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CHIP Title: A Public Health Response to the Overdose Crisis in Los Angeles County

Project Description:

Los Angeles County (along with California and the remaining United States) is in the worse overdose crisis in our history, driven by fentanyl and methamphetamine. No community is unimpacted by overdose, which spares no racial, ethnic, socioeconomic status, or age group. The historic response to substance-related crisis – to encourage people who use drugs to seek substance use treatment – is a necessary but insufficient response with when not paired with robust prevention and harm reduction initiatives that reach the people most in need. 94% of people with substance use disorders do not obtain substance use treatment, and 96.8% of this group do not seek treatment because they are not interested in participating in treatment as usual. Responding to overdose therefore requires our reaching those who are not currently participating in treatment services.

The public health response to overdose has the following components: 1. Broad community-based dissemination of information about the composition of potency of the drug supply and facilitating access to naloxone to reverse overdose. 2. Significant expansion of harm reduction services as an essential component of the prevention-harm reduction-treatment-recovery support spectrum of the public health response to substance use, specifically including establishing safer consumption sites. 3. Establishing universal access to medications for opioid use disorder and other substance use disorder. 4. Increasing the reach of addiction treatment including both lowering the threshold to initiating treatment services through programs, such as contingency management for stimulant use disorder, that support treatment participation.

This CHIP resulted in the following:

- Five major departmental press releases related to overdose and over 50 related media interviews, with broad community-based messaging in multiple sectors (schools, libraries, child welfare, etc.)
- LA County significantly expanded its harm reduction provider network:
 - Increased the annual funding from \$500,000 year to \$5,000,000 a year across this network.
 - Transitioned from serving 2,529 participants FY20-21 to 11,073 participants FY22-23
 - From not tracking naloxone distribution by LA County DPH programs to 52,124 naloxone units distributed FY22-23, resulting in 3,473 documented overdose reversals (likely an underestimate)
- Expansion of low-threshold addiction medication services in substance use treatment, community health center, and telehealth consultation line settings through technical assistance (TA) and support.
- State and federal advocacy to reduce the regulatory barriers to effective treatment.
- Launched the *Reaching the 95%* Initiative using TA and financial incentives to lower the threshold to start substance use treatment and including options for people not currently interested in abstinence.
- Site Visits to drug consumption rooms in Barcelona, Lisbon, and Copenhagen to inform

future LA County Safer Consumption services.

Key Findings and Lessons Learned:

- Investing in harm reduction services results in a significant increase in lives saved and no one recovers from addiction if they die. Harm reduction supports future receipt of treatment services and harm reduction services have value even when participants do not participate in substance use treatment at the time of their participating in harm reduction programming.
- There is a critical need for naloxone distribution and overdose response information in multiple sectors and is not currently widely accessed despite the available mechanisms to scale these resources.
- Harm reduction syringe services remain poorly understood and controversial despite decades of well documented effectiveness. LA County DPH remains mired in defending local harm reduction programs.
- Culture change in substance use treatment and community health sectors is feasible with local champions, clear direction, and a financial pathway to scale innovative practices (like MAT and CM).

Next Steps:

- Monitor overdose rates. Sustain harm reduction services expansion. Monitor response to the *Reaching the 95%* program. Determine a path towards, and formally launch, safer consumption site services.