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Confronting the Drug Overdose Epidemic

The United States, including Los Angeles County (LAC), is experiencing the worst drug overdose crisis in national and local history. The County has experienced increases in accidental drug overdoses since 2011, with 2,425 overdose deaths in 2020. Much of this increase has been attributable to a rise in methamphetamine, the illicit manufacturing of the powerful synthetic opioid called fentanyl, and the increasingly common combination of illicitly manufactured fentanyl in counterfeit pills and other drugs. The COVID-19 pandemic also contributed to drug overdoses given increased stressors related to finances, social isolation, and personal loss, among other variables.

Furthermore, overdose deaths disproportionately impact disenfranchised populations. Drug overdoses have become the leading cause of death among people experiencing homelessness (PEH), and African Americans are the racial group with the highest rate of accidental drug overdose death in LAC. Overdose rates rose 44 percent in 2020 for Black people and 39 percent for American Indian and Alaska

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compared to 22 percent for white people, largely related to not having access to substance use treatment. And since 2017, the opioid mortality rate for Latino residents in California has reached its highest level. Reports have also indicated that Black and Latino residents experience greater difficulty accessing Medication-Assisted treatment, and many Latino residents report bilingual treatment programs are hard to find.

Addressing the disparities and complexities of the drug overdose crisis requires targeted efforts focused on prevention, early intervention, and access to evidence-based, low barrier, non-judgmental substance use disorder (SUD) treatment services. It also requires evidence-based public health approaches like harm reduction to successfully engage the 95% of individuals with a SUD who either do not want or think they need treatment services¹.

The LAC Department of Public Health's Division of Substance Abuse Prevention and Control (DPH-SAPC) and the Department of Health Services (DHS) lead the County's response to the overdose crisis. The County's response to date has increased access to life-saving harm reduction strategies, including one of the nation's largest community education and naloxone distribution programs. Harm reduction services are a critical component to a comprehensive response to the overdose crisis by offering low-barrier, evidence-based, and participant-centered interventions that are proven to reduce the incidence of overdoses, soft tissue infections, sexually transmitted infections, hepatitis C, and HIV/AIDS, and most importantly support the health and wellness of people who use drugs. These include syringe service safety programs (SSP) that

¹ National Survey on Drug Use and Health; 2020.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>

distribute naloxone and fentanyl testing strips and provide mobile outreach to vulnerable populations. DPH-SAPC has also launched media campaigns that increase awareness of the risks of fentanyl and methamphetamine and is working to expand the availability of Medication-Assisted Treatment (MAT). In addition, the launch of the Drug Medi-Cal Organized Delivery System (DMC-ODS) has significantly expanded the continuum of SUD treatment available to County residents and the linkage of people who use drugs (PWUD) to treatment.

DHS manages the Overdose Education and Naloxone Distribution (OEND) program to provide training, technical assistance and distribution of naloxone and other harm reduction supplies to county staff, DHS hospitals and clinics, and community-based organizations serving PWUD, particularly those with justice system involvement and PWUD experiencing homelessness across the County. Moreover, DPH-SAPC and DHS are coordinating with emergency departments to offer MAT and naloxone to patients who have recently overdosed to reduce the likelihood of subsequent overdose and death.

Despite these comprehensive efforts, drug overdose deaths across the County continue to rise and additional collaborative efforts are needed to save lives. Calls to action by community health advocates, including those led by members of *The Act Now Against Meth Coalition*, have helped draw attention to the immediate actions needed to address the emerging drug crisis, and demonstrate that the human and societal impact of the ongoing overdose crisis has had a devastating and destabilizing impact on communities across the County.

I THEREFORE MOVE that the Board of Supervisors direct the Departments of Public Health, in partnership with the Department of Health Services, and the Department of Mental Health, the Alliance for Health Integration, the Medical Examiner-Coroner, the Alternatives to Incarceration Initiative, the Department of Children and Family Services, the Los Angeles County Homeless Services Authority (LAHSA), the Homeless Initiative, the Los Angeles County Office of Education, the Chief Executive Office, other applicable entities, and community stakeholders, to report back within 120 days and biannually thereafter with an updated plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids, and other substances. Considerations in this plan should include, but are not limited to:

1. Build on current planning processes and strategies established by DPH-SAPC and DHS in partnership with CEO's Anti-Racism, Diversity & Inclusion initiative to ensure coordination with relevant County Departments, the Alliance for Health Integration, and key stakeholders such as community-based organizations, faith-based organizations, Federally Qualified Health Centers (FQHC), hospitals, County jails, Probation camps and halls, and managed care plans, County mental health plans, and County SUD plans tasked with implementing various Statewide initiative such as DMC-ODS and CalAIM, to support shared goals around reducing the risk of drug overdoses;
2. Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, PEH, and LGBTQ+ residents;
3. Work with the housing system to expand the housing continuum and availability

of permanent, interim, and emergency housing options throughout the County, including recovery-oriented and Housing First models, with particular focus on unhoused individuals with justice involvement who use drugs;

4. Provide recommendations to expand and promote access to navigation services for people with SUDs, including the unhoused and justice-involved, to access services, including permanent supportive housing;
5. Provide recommendations to expand harm reduction efforts including but not limited to developing a plan to establish safer consumption sites in LAC, expanded distribution of fentanyl strips, naloxone, drug checking, and low-threshold MAT, including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.
6. Expand bidirectional screening and referral processes across systems caring for persons with shared risk factors for SUD, HIV, sexually transmitted infections (STI), and viral hepatitis, such that individuals who are receiving any of these services are screened and referred for other service needs associated with risk factors, including the need for HIV PrEP/PEP;
7. Implement evidence-based, age-appropriate substance use curricula for students K-12 and for those in Probation camps and halls and their parents/guardians;
8. Expand the accessibility of contingency management interventions;
9. Expand efforts to explore and offer MAT options for methamphetamine and other substance use disorders;
10. Work with County Departments who serve people who use drugs to expand trauma-informed and culturally responsive trainings around harm reduction,

overdose prevention, and other related topics;

11. Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in LAC;

12. Assess the funding in each Department's budget that is used to serve PWUD to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Office on strategies to address those gaps; and

13. Direct the Chief Executive Office Legislative Affairs team and County advocates in Sacramento and Washington, D.C. to coordinate with the Departments of Public Health, Health Services, and Mental Health to advocate with the Governor, State Legislature, the California Department of Public Health, and the California Department of Health and Human Services, and Congress for additional federal and state resources to combat substance use and the overdose epidemic. This includes increasing federal- and state-level recruitment, retention, training, and educational resources and requirements for SUD counselors, the primary workforce delivering specialty SUD prevention, harm reduction, and treatment services across the County.

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