

LOUISIANA LEGISLATURE ACT 88:
ADVISORY COUNCIL ON HEROIN AND OPIOID PREVENTION AND EDUCATION
(HOPE)

Date: June 8, 2023
Time: 9:00 am– 11:00 am
Bienville Building: Room 118
628 N. 4th St, Baton Rouge, LA

1. Call to Order- 9:06 am
2. Roll Call

Present:

Chair Dr. James Hussey
Lt. William Bosworth
Elsie Joanne Brown
Judge Timothy Marcel- proxy: Johanna Braud
Ronald Callegari
Crystal Lewis
Lori Miller
Shelley Edgerton

Absent:

Dr. Allison Smith
Tavares Walker
Sen. Regina Barrow
Monica Taylor
Michael Comeaux

A quorum was reached.

3. Introduction/Welcome New Members: Crystal Lewis, Lt. William Bosworth, and Ronald Callegari
4. Review and Approval of June 8, 2023 Agenda- ran through the agenda, motion to approve the agenda seconded by Lori Miller.
5. Approval of January and March 2023 Minutes, motion to approve the minutes by Lori Miller and seconded by Shelley Edgerton.
6. Presentations:

George Singletary, MD, MPH, Associate Program Manager at Tulane Medicine Fellowship Program, who is a very important stakeholder and has been involved with the Heroin and Opioid Prevention and Education Council since its inception presented on the Latest Drug Threats, including Isotonitazene, Brophine.

- Isotonitazene, Brophine:
 - Synthetic opioid
 - Research chemical
 - First noted 4/2019 in California seizure

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- Naloxone IS effective but MAY require additional dose
- 644 ‘encounters’ in US as of 9/2022
- Isotonitazene not an approved pharmaceutical for use ANYWHERE in world
- Nitazenes
 - Different isomers different strengths in comparison to fentanyl (“1.5-40 times more potent than fentanyl”)
 - Naloxone IS effective
- Shortly after Isotonitazene was scheduled, detections of Brophine began to increase
- Often in grey powder form
- Not controlled under US core fentanyl analogs
- Potency similar to fentanyl
- He suggests we should consider the following
 - Commonly encounter distrust of medical providers/institutions
 - Significant limitations to imposing criminal charges without access to treatment
 - Reducing stigma and expanding available resources
 - Increase naloxone availability/public access
- Think about data, monitoring, treatment recommendations, policy/procedure changes, legislative changes. These are things suggested to discuss in future workgroups.

Presentation by Kristy Miller and Dr. Shayla Polk from the Governor’s Office. Kristy Miller mentioned the “drug brief” (one pager on Xylazine) they have shared with members.

- Dr. Shayla Polk presented on Xylazine –The Horse Tranquilizer used to cut Fentanyl & Heroin:
 - A sedative, analgesic, and muscle relaxant
 - Exclusively approved for veterinary use by FDA
 - Not approved for human use
 - So, previously, no need to add to U.S. Controlled Substances Act
 - Why unsafe for human consumption?
 - It leads to respiratory failure and the development of flesh-rotting sores
 - And, yet, people have started using it to cut fentanyl and heroin!
 - Street names = "tranq," "tranq dope," and "zombie drug"
 - It’s a powder, liquid, or crystalline substance
 - Often mixed with fentanyl
 - Referred to as a speedball (when used with heroin and cocaine)
 - Rapid onset and can last 8 hours or longer
 - May also be called Collateral Damage, Cardi B, 550 Rampage, Black Mask, Trashcan, Steph Curry
 - Cannot be detected by routine toxicology screens. Specialized testing is uneven across the U.S.

