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Addressing Deaths by Overdose Among People Experiencing Homelessness

In January 2021, the Los Angeles County Department of Public Health (Public Health) released their second annual Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County Report. The report found that overdoses have been the leading cause of death among People Experiencing Homelessness (PEH) since 2017, with 1,267 overdose deaths in 2019 alone. Rates of death attributed to overdoses in PEH increased by 84% between 2016 and 2019, and from 2017 to 2019, PEH were 36 times more likely to die of drug overdose than people in the general population. While the data for 2020 is still incomplete, the report found that deaths due to overdoses continued to rise during the first seven months of the year.

DPH’s data confirms that overdose deaths, particularly those involving fentanyl, have increased significantly among PEH in Los Angeles County (County) since the start of the COVID-19 pandemic. Methamphetamine was the substance most frequently involved in overdose deaths in 2019, but fentanyl-related deaths doubled between 2019 and the first seven months of 2020. The report also found that increases in overdose

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mortalities during 2020 have disproportionately impacted Black and Latinx PEH, the two populations drastically overrepresented in the County's homeless census.

In 2019, the Department of Health Services (DHS) and the Office of Diversion and Reentry (ODR) launched the Overdose Education and Naloxone Distribution Program (OEND) to reduce opioid overdose deaths in LA County. OEND prioritizes the highest risk populations and provides them with overdose prevention and response education and naloxone, a life-saving overdose reversal medication. OEND has opened new overdose prevention education and naloxone access points in underserved areas of LA County that provide harm reduction services and connections with other health and social services.

In January 2020, ODR partnered with the Los Angeles County Sheriff's Department (LASD) to launch a large-scale naloxone on-release program in LA County jails. Overdose prevention and response education along with free naloxone are provided to everyone leaving the jails through the Inmate Reception Center (IRC) and Century Regional Detention Facility (CRDF). To date, OEND has distributed over 64,594 doses of naloxone to people leaving County jails.

Increased overdose prevention programming, access to naloxone, and Medications for Addiction Treatment align with Measure J priorities in the areas of community-based health services and non-custodial diversion and reentry. Overdose prevention is highlighted in the LA County Alternatives to Incarceration foundational recommendation #12, recommending that the County "support and broaden implementation of community-based harm reduction strategies for individuals with mental health, substance use disorders and/ or individuals who use alcohol/ drugs including but not limited to sustained prescribing of psychiatric medications and

medications for addiction treatment.^[1]”

It is critical that the County implement the recommendations identified in the Homeless Mortality Report in order to curtail drug overdoses among PEH, including expanding access to naloxone as well as other harm reduction strategies, such as syringe exchange programs, with a special focus on reducing racial and ethnic inequities.

WE, THEREFORE, MOVE that the Board of Supervisors:

1. Direct DHS, in collaboration with the DPH, the Los Angeles Homeless Services Authority (LAHSA) and the Chief Executive Office Homeless Initiative (CEO-HI) to report back in 45 days with a plan to expand naloxone distribution and training to PEH and homeless providers, prioritizing PEH who are at elevated risk of death from opioid overdose, including those recently released from incarceration, hospitalization or substance use treatment services, and PEH residing in encampments.
2. Direct DPH, in collaboration with DHS, LAHSA, and CEO-HI to report back in 45 days with a plan to expand syringe access that includes mobile syringe exchange for PEH and other high-risk populations across the County living outdoors or in bridge/interim housing settings, and to execute contracts with syringe exchange programs based on available funding, as well as increased safe syringe disposal options.
3. Direct DPH, in collaboration with DHS, LAHSA, and CEO-HI to report back in 45 days with a plan to expand access to medications for addiction treatment, including through field inductions, and to report back on any statutory barriers that might require advocacy to support progress.

^[1] <http://file.lacounty.gov/SDSInter/bos/supdocs/144473.pdf>

4. Direct DPH, in collaboration with DHS, LAHSA, and CEO-HI to report back in 45 days on additional programs and/or services that should be considered for introduction or expansion in order to better address the high mortality rates among PEH related to drug overdoses, with an increased focus on reducing racial and ethnic inequities.

S:RS/AddressingDeathsByOverdoseAmongPeopleExperiencingHomelessness