recovery community (CRC) to the campus. This program aims to provide a supportive, affirming community for students at LSU who have undergone treatment for substance use.

**Louisiana Center for Transportation Safety**

4101 Gourrier Avenue  
Baton Rouge, LA 70808

The Louisiana Center for Transportation Safety (LCTS) or Safety Center was established in 2015 to provide a foundation and mechanism to facilitate the development of sustainable systems to improve roadway safety and achieve the goal of ZERO DEATHS in Louisiana. The vision of the Safety Center is to be a champion for highway transportation safety to achieve the goal of zero deaths on Louisiana's roads and its mission is to provide access to and coordinate highway transportation safety research, workforce development, and local and state stakeholder outreach across the many entities involved in the Louisiana Strategic Highway Safety Plan (SHSP).

Through its three program areas – research, workforce development, and safety initiatives – the Safety Center strives to do the following:

- Establish the vision of Destination Zero Deaths as a statewide priority.
- Create partnerships and increase coordination across state level funding and implementation to increase effectiveness of highway transportation safety initiatives.
- Develop a strong applied research program.
- Promote highway safety as a professional field.
- Provide outreach and transfer of information to public health and safety stakeholders and the public.

LCTS's research priority areas are aligned with the Emphasis Areas identified in the Louisiana Strategic Highway Safety Plan (SHSP). The research projects support Louisiana's highway safety priorities including: impaired driving (alcohol and other drugs); occupant protection; infrastructure and operations; crashes involving young drivers; and distracted drivers.

LCTS is also starting a new project to research alcohol impaired driving in Louisiana in the coming months. This project will apply a multi-disciplinary approach to conduct "network screening" and "problem identification" in road safety management terms, but to better understand the complexities of cultural and behavioral influences on driver decisions that result in crashes. This approach is based on a deep analysis of currently available public health and highway safety data sets as well as the collection and analysis of new data through a public health lens. The idea is to identify underlying individual, community, and cultural risk factors that influence individuals to engage in excessive drinking and then drive while impaired in Louisiana.

### **Louisiana Highway Safety Commission**

7919 Independence Blvd  
Baton Rouge, LA 70806

The Louisiana Highway Safety Commission (LHSC) is an office within the state's Department of Public Safety and Corrections. LHSC administers the state's highway safety grant program, which is designed to reduce traffic crashes and the resulting deaths, injuries, and property damage. Programs and projects are funded by LHSC with U.S. Department of Transportation funds and administered in accordance with uniform federal guidelines.

Several projects funded fully or partially by LHSC employ substance abuse prevention strategies aimed at reducing impaired driving. These projects include DWI Courts; BRAKES; Ready, Set, DRIVE!; Think First; Sudden Impact; SNAP; and SWAT.

DWI Courts are specialized, comprehensive court programs that provide individual treatment, supervision, and accountability for high-risk DWI offenders – defined as repeat offenders or offenders with a blood alcohol concentration of .15 or higher. These specialty courts follow the well-established drug court model and are based on the premise that impaired driving can be prevented if the underlying cause, substance addiction, is identified and addressed. A large body of research supports the effectiveness of DWI courts to lead participants out of the justice system and into long-term sobriety. Currently, Louisiana has eight LHSC-funded DWI Courts: Baton Rouge City Court, Calcasieu Parish, Iberia Parish, Jefferson Parish, Lafayette Parish, Ouachita

Parish, St. Tammany Parish, and Terrebonne Parish. LHSC has committed to supporting these courts and other jurisdictions wishing to implement their own DWI Court projects.

Be Responsible and Keep Everyone Safe (BRAKES) is a project of the Tangipahoa Parish government. The BRAKES project holds an annual Teen Leadership Forum where they discuss the importance of making good decisions and choices regarding substance use and driver safety. Typically, between 100 and 140 students from area high schools attend this one-day training. Students are divided into equal groups, and the groups rotate through various sessions concerning topics teens face today. The forum is used as a recruitment tool for new members of Tangipahoa Parish's Youth Advocates Group, called KEYS (Keeping Every Youth Safe) Alliance.

The Ready, Set, Drive!, a Lexlee's Kids program, is designed to educate young drivers about the negative effects of distracted driving, underage drinking, and impaired driving in an effort to initiate positive behavioral change. The program provides creative examples of active learning techniques for young adults that directly relate to underage drinking and impaired driving prevention through PowerPoint presentations, engaging videos, group discussion, driving and impairment simulation, games, activities, campaigns, friendly competition, and social media engagement. The Ready Set Drive Program also utilizes fatal vision goggles, computerized driving simulation, battery operated go-cart, and "mocktail" stands to educate the community about the dangers of driving under the influence.

The ThinkFirst Teens Assembly is a program in Shreveport, LA where teenagers and young adults learn about the consequences of poor decisions in motor vehicles and the lifelong effects of traumatic injury. An educator discusses the anatomy and function of the brain and spinal cord, and the effects of traumatic injury. Then, a powerful film documenting the consequences of impaired driving is shown to the teenagers and young adults. A Voice for Injury Prevention (VIP) speaker discusses the injury he or she experienced and how it could have been prevented, providing an honest discussion of disability resulting from poor choices.

The Sudden Impact program addresses the ramifications of driving while impaired from a medical, law enforcement, and victim perspective. The 7-hour program for high school sophomores, located in 105 schools and 16 hospitals across southeastern Louisiana, places the teens in an unfamiliar environment while providing education on laws, decisions, communication, and impairment. State troopers, trauma prevention specialists, and nurses talk to teens about dangers of impaired driving and other high-risk behaviors in a motor vehicle. In the nearly 20 years of the program's existence, approximately 75,000 Louisiana students have benefitted from the Sudden Impact program.

The Social Norming for Alcohol Prevention (SNAP) project addresses the community norms surrounding alcohol use and abuse by youth in southwest Louisiana. The SNAP Project combines social norms theory and practices with social marketing techniques to create unique prevention campaigns that are implemented in public high schools in Lafayette Parish. The project tackles the causal factors of alcohol use and abuse by youth 12-18 years old by implementing a social norms campaign designed to change their perception about alcohol use and abuse. The resulting change in perception brings about a change in their behavior.

Northwestern State University's SWAT (Students with a Target) is a student-driven organization that promotes holistic health and an ongoing conversation about personal safety and community awareness. SWAT members seek to engage students who are interested in taking a leadership role to develop a healthy NSU campus. During the month of October, SWAT participates in educating the student body on the dangers of impaired driving by hosting events with games and entertainment, and by providing handouts on Louisiana laws and current statistics. SWAT promotes a campaign designed to support an alcohol-free Mardi Gras celebration. SWAT mails a 21<sup>st</sup> birthday card to students turning 21 or older, reminding students of alcohol-free alternatives to 21<sup>st</sup> birthday celebrations. SWAT coordinates a DUI/DWI simulator program on the NSU campus each year, and campus peer mentors visit each University Studies class to present a workshop on safe alcohol use and traffic safety. Finally, at every Welcome Week and Freshman Connection Orientation Fair, SWAT distributes materials intended to raise awareness on alcohol issues.

**Louisiana State Police (LSP) Crime Lab**

376 East Airport Drive  
Baton Rouge, LA 70806

<http://www.lsp.org/crimelab.html>

Since 2012, the LSP Crime Lab has identified several new drugs associated with fatal and near fatal overdoses. Because of these identifications, we have initiated 10 separate emergency bans with the assistance of the Louisiana Poison Center and DHH. These bans have placed 15 dangerous drugs into Schedule 1 and sent media releases regarding these drugs state wide.

The laboratory also has several analysts with professional origination membership through which we receive notices of new drugs identified throughout the country and world so we can be ready to identify and ban these drugs as well. LSP partners with the DEA to participate in the annual prescription drug take back days and they also co-present an anti-drug use video to area youth. LSP partners with the DEA to participate in the annual prescription drug take back days and they also co-present an anti-drug use video to area youth.

**U.S. Drug Enforcement Administration (DEA)**

New Orleans Division  
3838 N. Causeway Blvd, Suite 1800, Three Lakeway Center  
Metairie, LA 70002  
[www.dea.org](http://www.dea.org)

DEA's Community Outreach strategy is to develop and disseminate effective drug information for youth, parents, caregivers, and educators, and to increase the public's awareness about the dangers associated with using drugs. There are three major concepts of drug use prevention research at the core of this strategy:

- Parents and teens alike need to know that the brain continues to develop to age 25. In particular, the frontal cortex, which carries out mental processes such as thinking, decision making, and judgment, is not fully developed until that age; therefore, it's vitally important that youth and young adults refrain from drug use as this use will affect brain development.

- When youth and young adults perceive that drug use is harmful and risky, drug use dramatically declines.
- The longer youth and young adults delay drug use, addiction and/or substance use disorders are significantly reduced.

To this end, in addition to [www.DEA.gov](http://www.DEA.gov), DEA has established several educational websites: [www.justthinktwice.com](http://www.justthinktwice.com) for teens, and [www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com) for parents. DEA's newest launch is [www.CampusDrugPrevention.gov](http://www.CampusDrugPrevention.gov), a new website focused on preventing and addressing college drug use. This new website is DEA's latest effort to support drug abuse prevention programs on college campuses and in surrounding communities. The website was created as a one-stop resource for professionals working to prevent drug abuse among college students, including educators, student health centers, and student affairs personnel. In addition, it serves as a useful tool for college students, parents, and others involved in campus communities. DEA has also partnered with Discovery Education and in October 2016 launched a new middle and high school education program, Operation Prevention: The Science Behind Opioid Addiction, in an effort to combat today's opioid crisis.

#### **Greater New Orleans Drug Demand Reduction Coalition**

4408 Henican Place  
Metairie, LA 70003

The vision of the Greater New Orleans Drug Demand Reduction Coalition is that the city will be a safe, crime and drug-free, healthy community with a good quality of life for all of its citizens. The GNODDRC works to prevent substance abuse through prevention, treatment and law enforcement for the creation of safe and healthy community from early childhood through adulthood. The coalition supports evidence-based programs, policies and practices to reduce the demand for drugs through education, data collection, information sharing advocacy, and capacity building and community collaboration.

#### **Targets:**

- Reduction of illicit drug use in New Orleans and the region
- Reduction in underage drinking
- Reduction in drunk and substance impaired driving deaths
- Reduction in drug overdose and related deaths
- Reduction in the non-medical use and abuse of prescription drugs
- Reduction in drug related crime
- Reduction in drug related child abuse and neglect



### **Faith Chapel Gardere Initiative**

8435 Ned Avenue  
Baton Rouge, LA 70820

The Gardere Initiative's goal is to address substance abuse and other social ills in the Gardere area that adversely affect the children, neighboring subdivisions, and the city in general through spiritual intervention, collaboration, and partnerships. The initiative is the recipient of a Drug-Free Communities Support Program (DFC) grant through the White House Office of National Drug Control Policy (ONDCP) for \$125,000/year for a total of 5 years. Additionally, the Gardere Initiative has members that attend, participate, and co-lead quarterly work group meetings of the Prevention Systems Committee as well as the State Epidemiology Workgroup. Dr. Murrelle Harrison serves as the executive director and is funded via the Office of Behavioral Health block funds for prevention development across the state.

### **Jefferson Parish Alliance of Concerned Citizens**

24<sup>th</sup> Judicial District Attorney  
200 Derbigny Street  
Gretna, Louisiana

The Jefferson Parish Alliance of Concerned Citizens (JPACC) is a community coalition whose mission is to increase public awareness and safety and to improve the quality of life in Jefferson Parish through community engagement, capacity building, and advocacy. JPACC is dedicated to promoting healthy lifestyles through prevention, education, and community collaboration.

The Jefferson Parish Alliance of Concerned Citizens was created in September 2003 by a group of representatives from organizations concerned with alcohol and drug use convened by Jefferson Parish District Attorney Paul D. Connick, Jr. Our coalition consists of parents, youth, schools, law enforcement, civic organizations, faith organizations, health professionals, social services, and elected officials. Each person and organization in this community provides a unique perspective on the various issues we are working to address.

JPACC was funded by ONDCP's DFC Program until September of 2016. DFC is a Federal grant program that provides funding to community-based coalitions. The philosophy behind the DFC Program is that local problems require local solutions. JPACC utilizes multiple strategies over multiple sectors:

- Increasing knowledge and raising awareness about issues, trends, the coalition approach, and prevention strategies
- Developing and improving skills and competencies of a given group to understand, resist, and deal with issues both personally and in the community
- Supporting efforts of organizations or institutions to initiate or continue policies relevant to prevention
- Increasing access to prevention services and providing for early identification of problem behavior and referral
- Increasing the coalition's viability and that of community groups to provide activities in the future



- Addressing those issues in the environment that restructure people's choices, change the way the community does business, and changes the way people perceive the community

**LA Voz de la Comunidad**

4200 S I-10 Service Road W Suite 140  
Metairie, Louisiana 70001

The highest concentration of Latinos in the state of Louisiana can be found in the municipality of Kenner within Jefferson Parish. As a result of concerns about the lack of coordination of culturally appropriate services for Latino youth in the City of Kenner, Latino community members began meeting in 2014 to discuss these concerns.

The small Latino group quickly began building relationships with multiple sector members within the Latino neighborhoods of Kenner. The group met with Kenner-based pastors and catholic clergy, businessmen, politicians, non-profits, school officials and law enforcement. Few were aware of the youth prevention activities occurring within the Latino communities of Kenner. In addition, there was little coordination of youth prevention activities. It became evident that there was a great need to organize the many different types of agencies and community groups that were working in those neighborhoods.

In March of 2015, the Latino group began to formally organize. The group quickly determined that the community was motivated and ready to begin working together to prevent youth substance use. Recruitment efforts blossomed and membership began to grow. By-laws were drafted, reviewed, and ratified by the group. The group quickly elected officers according to the guidelines of the bylaws. The group agreed to follow Robert's Rules of Order during the meetings. The group chose the name LA Voz de la Comunidad (The Voice of the Community) and established its mission: to improve the quality of life in the Latino Communities of Jefferson Parish by preventing youth substance abuse through culturally competent leadership, advocacy, research, education and citizenship.

The membership of LA Voz is open to all citizens of Jefferson Parish concerned with decreasing substance use in Latino youth. In October of 2016, LA Voz de la Comunidad was awarded a Drug-Free Communities Grant funded by the White House Office of National Drug Control Policy to prevent youth substance abuse in Latino communities in Kenner. LA Voz utilizes evidence-based strategies as it works towards its goals of increasing community capacity and reducing substance abuse. LA Voz's action plans incorporate activities such as providing information, enhancing skills, providing supports, changing access and barriers, changing consequences, and modifying policies. LA Voz seeks to make community-level changes within Latino neighborhoods utilizing these strategies.

### **Tangipahoa Reshaping Attitudes for Community Change**

15485 Club Deluxe Road  
Hammond, LA 70403  
tracc@tangipahoa.org

Through Tangipahoa Parish Government, a coalition was formalized to address substance abuse issues facing our parish. The purpose of this coalition is to decrease harmful risks for our citizens and improve the quality of life in our community. Tangipahoa-Reshaping Attitudes for Community Change (TRACC) Coalition was formed in 2008 when the parish received funding from the Federal Strategic Prevention Framework State Incentive Grant (SPF-SIG). The Coalition uses the Strategic Prevention Framework Process to access & address alcohol and drug abuse issues. The coalition has sustained with funding from the DFC Program.

The coalition membership consists of member agencies representing law enforcement, social services, healthcare, community, and faith-based organizations. All of the voting coalition members signed Memorandums of Understandings with Tangipahoa Parish Government, committing to work together during the strategic planning process. Recently, the coalition has completed the planning phase of the strategic plan and has started the implementation process.

As with the state of Louisiana, the local community in Tangipahoa has already started building infrastructure and capacity by training and hands-on experiences in the SPF process. It has engaged leadership of many public service and social service agencies and seeks to promote more awareness and support through town hall meetings, media campaigns, youth activities, and partnerships with law enforcement.

### **The Knowledge Effect Coalition**

Lafayette Consolidated Government  
Lafayette Police Department  
2100 Jefferson Street, Suite 102A  
Lafayette, Louisiana 70501  
[www.theknowledgeeffect.org](http://www.theknowledgeeffect.org)

The Knowledge Effect has provided service to Lafayette Parish since its inception in 2007. The vision is to create a safe and healthy community for Lafayette Parish. The organization was awarded a DFC Program grant for five years in 2013. The coalition has assisted in providing Drug Recognition Expert training for the ATAC officers and will continue to provide further training to expand coalition capacity. Recently, the coalition conducted a survey for all Alcohol General licensed establishments in the Lafayette area to help determine how the community could further address underage access to alcohol in AG licensed establishments.

Recently, the coalition along with partners hosted a forum entitled “Lafayette’s Opioid Crisis” “What are We Doing About It?” The forum was an opportunity to provide factual information on how this nationwide epidemic is directly affecting the community and how we are responding to the issue.

**Acadiana Area Human Services District (AAHSD)**

302 Dulles Drive  
Lafayette, LA 70506

The Acadiana Area Human Services District (AAHSD) provides administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. Presently, service sites are located in Crowley, Lafayette, New Iberia, Opelousas and Ville Platte.

The Synar program is a substance abuse prevention strategy that is used by the district. The program is designed to prevent tobacco access to youth under the age of 18. The agency has conducted over 400 compliance checks in the seven parish area (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion Parish). The compliance checks help our tobacco vendors understand that selling tobacco to minors is against the law. Upon completion of all of the compliance checks, businesses receive educational information packets.

Life Skills Training Program is taught to approximately 4000 students in (4) four parishes in grades 4<sup>th</sup> -6<sup>th</sup>. “Kids Don’t Gamble, You Wanna Bet?” is taught to over 600 students St. Martin Parish. These programs are used to change the attitudes of children toward tobacco and alcohol and how they tear down their bodies from usage and the lack of using those substances. At the beginning of each class, Pre-Tests and Post Tests are administered to identify growth. The growth on their Post-Test Scores inspires our teachers, principals and others to continue working with our children. Once more, advances from the pretests to the posttests demonstrate successful implementation to increase students’ awareness of the realities of risky behaviors.

AAHSD was awarded the Strategic Prevention Framework, Louisiana Partnership for Success (LaPFS) grant to address underage drinking use and prescription drug misuse/abuse specifically in St. Landry Parish. STL Proud Coalition will be working to address the federal prevention priorities with Action Plans and evidence-based strategies. Each year, intensive prevention effort, aimed at 1,100 7<sup>th</sup> graders throughout the parish, are implemented through the BLAST Event and follow-up activities. Partnerships have been established with the Boys and Girls Club and other youth serving agencies to implement evidence-based interventions to youth throughout the parish. Beverage Service Training opportunities and Compliance Checks are taking place to target the parish’s merchants who sell alcoholic beverages. Two Prescription Drug Drop Boxes have been placed in the parish and information about the dangers of prescription drug misuse/abuse is presented in lessons and presentations.

As a result of these interventions, recent survey results from the Caring Communities Youth Survey indicate that there have been decreases in underage drinking rates and prescription drug misuse/abuse with school-age children over the last two years. Additional LaPFS funding was awarded to the parish that will allow AAHSD to provide services in neighboring Iberia Parish to focus on underage drinking and prescription misuse and abuse.