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- Xylazine is an alpha-2 blocker and operates unlike most drugs. Therefore, Narcan, which is effective against opioid overdoses, is ineffective against Xylazine overdose. No antidote is known for reversal of its effects.
- Side effects of Zylazine: Blurred vision, Disorientation, Drowsiness, Staggering, Coma, slow heart rate, Respiratory depression, Hypotension, Miosis (constriction of the pupils), Hyperglycemia, Tissue necrosis(rotting flesh)
- Xylazine mixed with fentanyl has increased by:
 - 1,127% increase in the South
 - 750% increase in the West
 - 516% increase in the Mid-west
 - 103% increase in the North
- Efforts to control Zylazine on a federal level:
 - work on Xylazine testing (such as fentanyl-style test strips),
 - treatment and supportive care protocols,
 - comprehensive data systems (including information on drug sourcing and supply),
 - strategies to reduce illicit supply of Xylazine, and
 - rapid research (such as work on the interactions between Xylazine and fentanyl).
 - Zylazine test strips are now available but more expensive than fentanyl test strips.
- Efforts at a state level to control xyalzine:
 - At least 5 states have scheduled Xylazine in recent years, either through legislation or Executive Order.
 - HB 645: Creates the crime of unlawful production, manufacturing, distribution, or possession of Xylazine.
 - Progress of HB 645: Now on the Governor’s desk.
 - Kristy Miller added the importance of monitoring this drug.
- Kratom –“Gas Station Heroin”
 - Kratom is an herbal extract sourced from the leaves of the Mitragyna speciosa evergreen tree, which is commonly found in Southeast Asia.
 - Gained popularity as a natural, plant-based dietary supplement due to claims of therapeutic properties.
 - Kratom is available in the form of leaves, powder, or liquid, and is marketed as a natural, plant-based product that is safe for consumption. Kratom is advertised as an effective treatment for conditions such as muscle pain, appetite suppression, cramps, diarrhea, and panic attacks.

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- Street names = thang, kakuam, thom, ketum, and biak
- It's a natural opioid and works like heroin but sometimes stronger
- Found in gas stations and paraphernalia shops in most parts of the US.
 - Marketed as a dietary supplement
 - Marketed to treat pain or improve mood
 - Promoted as an "energy and mood booster"
 - Sold on the internet "for soap-making and aromatherapy"
- Kratom can cause dangerous and uncomfortable side effects, such as nausea, vomiting, constipation, increased aggression, hallucinations, delusions, and thyroid problems. Taking large doses of Kratom can lead to breathing difficulties, brain swelling, seizures, liver damage, and even death.
- Kratom has also been linked to psychotic symptoms such as hallucinations, paranoia, and delusions. Some individuals who struggle with opioid dependency have turned to Kratom as a means of curbing their need for traditional opioids, but consuming high doses of the substance can lead to dependence on Kratom in addition to the existing opioid dependence. This can result in withdrawal symptoms when trying to quit, and overdoses can be fatal.
- Efforts to control Kratom on a Federal Level:
 - FDA identified Kratom on an import alert for unapproved drugs (2012)
 - FDA identified Kratom on a 2nd import alert regarding Kratom-containing dietary supplements & bulk dietary ingredients (Feb. 2014)
 - FDA conducted numerous seizures of Kratom products being marketed as dietary supplements (over the past decade)
 - FDA issued numerous warnings to companies selling illegal, unapproved Kratom products (over the past decade)
 - DEA announced to temporarily reclassify Kratom as a Schedule I drug (Aug. 2016). Due to backlash, DEA reversed its decision (Oct. 2016).
 - Congressional lawmakers filed a bill to protect consumer access to Kratom and prevent adverse administrative actions against the substance (Dec. 2022).
- Louisiana Legislative Efforts
 - Numerous efforts to schedule Kratom have been tried, but failed
 - Current law = Unlawful for any person to distribute any product containing *Mitragyna speciosa* to a minor (La. R.S. 40:989.3)
 - In 2023, 3 Kratom bills have been filed
 - HB 14 - Adds Mitragynine to Schedule I of LA's CDS schedule
 - SB 94 - Adds mitragynine to LA's CDS schedule if the DEA schedules it

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- HB 572 - creates the "Kratom Consumer Protection Act" to regulate the preparation, distribution, sale of Kratom; provides for Kratom product registration
 - Parish-Level Efforts
 - Banned the sale of Kratom – Ascension, Rapides, Franklin
 - Banned possession of Kratom – Grant, LaSalle
 - Considered ban, but did not pass – Livingston, St. Tammany
 - Other names for Kratom- Tia, Tiana, ZaZa, Pegasus- at local stores, available online- there other substances that are natural and acting the same way as an opioid. It may help people wean off of opioids, but people then just become addicted to Kratom.
- Gray Death- A drug combination consisting of heroin, fentanyl, and carfentanil (tranquilizer for elephants) or U-47700 (Pink-highly potent synthetic opioid).
 - Has become more popular due to being cheap
 - Can be used with whatever ingredients available
 - Can appear in larger rock-like chunks or as gray concrete mixing powder.
 - Gray Death overdose symptoms include
 - Pupils are pinpoint or constricted
 - Individual becomes unresponsive or limp
 - Individual awake, but unable to talk
 - Breathing or pulse is slow or erratic
 - Skin around fingernails & lips turn gray or blue
 - Individual makes deep, slow snoring, choking or gurgling sounds
 - Death

