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OPIOID HARM REDUCTION

by Katherine Lanzalotto '25

California is feeling the impact of America's opioid epidemic, especially since the onset of the COVID-19 pandemic. Opioids are drugs designed to reduce pain. They include prescription medications such as OxyContin, Vicodin, morphine, and methadone; the more powerful painkiller, fentanyl; and the illegal drug heroin. These substances can be addictive and deadly. In recent years, their abuse has sharply increased throughout California and across the nation. This article summarizes the scope of the epidemic and government's response in California and in San Bernardino and Riverside Counties.

According to the California Department of Public Health, in 2021 the state recorded 14,777,578 opioid prescriptions and 6,843 opioid overdose deaths. This epidemic is considered one of California's greatest policy challenges. Since Governor Gavin Newsom took office, the state has spent more than \$1 billion to counter opioid abuse. California's massive investment in programming to combat the opioid epidemic is best split into three categories: the Drug Medi-Cal Organized Delivery System (DMC-ODS), Overdose Education and Naloxone Distribution (OEND), and syringe exchange programs.

A primary part of California's opioid epidemic response is the DMC-ODS, which expands access to Substance Use Disorder (SUD) treatment for Medi-Cal enrollees. The UCLA 2021 Drug Medi-Cal evaluation reports that the DMC-ODS waiver program exists in 36 counties and covers 95.9% of the state population. The waiver improves the accessibility, quality, and coordination of substance use disorder treatment, and the remaining counties without DMC-ODS implementation operate under a county-developed, non-waiver-based system. An important aspect of the DMC-ODS is its funding for outpatient Opioid Use Disorder (OUD) treatment and increased county access to medication-assisted treatment (MAT), a combined approach of therapy and medications to treat OUD.

Whereas the DMC-ODS program has produced high treatment penetration rates (55.2% as of 2020) for people who recognize their need for care, the general treatment penetration rate was much lower at only 5%. Also, while the DMC-ODS waiver improves the quality of treatment, it is not perfectly tailored to youth substance addiction and treatment plans. DMC-ODS also lacks a

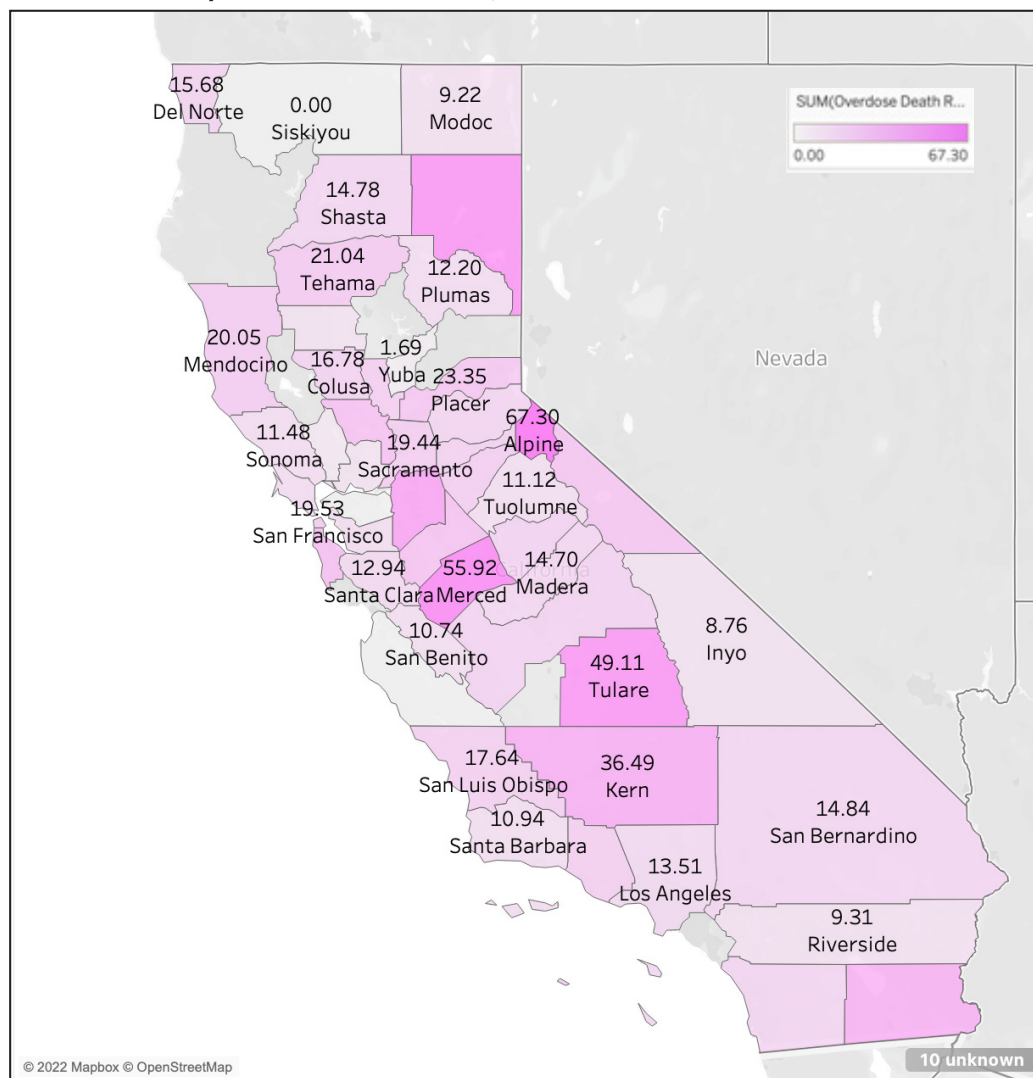
standardized assessment tool for California to track the program's progress. Moreover, under the DMC-ODS program, transferring care between substance use disorder treatment programs is difficult. While the program benefits from clients and providers fostering a relationship and long-term outlook on treatment, only a small percentage of case managers reap the benefit of buy-ins. Plus, the coordination of the DMC-ODS system is not well enough organized to be a meaningful stand-alone strategy. The most obvious shortcoming of the DMC-ODS program stems from its limited reach. The DMC-ODS system is available to only about one-third of Californians who enroll in Medicaid programs, and the system's self-evaluation indicates that it is insufficient to address the magnitude of the current and growing drug crisis.