## **Capital Area Human Services District (CAHSD)**

4615 Government Street, Building 2  
Baton Rouge, LA 70806

### **Regional State Block Grant Prevention Program**

CAHSD works closely with schools and other community partners to reduce the prevalence of substance use/abuse among youth and families. During the 2016-17 fiscal year, 6,569 participants were enrolled in our prevention programs.

CAHSD's Prevention program consists of:

- Evidence-based prevention curriculum implemented in the schools to enhance skills among youth to resist social influences to use drugs and to improve general competence and self-esteem. Curriculum focuses on increasing knowledge about harmful effects of substance use, providing realistic prevalence of substance use, and improving problem-solving, decision-making, resistance, and communication skills among youth.
- Evidenced-based family focused curriculum implemented in the community to enhance the parent- child relationship by building problem-solving, decision-making, and communication skills.
- Mini Grants awarded to 3 areas schools (East Ascension High School, McKinley Senior High School, and Scotlandville Magnet High School) to write and produce Public Service Announcements (PSA) that build awareness of the risk and impact of suicide, bullying, cyber-bullying, underage alcohol use, underage tobacco use, prescription misuse, and violence.

Community Coalitions with key stakeholders have been active in seeking grant funding to reduce substance abuse in their local communities. CAHSD's role has been to support Coalitions through fiscal and administrative oversight of federal, state, and local grant funded programs or to participate as a key stakeholder in coalition meetings.

### **Regional Substance Abuse Prevention Coalitions**

- Louisiana Partners for Success (LAPFS) High Needs community - West Feliciana
- DFC Program grants - West Baton Rouge Parish (Healthy Community Coalition), East Baton Rouge (Gardere Initiative), E. Feliciana Drug & Alcohol Council
- Statewide Coalition Collaborative (quarterly meetings to discuss policy & program issues)
- Region 2 Louisiana Healthy Communities Coalition - focused on improving Louisiana's health rankings related to tobacco use and obesity

### **2017 Opioid Misuse Prevention Initiative**

CAHSD has been awarded technical assistance resources through the "Facing Addiction" pilot project in March 2017, to provide training of community advocates, improving communication resources, and provide media guidance to highlight policy issues related to substance use.

CAHSD has been awarded a 3-year \$300,000 grant for opioid misuse prevention targeting women and girls starting August 1, 2017. Strategies will be implemented to include launching a

media campaign, conducting educational programs in school and community settings and distributing consumer and provider educational materials.

#### 2017 “Lock Your Meds” Campaign

Ascension Parish Public Schools, with the help of a grant from CAHSD, recently launched a multimedia campaign to raise awareness about prescription drug abuse among teens. “Lock Your Meds,” created by the National Family Partnership, includes posters, a brochure for parents, social media ads, and radio/TV public service announcements that warn families about the dangers of leaving prescription medicines in unlocked or unsecured areas. U.S. figures show that 6.5 million people age 12 and older have abused prescription drugs, and 66 percent of youths older than 12 who abuse such drugs get them from friends and family.

#### Capital Area Human Services - “We need to Talk” Campaign Communication Strategy

CAHSD’s “We Need to Talk” campaign is focused on encouraging parents to talk to their children about the dangers of alcohol, tobacco, and other drugs (ATOD). The campaign is also designed to connect critical issues such as suicide, bullying, peer pressure, violence, and body image to ATOD prevention efforts and provide parents with resources needed to begin those important conversations.

#### **Central LA Human Services District (CLHSD)**

401 Rainbow Drive, Unit 35

Alexandria/Pineville ADC, LA 71360

The Prevention Department of the Central Louisiana Human Services District has worked in the eight parishes of the district to establish and maintain Community Coalitions and Community Partnerships in order to provide a connection to resources that are needed within those communities, as well as providing technical assistance in preparation for those meetings and events. Our coalitions work within their communities to affect change regarding the “whole person’s” outcomes. We have assisted with the implementation of long term and ongoing projects such as our LaSalle Parish Healthy Initiatives Coalition’s signature project “Jena’s Coats of Many Colors & Seasonal Support Center”, wherein warm clothing is provided during the winter months and fans during the summer months as well as non-perishable food items and the provision of some emergent needs. In Avoyelles Parish, the Avoyelles Community & Youth Coalition’s implementation of a Suicide Prevention Program that is currently on-going. We also participate in Community Gardens, Pineville Community Center’s after school program, Goodwill’s Independent Living Program, Louisiana Workforce Commission/Rapides Parish Sheriff’s Dept.’s Youth Empowerment Program, and Holiday Cheer projects benefitting organizations such as: DCFS, CASA, Eckerd Kids, CLASS, Council on Aging, and students across the region in need of coats.

We participate in local and regional public events at every opportunity. We have disseminated thousands of pieces of drug prevention materials at many local and regional events along with mental health and other information to connect our citizens to services. We have worked to get permission for and acceptance of our “health sections” (in lieu of health fairs) at public events in order to reach a larger “captive” audience by participating in local and regional events such as, The CENLA Pride Festival, Komen Race for the Cure, May

Fest, The Dragon Boat Races, National Hunting & Fishing Day, The Nursery Festival, The Freedom 5K Veterans Suicide Prevention Event, and other widely attended public events. We have upon request, presented to small groups, church organizations, students and others to educate them regarding drug use and abuse. We also worked alongside many organizations to promote healthy lifestyles and to educate the public.

We are continually participating in the expansion of our own knowledge via trainings, seminars, and other educational opportunities in order to stay abreast of the ever changing issues with drug abuse, regarding fads, language and laws to be able to inform the public who do not deal with these issues on a daily basis.

**Florida Parishes Human Services Authority (FPHSA)**

835 Pride Drive, Suite B  
Hammond, LA 70401

The Behavioral Health Prevention focus at Florida Parishes Human Services Authority continues to evolve as we work to serve the needs of the five diverse parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Many of the parishes have coalition efforts around Human Services issues within their community. FPHSA works to support and promote the networking and community projects of the various community groups.

- The Statewide Synar Initiative is designed to keep tobacco products from being sold to young people under the legal age in the region. Also to have a partnership with the Louisiana Campaign for Tobacco-Free Living show the negative impact of tobacco use on the health of individuals, families, and communities.
- Providers are funded to present Botvin's LifeSkills Training to young people at the Elementary and Middle School grades in our region. We also provide a regional gambling prevention education program called, Kids Don't Gamble... Wanna' Bet?
- Currently, a new initiative that addresses the underage and risky drinking behaviors and other substance related issues of the 18-25 years of age group. Focus and Listening groups have been conducted with the target group as well as their parents, educators, and with employers who typically hire this age group.
- The Louisiana Partnership for Success (LaPFS) project is taking place in Washington Parish. This funding is to address underage drinking (with a focus on the 18-25 years of age and Prescription Drug Misuse & Abuse in the 12-25 years of age).
- Participating in the Strategic Response to the Opioid Epidemic.
- Prevention is also working with the FPHSA L.E.A.F. Project - our regional action plan for IVDU outreach and response in our area
- Actively promote training and education on prevention related issues to build knowledge and prevention capacity within our communities. Rolling out the ACE training in the region to promote trauma informed response education and knowledge.



**Imperial Calcasieu Human Services Authority (IMCALHSA)**

3505 5<sup>th</sup> Avenue, Suite B  
Lake Charles, LA 70607

Imperial Calcasieu Human Services Authority is made up of 5 parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes.

Information Dissemination provides knowledge and increase awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families and communities. It also provides knowledge and increase awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience with limited contact between the two Ways that we accomplish this are:

- Resource Library- books, pamphlets, dvds, for public access
- Health fairs- we attend approximate six per year
- Public Presentations- to schools, civic groups, coalitions and organizations
- Public Forum
- Parades and community events handing out pamphlets

Education builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.

School District Alliance- Lifeskills program and Kids Don't Gamble Wanna Bet (5292 enrollees) Provide technical assistance to implementing prevention programs or campaigns (SPF, LaPFS).

LaPFS-Alternative School Program – Project Alert

Safe-Talk Training and ASIST – suicide prevention and awareness

Alternatives provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.

Alcohol Free Zone – parade routes, Mardi Gras (which was started out of the first SPF SIG funding and still continues thanks to the partnership with the Parish and the City)

Girls on Fire program – in conjunction with 14<sup>th</sup> Judicial District Court

Problem Identification and Referral aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to determine if their behavior can be reversed through education. This strategy does not include any activity to determine if a person is in need of treatment.



Coordinate the Louisiana Caring Communities Youth Survey is given every two years to students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup> grades & CORE survey. (However this year Calcasieu has opted out & Jeff Davis and Cameron have not participated in the last two surveys).

Community-based Process provides ongoing networking activities and technical assistance to community groups of agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

Utilizes parish data driven from CCYS and CORE surveys

Strategic Prevention Framework- addresses underage and binge drinking projects, Project Know and sobriety check points in Calcasieu, Cameron, and Jeff Davis parishes

LaPFS – currently implementing action plans in Beauregard Parish to address underage drinking and Prescription misuse and abuse

Participation as coalition and board members

Provide technical assistance to implementing prevention programs and campaigns (SPF & LaPFS)

SYNAR program

Media Campaigns (current LaPFS billboards)

The first ever DWI checkpoints in Cameron Parish (out of the original SPF SIF funding)

Two permanent drug drop boxes located in Beauregard Parish as well as two Prescription Drug Take Back Days in partnership with the Sheriff's Office and the Police Department

### **Jefferson Parish Human Services Authority (JPHSA)**

3616 S-10 Services Road  
Metairie, LA 7007

Over the past few years, Jefferson Parish has worked to build a comprehensive prevention plan that encompasses all populations on the IOM spectrum through the use of community based and environmental interventions. The foundation of our prevention program has been in the school and community based programs, which target universal populations. These are: Too Good for Drugs, Kids Don't Gamble, Wanna Bet? Generation Rx. To build on these interventions, we have worked to implement environmental strategies with Jefferson Parish, through LaPFS project. These environmental interventions are: Alcohol Compliance Checks/Merchant Education; Prescription Drop Boxes. These two interventions have resulted in strong relationships with Jefferson Parish Sheriff's Office and Ochsner Hospital. To further address selected and indicated populations, we have implemented Active Parenting and Community Based Support Group (CBSG)/Mentoring, which is a support group for adolescents who have

been involved in the juvenile justice system or who have completed intensive community based therapy such as Multi-Systemic Therapy, Functional Family Therapy, or CPST.

**Metropolitan Human Services District (MHSD)**

3100 General de Gaulle  
New Orleans, LA 70114

Metropolitan Human Services District provides prevention services in Orleans, Plaquemines, and St. Bernard Parishes. Seven local agencies perform evidence based prevention classes in schools throughout the area. The agencies include the Plaquemines Parish Public School System, St. Bernard Parish School System, Action Against Addiction, Healing Hearts, Council of Alcohol and Drug Abuse of Greater New Orleans, Family Services of Greater New Orleans, and NuVision. Prevention curriculums include “Too Good For Drugs,” “Life Skills Training,” “Kids Don’t Gamble... Wanna Bet,” “Second Step,” and “Protecting You/ Protecting Me.”

The MHSD Prevention program continued implementation of the Louisiana’s High Needs Communities (HNC) Prevention grant in Plaquemines Parish, which lead to the development of a strategic framework action plan and budget for the newly formed anti-drug coalition. The coalition’s objectives are to reduce underage drinking and the misuse of prescription drugs. The formation of the coalition was achieved by the grassroots efforts of individuals in the community with interest in forming a coalition around targeted issues. This accomplishment relates to the success of the strategic plan by contributing to the enhancement of prevention programming as part of MHSD’s integrated system of care and services delivery.

**Northeast Delta Human Services Authority (NEDHSA)**

2513 Ferrand Street  
Monroe, LA 71201

Northeast Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility. We aim to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

NE Delta HSA Prevention department uses research-based curriculums, environmental strategies, coalition-building and other proactive and data-driven strategies to help prevent and reduce risk-taking behaviors among regional youth, adolescents, and the general population. NE Delta HSA manages and administers these evidence-based prevention programs through its trusted regional and local community partners. Northeast Delta provides prevention services to 8 of the 12 parishes served. Through our continuous efforts and great partnerships with local school districts, NEDHSA has been able to provide evidence-based prevention programs from Pre-K to 10 grades. School districts participate in Red Ribbon Week, Orange Ribbon Week, Prevention Week, and Anti-Bullying Awareness Day; these efforts are achieved with school systems implementing research-based prevention programs and policies.

NE Delta HSA conducted a focus group with 20 students from Wossman High School in Monroe, LA. Our executive director led a dialogue that encouraged expression of students’ concerns, discussed ways to work through solutions to problems, and provided encouragement to set goals and pursue their dreams. Earlier that week, NE Delta HSA hosted additional Wossman

students for a job-shadow experience with executive staff. The students learned about professional careers that are available in the health and human services field.

NEDHSA was awarded a Strategic Prevention Framework, Partnership for Success grant. This funding allowed NE Delta to target high need communities (HNC) to address underage drinking and prescription drug misuse. Union Parish Alliance for Community Transformation (U-ACT) will be working to reduce the incidence of underage drinking and other data-driven priorities in Union Parish. U-ACT hosted Student Against Destructive Decision (SADD) training, utilizing student ambassadors. Also, additional LaPFS funding will allow NEDHSA to host the first-ever youth summit that will provide prevention training to 200 plus students. Other efforts with law enforcement, Brookshire's, University of Louisiana School of Pharmacy, Cardinal Health, Children's Coalition, Zero Death (State Trooper) participated in National Prescription Take Back Day (April and October) collecting 681+ lbs. of expired and unused medication.

The NE Delta HSA Opportunity Zone grew out of our agency's regional Faith-Based Mental Health community summits. The Opportunity Zone is one of three NE Delta HSA-initiated regional coalitions that are designed to transform communities and reduce mental health and addiction prevalence, improve primary healthcare outcomes, reduce crime rates, enhance school and academic performance, equip faith and community leaders, increase job opportunities and establish and support public policies. Also, NEDHSA launched the Talk. They. Hear. You. Campaign which includes radio, television PSAs, and billboards.

NEDHSA signed agreements with two local schools. The mini-grants provided Wossman High and Richwood Middle with funds to create student-produced public service announcements (PSA) that aim to build youth awareness around serious problems and health risks associated with underage alcohol use, tobacco use, prescription drug use, the impact of suicide, bullying, cyberbullying, and general violence. A top PSA was chosen at both schools from the student groups who applied. PSAs ran on regional TV and radio stations to further boost awareness of the students' efforts.

The Louisiana Department of Health's Office of Behavioral Health most recent Prevention Services Quarterly Process Outcome Report shows several key areas in which NE Delta HSA contributes to statewide efforts that translate into greater numbers of our population armed to lead healthy, productive lives.

Report data shows that NE Delta HSA served 7,912 youth enrollees during the fourth quarter, which is up from 721 within the same quarter during the previous year. Activities within this measurement include evidence-based activities that affect life and social skills, including decision-making, refusal skills, critical analysis of media messages, and systematic judgment abilities.

The report also shows that NE Delta HSA provided 744,958 provider staff activities to the regional, general population. Additionally, NE Delta leads the Local Governing Entities statewide with 287,625 agency staff activities.

**Northwest Louisiana Human Services District (NLHSD)**

Shreveport Behavioral Health Cline

1310 North Hearne Avenue

Shreveport, LA 71107

Northwest Louisiana Human Services District provides prevention services in 7 out of the 9 Parishes served, reaching over 12,761 youth in grades Kindergarten thru 9<sup>th</sup> grade within the District. With networking and forming great relationships within the District's school systems, NLHSD has been able to provide universal and indicated evidence based prevention programs within the public school systems to help increase self-esteem, healthy attitudes, and improving youth's knowledge of essential life skills, all of which promote healthy and positive personal development. The District utilizes the Caring Communities Youth Survey (CCYS) results to target those high need Parishes to establish substance abuse, violence prevention, bullying prevention, and underage gambling prevention programs within those Parishes. NLHSD is constantly working to establish community based relationships to expand prevention services within the District.

NLHSD was recently awarded a Strategic Prevention Framework, Partnership for Success (PFS) grant which allowed NLHSD to target 2 high need Parishes within the District to target underage drinking among persons aged 12 to 20 and prescription drug misuse among persons aged 12 to 25. With these efforts to prevent the onset and reduce the progression of substance misuse and its related problems while strengthening prevention capacity 2 community coalitions were formed, Bienville Community Coalition (BCC -Bienville Parish) and Webster Prevention Alliance (WPA- Webster Parish). The goal of BCC and WPA is to strengthen the capacity of our communities and to create and maintain healthy and drug-free communities. Efforts to achieve this goal include working with school systems to implement research-based prevention programs and policies, as well as student-led prevention clubs, and with the coalition's support, all schools now participate in Red Ribbon Week, Drug Facts Week, and a Safe Sober Prom campaign.

Partnerships with the Louisiana State Police and University Health have also provided local youth the opportunity to participate in the Sudden Impact Program and ThinkFirst. With the recent receipt of a grant from the Louisiana Highway Safety Commission, we will be implementing the iDrive Teen Driver Safety Initiative later this school year at all high schools in Bienville and Webster Parishes. Additional LaPFS funding will also allow NLHSD in conjunction with BCC and WPA to host the first-ever Louisiana Youth Leadership Initiative Conference (LYLI), which will provide prevention training to 300 LA high school students from across the State. Other efforts with law enforcement include providing training on current drug trends, a prescription drug drop box program, and collaborative efforts toward reducing drunk and drugged driving among youth. BCC has worked with LA Alcohol and Tobacco Control to increase compliance checks of licensed liquor retailers and we have provided free, local Responsible Vendor Permit training which is open to all employees of licensed alcohol retailers operating in the Parish.

**South Central Louisiana Human Services Authority (SCLHSA)**

521 Legion Avenue  
Houma, LA 70364

South Central Louisiana Human Services Authority (SCLHSA) has continued to develop partnerships with agencies to provide evidenced-based prevention services within school systems located in Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne Parishes. Our current partnerships and collaborations with local agencies include the Bayou Council Behavioral Health Services, Inc., Community of Friends, and Gulf Coast Social Services. Through contracted service agreements, SCLHSA Prevention Services provide the following universal targeted prevention programs: Life Skills Training, Project Alert, and Kids Don't Gamble, Wanna Bet? During the 2015 – 2016 school year, 6,402 students were enrolled in these programs and 53,522 sessions were provided. During the 2016 – 2017 school year, enrollment in these programs increased by approximately 7 ½ percent and services increased by approximately 8 percent, as 6,896 students were enrolled and 57,987 services were provided.

SCLHSA utilizes environmental strategies to enhance our prevention efforts. During the past two years, we have completed 1,160 unconsummated tobacco compliance checks in order to minimize the sale of tobacco products to minors in our communities. With the assistance of community coalitions in Lafourche and St. James parishes, we have partnered with local law enforcement, media, and other community sectors to reduce underage drinking and prescription drug misuse and abuse. Law enforcement agencies have committed over 4,000 hours to underage drinking prevention compliance checks and have been instrumental in providing prescription drop boxes for unused prescription medication. Other community partners are assisting with the distribution of prescription medication lockboxes as we promote the importance of monitoring prescription medication, securing or locking it, and finally proper disposal of expired or unused prescription medication.