7. General Updates

a. Office of Public Health- Nell Wilson project Director for LA Opioid Surveillance initiative. Action summit a flier to be sent out. Asking her team to gather information on the substances discussed today. None of these substances- Kratom, Tia, and Zylazine are not considered opioids so they are not included OPH's coding but they are including them in their surveillance. If you go to LODDS, you and sign up to get alerts when new data is available. Additional Emergency Room data will be added. Navigators have been added to Regions 5 and 6. A

b. Office of Behavioral Health

- Marisa Beard Director of Addiction Enhancements presented on the following initiatives:
 - Fentanyl Awareness Day - May 9th was Fentanyl Awareness Day: PSAs ran, Facebook and Twitter, Educational seminars were held and 100+ Narcan kits distributed.

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- Peers on Point Outreach Program (CAHSD)- Peers support services for fatal and non-fatal overdose calls. Engage in outreach and support activities and may go on the scene and provide support.
 - Dr. Leslie Brougham-Freeman- Discussed Collegiate Recovery Programs (CRP)s at Southeastern University and Tulane- partnerships as well as Board of Regents and some LGEs. Able to provided resources and funding to sustain programs. 2 year project. CRP is for individuals in recovery- a safe place on campus where they can go to receive support. A counselor will be there, support groups, will not promote substance use. Southeastern is leading the way since they have been doing this for some time. She plans to come back and provide outcomes of the program for the HOPE Council.
 - Dr. Hussey discussed the California Bridge Program- Emergency Departments. The Board of Pharmacy issued a resolution that helped clarify what ED's can and cannot do. Partners are communicating with hospitals, health standards around what ERs are and are not allowed to do, hoping for direction for nurses. There is optimism we are moving in the right direction. In the last HOPE Report, there was an 11% increase in opioid involved deaths, while the CA Bridge Program has seen a 30% decrease in opioid deaths. This is priority 1.
 - Dr. Hussey discussed the Impact Workgroups
- c. Community Impact Group (educational organizations, Faith Based, etc.) No update was provided from Dr. Allison Smith.
- d. Healthcare Impact Group (hospital, ER, providers, addictionologists, etc.)- Dr. Hussey discussed barriers for CA Bridge Program. Also, he discussed the Opioid Taskforce he's assigned to regarding the opioid abatement settlement. Update: unlike most states where funds are rolled through department of health for SMEs to decide how funding should be spent. The funding went directly to parishes. Asked that parish leads have at least one community stakeholder forum to give ideas of what might be most effective. That was voted down. Many are calling their community experts to do the right thing. Also suggested each attendee reach out to offer input to their parish leaders regarding spending of the funding. If you go to LAOATF.org, you can fill out a form, and they should contact you.
- e. Public Safety Impact Group (legal/court system) Shelley Edgerton provided an update. She said they discussed the growing threat of Xylazine and other drugs. Also, a training series in August 1st in Bossier by DOC.
- f. Other Updates

8. Public Comments-

Trudy Wickham with Region 2 announced a Listen/Learn about Opioid Epidemic on Friday, June 23rd.

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Sarah Jean Robinson from the HARM Reduction Team announced Naloxone/ Narcan Use trainings will be conducted on June 16th at 10am and July 10th at 10am. To sign up, you can reach her via email: Sarah.robertson@la.gov.

OBH and OPH have partnered to create the Harm Reduction Hub sites opened for distribution- you can find a distribution site on their website: <https://louisianahealthhub.org/hrdhub/>.

Foster and Charlotte stated that the Harm Reduction Team would like to look into Kratom and treatment, barriers, etc. They also mentioned the following:

- MAT is not always available and/or is cost prohibitive for some Pain Management Patients.
- Pain Management Patients have received pain relief from Kratom.
- Making a dietary supplement, such as Kratom illegal stigmatizes its use, even if it is for legitimate purposes.
- Syringe Service Programs have started purchasing Xylazine test strips.

9. Discussion and Next Steps

b. If interested in joining an Impact Workgroups, contact the HOPE email address: HOPE@LA.GOV

c. Next Meeting: September 7th, 2023, 9-11 am

10. Adjourn at 11:06 am.