medication that reverses opioid overdoses. Naloxone can be administered through a nasal spray or injection to the thigh. California legislation, such as AB 635, protects the purchase and use of naloxone by eliminating liability for healthcare providers to prescribe the drug and for individuals to administer it, with proper training. Likewise, in 2016, California passed a law that allowed trained pharmacists to supply naloxone without a prescription, making naloxone available upon patient request at pharmacies. Yet, two years later, audits of naloxone availability in California pharmacies reported that only 23.5% of retail pharmacies furnished the life-saving drug, and about half of the naloxone-providing pharmacies offered nasal naloxone.

A second prong of California's opioid epidemic response is the provision and distribution of naloxone, a

Local jurisdictions have adopted a number of successful Overdose Education and Naloxone Distribution (OEND) pilot programs. Notable programs have emerged

2021 California Opioid Death Rate Per 100,000 Residents



Source: California Department of Public Health. "California Quick Stats." California Overdose Surveillance Dashboard. <https://skylab.cdph.ca.gov/ODdash/?tab=Home>



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through California county jails. For example, the San Francisco County jail system shows the positive impact of OEND programs. According to a 2019 study, within four years of introducing OEND programs in San Francisco jails, 67% of participants received naloxone upon release, and 32% of these participating ex-inmates used the drug to prevent overdoses. Similarly, in Los Angeles County, all inmates receive free naloxone and training on overdose prevention and response. During the first eight months of 2020, the Los Angeles County jails distributed more than 20,000 doses of naloxone from free vending machines.

A third major facet of California's opioid epidemic response is harm reduction drug policy. Harm reduction acknowledges the availability of drugs and adopts a somewhat unorthodox approach to drug policy—that is, promoting the safer use of drugs. Unlike other approaches to opioid use, which aim for total abstinence from drugs, harm reduction seeks to reduce the adverse outcomes of drug use. Harm reduction drug policy aims to save lives and prevent overdoses and transmission of diseases such as HIV/AIDS, which can spread through intravenous drug use.

California's syringe exchange programs are long-standing forms of harm reduction drug policy. These

program initiatives began in California in the late 1980s in response to the HIV/AIDS epidemic in San Francisco. They were later decriminalized by AB 136 in 2000, which allowed the distribution of safe injection equipment through syringe exchange programs when there has been a local emergency declaration because of regional public health crises. More recently, California established the Syringe Exchange Supply Clearinghouse, which funded and supplied statewide syringe exchange programs, increasing their stability. Then, in 2021, AB 1344 authorized specific syringe exchange programs to provide free hypodermic needles for intravenous drug users. For many clients, syringe exchange programs are their only contact with healthcare providers. Also, many intravenous drug users later act upon employees' advice on recommended services. Clients often favor syringe exchange programs: out of 75 surveyed clients, 90% would recommend the services to friends with "similar needs." Syringe exchange programs can also be economically advantageous by not adding to the statewide healthcare costs of AIDS, an estimated \$385,200 lifetime cost.