## **Strategic Plan Monitoring and Review**

This particular step is valuable because it is important to monitor and evaluate the progress of the Strategic Plan. It ensures that progress has been made towards achieving the goals, objectives, and strategies that have been outlined. Included within the Strategic Plan are four “mini plans” which lay out the work to be accomplished by the SEW and PSC. Furthermore, SEW and PSC members work on the mini plans 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.

## **SEW Online Data System**

Louisiana has an online data system that allows state and community planners to view and download prevention-related indicators at the parish, regional and state levels. This online resource is a valuable tool for providing data to prevention professionals that would otherwise not have access to data. The SEW dataset contains a broad range of archival and survey data indicators, including substance use estimates, health and mortality data related to substance use, and indicators related to the causal and contributing factors of substance use. These data indicators broadened the types of information available to state, regional, and community prevention staff and continue to further support the capacity for data-driven planning activities. The website allows users to develop customizable queries from data housed by the SEW for download, as well as to chart and map the data for analyses at the state, regional, and parish level. The SEW online data system was developed by a SEW support contractor, Bach Harrison, LLC, specifically for use by prevention professionals. The online data system greatly expands the ability of prevention stakeholders (and professionals from other related fields) to utilize data for planning, monitoring, and evaluation purposes.

With the SEW online system, it is the goal of the SEW that communities across the state will begin to use data in culturally competent ways to make decisions that affect the consumption and consequences of substance use and abuse. Users are able to view trends in specified indicators over time, and have the ability to compare up to three parishes with state rates to better understand the meaning of the data values observed. Additionally, the system allows users to have a visual comparison of all parishes across the state in a given year through a mapping feature that color codes each parish based on its levels of a particular indicator.

The SEW Online Data System can be accessed at the following website: <http://www.bach-harrison.com/lasocialindicators/>. Much of the data housed within the SEW Online System is obtained through the State Epidemiological Data System (SEDS) website, which is funded and administered by CSAP to make epidemiological data available to states for purposes of substance use/abuse prevention needs assessment, planning, and monitoring. CSAP compiles the data in the SEDS from several national level data sources to support the Strategic Prevention Framework (SPF). In addition to the SEDS dataset, many indicators included in the SEW dataset are collected from state agencies within the state of Louisiana. An ongoing activity of the SEW is to assess other data systems to determine additional indicators that would benefit state,



regional, and community planners and to include those indicators in the SEW online system. The list below includes the national and Louisiana data sources currently included in the system. If the listed source is included in the SEDS, it is noted.

**National Data Sources**

- Alcohol Epidemiologic Data System (AEDS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Fatality Analysis Reporting System (FARS)
- Monitoring the Future Survey (MTF)
- National Survey on Drug Use and Health (NSDUH)
- National Vital Statistics System (NVSS)
- Uniform Crime Reporting Program (UCR)
- United States Census Bureau Populations Projections

**Louisiana Data Sources**

- Caring Communities Youth Survey (CCYS)
- CORE Alcohol and Drug Survey
- Crash Report Data, Louisiana Highway Safety Commission (LHSC)/Highway Safety Research Group (HSRG)
- Hepatitis Data, Louisiana Department of Health, Office of Public Health (OPH)
- HIV/AIDS Data, Louisiana Department of Health, Office of Public Health (OPH)
- Mortality Data, Louisiana Department of Health, Office of Public Health (OPH)
- Student Information System (Disciplinary Action Data Related to Substance Use), Louisiana Department of Education
- Substance Abuse Treatment Admissions, Louisiana Department of Health, Office for Addictive Disorders (OAD)

The following paragraphs elaborate on data systems housed within the OBH that support the work of the SEW:

The Office of Behavioral Health in collaboration with the Louisiana Department of Education has co-sponsored the biennial Louisiana Caring Communities Youth Survey (CCYS) since 1998. The survey is a prevention needs assessment questionnaire for youth which measures substance use outcomes (e.g., past 30-day use and lifetime use of substances), prevalence of antisocial behaviors, and risk and protective factors that predict these problems. The CCYS is administered on a statewide basis to students in grades 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup>.

The CCYS represents an important data source for prevention professionals in identifying prevention priorities for targeted youth intervention. The Office of Behavioral Health has been proactive in modifying the survey as the prevention field changes to make the survey as useful as possible to professionals in the field. For example, changes were made to the 2008 CCYS survey to include items that would be helpful for planning and evaluation using the SPF Model. These changes represent a potentially important data infrastructure improvement as OBH integrates the SPF concepts into their prevention system. The Office of Behavioral Health oversees the overall administration of the CCYS



and partners with Department of Education; Regional Prevention Coordinators; Cecil J. Picard Center for Child Development and Lifelong Learning, University of Louisiana at Lafayette; and Bach Harrison, LLC. Additionally, the Department of Education assists the Office of Behavioral Health in funding the survey.

The 2016 administration of the CCYS concluded March 2017. This was considered late due to the flooding that impacted at least thirty (30) parishes statewide on August 14, 2016. Some of the parishes impacted by the flooding requested additional time to complete the surveys. In 2016, there were 79,888 participants in grades 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup>, out of 200,899 enrolled, a participation rate of 39.8%. During the 2014 administration of the survey, there were 92,605 participants out of 192,225 enrolled and completed at a participation rate of 47.4%.

The Louisiana Center for Addressing Substance Use in Collegiate Communities (LaCASU) falls under the auspices of Louisiana State University's Student Health Center. LaCASU is charged with administering the CORE Alcohol and Drug Survey and provides administrative oversight to the Louisiana Higher Education Coalition (LaHEC), first funded by the Louisiana Department of Health-Office of Behavioral Health in 2007. LaHEC's funding has been continuous and was established as means of closing a data gap identified by the SEW, pertaining to substance use and abuse among young adults, as required by the SPF-SIG. As a result of funding, LaHEC has since developed a statewide coalition comprising of over 35 higher education institutions across Louisiana, and is inclusive of two and four-year institutions.

Through these partnerships, the free CORE Survey is administered biennially through a coordinated statewide effort to assess Alcohol and Other Drugs use and abuse among Louisiana's collegiate populations. The Survey gauges students' attitudes and perceptions, current trends and consequences stemming from substance use or abuse. Information from this survey provides local colleges and universities key data that can be used to make college environments safer for students and the community at large. Prior to the SPF-SIG, Louisiana State University (LSU) was the only university consistently surveying its students about substance use and consequences; therefore, the data captured did not reflect the entire State. As a result, of the SEW's work, OBH forged a relationship through LaHEC to work toward reducing AOD use and abuse statewide.

The Prevention Management Information System (PMIS) is a web-based program that captures necessary information required by the state and federal government. The PMIS was developed in response to a need by the Office of Behavioral Health Prevention Services to improve the efficiency of collecting, managing, and reporting prevention data. The data is generally process evaluation-related that describes program implementation details including variables as: a) what programs and interventions are being implemented in each region, b) numbers of participants/clients served, c) participant/client demographics, d) program/event attendance, and e) intended target population (universal population, at-risk population, etc.). Currently, the PMIS is an important data collection tool that is utilized reliably by all of OBH's regional offices to capture implementation-related data for all block grant funded activities. OBH state headquarters staff is able to

run reports that summarize implementation data necessary for reporting to CSAP, as well as reports that allow staff to monitor regional activities and contracts. Likewise, regional staffs are able to run reports to monitor providers and facilitate billing activities associated with program implementation.

The federal Synar Amendment, named for its sponsor Congressman Mike Synar of Oklahoma, is funded through the SAPT block grants. This amendment enforces laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. The Synar initiative represents the most intensive use of an environmental strategy by the Office of Behavioral Staff for prevention-related efforts. Retailer non-compliance rates are federally imposed and states must maintain non-compliance rates no higher than 20% to avoid sanctions. Prior to the implementation of Synar, rates of non-compliance for tobacco sales to underage individuals in Louisiana were among the highest in the nation. Currently, non-compliance rates remain well below 10%. The Synar effort in Louisiana is overseen by OBH state headquarters staff in collaboration with the Office of Alcohol and Tobacco Control (ATC). Synar activities primarily focus on retail compliance checks and retailer education, with related tobacco prevention interventions coordinated with OPH. The annual Synar Report describes the progress Louisiana and other states have made in enforcing youth tobacco access laws and future plans to reduce youth tobacco access rates.

The OBH Director of Research and Evaluation conducts on-demand data collection and/or needs assessments as requested by the Secretary or Assistant Secretary of Louisiana Department of Health. These assessments include the analysis of state and national data resources, such as the SAMHSA National Survey on Drug Use and Health (NSDUH). Data from these assessments is included in the SEW online data system.

## **Data Infrastructure**

Overall, Louisiana's current substance abuse prevention data infrastructure is strong and several tangible outcomes exist. These outcomes will continue to be maintained, reviewed, and enhanced during the planning and implementation of Louisiana's Strategic Plan for Substance Abuse Prevention. Louisiana's data infrastructure includes:

- Data sharing 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 the Office of Behavioral Health.
- Resource Assessment data collection tool for the Office of Behavioral Health's Prevention Management Information System (PMIS).

## **Needs Assessment Data**

There are several key demographics, cultural conditions, and major challenges in population health that affect the state's prevention capacity and focus. Louisiana's 4.5 million population is racially, culturally, and economically diverse. According to the 2011 Census Bureau Population Estimates, 32% of the state's residents are African-American, placing Louisiana 2<sup>nd</sup> among US states with African American proportion of the population. It is estimated that more than two-thirds of the state's population is located in eight metropolitan areas; consequently, the state's prevention infrastructure has been more oriented towards urban settings than rural settings. English is the dominant language with an increasing number of individuals speaking Spanish. However, a significant number of Louisianans continue to speak Cajun-French and Louisiana Creole French. A most noticeable strength of Louisiana's prevention infrastructure is a strong focus on culturally competent prevention services offered with this cultural diversity in mind. According to the United Health Foundation's state health rankings, Louisiana was ranked 50<sup>th</sup> in 2015 and 49<sup>th</sup> in 2016. This trend has been consistent most of the time since 1990 when the first state rankings report was published.

## **High Risk Populations**

Native Americans and Alaska Natives experience some of the highest suicides rates compared to other U.S. racial or ethnic groups. According to the 2013 U.S. Census Bureau Population estimate, Louisiana has a combined population of .08 percent of American Indians and Alaska Natives. Louisiana currently has four federally recognized tribes and ten state recognized tribes.

### **Federally Recognized Tribes**

- Chitimacha Tribe of Louisiana
- Coushatta Tribe of Louisiana
- Jena Band of Choctaw Indians
- Tunica-Biloxi Indian Tribe of Louisiana

### **State Recognized Tribes**

- Addai Caddo Tribe
- Biloxi-Chitimacha Confederation of Muskogee
- Choctaw-Apache Tribe of Ebarb
- Clifton-Choctaw Tribe
- Four Winds Tribe, Louisiana Cherokee
- Grand Caillou/Dulac Band of Biloxi-Chitimacha-Choctaw
- Isle de Jean Charles Band of Biloxi-Chimacha-Choctaw
- Louisiana Choctaw Tribe
- Pointe-au-Chien Tribe
- United Houma Nation

### **Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)**

According to the Movement Advancement Project, which uses state-by-state LGBTQ adult estimates compiled by Gallup in 2017 as well as state-by-state overall adult population estimates compiled by the US Census Bureau in 2016, there are 132,006 LGBTQ adults living in Louisiana, making up 3.7% of the state population. It is estimated that 29% of these adults are raising children. Louisiana has a higher density of LGBTQ persons than its three bordering states.

Initial assessment of available data on the LGBTQ population in Louisiana has shown little to no data available. To expand capacity about understanding the special needs and/or challenges of the LGBTQ population, the State Epidemiology Workgroup will reach out to the Southwest Center for the Application of Prevention Technologies (SWCAPT) to provide technical assistance in order to host webinars as it relates to this topic at future quarterly meetings. Another task that has been outlined in the action plan will be to identify data sources as it relates to substance use and abuse within the LGBTQ population.

Research has shown that LGBTQ populations are at higher risks for certain substance abuse issues; however, data regarding these populations are unavailable in the state. Such data would prove valuable in understanding and addressing the needs of this population, assisting communities and the state in developing culturally competent programs, practices, and policies.

### **Military Families**

According to the 2010 Census, there are 318,533 veterans in the state of Louisiana. NSDUH shows that among veterans aged 21 to 39 with past year major depressive episodes, over half (51.7%) reported severe impairment in at least one of four domains (i.e., home management, work, close relationships with others, and social life), and nearly one quarter (23.5%) reported very severe impairment in at least one of the domains. Louisiana will work closely with the Louisiana Department of Veteran Affairs and the Louisiana National Guard to ensure that the needs of the military and military families are considered throughout the SPF process.

Because these populations are at a high risk, the state of Louisiana will ensure competence in selecting and implementing evidence-based programs, policies, and practices in addition to addressing cultural and high-risk population issues within the SPF curriculum. Additionally, the STARS team will endeavor to cultivate expertise in working with people of all backgrounds.

## State Epidemiology Workgroup Data Prioritization

The process for data collection and analysis developed during the SPF-SIG was utilized in the assessment of the state for this current strategic plan development. The 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.

Meetings convened on October 13, 2016; October 25, 2016; and November 4, 2016 to conduct an overall review of the current action plans. Further dialogue continued about the direction of the overall strategic plan emphasizing the changing trends in substance abuse prevention. The committee determined that the prioritization would include: consideration of consumption and consequence indicators for alcohol, tobacco, illicit drugs, prescription drugs, and opioids to develop a comprehensive state plan; priority consideration of data available at the parish level; and application of basic epidemiology principles to determine priorities and areas of highest concern. The Data Collection, Analysis, Evaluation and Reporting Action Plan Committee conducted a review of the consumption and consequence data that is collected and housed within the SEW Online Data System. This committee has been tasked with ensuring that all of the data indicators have the most current year data and to ensure a plan the process is ongoing in the future. This committee will continue discussions about the data prioritization.

The Caring Communities Youth Survey (CCYS) and the CORE survey funded by the Office of Behavioral Health are data sources that are readily available to all prevention professionals and communities. It has been identified as an action step in the Data Collection, Analyses, Evaluation, and Reporting Action Plan to work toward increasing statewide participation in both surveys in 2018 and 2019.

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

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

The SEW looked at the various consumption and consequence indicators within each substance category. The subcommittee determined which indicators were most tractable (malleable) and most proximal to actual substance use, when possible, for each substance. An exception to this principle was including lung cancer mortality for tobacco use. Although lung cancer mortality is not proximal to the actual behavior, the strong association of lung cancer with smoking led to its consideration. Also noted, parishes not participating in the CCYS (Assumption, St. Bernard, St.

Charles, and St. Tammany) were assigned the state rate when using the CCYS data for the 2016 data prioritization process.

Members of the SEW subcommittee followed the prioritization process outlined below:

- *Prioritize consumption and consequence indicators of most concern for alcohol, tobacco, illicit drugs, opioids, and prescription drug use*
- *Prioritize parishes (geographic areas) of highest concern for alcohol, tobacco, illicit drugs, opioids, and prescription drug use*

Prioritization of substance and population will take place at the regional and community level during the strategic planning process.

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

### ***Illicit Drugs***

#### **Youth 30 Day Marijuana**

- Parish-level data available - Caring Communities Youth Survey
- Significant number of users and people impacted to warrant monitoring
- Gateway drug
- May see a relationship with alcohol use (as alcohol use decreases, marijuana use may increase)

#### **Drug Poisoning Deaths**

- Immediate outcome
- Alarming trend and high state to national rate ratio
- Limited parish level data available through SEDS (All parishes potentially available through OPH)
- Recommend getting a better understanding of composition of deaths included in indicator

### ***Alcohol***

#### **Number of alcohol related vehicle crashes resulting in injuries and fatalities**

- Parish level data available - Louisiana Highway Safety Commission
- Immediate outcomes
- High rates of concern

#### **Youth 30 Day Alcohol**

- Parish level data available - Caring Communities Youth Survey
- Disparity between state rates and national rates
- Trend not going down

#### **Youth Binge Drinking**

- Parish level data available - Caring Communities Youth Survey
- Indicator of risky behavior
- Above national rates in all 3 categories (8<sup>th</sup> grade, 10<sup>th</sup> grade and 12<sup>th</sup> grade)



## ***Tobacco***

### **Youth 30 Day Tobacco Use**

- Parish level data available - Caring Communities Youth Survey
- Disparity between state rates and national rates
- Above national rates in all 3 categories (8<sup>th</sup> grade, 10<sup>th</sup> grade and 12<sup>th</sup> grade)

### **Youth Heavy Cigarette Use**

- Parish level data available - Caring Communities Youth Survey
- Above national rates in all 3 categories (8<sup>th</sup> grade, 10<sup>th</sup> grade and 12<sup>th</sup> grade)
- Heavy Tobacco use, defined as ½ pack or more per day, constitutes concern

### **Adult Heavy Tobacco Use - College**

- Institutions of higher education data available - CORE
- Above national rates
- Heavy Tobacco Use defined as using 3 or more times per week constitutes concern

### **Adult Daily Cigarette Use**

- Only state level data available but data from 3 different surveys allows you to look at the impact on 3 very different populations - Behavioral Risk Factor Surveillance Survey
- Above national rates

### **Lung Cancer**

- Although lung cancer mortality is not proximal to the actual behavior, the strong association of lung cancer with smoking led to its choice as an indicator

In the strategic plan, prescription drugs and opioids were moved from illicit drugs and separated into unique categories each with its set of indicators. The new indicators are listed below. Future considerations will need to determine the priority for prescription drugs and opiates.

## ***Prescription Drugs***

### **Youth 30 Day Prescription Sedatives**

- Parish level data available - Caring Communities Youth Survey

### **Youth 30 Day Prescription Stimulants**

- Parish level data available - Caring Communities Youth Survey

### **Poisoning from Sedatives**

- Parish level data available - NPDS

### **Poisoning from Stimulants**

- Parish level data available - NPDS

***Opioids*****Youth 30 Day Prescription Narcotic**

- Parish level data available - Caring Communities Youth Survey

**Youth 30 Day Heroin or Other Opioids**

- Parish level data available - Caring Communities Youth Survey

**Adult 30 Day Opioid Use - College**

- Institutions of higher education data available - CORE

**Poisoning from Opioids**

- Parish level data available - NPDS

**Opioid Overdose-related Death**

- Parish level data available - LEERS

**Opioid Prescription**

- Parish level data available - LEERS

**Priority of Geographic Areas**

To determine which areas of the state were in the greatest need of resources to address the identified state level priorities, a second prioritization was conducted. This geographic prioritization process ranked the parishes from highest to lowest regarding the level of need for each substance category (alcohol, tobacco, and illicit drugs) using data related to the state's substance abuse priorities. To accomplish the parish rankings, the parish level data for each priority indicator was standardized (through a z-score transformation) so that all of the indicators were based on the same scale of measurement. Next, the standard scores for each indicator were weighted based on the SEW's specifications and added to compute a weighted index score for each substance category (as described below).