Syringe exchange programs, however, are not always popular or effective. In 2021, multiple California county syringe exchange programs shut down because of environmental concerns. For example, the Santa Ana city

council banned syringe exchange programs because of excessive syringe litter in downtown areas, even though academic studies indicate that non-syringe exchange program cities have eight times as many littered needles as cities with these programs. Also, the uneven geographic distribution of these programs causes the inequitable distribution of safe, clean needles. In the past five years, the number of syringe exchange programs in California increased by 60%, but access to free and safe injection equipment largely depends on where individuals live. The National Harm Reduction Coalition reports that 40% of California syringe exchange programs are the only clean needle distribution program in their county, and 22 counties still lack any syringe exchange program infrastructure.

Much of California’s state-level opioid response is supplemented by county-level programs. The following sections summarize the responses of San Bernardino and Riverside Counties to the epidemic, as well as their recent rates of opioid overdose deaths, hospitalizations, emergency department visits, and prescriptions.

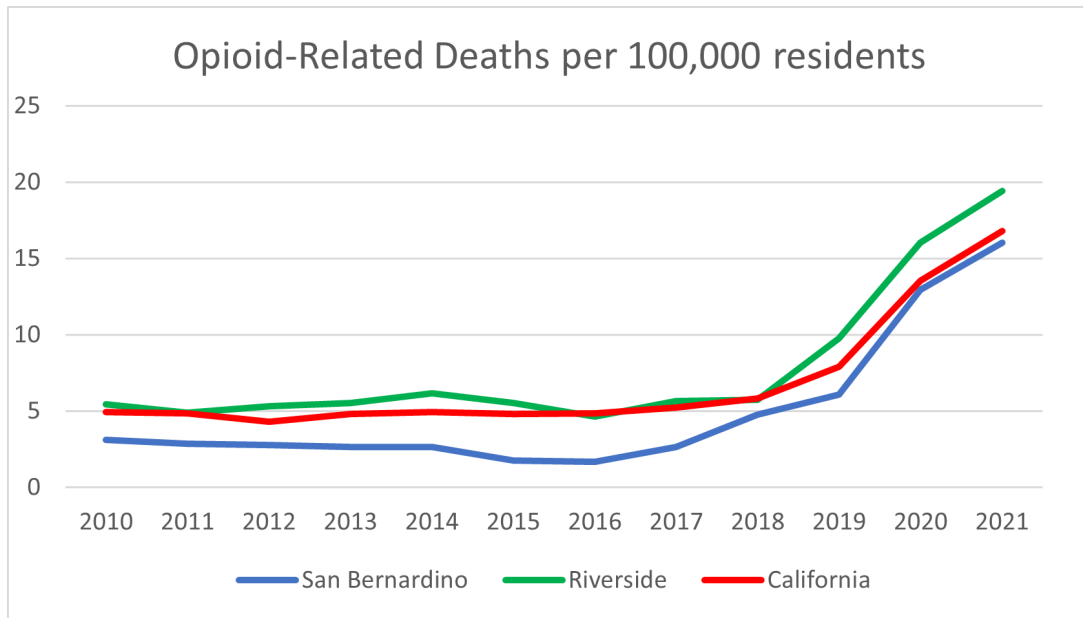
San Bernardino County Response

In late 2022, San Bernardino County announced a public health advisory due to increasing opioid overdoses. Between 2018 and 2021, annual fentanyl-related opioid deaths increased significantly in the county, with more than 309 such deaths in 2021. Much of the coun-

ty’s programming uses anti-fentanyl campaigns, and many coalitions focus on youths aged 12-24 and their increased risk of substance use and fentanyl overdose. The San Bernardino County Youth Opioid Response (SB-CYOR), a program coordinated by county officials, partners with San Bernardino County’s Probation, Behavioral Health, and Fire departments alongside the county school districts and treatment courts. SBCYOR aims to reduce overdoses in San Bernardino – especially lethal overdoses – through services and education within the county.

In 2015, San Bernardino County adopted the DMC-ODS, meaning it also utilizes California state programming to offer medication assisted treatment to treat OUD. The county also furnishes Vivitrol, an injectable form of naloxone, and offers multiple methadone clinics to help people with Substance Use Disorder (SUD) treatment. Additionally, the Department of Behavioral Health, which coordinates the San Bernardino County opioid response, offers a hotline for information on SUD and a 211 number which provides residents with SUD with detoxification, treatment, and prevention programs. The Department of Behavioral Health takes a broad approach to SUD. It offers residential, outpatient, and intensive outpatient treatment, alongside demographic-specific programs targeting youths and mothers. San Bernardino also offers OEND materials and programming.

San Bernardino County’s Department of Behavioral Health is a member of the Inland Empire Opioid



Sources: "San Bernardino County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "Riverside County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "California Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>.

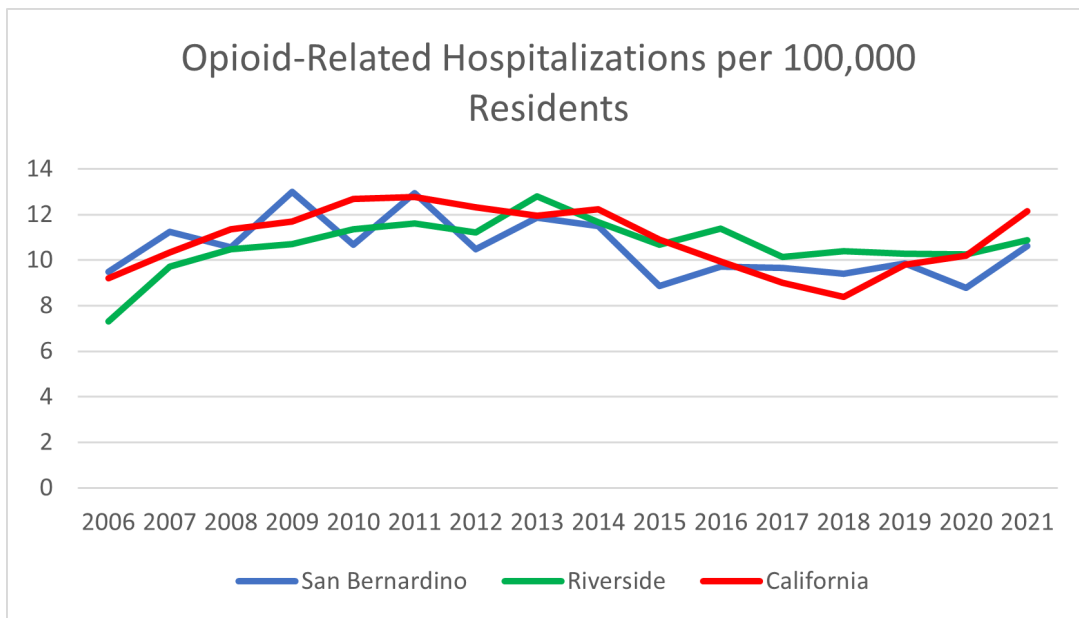
Crisis Coalition (IEOCC), a coalition supported by California's state health care service department and funded by the Inland Empire Health Plan, a governing board of Riverside and San Bernardino County representatives. These organizations work to provide medical access for low-income Inland Empire residents. San Bernardino offers harm reduction through these organizations, which help people find treatment, reduce stigma around opioids through substance use support groups, provide details on acquiring naloxone, and serve as a resource for clinicians on healthy opioid prescribing methods. But, other than furnishing naloxone and offering MAT through California state programs, San Bernardino County does not implement harm reduction policies. For example, while San Bernardino County provides many sharps disposal sites, it notably lacks any syringe exchange programs, even though the rates of HIV transmission are concerningly high. In fact, both San Bernardino County and Riverside Counties rank in the top 57 America locales with the most pressing rates of HIV transmission.