For illicit drugs, the index score was computed using two indicators: drug poisoning deaths (both number and rate for the most recent three-year period available) and 30-day youth marijuana use rates for the two most recent years available. Based on the SEW's recommendation, the weighted index score assigned greater weight to the youth marijuana 30-day use indicator versus the drug poisoning deaths (60% versus 40%), this was due to the fact that parish specific data for drug poisoning deaths was only available for parishes with a population over 100,000. All parishes with populations below 100,000 were assigned the average number and rate of the remaining drug poisoning deaths. Because of this data limitation, the SEW felt the drug poisoning data should be weighted less than the 30-day youth marijuana indicator which was available for nearly all parishes. Additionally, for the drug poisoning death data, numbers were given greater weight relative to rate (60% versus 40) to ensure that parishes that contribute to the state rate were given extra weight over parishes that had high rates but potentially contribute a small number of cases to the state total. With these considerations in place, the overall weight of each indicator in the scoring index was as follows: Drug Poisoning Rate – 16%, Drug Poisoning Number - 24%, Youth 30 Day Marijuana Use 2014 – 30%, and Youth 30-day Marijuana Use 2016 – 30%.

For alcohol, the index score was computed using the following four indicators: a) 30 day youth alcohol use, b) youth binge drinking in the past two weeks, c) alcohol-related motor vehicle crashes (ARMVC) resulting in injury, and d) fatal alcohol-related motor vehicle crashes. For the youth alcohol use indicators, the two most recent years of data were included in the index score computation. For the two ARMVC indicators, both number and rate were included in the index score computation. Based on the SEW's recommendation, the weighted index score assigned greater weight to the ARMVC indicators than to Youth Alcohol Use (30 days and binge) at a weight of (60% ARMVC versus 40% Youth Alcohol Use) because the SEW considered ARMVCs to be a more important target for change. Additionally, for the crash data indicators, greater weight was assigned to the number of crashes versus the rate of crashes to place more emphasis on identifying areas with significant numbers of crashes (weighting ratio for number versus rate was 60% versus 40%). For the Youth Alcohol Use indicators, more weight was placed on binge drinking versus 30-day use. With these considerations in place, the overall weight of each indicator in the scoring index was as follows: AR Fatal Crash Number – 18%, AR Injury Crash Number – 18%, AR Fatal Crash Rate – 12%, AR Injury Crash Rate – 12%, 30 Day Alcohol Use 2014 – 7.5% and 30 Day Alcohol use 2016 – 7.5%, Binge Drinking 2014 – 12.5%, and Binge Drinking 2016 – 12.5%.

For tobacco, the index score was computed using the following four indicators: a) lung cancer fatalities, b) 30-day youth cigarette use, c) youth heavy cigarette use (half pack or more per day), and d) college heavy cigarette use (three or more times per week). For lung cancer fatalities, both the number and rate of the three most recent years were included in the index score, for the youth and higher education use indicators the two most recent years of data were included. Based on the SEW's recommendation, the weighted index score assigned greater weight to the youth tobacco use indicators (30-day use and heavy tobacco use) with each indicator accounting for 35% of the total index. College use was given a lower weight of 20% of the total index because this data was only available at the regional level and not for each specific parish. Lung cancer was weighted 10% of the total index because the most recent data were relatively dated (2015-16) and because lung cancer was considered a distant consequence of tobacco use (which would make it more difficult to show change in the relatively near future). With these considerations in place, the overall weight of each indicator in the scoring index was as follows: Lung Cancer Rate – 5%, Lung Cancer Number – 5%, Youth 30 Day Cigarette Use 2014 – 17.5%, Youth 30 Day Cigarette Use 2016 – 17.5%, Youth Heavy Tobacco Use 2014 – 17.5%, Youth Heavy Tobacco Use 2016 – 17.5%, Higher Ed Heavy Tobacco Use 2013 – 10%, and Higher Ed Heavy Tobacco Use 2015 – 10%.

For prescription drugs, the index score was computed using the following four indicators: A) 30 day youth prescription sedatives (CCYS), B) 30-day youth prescription stimulants (CCYS), C) Poisoning from sedatives (NPDS), D) Poisoning from stimulants (NPDS). For the youth prescription drug indicators, 2014 and 2016 were included in the index score computation. For the mortality prescription drug indicators, 2014 and 2015 were included in the index score computation; excluding the count of cases and using only the rate per population as to get a more accurate calculation. The weighted index score assigned greater weight to the NPDS indicators (60%) than to the CCYS indicators (40%). In addition, the LEERS data was left out of the index score computation because of the nature of the data (suppressed) as well as the fact it is

redundant with the NPDS indicators and would not achieve significantly different results even if included in the computation. With these considerations in place, the overall weight of each indicator in the scoring index is as follows: 30-day youth prescription sedatives (2014) – 10%, 30-day youth prescription sedatives (2016) – 10%, 30-day youth prescription stimulants (2014) – 10%, 30-day youth prescription stimulants (2016) – 10%, Poisoning from sedatives rate (2015) – 15%, Poisoning from sedatives rate (2016) – 15%, Poisoning from stimulants (2015) – 15%, Poisoning from stimulants (2016) – 15%.

For opioids, the index score was computed using the following six indicators: A) 30-day youth prescription narcotic (CCYS), B) 30-day youth heroin or other opiates use (CCYS), C) 30-day adult opiate use – college enrolled (CORE Survey), D) Poisoning from opiates (NPDS), E) Opioid overdose-related deaths (LEERS), F) Opiates prescription (LEERS). For the youth opiate indicators, 2014 and 2016 were included in the index score computation. For the adult opiate indicators, 2013 and 2015 were included in the index score computation. For the mortality opiate indicators, different years were selected for analysis due to the validity of the data available; excluding the count of cases and using only the rate per population as to get a more accurate calculation except in the case of the opiates prescription indicator in which the count is used as the rate is not available. For the poisoning from opiates indicator, 2014 and 2015 were included in the index score computation. For the opioid overdose-related deaths indicator, 2015 and 2016 was included in the index score computation. For the opiates prescription indicator, 2016 were included in the index score computation. The weighted index score assigned greater weight to the mortality indicators (70%), than to the youth indicators (20%), and even less to the adult indicators (10%). With these considerations in place, the overall weight of each indicator in the scoring index is as follows: 30-day youth prescription narcotic (2014) – 5%, 30-day youth prescription narcotic (2016) – 5%, 30-day youth heroin or other opiates use (2014) – 5%, 30-day youth heroin or other opiates use (2016) – 5%, 30-day adult opiate use – college enrolled (2013) – 5%, 30-day adult opiate use – college enrolled (2015) – 5%, Poisoning from opiates (2014) – 15%, Poisoning from opiates (2015) – 15%, Opioid overdose-related deaths (2015) – 10%, Opioid overdose-related deaths (2016) – 10%, Opiates prescription (2016) – 20%.

The prioritized parishes from highest to lowest concern for illicit drugs, alcohol, tobacco, prescription drugs, and opioids are provided in the appendix of this document.

### **Needs Assessment Challenges and Data Gaps**

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. The SEW will be more refined with emphasis on data specific to the needs of the Drug Policy Board and the Prevention Systems Committee.

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

- State/parish drug-related emergency room reporting
  - No statewide system of emergency room reporting exists in Louisiana, although some hospitals report “complaint” information. No emergency room discharge or diagnostic reporting is required

- ERs are often reluctant to release data due to proprietary concerns
- Reporting of emergency department diagnoses
  - Reporting of multiple diagnoses or subgroup diagnoses is also desirable
- Reporting of alcohol poisoning
- State/parish drug- or 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 alcohol- or 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
- Data reported in consistent age cohorts or individual years across most indicators
  - Calculation of disability adjusted life years (DALYs) and/or years of potential life lost (YPLL) for mortality and morbidity data
- Parish level alcohol and tobacco sales
  - Include data pertaining to citations given for sales to minors
- Improved data collection on questionnaires and intake forms (HIV/AIDS, STDs, and LGBTQ)
- Child Welfare Populations:
  - Limited and inconsistent methods of identifying and recording substance use/abuse in relation to validated complaints of child maltreatment
  - No data fields available in data system for capturing information on possible substance abuse in families following a validated complaint of maltreatment when there is continued agency involvement with the family
  - No data fields available for recording alcohol or other substance abuse by youth who are served in the foster care system

## **Cross Cutting Issues**

### **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 need to be supported by agencies, institutions, organizations, community leaders, and stakeholders that have the capacity to:

- Plan strategically
- Carry out and maintain effective prevention interventions and
- Achieve targeted reductions in consequences and consumption

Louisiana recognizes that there are three aspects that must be stabilized in order to sustain outcomes. First, there must be a coordination of interventions wherein there is mutual accountability and responsibility. Second, organizations involved must have the ability to support the community prevention system and its outcomes, documented through the creation of action plans. Third, the organizations must cultivate community support for the prevention outcomes. This support occurs when the state, region, and community infrastructures speak with a unified message. The development of a communication plan is essential to expand support beyond those who are members of the substance abuse prevention system.

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.

Efforts to sustain outcomes require:

- Long-term partnerships and collaborations
- Commitment by lead agencies to utilize the SPF planning model to fund future programs, policies, and practices
- Ongoing timely evaluations that allow for adjustments
- Strong technical assistance networks.

### **Cultural Competency**

Culturally competent prevention services are offered with cultural diversities in mind, such as high risk populations including military families, American Indian tribes, and Lesbian, Gay, Bisexual, Transgender, and Questioning youth. Culturally and Linguistically Appropriate Services 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). The STARS team 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.

- The assessment process takes into account health disparities across racial, ethnic, and other cultural groups,
- The capacity building process ensures that all coalitions are both inclusive of perspective and diverse in background,
- The planning process is sensitive to special populations in the state, regional, and community plans,
- The implementation process assures that the strategies implemented are respectful of the unique needs and complexities of the culture of the targeted population, and
- The evaluation process provides feedback both to the state, region, and community on cultural appropriateness and effects of each selected strategy.

### **Underage Drinking**

Underage alcohol use in Louisiana continues to be a problem. Alcohol is still the clear number one substance of choice by Louisiana youth, and alcohol use among Louisiana youth is widespread. In 2016, 52% of 10th graders and 61% of 12th graders indicated alcohol use during their lifetime, and 27% of 10th graders and 36% of 12th graders indicated use in the past 30 days according to the Caring Communities Youth Survey.

According to the Behavioral Risk Factor Surveillance Survey (BRFSS), excessive alcohol use is responsible for about 88,000 deaths and 2.5 million years of potential life lost in the United States each year. Binge drinking (five or more drinks per occasion for men or four or more drinks per occasion for women) is responsible for more than half the deaths and two-thirds of the years of potential life lost resulting from excessive alcohol use. According to the Centers for Disease Control and Prevention, excessive alcohol use costs the state \$3.8 billion, or \$1.91 per drink.

Alcohol is associated with a broad range of negative consequences which include health, safety, education, and mental health issues. One underage alcohol-related consequence of high concern is alcohol-related motor vehicle crashes. CCYS data indicated that more than 9% of 12th graders indicated driving after drinking alcohol in the past 30 days in 2016, and the following grade levels indicated riding with a driver who had been drinking 6<sup>th</sup> grade-20%; 8<sup>th</sup> grade-24%; 10<sup>th</sup> grade-26%; and 12<sup>th</sup> grade-23%. According to the Highway Safety Research Group at Louisiana State University, motor vehicle crash data reveals that drivers aged 15-20 were involved in 219 alcohol-related crashes resulting in fatalities or injury (10 fatal and 209 injury) in 2016. The rate of alcohol-related (fatal or injury) crashes for this age group was 107 crashes per 100,000 licensed drivers, which exceeded the overall state rate of 102 per 100,000 licensed drivers.

Unfortunately, although alcohol-related motor vehicle crashes may be the most high profile consequence of underage alcohol use; they represent only one of many consequences of concern. Sadly, alcohol dependency and abuse is another serious issue that exacts a heavy toll on individuals, families, and society as a whole. In 2016, according to the CCYS, nearly 5% of 12th graders and 4% of 10th graders were estimated as needing treatment for alcohol. Moreover, these data may only tell part of the story of alcohol dependence for Louisiana youth. Alcohol dependence in adulthood has been linked to the age of first alcohol use. The younger an individual is when they start using alcohol, the more likely they are to become dependent on or abusive of alcohol in adulthood. Given the greater percentage of younger youth in Louisiana who indicates using alcohol, the need for treatment data for 12th graders may only tell part of the story regarding the relationship between underage alcohol use and later dependency.

There are a multitude of causal and contributing factors that lead to problem underage drinking. However, a good starting point for understanding underage drinking is examining how youth get their alcohol and where they use it. The top two sources of alcohol identified by 12th graders were: *someone I know over age 21* and *a family member other than my parents*. The top two places where alcohol was consumed by 12th graders were: *someone else's home with parent permission* and *my home or someone else's home without parent permission*. Youth frequently reported that their home was both a source of alcohol and a place where they consumed alcohol, either with permission or without permission from their parents. According to the CCYS, 53% of 12th graders who consumed alcohol indicated they got alcohol from home with their parent's permission, and 54% indicated they got it from a family member other than their parents.

### **Service Disruption**

During times of natural disasters, there are always concerns that arise about substance use and abuse that may seem minor in relation to the immediate devastation and task of rebuilding. However, it is during times of extreme stress like these that substance use and abuse tends to increase. Recently, Louisiana has dealt with several storms and/or flooding across the state. It is imperative to focus on disaster management activities that are critical in dealing with disasters.

The following overarching benchmarks are important to address:

- Ensure that regions have a point of contact at state level,
- Understand services are being provided following the disaster and assess needs due to the disaster,
- Ensure that at least one trained (certified) substance abuse prevention professional can be assigned to the affected region(s),
- Ensure trained (certified) substance abuse prevention professionals can provide training on disaster response concerns, including:
  - Coping skills
  - Post-Traumatic Stress Disorder
  - Cultural competence
  - Stress management
  - Assessment and referral
- Maintain up-to-date documentation of disaster response skills among the substance abuse prevention workforce,

- Assess capacity of substance abuse prevention workforce at state regional and community levels, and
- Assign staff statewide as needed to respond to the disaster.

In the event of a hurricane or natural disaster, each state agency has a plan in place, and language embedded in contracts that provide for the following:

- Services will be extended beyond the initial life of the contract to make up for time lost in the program following a disaster to aide in recovery,
- Communicate and track displaced employees and credentialed professionals with a plan in place for reporting for duty wherever relocated,
- Maintain and secure data,
- Make appropriate services available to displaced service recipients and track services provided,
- Modify the scope of service of contracts due to population shifts,
- Linkage to the state disaster response plan

## Legislation

As a nation, we are in the state of a crisis as it relates to the opioid epidemic. There have been several key pieces of legislation that Governor John Bel Edwards has signed into law.

Prescription Monitoring Program (PMP) - Strengthens the state's Prescription Monitoring Program, which is a database for doctors and pharmacists. The bill will require prescribers to check the system before prescribing an opioid to a patient and check it every 90 days. It also requires prescribers to obtain three continuing education credit hours related to drug diversion training, best practice prescribing of controlled substances and appropriate treatment for addiction.

Prescription Limits - Implements a seven-day limit on first-time prescriptions of opioids for acute pain. The bill does not apply to patients with cancer, chronic pain, or those receiving palliative care. It also gives doctors the ability to override the limit when medically necessary with notation in the patient's medical record.

Act No. 370 authored by Representative Helena N. Moreno which expands access to opiate overdose reversal drugs and the legislation effective date was June 5, 2016.

The Louisiana Commission on Preventing Opioid Abuse was created legislatively during the 2016 Louisiana Legislative Session. The Commission was charged to study and make recommendations regarding measures that can be taken to tackle prescription opioid and heroin abuse and addiction in Louisiana. The Commission proposed recommendations regarding both short-term and long-term measures by using best practices and evidence-based strategies for its prevention, treatment, and enforcement. A total of fifty-six members from various agencies state and private sectors of the health care and criminal justice communities were represented on the Commission.

On March 31, 2017, the final report from the Commission was submitted that outlined the recommendations listed below:

- Development of prescriptions drug monitoring programs
- Mandatory use of PDMP
- Creation of doctor shopping laws
- Support of substance abuse services
- Prescriber education
- Creation of Good Samaritan laws
- Support of Naloxone use
- Requirements of physical exams or a bona fide physician relationship before prescribing medications
- Requiring identification before purchasing controlled substances
- Development of pharmacy lock-in programs

### Next Steps

In the future, preparation for updating the Louisiana Substance Abuse Prevention Strategic Plan will begin at least two-calendar years prior to the expiration of the current plan. A SWOT Analysis will be done because it is a useful technique for understanding the Strengths and Weaknesses, and for identifying both the Opportunities that are available and the Threats that will be faced. This analysis will be completed by the Drug Policy Board, State Epidemiology Workgroup, and the Prevention Systems Committee to determine what worked and didn't work as it relates to the current Strategic Plan for the state.

The state will continue to monitor Medical Marijuana especially as the dispensing of it should begin in 2018. A total of ten pharmacies have been identified from around the state to dispense the medicine with a prescription from a license physician. Medical Marijuana SB 271 authored by Senator Fred H. Mills Jr. was signed into law on May 19, 2016. SB 271, now referred to as Act 96, widened the state's current medical marijuana laws making treatment available to a wider range of individuals with debilitating diseases. Furthermore, the law allows the use of medicines produced from a plant that is otherwise illegal to possess. Under state law, the medication must be in a liquid, capsules or pills, chewable, topical applications, trans-dermal patches, or suppositories.

Louisiana State University Agricultural Center and Southern University Agricultural Center have both been approved to begin growing marijuana for medical use thus making them the sole growers and researchers for Louisiana. LSU Agricultural Center has selected GB Sciences of Las Vegas, Nevada to grow marijuana for medical purposes. Southern University Agricultural Center held a pre-bid conference in May for potential vendors interested in becoming a cultivation and production facility operator for its medical marijuana program. Southern University Agricultural Research and Extension Center reviewed a total of seven applications who applied to be a vendor. The list has been narrowed down to three finalists. They are Advanced Biomedics and Med Louisiana of Lafayette, Louisiana and Southern Roots Therapeutics of Baton Rouge. The final selection of the cultivator will be submitted to the Southern University Board of Supervisors for approval before contract negotiations.

## Conclusion

There have been several noteworthy accomplishments in the previous 2012-2016 Strategic Plan. A huge thanks is owed to Dawn Diez; Dr. Gary Balsamo (SEW Chair); Catherine Childers (PSC Co-Chair); Dr. Murelle Harrison (PSC Co-Chair) and members of both workgroups for their hard work and dedication to ensure that substance abuse prevention remains at the forefront across the state.

## Accomplishments

- Sustained the PSC & SEW memberships as subcommittees of the Drug Policy Board
- Maintained current PSC & SEW bylaws
- Maintained current PSC & SEW Cooperative Involvement Agreements
- Established a process to update the SEW Online Data System
- Published quarterly data briefs
- Established a process and structure across multiple agencies to coordinate effective data drive funding allocation to high need communities
- Established a process for ensuring cultural competency for special populations when addressing substance abuse prevention

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, objectives, and actions 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 that there are always new trends as it relates to substance abuse and this plan will adjust as needed. The state has the capacity to deal with issues in collaboration with other agencies.

## Appendix A

### Louisiana Strategic Plan for Substance Abuse Prevention Acronyms

ADRA	Addictive Disorders Regulatory Authority
AEDS	Alcohol Epidemiological Data System
AOD	Alcohol & Other Drugs
AR	Alcohol Related
ARMVC	Alcohol Related Motor Vehicle Crash
ASIST	Applied Suicide Intervention Skills Training
ATC	Alcohol and Tobacco Control
BRFSS	Behavioral Risk Factor Surveillance System
CEU	Continuing Education Units
CCN	Coordinated Care Network
CIA	Cooperative Involvement Agreement
CCYS	Caring Communities Youth Survey
CSAP	Center for Substance Abuse Prevention
CSoc	Coordinated Systems of Care
DFC	Drug Free Communities
DPB	Drug Policy Board
EBS	Evidence-Based Strategies
FARS	Fatality Analysis Reporting System
FQHC	Federally Qualified Health Clinics
HCR	House Concurrent Resolution
HSRG	Highway Safety Research Group
LaHEC	Louisiana Higher Education Coalition
LaPFS	Louisiana Partnerships for Success
LBHP	Louisiana Behavioral Health Partnership
LDCFS	Louisiana Department of Children & Family Services
LDC	Louisiana Department of Corrections
LDE	Louisiana Department of Education
LDH	Louisiana Department of Health
LEEDS	Louisiana Early Event Detection System
LGBTQ	Lesbian, Gay, Bi-sexual, Transgender and Questioning
LHSC	Louisiana Highway Safety Commission
LSP	Louisiana State Police
LSU	Louisiana State University
MAT-PDOA	Medication Assisted Treatment-Prescription Drug and Opioid Addiction
MOU	Memorandum of Understanding
MTF	Monitoring the Future Survey
NREPP	National Registry of Evidence-based Programs and Practices
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
OAD	Office of Addictive Disorders
OBH	Office of Behavior Health
OJJ	Office of Juvenile Justice



OMB	Office of Management and Budget
OMV	Office of Motor Vehicle
OPH	Office of Public Health
ODU	Opioid Use Disorder
PMP	Prescription Monitoring Program
PMIS	Prevention Management Information System
PMS	Prevention Management System
PRAMS	Pregnancy Risk Assessment Monitoring System
PSC	Prevention Systems Committee
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPST	Substance Abuse Prevention Specialist Training
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention and Referral to Treatment
SEW	State Epidemiology Workgroup
SIG	State Incentive Grant
SOW	Statement of Work
SPF	Strategic Prevention Framework
SPF-RX	Strategic Prevention Framework for Prescription Drugs
SPF-SIG	Strategic Prevention Framework State Incentive Grant
SPE	Strategic Prevention Enhancement
SSA	Single State Authority
STARS	State Technical Assistance and Resource Staff
SWCAPT	Southwest Center for the Application of Prevention Technologies
TA	Technical Assistance
UCR	Uniform Crime Reporting Program
YRBS	Youth Risk Behavior Survey

## Appendix B

### Data Collection, Analysis, Evaluation and Reporting Action Plan

<b>Goal 1</b>	<b>By 2021, Louisiana will be served by a sound functioning and well organized behavioral health data infrastructure supported by the State Epidemiology Workgroup</b>
<b>Objective 1.1</b>	<b>Formalize processes for sustainability of behavioral health data infrastructure</b>
<b>Objective 1.2</b>	<b>Ensure behavioral health data is available to state, regional, and community partners</b>
<b>Objective 1.3</b>	<b>Enhance current data sources and identify new data sources</b>
Strategy 1	Sustain the State Epidemiology Workgroup infrastructure as a subcommittee of the Drug Policy Board
Strategy 2	Continuously update the SEW Online System to ensure sustainability of the data system
Strategy 3	Develop and disseminate data products
Strategy 4	Formalize a data communication and dissemination plan
<b>Goal 2</b>	<b>Establish an effective data collection system at the state level that can be accessed by state, regional and community partners</b>
Strategy 1	Improve substance/use/abuse data collection across the lifespan
<b>Goal 3</b>	<b>Establish and effective state and community-level data collection system both process and outcomes evaluation data as well as reporting mechanisms in place to allow prevention staff to use these data for performance monitoring and program involvement</b>
<b>Objective 1</b>	<b>Assess and enhance the current process evaluation infrastructure and system utilized at the state and regional levels for decision making</b>
<b>Objective 2</b>	<b>Assess and enhance current outcome evaluation infrastructure and system to ensure that collected outcome data are useful for program monitoring and decision making at state, regional and provider levels</b>
Strategy 1	Use SEW dataset indicators to monitor substance abuse prevention priorities identified during the needs assessment
Strategy 2	Enhance process and outcome data collection and reporting capacity

## Appendix C

### Coordination of Prevention Services Action Plan

<b>Goal 2</b>	<b>By 2021, the state of Louisiana will be served by a coordinated, culturally competent substance abuse prevention system that elicits, motivates, and coordinates the best efforts, ideas and resources of all participating state organizations, agencies, entities and individuals</b>
<b>Objective 1</b>	<b>Louisiana will have a state policy consortium that coordinates substance abuse prevention efforts</b>
Strategy 1	Build state capacity and infrastructure to address substance abuse prevention in the state of Louisiana
<b>Objective 2</b>	<b>Louisiana will be knowledgeable about substance abuse resources that exist</b>
Strategy 1	Maintain a coordinated system to collect substance abuse prevention resources
<b>Objective 3</b>	<b>Louisiana will have a coordinated substance abuse prevention system guided by state, regional, and community strategic plans that rely on data trends to identify priorities to fund evidence-based programs, policies, and practices</b>
Strategy 1	Develop a substance abuse prevention communications plan
<b>Objective 4</b>	<b>Establish an evidence-based strategies workgroup of the Prevention Systems Committee</b>
Strategy 1	Develop criteria for evidence-based programs, policies, and practices
<b>Objective 5</b>	<b>Establish a well-functioning process for ensuring cultural competence at both state and community level</b>
Strategy 1	Coordinate data-driven process for funding allocation across multiple agencies

## Appendix D

### Training and Technical Assistance Action Plan

<b>Goal 3</b>	<b>By 2021, there will continue to be a functional state and regional training and technical assistance system that are responsive to emerging state and community needs to address substance abuse prevention and the promotion of behavioral health.</b>
<b>Objective 1</b>	<b>Louisiana will continue to have a training and technical assistance system that includes developing a comprehensive data-driven substance abuse prevention strategic plan; implementing selected evidence-based prevention programs, policies and practices with fidelity; and developing and implementing a process and outcomes evaluation.</b>
Strategy 1	Develop Louisiana's Substance Abuse Prevention Training and Technical Assistance Workforce
Strategy 2	Implement Louisiana's Substance Abuse Prevention Training and Technical Assistance Workforce
<b>Objective 2</b>	<b>Louisiana will have sound ongoing processes at the state level for assisting local communities with assessments of substance abuse-related issues and problems, underlying risk and protective factors for the onset and progression of substance use related problems with the ability to update such assessments, prevention system needs, and capacity development and expansion.</b>
Strategy 1	Collaborate with DFC statewide group to increase the number of DFC grantees in Louisiana from 9 to 23
Strategy 2	Develop Substance Abuse Prevention Strategic Plans

## Appendix E

## Behaviors Action Plan

<b>Goal 4</b>	<b>By 2021, there will be a reduction in misuse and abuse of alcohol, tobacco, illicit drugs, prescription drugs, and opioids across the lifespan in support of Louisiana's Strategic Plan for Substance Abuse Prevention.</b>
<b>Objective 1</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to reduce alcohol misuse and abuse as well as address associated shared risk and protective factors across the lifespan.</b>
Strategy 1	The state and/or parishes will be supported by an alcohol behavior subcommittee of the Prevention Systems Committee to prevent alcohol misuse and abuse
Strategy 2	Identification of programs, policies, and practices related to alcohol
Strategy 3	Support of high-risk alcohol parishes/districts and communities
<b>Objective 2</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to eliminate/decrease tobacco consumption and consequences as well as address shared risk and protective factors.</b>
Strategy 1	The state and/or parishes are supported by a behavior subcommittee of the Prevention Systems Committee to prevent tobacco use
Strategy 2	Identification of programs, policies, and practices related to tobacco
Strategy 3	Support of high-risk tobacco parishes/districts and communities
<b>Objective 3</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to reduce illicit drugs consumption and consequences as well as address shared risk and protective factors.</b>
Strategy 1	The state and/or parishes are supported by a behavior subcommittee of the Prevention Systems Committee to prevent illicit drug use
Strategy 2	Identification of programs, policies, and practices related to illicit drugs
Strategy 3	Support of high-risk illicit drug parishes/districts and communities
<b>Objective 4</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to reduce prescription drugs misuse and abuse as well as address shared risk and protective factors.</b>
Strategy 1	The state and/or parishes are supported by a behavior subcommittee of the Prevention Systems Committee to prevent prescription drug misuse
Strategy 2	Identification of programs, policies, and practices related to prescription drugs misuse
Strategy 3	Support of high-risk prescription drug misuse parishes/districts and communities
<b>Objective 5</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to reduce opioid consumption and consequences as well as address shared risk and protective factors.</b>
Strategy 1	The state and/or parishes are supported by a behavior subcommittee of the Prevention Systems Committee to prevent opioid abuse
Strategy 2	Identification of programs, policies and practices related to opioids
Strategy 3	Support of high-risk opioid parishes/districts and communities
<b>Objective 6</b>	<b>By 2021, the state/parishes will implement the Strategic Prevention Framework process in order to reduce marijuana consumption and consequences as well as address shared risk and protective factors.</b>
Strategy 1	The state and/or parishes are supported by a behavior subcommittee of the Prevention Systems Committee to prevent marijuana use
Strategy 2	Identification of programs, policies and practices related to marijuana
Strategy 3	Support of high-risk marijuana parishes/districts and communities

## Appendix F

### Illicit Drugs Indicator Overview

The following tables provide an overview of the illicit drug use and consequence indicators considered by the SEW subcommittee. The tables provide a useful summary of illicit drug related data and allows for a comparison of use rates across different populations, as well as a comparison of some of the illicit drug consequence indicators included in the SEW Online Data System.

#### Estimates of Illicit Drug Use

	Indicator	Age Category	Year	Louisiana	USA	LA:USA Ratio	LA Trend	Description
Youth	30 Day Cocaine (%) <i>Source: CCYS</i>	Grade 8	2016	0.4	0.3	1.33	Stable	2002 (1%); 2004 (.8%); 2006 (.3%); 2008 (.6%); 2010 (.5%); 2012 (.4%); 2014(.5%)
		Grade 10	2016	0.3	0.4	0.75	Stable	2002 (1.2%); 2004 (.9%); 2006 (.6%); 2008 (.5%); 2010 (.5%); 2012 (.5%); 2014(.5%)
		Grade 12	2016	0.7	0.9	0.78	Stable since 2008	2002 (1.6%); 2004 (1.5%); 2006 (1%); 2008 (.6%); 2010 (.6%); 2012 (.5%); 2014(.7%)
	30 Day Inhalant (%) <i>Source: CCYS</i>	Grade 8	2016	3.0	1.8	1.67	Decline	2002 (6.4%); 2004 (6.3%); 2006 (3.9%); 2008 (4.4%); 2010 (4.4%); 2012 (3.8%); 2014(3.3%)
		Grade 10	2016	1.8	1.0	1.8	Decline	2002 (3.6%); 2004 (3.3%); 2006 (2.2%); 2008 (2.5%); 2010 (2.2%); 2012 (2%); 2014 (1.8%)
		Grade 12	2016	0.7	0.8	0.88	Slightly Decline	2002 (1.7%); 2004 (1.8%); 2006 (1%); 2008 (1.2%); 2010 (1.2%); 2012 (1%); 2014 (.9%)
	30 Day Marijuana (%) <i>Source: CCYS</i>	Grade 8	2016	3.7	5.4	0.69	Decline	2002 (7.4%); 2004 (5.5%); 2006 (3.7%); 2008 (4.2%); 2010 (5.1%); 2012 (4.6%); 2014 (4.1%)
		Grade 10	2016	10.2	14.0	0.73	Fluctuating	2002 (12.1%); 2004 (9.9%); 2006 (8.1%); 2008 (8.9%); 2010 (10.6%); 2012 (11.3%); 2014 (10.5%)
		Grade 12	2016	15.5	22.5	0.69	Fluctuating	2004 (13.5%); 2006 (11.4%); 2008 (11.2%); 2010 (14.6%); 2012 (15.4%); 2014 (16.4%)
Adult	30 Day Marijuana Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	17.0	19.0	0.89	Fluctuating	2009 (14.5%); 2011 (16.3%); 2013 (16%)
	30 Day Cocaine Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	1.8	1.8	1	Fluctuating	2009 (1.4%); 2011 (1.7%); 2013 (1.2%)
	30 Day Amphetamine Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	4.6	3.1	1.48	Stable	2009 (5.1%); 2011 (4.9%); 2013 (5%)



	(30 Day) Illicit Drug Use (%) (Excluding Marijuana Use) <i>Source: NSDUH</i>	2014	3.7	3.3	1.12	Fluctuating	2004 (3.9%); 2005 (4%); 2006 (4.6%); 2007 (4.7%); 2008 (3.9%); 2009 (3.8%); 2010 (4.1%); 2011 (3.4%); 2012 (3.5%); 2013 (4.1%)
	Current (30 Day) Marijuana Use (%) <i>Source: NSDUH</i>	2015	6.3	8.3	0.76	Fluctuating	2004 (5.3%); 2005 (5.5%); 2006 (5.6%); 2007 (5.4%); 2008 (5%); 2009 (5.2%); 2010 (5.2%); 2011 (4.8%); 2012 (4.6%); 2013 (5.1%); 2014 (6.1%)
	Past Year Cocaine Use (%) <i>Source: NSDUH</i>	2015	1.88	1.88	1	Slightly Fluctuating	2004 (2.5%); 2005 (2.0%); 2006 (2.1%); 2007 (2.6%); 2008 (2.6%)

### Illicit Drug Use Consequences

	Indicator	Years	Average Annual Number of Cases	Average Rate per 100,000 Population	LA:USA Rate Ratio	LA Trend	Time from Use to Outcome	Strength of Relationship	Description
Mortality	Drug Poisoning Deaths <i>Source: OPH</i>	2008-2010	605	13.48	N/A	Decreasing	Immediate	Strong	No new data since last prioritization.
Morbidity	HIV/AIDS Incidence <i>Source: OPH</i>	2005-2008	1071.8	24.58	N/A	Slightly Increasing	Immediate	Low-Medium	No new data since last prioritization.
	Hepatitis B and C <i>Source: OPH</i>	2003-2008	90	2.0	N/A	Stable	Immediate	Medium	No new data since last prioritization.
Other Consequences	Property Crimes <i>Source: UCR (SEDS)</i>	2010-2014	164674.4	3580.2	1.27	Decreasing	Immediate	Medium-Low	Rates steadily decreased since 2007

### Survey Based Consequence Data

	Measure	Year	Louisiana Estimated %	USA Estimated %	LA:USA Ratio	Trend	Time from Use to Outcome	Strength of Relationship	Description
Other Consequences	Drug Dependence or Abuse (ages 12+) <i>Source: NSDUH</i>	2014	3.0	2.6	1.15	Fluctuating	Variable	Strong	2004 (3.3%); 2005 (3.1%); 2006 (2.9%); 2007 (3.1%); 2008 (2.9%); 2009 (2.9%); 2010 (2.7%); 2011 (2.4%); 2012 (2.6%); 2013 (2.9%)
	Needing but Not Receiving Treatment for Drug Abuse/ Dependence (ages 12+) <i>Source: NSDUH</i>	2009	2.6	2.5	1.03	Stable/ Slightly Decreasing	Variable	Strong	Data Discontinued.

## Appendix G

### Alcohol Indicator Overview

The following tables provide an overview of the alcohol use and consequence indicators considered by the SEW subcommittee. The tables provide a useful summary of alcohol related data and allows for a comparison of use rates across different populations, as well a comparison of some of the alcohol consequence indicators included in the SEW Online Data System.

#### Estimates of Alcohol Use

	Indicator	Age Category	Year	Louisiana	USA	LA:USA Ratio	LA Trend	Description
Youth	30 Day Alcohol (%) <i>Source: CCYS</i>	Grade 8	2016	14.1	7.3	1.93	Decline since 2008	2002 (27.3%); 2004 (22.7%); 2006 (18.7%); 2008 (23.9%); 2010 (21.8%); 2012 (18.5%); 2014 (16.4%)
		Grade 10	2016	26.8	19.9	1.35	Decline since 2008	2002 (40%); 2004 (37.2%); 2006 (35.1%); 2008 (37.8%); 2010 (35.3%); 2012 (35%); 2014 (30.7%)
		Grade 12	2016	36.4	33.2	1.10	Stable	2002 (49.4%); 2004 (48%); 2006 (44.6%); 2008 (46.9%); 2010 (45.7%); 2012 (45.8%); 2014 (42.4%)
	Binge Drinking (%) (5 or more drinks in the past 2 weeks): <i>Source: CCYS</i>	Grade 8	2016	7.8	3.4	2.29	Decline	2002 (13.6%); 2004 (13.3%); 2006 (12.4%); 2008 (12.9%); 2010 (11.4%); 2012 (9.5%); 2014 (8.8%)
		Grade 10	2016	14.6	9.7	1.51	Decline	2002 (22.3%); 2004 (21.7%); 2006 (21.7%); 2008 (20.5%); 2010 (18.8%); 2012 (18.2%); 2014 (16.8%)
		Grade 12	2016	21.2	15.5	1.37	Slightly Decline	2002 (29.6%); 2004 (30.2%); 2006 (29%); 2008 (26.9%); 2010 (26.3%); 2012 (25.9%); 2014 (24%)
Adult	30 Day Alcohol Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	62.7	68.7	0.91	Fluctuating	2009 (64.1%); 2011 (71.7%); 2013 (64.6%)
	Binge Drinking (%) - College Enrolled <i>Source: CORE Survey</i>		2015	34.5	N/A	N/A	Stable	2009 (36.6%); 2011 (36%); 2013 (36%)
	Population adjusted alcohol sales (gallons/person) <i>Source: SEDS</i>		2014	2.6	2.3	1.11	Stable	Rates has remained 2.6% since 2006

	Current (30 Day) Alcohol Use (%): <i>Source: BRFSS</i>	2015	48.6	53.3	0.91	Slightly Increasing	2005 (43.5%); 2006 (46%); 2007 (46.2%); 2008 (46.5%); 2009 (48.1%); 2010 (48.9%); 2011 (49.6%); 2012 (48.7%); 2013 (49.2%); 2014 (49.4%)
	Heavy Alcohol Use (%) <i>Source: BRFSS</i>	2014	6.5	5.9	1.10	Increasing Since 2007	2005 (4.8%); 2006 (4.6%); 2007 (4.5%); 2008 (4.8%); 2009 (5%); 2010 (5.3%); 2011 (6.2%); 2012 (6.9%); 2013 (6.3%)
	Binge Alcohol Use (%) <i>Source: BRFSS</i>	2015	17.2	16.1	1.07	Slightly Increasing	2005 (14%); 2006 (13.3%); 2007 (13.4%); 2008 (13.5%); 2009 (14.4%); 2010 (15%); 2011 (16.1%); 2012 (16.5%); 2013 (16.5%); 2014 (15.9%)

### Alcohol Use Consequences

	Indicator	Years	Average Annual Number of Cases	Average Rate per 100,000 Population	LA:USA Rate Ratio	LA Trend	Time from Use to Outcome	Strength of Relationship	Description
Mortality	Alcohol Related Chronic Liver Disease (Cirrhosis) <i>Source: NVSS (SEDS)</i>	2003-2007	125.4	2.84	.64	Generally Decreasing	Distant	Strong	Rates peaked in 1999 (4.36 per 100,000) and had decreased consistently since a couple of fluctuations.
	# of Fatal Alcohol-Related Vehicle Crashes <i>Source: LHSC/HSRG</i>	2010-2014	276	9.5	N/A	Generally Decreasing	Immediate	Strong	Rates steadily decreased from 2007 to 2013, with 2014 increasing.
	Percentage of Fatal Motor Vehicle Crashes Related to Alcohol <i>Source: LHSC/HSRG</i>	2012-2016	301.4	44.6%	N/A	Increasing	Immediate	Strong	The rate has increased since 2012.
	Percentage of Fatal Motor Vehicle Crashes Related to Alcohol <i>Source: FARS (SEDS)</i>	2005-2009	407.2	48.5%	1.17	Increase between 2005 and 2006 but Stable	Immediate	Strong	Rates have consistently been between 47.5-51% since 1996, except for 2001-2005 when rates were between 45-46%
	Homicides <i>Source: OPH</i>	2007-2010	555.5	12.5	N/A	Fluctuating	Immediate	Medium	
	Suicides <i>Source: OPH</i>	2007-2010	521.3	11.7	N/A	Stable	Immediate	Medium-Low	
	Accidental Falls <i>Source: LA OPH</i>	2005-2006	174.5	4	N/A	N/A	Immediate	Medium-Low	Data Discontinued.