Riverside County Response

Riverside County's response to the opioid epidemic has focused mainly on the pervasiveness and lethality of fentanyl. Between 2017 and 2021, the county's annual fentanyl-related overdose deaths rose from 28 to 406. The county responded to the sharp increase in fentanyl abuse with large-scale drug confiscations; between January and October 2022, local law enforcement in Riverside County

seized more than 3.7 million fentanyl pills and almost 400 pounds of fentanyl powder. Meanwhile, the county centered its fentanyl response programming on the Faces of Fentanyl campaign and set aside \$300,000 for the program in late 2022. The Riverside District Attorney's office also combined forces with its counterparts in San Bernardino County and the U.S. Attorney's Office, as well as the federal Drug Enforcement Administration, to localize anti-drug programming. The collaboration resulted in law enforcement training, Inland Empire school education initiatives, and community public service announcements in Riverside County. The county has also supported educational programming through Friday Night Live, Club Live, and Friday Night Live Kids, programs that also exist in San Bernardino and many other counties in the state, to model healthy living and decrease risky substance use behavior.

Riverside County relies on California state resources to fight the opioid epidemic. It uses the Drug Medi-Cal Organized Delivery System (DMC-ODS) to streamline Substance Abuse Disorder treatment for Medi-Cal recipients. It also offers county-specific programming. Coordinated through the Riverside Department of Mental Health, the county provides inpatient and outpatient SUD treatment, including medication-assisted treatment, recovery services, educational programs, and crisis intervention. Certain intervention programs target specific at-risk populations, like the MOMS Perinatal Program, which supports pregnant or postpartum women with SUD, transports them and their young children to SUD treatment pro-



Sources: "San Bernardino County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "Riverside County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "California Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>.

grams, and educates them on childcare.

Unlike San Bernardino County, Riverside County offers some harm reduction resources. The county maintains 21 sharps disposal sites where injecting drug users can safely dispose of needles. Additionally, Riverside has two syringe exchange programs managed by Inland Empire Harm Reduction (IEHR) and DAP Health. These organizations work in tandem with Riverside County to supplement its opioid response with harm reduction programs that provide harm reduction resources to Inland Empire residents. Notably, they furnish and distribute naloxone and act as a syringe exchange program but otherwise focus on education on and de-stigmatization of SUD.

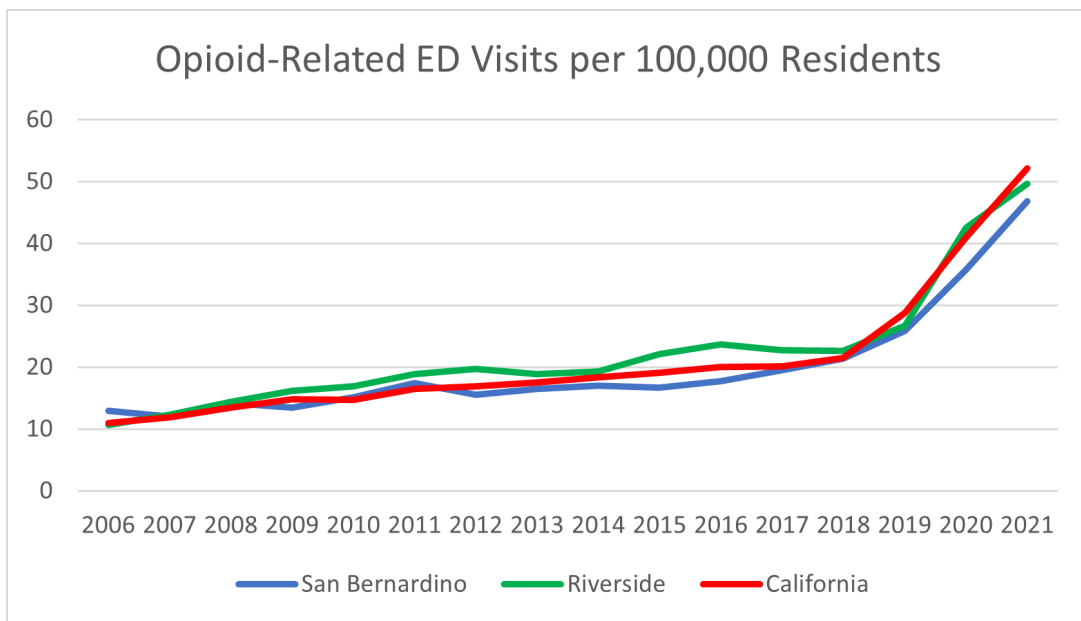
Inland Empire Opioid Statistics

Riverside County has higher per capita rates of opioid-related deaths than San Bernardino County and the state overall. As the number of opioid deaths rose sharply across the country between 2019 and in 2021, the toll in Riverside County increased from 5.7 to 19 deaths per 100,000 residents, while rising from 4.7 to 16 deaths

per 100,000 residents in San Bernardino County and from 5.8 to 16.7 deaths per 100,000 residents statewide. The effects of COVID-19 are visible in these findings, with increases corresponding to the pandemic.