	Indicator	Years	Average Annual Number of Cases	Average Rate per 100,000 Population	LA:USA Rate Ratio	LA Trend	Time from Use to Outcome	Strength of Relationship	Description
	Accidental Drowning <i>Source: LA OPH</i>	2005-2006	85.5	1.96	N/A	N/A	Immediate	Medium-Low	Data Discontinued.
Morbidity	# of Alcohol Related Vehicle Crashes Resulting in Injury <i>Source: LHSC/HSRG</i>	2010-2014	3547.6	121.8	N/A	N/A	Immediate	Strong	The rate is steadily declining.
Other Consequences	Violent Crimes <i>Source: UCR (SEDS)</i>	2010-2014	24,302.8	528.4	1.37	Slightly Increasing since 2005	Immediate	Medium-Low	Rates generally fell from 1994-2014 with some fluctuations.
Survey Based Consequence Data									
Other Consequences	Measure	Year	Louisiana Estimated %	USA Estimated %	LA:USA Ratio	Trend	Time from Use to Outcome	Strength of Relationship	Description
	Alcohol Dependence or Abuse (ages 12+) <i>Source: NSDUH</i>	2015	6.6	6.1	1.08	Slightly Declining	Variable	Strong	2004 (7.9%); 2005 (7.6%); 2006 (7.23%); 2007 (7.4%); 2008 (7.1%); 2009 (7%); 2010 (6.6%); 2011 (6.3%); 2012 (6.6%); 2013 (6.1%); 2014 (6%)
	Needing but Not Receiving Treatment for Alcohol (ages 12+) <i>Source: NSDUH</i>	2009	6.8	7.0	.98	Stable since 2006	Variable	Strong	Data Discontinued.
*Rate per 100,000 licensed drivers									

## Appendix H

### Tobacco Indicator Overview

The following tables provide an overview of the tobacco use and consequence indicators considered by the SEW subcommittee. The tables provide a useful summary of tobacco related data and allows for a comparison of use rates across different populations, as well as a comparison of some of the tobacco consequence indicators included in SEW Online Data System.

#### Estimates of Tobacco Use

Indicator		Age Category	Year	Louisiana	USA	LA:USA Ratio	LA Trend	Description
Youth	30 Day Cigarette Use (%) <i>Source: CCYS</i>	Grade 8	2016	3.4	2.6	1.31	Decreasing	Rates are steadily dropping since 2002.
		Grade 10	2016	7.3	4.9	1.49	Decreasing	Rates are steadily dropping since 2002.
		Grade 12	2016	12.3	10.5	1.17	Decreasing	Rates steadily dropping since 2002.
	Heavy Cigarette Use (1/2 pack or more per day) (%) <i>Source: CCYS</i>	Grade 8	2016	0.5	0.3	1.67	Decreasing	Rates are steadily dropping since 2002.
		Grade 10	2016	1.1	0.6	1.83	Decreasing	Rates steadily dropping since 2002.
		Grade 12	2016	2.6	1.8	1.44	Decreasing	Rates steadily dropping since 2002.
Adult	30 Day Tobacco Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	19.1	21.9	0.87	Decreasing	2009 (28.1%); 2011 (25.1%); 2013 (23.2%)
	3+ Times/Week Tobacco Use (%) - College Enrolled <i>Source: CORE Survey</i>		2015	11.4	11.3	1.01	Decreasing	2009 (20.3%); 2011 (16.8%); 2013 (14.7%)
	Current (30 Day) Cigarette Use (%): <i>Source: BRFSS</i>		2015	22.1	17.5	1.26	Slightly Declining	Rates steadily dropping since 2011
	Daily Cigarette Use (%) <i>Source: BRFSS</i>		2015	15.1	11.9	1.27	Decreasing	2011 (19.3%); 2012 (18.5%); 2013 (16.7%); 2014 (16.8%)



**Tobacco Use Consequences**

	Indicator	Years	Average Annual Number of Cases	Average Rate per 100,000 Population	LA:USA Rate Ratio	LA Trend	Time from Use to Outcome	Strength of Relationship	Description
Mortality	Lung Cancer <i>Source: OPH</i>	2015-2016	2538.5	54.30	N/A	Decreasing	Distant	Strong	The rate has decreased since 2001.
	Lung Disease <i>Source: OPH</i>	2003-2007	1669.2	37.82	.91	Stable	Distant	Strong	No new data since last prioritization.
	Cardiovascular Disease <i>Source: NVSS (SEDS)</i>	2003-2007	4229.2	95.83	1.38	Stable	Distant	Strong	No new data since last prioritization.
	Ischemic Cerebrovascular Disease <i>Source: OPH</i>	2009-2010	7645	169.5	N/A	Decreasing	Distant	Strong	The rate has decreased.
	Accidental Death Due to Fire <i>Source: LA OPH</i>	2005-2006	94	2.15	N/A	N/A	Immediate	Medium-Low	Data Discontinued.

## Appendix I

### Prescription Drugs Indicator Overview

The following table provides an overview of the prescription drugs use indicators considered by the OBH. The table provides a useful summary of prescription drugs related data and allows for a comparison of use rates across different populations included in SEW Online Data System.

#### Estimates of Prescription Drug Use

	Indicator	Age Category	Year	Louisiana	USA	LA:USA Ratio	LA Trend	Description
Youth	30 Day Prescription Sedatives (Non-Prescribed) (%) <i>Source: CCYS</i>	Grade 8	2016	1.9	N/A	N/A	Decline	2004 (4%); 2006 (3%); 2008 (3.2%); 2010 (3.1%); 2012 (2.8%); 2014 (2.3%)
		Grade 10	2016	3.0	N/A	N/A	Decline	2004 (6.1%); 2006 (4.8%); 2008 (4.4%); 2010 (4.2%); 2012 (4.1%); 2014 (3.3%)
		Grade 12	2016	3.1	N/A	N/A	Decline	2004 (7.1%); 2006 (5.9%); 2008 (4%); 2010 (4%); 2012 (3.7%); 2014 (3.4%)
	30 Day Prescription Stimulants (Non-Prescribed) (%) <i>Source: CCYS</i>	Grade 8	2016	0.8	N/A	N/A	Decline	2002 (.8%); 2004 (1.3%); 2006 (.8%); 2008 (1%); 2010 (.9%); 2012 (.5%); 2014 (.5%)
		Grade 10	2016	1.7	N/A	N/A	Decline	2002 (1.9%); 2004 (2.4%); 2006 (1.6%); 2008 (1.8%); 2010 (1.8%); 2012 (1.2%); 2014 (.9%)
		Grade 12	2016	2.6	N/A	N/A	Decline	2002 (2.5%); 2004 (2.9%); 2006 (2%); 2008 (2.1%); 2010 (2.3%); 2012 (1.5%); 2014 (1.3%)

**Prescription Drugs Use Consequences**

	Indicator	Years	Average Annual Number of Cases	Average Rate per 10,000 Population	LA:USA Rate Ratio	LA Trend	Description
Mortality	Poisoning from Sedatives <i>Source: NPDS</i>	2012-2015	485	5.0	N/A	Fluctuating	The number decreased from 2012 to 2014 and increased in 2015.
	Poisoning from Stimulants <i>Source: NPDS</i>	2012-2015	176.3	1.6	N/A	Fluctuating	The number increased from 2012 to 2014 and decreased in 2015.
	Sedative-related Deaths <i>Source: LEERS</i>	2012-2016	76	N/A	N/A	Increasing	The number is increasing from 2012.
	Stimulants-related Deaths <i>Source: LEERS</i>	2012-2016	46	N/A	N/A	Significantly Increasing	The number is 97 in 2016 and 11 in 2012.

## Appendix J

### Opioids Indicator Overview

The following table provides an overview of the opiates use indicators considered by the OBH. The table provides a useful summary of opiates related data and allows for a comparison of use rates across different populations included in SEW Online Data System.

#### Estimates of Opiates Use

	Indicator	Age Category	Year	Louisiana	USA	LA:USA Ratio	LA Trend	Description
Youth	30 Day Prescription Narcotic (Non-Prescribed) (%) <i>Source: CCYS</i>	Grade 8	2016	0.8	N/A	N/A	Slightly Decline	2008 (1.3%); 2010 (1.2%); 2012 (.8%); 2014 (.8%)
		Grade 10	2016	1.6	N/A	N/A	Decline	2008 (3%); 2010 (2.7%); 2012 (2.2%); 2014 (1.8%)
		Grade 12	2016	1.8	N/A	N/A	Decline	2008 (3.5%); 2010 (3.3%); 2012 (2.8%); 2014 (2.4%)
	30 Day Heroin or Other Opiates Use (%) <i>Source: CCYS</i>	Grade 8	2016	0.3	N/A	N/A	Stable	2004 (.4%); 2006 (.2%); 2008 (.3%); 2010 (.3%); 2012 (.2%); 2014 (.2%)
		Grade 10	2016	0.3	N/A	N/A	Stable	2004 (.5%); 2006 (.3%); 2008 (.3%); 2010 (.3%); 2012 (.3%); 2014 (.3%)
		Grade 12	2016	0.3	N/A	N/A	Stable	2004 (.5%); 2006 (.3%); 2008 (.4%); 2010 (.4%); 2012 (.3%); 2014 (.4%)
Adult	30 Day Opiate Use (%) – College Enrolled <i>Source: CORE Survey</i>		2015	0.7	0.8	0.88	Slightly Decline	2009 (1%); 2011 (.8%); 2013 (.7%)
	Past Year Non-Medical Prescription Pain Killer Use (%) <i>Source: NSDUH</i>		2014	4.7	4.1	1.15	Fluctuating	2004 (5.2%); 2005 (5.4%); 2006 (5.4%); 2007 (6.2%); 2008 (5.7%); 2009 (5.3%); 2010 (5.7%); 2011 (4.9%); 2012 (4.7%); 2013 (4.9%)
	Opiates Prescription <i>Source: LEERS</i>		2016	5,190,411	N/A	N/A		Only one year of data available.

**Opiates Use Consequences**

	Indicator	Years	Average Annual Number of Cases	Average Rate per 100,000 Population	LA:USA Rate Ratio	LA Trend	Description
Mortality	Poisoning from Opiates <i>Source: NPDS</i>	2012-2015	122.3	1.2	N/A	Slightly Decreasing	The rate has slightly decreased since 2012.
	Opioid Overdose-related Deaths <i>Source: LEERS</i>	2012-2016	228.2	4.9	N/A	Increasing	The number is almost doubled in 2016.

## Appendix K

### Illicit Drugs Parishes Ranked Highest to Lowest

PARISH	Z Drug Poison Rate	Z Drug Poison Number	Z Youth 30 day 08	Z Youth 30 day 10	Weighted Index Score*
Lafayette	-0.0074	1.486565	2.521819	1.819634	1.658027
Jefferson	0.549126	5.149717	0.842305	0.04689	1.590551
Acadia	1.405938	0.265515	1.731149	1.357459	1.215256
Orleans	-0.35549	2.45323	1.498337	0.425616	1.109083
St. Bernard	4.423378	0.494462	0.405713	0.425616	1.07581
Livingston	1.71622	1.537442	0.968173	0.425616	1.061718
St. Tammany	0.91731	2.707616	0.405713	0.425616	1.045996
Caddo	-0.72266	1.104987	1.240353	1.162129	0.870316
Calcasieu	0.300943	1.512004	0.860593	0.425616	0.796895
East Feliciana	-0.11009	-0.4722	2.366469	0.657381	0.776211
Ouachita	-0.58818	0.443585	0.923102	1.541782	0.751817
Tangipahoa	1.18405	1.155864	-0.45411	1.213129	0.69456
East Baton Rouge	-1.1084	1.664635	0.854606	0.563493	0.647598
St. Landry	-0.18813	0.138322	0.552207	1.40498	0.590253

Plaquemines	1.040721	-0.44676	0.887726	0.677807	0.528952
West Feliciana	-0.11009	-0.4722	1.631947	0.350549	0.463805
Terrebonne	0.176073	0.494462	0.405713	0.425616	0.396241
Jefferson Davis	1.88691	-0.16694	0.405713	-0.07194	0.361971
Iberia	-0.7923	-0.24326	1.18473	0.321652	0.266766
Morehouse	-0.96781	-0.5994	1.435322	0.43773	0.263211
Washington	0.084416	-0.26869	-0.35423	1.362516	0.251507
St. John the Baptist	-0.35198	-0.34501	-0.11004	1.327198	0.226029
Red River	-0.11009	-0.4722	0.296126	0.854447	0.214228
Iberville	0.023612	-0.42133	-0.21007	1.221221	0.206006
St. Mary	1.118509	0.036568	0.405713	-0.45498	0.172956
Lafourche	0.073924	0.265515	0.07662	0.19437	0.156849
St. Martin	0.294386	-0.1415	0.029723	0.400315	0.142153
Assumption	-0.16547	-0.54852	0.405713	0.425616	0.091279
St. Charles	-0.52008	-0.34501	0.405713	0.425616	0.083383
Catahoula	2.401046	-0.54852	-1.11085	0.425616	0.046952
Beauregard	0.922835	-0.24326	-0.47587	0.330852	0.045766
Bossier	-0.17229	0.341831	-0.23313	-0.17363	-0.06756



Union	-0.11009	-0.4722	-0.85149	1.018147	-0.08095
Cameron	-0.11009	-0.4722	-0.29168	0.425616	-0.09076
Madison	-2.31941	-0.77747	0.458925	0.927956	-0.14163
Vernon	-0.77095	-0.44676	-0.17599	0.425616	-0.15569
Evangeline	-0.47085	-0.4722	0.173499	-0.16893	-0.18729
De Soto	-0.11009	-0.4722	-0.18736	-0.00688	-0.18922
Sabine	-0.11009	-0.4722	0.19223	-0.41612	-0.19811
Franklin	-0.94273	-0.65027	0.468328	-0.25984	-0.24435
Concordia	-0.11009	-0.4722	0.034762	-0.45037	-0.25563
Jackson	-0.11009	-0.4722	0.731811	-1.2294	-0.28022
West Baton Rouge	-0.40323	-0.57396	-0.96526	0.426108	-0.36401
Webster	-0.4348	-0.42133	-0.54707	-0.16491	-0.38428
Pointe Coupee	-0.36582	-0.57396	-1.49318	0.830507	-0.39508
Avoyelles	-0.13847	-0.34501	-0.60179	-0.61169	-0.469
La Salle	0.78926	-0.57396	-2.02236	0.425616	-0.49049
Lincoln	-1.55696	-0.62483	-0.85663	0.425616	-0.52838
Grant	0.122892	-0.54852	-1.12916	-0.57237	-0.62244
St. Helena	0.781718	-0.62483	0.405713	-2.40914	-0.62591

Rapides	-0.85245	0.138322	-1.24478	-0.55614	-0.64347
Ascension	-0.70459	0.011129	0.332997	-2.27802	-0.69357
Tensas	-0.11009	-0.4722	0.521251	-2.47988	-0.71853
Allen	0.237434	-0.4722	-1.34292	-0.99228	-0.7759
Claiborne	-0.11009	-0.4722	-0.482	-1.67015	-0.77659
West Carroll	-0.11009	-0.4722	-1.23551	-1.0197	-0.80751
St. James	-0.11009	-0.4722	-0.91952	-1.39047	-0.82394
Caldwell	-0.11009	-0.4722	-1.03205	-1.30118	-0.83091
Bienville	-0.45587	-0.65027	-0.51319	-1.55698	-0.85006
Winn	0.529044	-0.57396	-1.36105	-1.29812	-0.85085
Natchitoches	-0.78702	-0.49764	-1.56395	-0.5143	-0.86883
Vermilion	-0.86559	-0.39589	-0.78773	-1.67542	-0.97246
East Carroll	-0.11009	-0.4722	-2.05791	-0.81752	-0.99357
Richland	-2.31941	-0.77747	-1.44995	-1.4409	-1.42495

## Appendix L

### Alcohol Parishes Ranked Highest to Lowest

PARISH	Z Total Fatal	Z Total Injury	Z Fatal Rate	Z Injury Rate	Z 30 Day 08	Z 30 Day 10	Z Binge 08	Z Binge 10	Weighted Index Score*
Orleans	3.118738	4.403511	-0.606	1.794061	-0.09869	-0.00588	-0.21966	-0.14289	1.44341
Lafayette	2.653953	2.384564	-0.52979	0.489999	1.227145	0.601683	1.286672	0.211335	1.226571
Evangeline	-0.28968	-0.26513	0.195881	1.012355	2.494285	2.088838	2.876536	2.321971	1.03867
St. Landry	1.827669	0.430381	0.746043	0.355981	1.278804	1.523282	0.951035	0.976821	0.98983
Avoyelles	-0.08311	-0.11026	0.264303	1.301508	1.488916	2.43295	1.302948	2.545458	0.928281
Sabine	-0.08311	-0.48195	1.700622	0.223861	0.998906	1.36862	1.466972	2.34027	0.782697
St. Helena	-0.49625	-0.61711	5.251924	2.8532	0.083368	-0.84509	-0.01405	0.227465	0.741757
East Baton Rouge	3.273666	3.077257	-0.95507	-0.5297	-0.30564	-0.54472	-0.44462	-0.92681	0.729788
St. Martin	0.278387	0.137535	0.50267	1.855945	0.635915	0.733123	1.133643	0.487964	0.663279
Calcasieu	1.827669	1.689055	-0.67192	0.100142	0.568298	-0.00588	0.560665	-0.14289	0.6588
West Baton Rouge	-0.28968	-0.36087	0.830042	1.297142	1.130946	0.773898	1.186231	1.543092	0.622192
Acadia	0.071816	-0.05676	-0.22662	0.105077	2.028343	1.504013	1.420696	1.4653	0.613802
Lafourche	0.8981	0.528935	-0.09617	0.583868	0.698745	0.588305	0.874929	0.216437	0.54834
Tangipahoa	1.569456	0.45854	-0.01495	-0.33523	0.144412	1.089237	-0.0358	0.576703	0.483155
Cameron	-1.01268	-0.67905	-0.17822	2.567938	2.248307	-0.00588	2.626868	-0.14289	0.460933

**[2017-2021 STRATEGIC PLAN]**

Terrebonne	1.259599	0.821781	-0.17989	0.535462	0.083368	-0.00588	-0.01405	-0.14289	0.403511
Livingston	1.001385	0.585252	-0.52061	-0.2882	0.885883	-0.00588	0.681172	-0.14289	0.321823
Jefferson Davis	-0.44461	-0.22852	-0.10562	1.499023	0.083368	1.488244	-0.01405	1.215988	0.314157
Caddo	1.621098	1.804504	-0.91418	-0.22935	-0.48801	-0.5791	-0.51088	-0.68316	0.250097
Iberville	0.071816	-0.39466	1.422203	0.331541	-0.03868	-0.1326	-0.53881	1.086672	0.207975
Assumption	-0.39297	-0.39466	1.069799	1.87526	0.083368	-0.00588	-0.01405	-0.14289	0.197828
De Soto	-0.1864	-0.45379	0.915431	0.049363	-0.40201	0.716904	-0.21725	0.739412	0.08943
Ouachita	0.330029	0.697885	-1.05381	-0.43954	-0.12048	0.516149	-0.18019	0.526457	0.078783
St. James	-0.65118	-0.51292	-0.17127	0.034319	0.437014	0.758009	0.850952	0.792154	0.069043
Iberia	0.433315	0.027718	-0.15791	-0.2228	0.748229	-0.29849	0.282938	-0.4841	0.045885
St. Tammany	0.949743	0.987915	-1.21346	-1.28184	0.083368	-0.00588	-0.01405	-0.14289	0.035535
Jefferson	1.46617	2.553514	-1.36393	-1.02439	-0.7892	-1.12077	-0.91661	-1.17695	0.032002
Vermilion	0.175101	0.050245	-0.02774	0.670619	-0.02528	0.087588	0.048673	-0.97412	0.006699
Catahoula	-0.75447	-0.65934	0.809737	-0.19082	0.661728	-0.00588	1.166399	-0.14289	-0.00309
Vernon	0.226744	-0.26231	0.585	0.066495	-0.30023	-0.00588	-0.67068	-0.14289	-0.05288
West Feliciana	-0.96104	-0.68469	-0.71698	-0.78412	0.783845	2.059674	0.823402	0.654193	-0.0784
Washington	-0.13476	-0.37213	-0.06029	-0.65793	0.464699	0.625393	0.087196	0.015858	-0.08279
Concordia	-0.44461	-0.63118	1.033919	-0.98714	1.160222	-0.66725	1.404232	-0.9104	-0.08933

Red River	-0.80611	-0.63963	1.163532	1.281671	-1.3756	0.026337	-0.86689	0.600169	-0.10134
Pointe Coupee	-0.5479	-0.57205	0.211457	-0.62405	0.473351	0.306797	0.163052	0.325274	-0.13155
Franklin	-0.65118	-0.63118	0.101313	-1.02843	0.236698	0.592432	-0.06947	1.228531	-0.13501
St. Charles	-0.13476	-0.19755	-0.41492	-0.32341	0.083368	-0.00588	-0.01405	-0.14289	-0.16222
La Salle	-0.59954	-0.60866	1.019177	-0.00379	-0.26264	-0.00588	-0.23567	-0.14289	-0.16309
Ascension	0.639886	0.799254	-0.57596	0.624159	0.169282	-2.28418	-0.16381	-2.26936	-0.19793
Allen	-0.65118	-0.48758	-0.05111	0.556011	-0.64623	0.546266	-0.81609	0.362035	-0.20864
West Carroll	-0.80611	-0.69876	0.284051	-1.22665	0.013999	0.484207	0.465682	0.571867	-0.21693
Webster	-0.70283	-0.29892	-1.078	-0.16899	-0.35004	-0.291	0.490962	0.557976	-0.24691
Grant	-0.5479	-0.56924	0.311865	-0.46977	0.161612	-0.36096	0.003327	-0.23836	-0.26436
St. Mary	-0.23804	-0.206	-0.54648	-0.32237	0.083368	-0.30378	-0.01405	-0.49531	-0.26439
Caldwell	-0.9094	-0.71566	-0.34455	-1.51975	0.468441	1.194424	-0.72835	1.736836	-0.26545
Beauregard	-0.39297	-0.44816	-0.35623	-0.83817	-0.18081	-0.04076	-0.04422	0.17141	-0.29545
St. Bernard	-0.49625	-0.45942	-0.42576	-0.67511	0.083368	-0.00588	-0.01405	-0.14289	-0.31793
Madison	-0.70283	-0.634	2.224639	1.547761	-1.46273	-1.32922	-2.44354	-0.52395	-0.36827
Bienville	-0.70283	-0.58895	0.470962	0.379282	-0.71824	-1.0098	-0.28715	-0.65525	-0.37789
Natchitoches	-0.28968	-0.27358	0.022321	0.593597	-0.63949	-0.92888	-1.14484	-0.74725	-0.38162
Morehouse	-0.39297	-0.54671	0.292395	-0.81634	0.212511	-0.87443	0.479966	-1.30881	-0.38527

**[2017-2021 STRATEGIC PLAN]**

Winn	-1.01268	-0.68187	-1.20678	-0.41685	-0.21533	1.083282	-0.12453	0.465819	-0.3921
Rapides	0.433315	0.562725	-0.90417	-0.42539	-1.08766	-1.19186	-1.27628	-1.13057	-0.45208
Plaquemines	-0.5479	-0.5805	0.136637	-0.81141	-0.11521	-0.31923	-0.51071	-0.7124	-0.46955
Bossier	-0.08311	0.320564	-1.11388	-0.53734	-1.003	-0.50704	-1.17589	-0.6133	-0.49231
St. John the Baptist	-0.03147	-0.22852	0.185868	0.246688	-1.59955	-1.17337	-1.22142	-1.23295	-0.50966
Lincoln	-0.59954	-0.4031	-0.81405	-0.61935	-0.66879	-0.00588	-1.22025	-0.14289	-0.57348
East Carroll	-1.06432	-0.71848	-0.75953	0.005561	-0.37695	-0.87713	-0.369	-0.52662	-0.61739
Union	-0.5479	-0.54108	0.042347	-0.49497	-1.3072	-1.14049	-1.25043	-1.01414	-0.71698
Claiborne	-0.9094	-0.63963	-0.56762	-0.24824	-1.06705	-1.82896	-0.78027	-1.49197	-0.87796
Jackson	-0.85775	-0.70721	-0.63882	-1.91582	-0.67814	-1.23239	-0.38685	-1.1253	-0.92056
Richland	-0.85775	-0.63682	-0.80793	-1.1754	-0.95835	-1.2412	-0.3318	-1.88166	-0.94867
East Feliciana	-0.75447	-0.69313	-0.4953	-1.96465	-4.17268	0.698064	-3.19242	0.920726	-1.10032
Tensas	-1.06432	-0.74945	-0.92864	-1.2406	-1.03359	-2.6885	-0.14835	-1.90389	-1.12248

## Appendix M

## Tobacco Parishes Ranked Highest to Lowest

PARISH	Z Total Fatal	Z Total Injury	Z Fatal Rate	Z Injury Rate	Z 30 Day 08	Z 30 Day 10	Z Binge 08	Z Binge 10	Weighted Index Score*
Orleans	3.118738	4.403511	-0.606	1.794061	-0.09869	-0.00588	-0.21966	-0.14289	1.44341
Lafayette	2.653953	2.384564	-0.52979	0.489999	1.227145	0.601683	1.286672	0.211335	1.226571
Evangeline	-0.28968	-0.26513	0.195881	1.012355	2.494285	2.088838	2.876536	2.321971	1.03867
St. Landry	1.827669	0.430381	0.746043	0.355981	1.278804	1.523282	0.951035	0.976821	0.98983
Avoyelles	-0.08311	-0.11026	0.264303	1.301508	1.488916	2.43295	1.302948	2.545458	0.928281
Sabine	-0.08311	-0.48195	1.700622	0.223861	0.998906	1.36862	1.466972	2.34027	0.782697
St. Helena	-0.49625	-0.61711	5.251924	2.8532	0.083368	-0.84509	-0.01405	0.227465	0.741757
East Baton Rouge	3.273666	3.077257	-0.95507	-0.5297	-0.30564	-0.54472	-0.44462	-0.92681	0.729788
St. Martin	0.278387	0.137535	0.50267	1.855945	0.635915	0.733123	1.133643	0.487964	0.663279
Calcasieu	1.827669	1.689055	-0.67192	0.100142	0.568298	-0.00588	0.560665	-0.14289	0.6588
West Baton Rouge	-0.28968	-0.36087	0.830042	1.297142	1.130946	0.773898	1.186231	1.543092	0.622192
Acadia	0.071816	-0.05676	-0.22662	0.105077	2.028343	1.504013	1.420696	1.4653	0.613802
Lafourche	0.8981	0.528935	-0.09617	0.583868	0.698745	0.588305	0.874929	0.216437	0.54834
Tangipahoa	1.569456	0.45854	-0.01495	-0.33523	0.144412	1.089237	-0.0358	0.576703	0.483155
Cameron	-1.01268	-0.67905	-0.17822	2.567938	2.248307	-0.00588	2.626868	-0.14289	0.460933



**[2017-2021 STRATEGIC PLAN]**

Terrebonne	1.259599	0.821781	-0.17989	0.535462	0.083368	-0.00588	-0.01405	-0.14289	0.403511
Livingston	1.001385	0.585252	-0.52061	-0.2882	0.885883	-0.00588	0.681172	-0.14289	0.321823
Jefferson Davis	-0.44461	-0.22852	-0.10562	1.499023	0.083368	1.488244	-0.01405	1.215988	0.314157
Caddo	1.621098	1.804504	-0.91418	-0.22935	-0.48801	-0.5791	-0.51088	-0.68316	0.250097
Iberville	0.071816	-0.39466	1.422203	0.331541	-0.03868	-0.1326	-0.53881	1.086672	0.207975
Assumption	-0.39297	-0.39466	1.069799	1.87526	0.083368	-0.00588	-0.01405	-0.14289	0.197828
De Soto	-0.1864	-0.45379	0.915431	0.049363	-0.40201	0.716904	-0.21725	0.739412	0.08943
Ouachita	0.330029	0.697885	-1.05381	-0.43954	-0.12048	0.516149	-0.18019	0.526457	0.078783
St. James	-0.65118	-0.51292	-0.17127	0.034319	0.437014	0.758009	0.850952	0.792154	0.069043
Iberia	0.433315	0.027718	-0.15791	-0.2228	0.748229	-0.29849	0.282938	-0.4841	0.045885
St. Tammany	0.949743	0.987915	-1.21346	-1.28184	0.083368	-0.00588	-0.01405	-0.14289	0.035535
Jefferson	1.46617	2.553514	-1.36393	-1.02439	-0.7892	-1.12077	-0.91661	-1.17695	0.032002
Vermilion	0.175101	0.050245	-0.02774	0.670619	-0.02528	0.087588	0.048673	-0.97412	0.006699
Catahoula	-0.75447	-0.65934	0.809737	-0.19082	0.661728	-0.00588	1.166399	-0.14289	-0.00309
Vernon	0.226744	-0.26231	0.585	0.066495	-0.30023	-0.00588	-0.67068	-0.14289	-0.05288
West Feliciana	-0.96104	-0.68469	-0.71698	-0.78412	0.783845	2.059674	0.823402	0.654193	-0.0784
Washington	-0.13476	-0.37213	-0.06029	-0.65793	0.464699	0.625393	0.087196	0.015858	-0.08279
Concordia	-0.44461	-0.63118	1.033919	-0.98714	1.160222	-0.66725	1.404232	-0.9104	-0.08933

**[2017-2021 STRATEGIC PLAN]**

Red River	-0.80611	-0.63963	1.163532	1.281671	-1.3756	0.026337	-0.86689	0.600169	-0.10134
Pointe Coupee	-0.5479	-0.57205	0.211457	-0.62405	0.473351	0.306797	0.163052	0.325274	-0.13155
Franklin	-0.65118	-0.63118	0.101313	-1.02843	0.236698	0.592432	-0.06947	1.228531	-0.13501
St. Charles	-0.13476	-0.19755	-0.41492	-0.32341	0.083368	-0.00588	-0.01405	-0.14289	-0.16222
La Salle	-0.59954	-0.60866	1.019177	-0.00379	-0.26264	-0.00588	-0.23567	-0.14289	-0.16309
Ascension	0.639886	0.799254	-0.57596	0.624159	0.169282	-2.28418	-0.16381	-2.26936	-0.19793
Allen	-0.65118	-0.48758	-0.05111	0.556011	-0.64623	0.546266	-0.81609	0.362035	-0.20864
West Carroll	-0.80611	-0.69876	0.284051	-1.22665	0.013999	0.484207	0.465682	0.571867	-0.21693
Webster	-0.70283	-0.29892	-1.078	-0.16899	-0.35004	-0.291	0.490962	0.557976	-0.24691
Grant	-0.5479	-0.56924	0.311865	-0.46977	0.161612	-0.36096	0.003327	-0.23836	-0.26436
St. Mary	-0.23804	-0.206	-0.54648	-0.32237	0.083368	-0.30378	-0.01405	-0.49531	-0.26439
Caldwell	-0.9094	-0.71566	-0.34455	-1.51975	0.468441	1.194424	-0.72835	1.736836	-0.26545
Beauregard	-0.39297	-0.44816	-0.35623	-0.83817	-0.18081	-0.04076	-0.04422	0.17141	-0.29545
St. Bernard	-0.49625	-0.45942	-0.42576	-0.67511	0.083368	-0.00588	-0.01405	-0.14289	-0.31793
Madison	-0.70283	-0.634	2.224639	1.547761	-1.46273	-1.32922	-2.44354	-0.52395	-0.36827
Bienville	-0.70283	-0.58895	0.470962	0.379282	-0.71824	-1.0098	-0.28715	-0.65525	-0.37789
Natchitoches	-0.28968	-0.27358	0.022321	0.593597	-0.63949	-0.92888	-1.14484	-0.74725	-0.38162
Morehouse	-0.39297	-0.54671	0.292395	-0.81634	0.212511	-0.87443	0.479966	-1.30881	-0.38527

Winn	-1.01268	-0.68187	-1.20678	-0.41685	-0.21533	1.083282	-0.12453	0.465819	-0.3921
Rapides	0.433315	0.562725	-0.90417	-0.42539	-1.08766	-1.19186	-1.27628	-1.13057	-0.45208
Plaquemines	-0.5479	-0.5805	0.136637	-0.81141	-0.11521	-0.31923	-0.51071	-0.7124	-0.46955
Bossier	-0.08311	0.320564	-1.11388	-0.53734	-1.003	-0.50704	-1.17589	-0.6133	-0.49231
St. John the Baptist	-0.03147	-0.22852	0.185868	0.246688	-1.59955	-1.17337	-1.22142	-1.23295	-0.50966
Lincoln	-0.59954	-0.4031	-0.81405	-0.61935	-0.66879	-0.00588	-1.22025	-0.14289	-0.57348
East Carroll	-1.06432	-0.71848	-0.75953	0.005561	-0.37695	-0.87713	-0.369	-0.52662	-0.61739
Union	-0.5479	-0.54108	0.042347	-0.49497	-1.3072	-1.14049	-1.25043	-1.01414	-0.71698
Claiborne	-0.9094	-0.63963	-0.56762	-0.24824	-1.06705	-1.82896	-0.78027	-1.49197	-0.87796
Jackson	-0.85775	-0.70721	-0.63882	-1.91582	-0.67814	-1.23239	-0.38685	-1.1253	-0.92056
Richland	-0.85775	-0.63682	-0.80793	-1.1754	-0.95835	-1.2412	-0.3318	-1.88166	-0.94867
East Feliciana	-0.75447	-0.69313	-0.4953	-1.96465	-4.17268	0.698064	-3.19242	0.920726	-1.10032
Tensas	-1.06432	-0.74945	-0.92864	-1.2406	-1.03359	-2.6885	-0.14835	-1.90389	-1.12248

## Appendix N

### Prescription Drugs Ranked Highest to Lowest

Parishes	Z youth 30 day Sedatives 14	Z youth 30 day Sedatives 16	Z youth 30 day Stimulants 14	Z youth 30 day Stimulants 16	Z Poisoning from Sedatives 14	Z Poisoning from Sedatives 15	Z Poisoning from Stimulants 14	Z Poisoning from Stimulants 16	Weighted Index Score*
Jefferson	0.04969	0.20982	-0.06096	-0.35986	3.10656	5.12578	5.04929	2.91364	2.41316
Ouachita	0.61582	1.47357	0.22520	1.29014	2.09497	-0.34186	4.18090	-0.30929	1.20418
Franklin	2.90034	1.55045	0.67648	0.33187	0.05170	-0.04600	1.68872	1.86215	1.07940
Cameron	-1.47782	0.33826	0.23326	0.29871	5.85302	2.69053	-0.59682	-0.72591	1.02236
Pointe Coupee	-1.64943	-1.85223	-0.94994	0.61985	1.36585	1.75850	0.78398	3.96478	0.79779
Lafayette	0.25604	1.40067	2.95398	1.32466	0.01711	-0.11410	0.07461	1.07979	0.75215
Calcasieu	1.38488	0.85630	1.16492	0.29871	1.39560	0.53597	0.08500	0.20057	0.70305
Jefferson Davis	0.22215	-0.49996	0.23147	0.87127	0.01568	-0.34906	1.82302	2.56224	0.69028
Washington	0.36404	-0.65294	0.32005	0.01697	0.20917	-0.04189	1.24065	1.87494	0.49724
West Feliciana	2.96703	0.49987	2.70201	2.17207	-0.71294	-0.87688	-0.59682	-0.72591	0.39722
Caddo	0.47552	0.71100	-0.14930	0.33919	0.33120	0.46136	-0.00997	0.36150	0.30925
Beauregard	-0.08257	1.72650	-0.10058	-0.07998	0.33934	0.07599	0.10214	0.46130	0.29315
Allen	-0.43689	-0.97100	1.10175	-0.24809	-0.09680	-0.20736	1.24485	1.35952	0.28961
Iberia	1.22486	-0.51679	0.11540	0.47921	0.06685	1.10026	-0.25151	-0.13939	0.24670