San Bernardino County, Riverside County, and California have similar rates of opioid-related emergency department visits, with all seeing historically increases in visits at the start of the COVID pandemic. According to the California Department of Public Health, San Bernardino County experienced nearly double the trips to the emergency room, an increase of from 25.8 visits per 100,000 people to 46.8 visits. Riverside County experienced an increase from 26.7 to 49.6 visits, and California's overall number of visits increased from 21.4 visits per 100,000 people to 52.1.

The Inland Empire has achieved some success in decreasing the number of opioid-related hospitalizations. After hospitalization rates spiked through the early 2010s, in 2014, numbers decreased across San Bernardino County, Riverside County, and the state as a whole, a trend that lasted until the pandemic. The subsequent

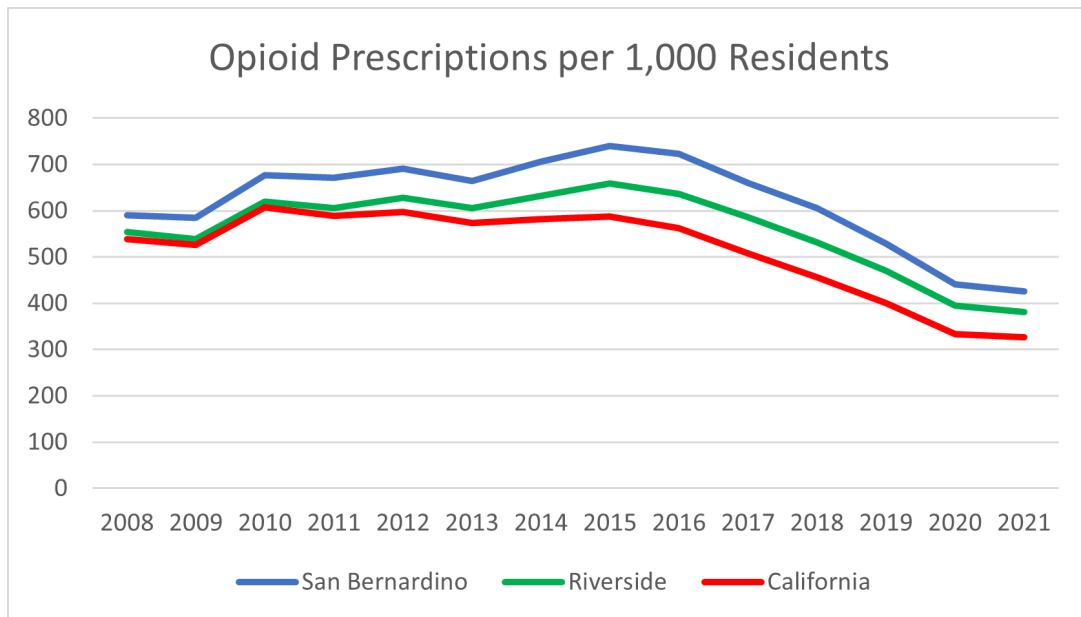


Sources: "San Bernardino County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "Riverside County Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>; "California Dashboard." California Overdose Surveillance Dashboard. Last modified 2022. Accessed March 21, 2023. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>.

increase in hospitalization for opioid abuse was not as drastic as the increase in emergency visits and deaths. As of 2021, Riverside and San Bernardino Counties, had nearly identical opioid-related hospitalization rates of 10.88 and 10.62 per 100,000 residents.

An additional area of progress can be seen in the reduction of opioid prescriptions in the Inland Empire. The number of prescriptions was very high after a sizable increase between 2013 and 2015. In 2015, San Bernardino had 739 prescriptions per 1,000 residents, Riverside County had 659, and California 587. Since then, the number of opioid prescriptions has decreased in the Inland Empire, although on a per capita basis, prescriptions in the region still exceed the state as a whole.

Like many parts of the nation, the Inland Empire has been hit by the tragic epidemic of opioid abuse. The problem has been more acute in the region than in the state as a whole. San Bernardino and Riverside Counties have devoted much attention and many resources to combat the epidemic – with limited success. While the number of prescriptions and hospitalizations are down from their peaks, emergency room visits and deaths remain high. It is clear that this epidemic will remain a serious challenge for the region for some time to come. ♦



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