**[2017-2021 STRATEGIC PLAN]**

Tangipahoa	-0.34235	1.37480	-0.06410	2.17649	-0.09600	-0.15493	-0.12398	-0.08341	0.24574
Iberville	-0.01501	0.32939	-1.47886	-2.15912	0.12147	2.31775	0.27343	0.75224	0.18737
Rapides	-0.43903	0.12364	-0.21697	0.78547	0.12669	0.03549	0.28895	0.61144	0.18470
East Baton Rouge	0.43655	0.06780	0.73379	-0.31526	0.15178	0.00665	0.25188	0.19144	0.18255
St. Mary	0.22215	-0.09548	0.23147	-0.14516	0.03028	0.06533	0.14369	0.53187	0.13697
Union	-0.20226	0.81373	0.89755	0.55705	0.42040	-0.87688	0.53238	-0.72591	0.10910
Red River	0.33317	1.35127	-0.55239	0.60388	0.87959	-0.01163	-0.59682	-0.72591	0.10538
St. Martin	-1.06492	-0.13851	-0.37710	0.21501	-0.41470	0.09533	-0.00253	1.79764	0.08481
De Soto	-0.13317	1.10325	-0.49224	0.57766	-0.43593	-0.27486	-0.59682	1.14927	0.08180
Vernon	0.34055	0.33826	-0.60366	0.29871	-0.01819	-0.24777	0.09539	0.44984	0.07928
St. Landry	-0.48083	0.24547	-0.08804	0.62701	0.51194	0.20456	0.01339	-0.46679	0.06982
Sabine	1.00147	1.10906	0.38521	0.17846	-0.10026	-0.54401	0.01362	-0.72591	0.06394
St. Tammany	0.22215	0.33826	0.23147	0.29871	-0.15878	-0.20781	-0.04469	0.00350	0.04789
Acadia	-0.01440	0.08583	1.71782	-0.17192	-0.25942	-0.63048	0.08097	0.04159	0.04663
Livingston	1.37636	0.33826	0.53232	0.29871	-0.53990	-0.37548	-0.36695	-0.14024	0.04118
Plaquemines	-0.41755	0.14881	2.03637	1.14247	-0.71294	-0.87688	0.52363	-0.72591	0.02220
La Salle	0.58427	0.33826	-0.59259	0.29871	-0.22248	1.25491	-0.59682	-0.72591	0.01932
West Carroll	-1.35968	0.90821	0.36067	1.10028	-0.71294	1.22074	-0.59682	-0.72591	-0.02129

**[2017-2021 STRATEGIC PLAN]**

Ascension	0.65145	-0.23317	0.48166	-1.08269	0.07048	-0.35301	0.12369	0.08997	-0.02861
Assumption	0.22215	0.33826	0.23147	0.29871	-0.35571	-0.10053	0.11502	-0.72591	-0.05101
Winn	1.17122	-0.31312	1.83791	-1.70770	-0.17246	0.29772	-0.59682	-0.72591	-0.08079
Lincoln	-0.64752	0.33826	-0.65002	0.29871	-0.34606	1.24199	-0.59682	-0.41546	-0.08351
Bossier	0.08736	0.73754	0.35191	1.00379	-0.65571	-0.69034	-0.25473	-0.53222	-0.10189
Lafourche	-1.23317	0.38757	-0.07822	0.48098	0.07763	-0.01783	-0.45360	0.00386	-0.10278
Orleans	-0.30495	0.33826	-0.07422	0.29871	-0.23619	-0.33811	-0.14081	-0.14500	-0.10324
Terrebonne	0.22215	0.33826	0.23147	0.29871	-0.19474	-0.43892	-0.25261	-0.53103	-0.10354
Concordia	1.15384	-0.88723	0.92862	-0.51380	0.01194	-0.87688	0.12542	-0.72591	-0.15167
Caldwell	0.21276	0.33826	-0.94994	0.58026	-0.71294	0.72058	-0.59682	-0.72591	-0.17913
St. Bernard	0.22215	0.33826	0.23147	0.29871	-0.18764	-0.49635	-0.59682	-0.72591	-0.19195
Avoyelles	0.45859	0.68469	-1.13578	-1.00897	-0.00625	0.08301	-0.59682	-0.12793	-0.19735
Evangeline	-0.65939	-0.83801	0.80697	-0.64729	-0.09279	-0.20301	-0.18490	-0.02624	-0.20981
St. Charles	0.22215	0.33826	0.23147	0.29871	-0.45529	-0.87688	-0.34012	-0.72591	-0.25067
Natchitoches	-0.63720	-0.91265	0.11056	0.11252	-0.03592	-0.28834	-0.32700	-0.26761	-0.27051
Catahoula	1.14710	0.33826	-0.51598	0.29871	-0.71294	-0.87688	-0.59682	-0.72591	-0.31007
Webster	-1.38370	-0.09782	-0.64488	-0.59108	-0.35862	0.85568	-0.24379	-0.72591	-0.34264
St. John the Baptist	-0.54960	-0.02242	-0.03492	0.50807	-0.42266	-0.56145	-0.59682	-0.72591	-0.35591

**[2017-2021 STRATEGIC PLAN]**

WBR	0.11084	-0.20613	0.82917	-0.51549	-0.71294	-0.56570	-0.59682	-0.72591	-0.36836
Morehouse	2.04036	-2.11115	-1.46932	-1.07266	-0.16011	-0.27616	-0.59682	0.20967	-0.38479
Jackson	0.48003	-1.48405	-0.39439	-2.15912	0.34261	0.27012	-0.59682	-0.72591	-0.46225
Vermilion	-1.55146	-1.77831	-0.71443	0.40905	-0.45541	-0.17729	-0.34023	0.14573	-0.48760
Grant	-1.59838	1.58950	-1.94807	1.43200	-0.71294	-0.87688	-0.59682	-0.72591	-0.48938
Richland	0.37996	-0.01556	-1.45498	0.23273	-0.71294	-0.87688	-0.59682	-0.72591	-0.52267
Claiborne	-1.44792	-1.77370	-1.06025	-1.12523	-0.71294	0.16166	-0.59682	0.89152	-0.57920
St. James	-0.90241	-0.29264	-0.08013	-1.10828	-0.41980	-0.87688	-0.59682	-0.72591	-0.63125
Bienville	-0.27426	-0.56418	-0.40168	-2.15912	-0.71294	-0.24931	-0.59682	-0.72591	-0.68267
East Feliciana	-1.40855	-0.12098	-1.94807	0.56861	-0.71294	-0.87688	-0.59682	-0.72591	-0.72778
Madison	-1.05060	-0.02925	-0.17720	-2.15912	-0.71294	-0.87688	-0.59682	-0.72591	-0.77850
St. Helena	0.22215	-2.49293	0.23147	-2.15912	-0.71294	-0.87688	-0.59682	-0.72591	-0.85672
Tensas	-0.15652	-2.49293	-1.94807	-2.15912	-0.71294	-0.87688	-0.59682	-0.72591	-1.11254
East Carroll	-2.05978	-2.49293	-1.94807	-0.97206	-0.71294	-0.87688	-0.59682	-0.72591	-1.18416



## Appendix O

## Opioids Ranked Highest to Lowest

PARISHES	Z youth 30 day Narcotic 14	Z youth 30 day Narcotic 16	Z youth 30 day Opiates 14	Z youth 30 day Opiates 16	Z college 30 day Opiates 13	Z college 30 day Opiates 15	Z Opiates Prescription	Z Poisoning from Opiates 14	Z Poisoning from Opiates 15	Z Opioid Death 15	Z Opioid Death 16	Weighted Index Score*
Jefferson	-0.09054	0.29322	-0.43366	-0.04684	-1.07621	0.14965	4.15568	-0.36024	-0.34995	2.12610	4.00711	1.27771
Caddo	0.43227	0.53877	0.15464	0.49487	0.26556	-2.08511	2.02914	1.57250	1.57415	1.15417	0.48330	1.03162
West Carroll	-1.42971	-0.91769	-1.16267	-0.90460	-0.18170	0.78815	-0.68572	3.75231	3.74423	-0.78969	0.48330	0.76629
EBR	0.01355	-0.43108	0.08510	-0.07384	0.26556	1.10740	3.21751	0.34407	0.35121	-0.78969	0.48330	0.76549
Orleans	0.22576	0.08017	-1.16267	0.04413	0.48919	1.10740	2.25312	0.23312	0.24076	1.15417	0.87483	0.76381
Livingston	1.15675	0.08017	0.48512	0.04413	2.50185	0.14965	1.13949	-0.23154	-0.22182	1.15417	1.65790	0.66198
Ouachita	0.60957	0.80857	0.14615	0.62292	-0.18170	0.78815	0.97816	0.21039	0.21813	2.12610	0.48330	0.66053
Lafayette	0.60115	0.69294	0.81845	-0.23222	0.93644	-0.80810	1.40191	0.16807	0.17600	1.15417	0.48330	0.59617
Jackson	-0.35714	-0.56196	1.16673	-0.90460	-0.18170	0.78815	-0.62905	1.79823	1.79888	1.15417	0.48330	0.57498
St. Tammany	0.17961	0.08017	0.03788	0.04413	2.50185	0.14965	-0.27366	0.56438	0.57054	1.15417	1.26637	0.50722
St. Mary	0.17961	0.41122	0.03788	-0.90460	-1.07621	0.14965	2.18712	0.42000	0.42681	-0.78969	0.48330	0.47368
Franklin	1.10299	0.86164	1.80138	-0.90460	-0.18170	0.78815	-0.54320	1.08236	1.08620	1.15417	-1.08284	0.39717
Winn	0.95895	-0.22923	-0.21440	0.05648	-1.07621	0.14965	-0.64455	1.86074	1.86111	-0.78969	0.48330	0.38099

**[2017-2021 STRATEGIC PLAN]**

Madison	-2.47751	2.37269	1.48437	-0.90460	-0.18170	0.78815	-0.74114	2.12183	2.12103	-0.78969	-1.08284	0.35502
Washington	0.27165	-0.15266	-0.78307	-0.23578	2.50185	0.14965	-0.08775	-0.04291	-0.03404	1.15417	1.26637	0.30055
Union	0.91989	1.38258	3.12301	3.49417	-0.18170	0.78815	-0.53189	-0.79928	-0.78703	1.15417	0.48330	0.29573
Rapides	-1.51331	-0.31067	-0.45418	-0.17459	-1.07621	0.14965	1.17194	-0.31313	-0.30305	1.15417	2.04944	0.29336
La Salle	-0.17063	0.08017	-0.14206	0.04413	-1.07621	0.14965	-0.60791	1.61456	1.61603	-0.78969	0.48330	0.27662
Claiborne	1.15863	0.04187	0.16797	-0.90460	0.26556	-2.08511	-0.61716	1.55261	1.55435	-0.78969	0.48330	0.24419
Allen	-1.09124	-0.10822	-1.16267	-0.32109	-1.07621	0.14965	-0.52726	2.23313	2.23183	-0.78969	-1.08284	0.19655
Ascension	0.41977	-0.92573	-0.02028	0.53944	0.26556	1.10740	0.43038	-0.50269	-0.49177	1.15417	0.48330	0.16996
Calcasieu	0.91168	0.08017	0.53321	0.04413	-1.07621	0.14965	1.30079	0.21111	0.21884	-0.78969	-1.08284	0.16953
Beauregard	-1.03784	1.14767	-0.76540	-0.56046	-1.07621	0.14965	-0.42388	1.79018	1.79087	-0.78969	-1.08284	0.15800
St. Martin	-0.87077	-1.14832	1.20574	0.90312	0.93644	-0.80810	-0.15545	0.66851	0.67420	-0.78969	0.48330	0.15058
De Soto	0.98357	0.99336	1.02034	0.39504	0.26556	-2.08511	-0.50991	0.56406	0.57022	-0.78969	0.48330	0.11616
Caldwell	-0.41405	2.70752	3.36474	3.51305	-0.18170	0.78815	-0.67387	-0.79928	-0.78703	-0.78969	0.48330	0.08552
Pointe Coupee	2.27886	-1.07428	0.33732	-0.90460	0.26556	1.10740	-0.56483	0.90589	0.91053	-0.78969	-1.08284	0.07276
Vernon	0.73012	0.08017	0.86186	0.04413	-1.07621	0.14965	-0.31877	-0.22940	-0.21970	1.15417	0.48330	0.07211
Tangipahoa	-0.19310	0.34201	-0.68959	-0.20403	2.50185	0.14965	0.94756	-0.09859	-0.08947	-0.78969	-1.08284	0.06939
St. John the Baptist	-0.08516	-0.45447	-0.20800	0.04583	-1.07621	0.14965	0.57012	-0.08496	-0.07590	1.15417	-1.08284	0.01561
Terrebonne	0.17961	0.08017	0.03788	0.04413	-1.07621	0.14965	0.46605	-0.23253	-0.22281	1.15417	-1.08284	0.00280

**[2017-2021 STRATEGIC PLAN]**

Natchitoches	-1.06904	-0.76690	0.07637	0.86170	0.26556	-2.08511	-0.40879	0.53353	0.53983	1.15417	-1.08284	-0.04949
Evangeline	-0.60025	-0.07939	-0.70263	0.01897	0.93644	-0.80810	-0.14929	0.21809	0.22580	-0.78969	0.48330	-0.05566
St. Landry	-0.46886	0.74427	-0.46220	-0.23924	0.93644	-0.80810	-0.20536	-0.04573	-0.03685	-0.78969	0.48330	-0.09898
Bossier	0.07148	0.50180	0.83622	1.34404	0.26556	-2.08511	0.55479	-0.79928	-0.78703	-0.78969	0.48330	-0.11093
St. James	-0.35815	0.09543	-1.16267	-0.90460	-1.07621	0.14965	-0.58808	0.64342	0.64923	-0.78969	0.48330	-0.11719
Lafourche	0.46255	-0.68573	-0.51278	-0.71598	-1.07621	0.14965	0.22567	-0.79928	-0.78703	1.15417	0.48330	-0.14799
Grant	-1.28268	3.28714	-1.16267	0.05918	-1.07621	0.14965	-0.50797	-0.79928	-0.78703	1.15417	0.48330	-0.17707
Webster	-0.48535	-0.14374	0.30327	-0.90460	0.26556	-2.08511	-0.28154	0.07263	0.08098	1.15417	-1.08284	-0.17863
Iberville	-1.19803	0.02891	-0.45654	3.55130	0.26556	1.10740	-0.41322	-0.79928	-0.78703	-0.78969	0.48330	-0.18630
St. Bernard	0.17961	0.08017	0.03788	0.04413	0.48919	1.10740	-0.12074	-0.79928	-0.78703	-0.78969	0.48330	-0.19582
Concordia	-0.19942	-1.33387	0.99261	1.21333	-1.07621	0.14965	-0.63269	-0.79928	-0.78703	1.15417	0.48330	-0.21343
Iberia	0.24414	-0.82997	-0.19209	-0.69475	0.93644	-0.80810	-0.02876	-0.37286	-0.36251	-0.78969	0.48330	-0.21391
WBR	0.93714	0.44313	-1.16267	0.87314	0.26556	1.10740	-0.54951	-0.79928	-0.78703	-0.78969	0.48330	-0.25530
Plaquemines	1.12939	0.25142	-1.16267	0.17604	0.48919	1.10740	-0.58026	-0.79928	-0.78703	-0.78969	0.48330	-0.28510
West Feliciana	2.78607	0.13037	0.00203	1.39041	0.26556	1.10740	-0.72098	-0.79928	-0.78703	-0.78969	-1.08284	-0.28530
Richland	-0.80416	-1.98005	1.05705	-0.90460	-0.18170	0.78815	-0.57268	-0.79928	-0.78703	1.15417	0.48330	-0.29000
Morehouse	1.10754	0.15918	-0.44319	-0.90460	-0.18170	0.78815	-0.45968	-0.79928	-0.78703	1.15417	-1.08284	-0.29648
Avoyelles	1.12122	-1.23208	1.88534	-0.90460	-1.07621	0.14965	-0.20868	-0.79928	-0.78703	-0.78969	0.48330	-0.31316

**[2017-2021 STRATEGIC PLAN]**

Acadia	1.02216	-1.00243	0.21923	0.31968	0.93644	-0.80810	-0.04592	-0.24127	-0.78703	-0.78969	-1.08284	-0.31633
St. Helena	0.17961	-1.98005	0.03788	-0.90460	2.50185	0.14965	-0.62108	-0.79928	-0.78703	-0.78969	0.48330	-0.39359
Assumption	0.17961	0.08017	0.03788	0.04413	-1.07621	0.14965	-0.58623	-0.79928	-0.78703	-0.78969	0.48330	-0.41507
Vermilion	-0.62855	-1.48101	0.69682	-0.90460	0.93644	-0.80810	-0.19594	-0.79928	-0.78703	-0.78969	0.48330	-0.41722
Lincoln	0.17870	0.08017	0.79191	0.04413	-0.18170	0.78815	-0.40667	-0.79928	-0.78703	-0.78969	-1.08284	-0.42147
St. Charles	0.17961	0.08017	0.03788	0.04413	-1.07621	0.14965	-0.27567	-0.79928	-0.78703	-0.78969	-1.08284	-0.50957
Jefferson Davis	0.17961	-0.22530	0.03788	-0.52124	-1.07621	0.14965	-0.45150	-0.79928	-0.78703	-0.78969	-1.08284	-0.58828
Tensas	-0.84080	-1.98005	-1.16267	-0.90460	-0.18170	0.78815	-0.78518	-0.79928	-0.78703	1.15417	-1.08284	-0.60193
East Feliciana	-2.47751	1.35397	-1.16267	-0.90460	0.26556	1.10740	-0.56393	-0.79928	-0.78703	-0.78969	-1.08284	-0.62888
Sabine	0.17608	0.05170	-1.16267	0.76096	0.26556	-2.08511	-0.54702	-0.79928	-0.78703	-0.78969	-1.08284	-0.63428
Catahoula	0.45998	0.08017	-1.16267	0.04413	-1.07621	0.14965	-0.69974	-0.79928	-0.78703	-0.78969	-1.08284	-0.64039
Red River	0.37286	1.60164	-1.16267	-0.90460	0.26556	-2.08511	-0.72335	-0.79928	-0.78703	-0.78969	-1.08284	-0.66549
Cameron	-0.23522	0.08017	-1.16267	0.04413	-1.07621	0.14965	-0.76660	-0.79928	-0.78703	-0.78969	-1.08284	-0.68853
Bienville	-1.42479	-1.43971	-1.16267	-0.90460	0.26556	-2.08511	-0.64662	-0.79928	-0.78703	1.15417	-1.08284	-0.69770
East Carroll	-2.47751	-0.81066	-1.16267	-0.90460	-0.18170	0.78815	-0.74974	-0.79928	-0.78703	-0.78969	-1.08284	-0.81260