

AD HOC OPIOID EPIDEMIC WORKING GROUP

Countywide Criminal Justice Coordination Committee

Report Date: March 11, 2020

BACKGROUND AND OVERVIEW

The Countywide Criminal Justice Coordination Committee (CCJCC) was established by the Los Angeles County Board of Supervisors in 1981 to improve the effectiveness and efficiency of the local criminal justice system by strengthening interagency communication, cooperation, and coordination. Comprised of elected officials, judges, executives of law enforcement and criminal justice organizations, and heads of social service departments, CCJCC has sponsored and implemented a broad range of policies and initiatives to improve the justice system.

At the April 17, 2019 CCJCC meeting, several member agencies presented on initiatives and partnerships in place to combat the opioid crisis. The presentation included information from the U.S. Attorney's Office (USAO), U.S. Drug Enforcement Administration (DEA), Los Angeles County Sheriff's Department (LASD), Los Angeles Police Department (LAPD), Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC), and the County Medical Examiner-Coroner.

Following the presentation and discussion, CCJCC approved a motion by Nicola Hanna, United States Attorney for the Central District of California, and former District Attorney Robert Philibosian of the Los Angeles County Peace Officers Association, to create an Ad Hoc Opioid Epidemic Working Group among key stakeholders and members of CCJCC. The motion called for the Working Group to develop and identify strategies to assist with interagency coordination in the areas of enforcement, prosecution, prevention, and treatment with respect to the opioid epidemic, and to report back to CCJCC with recommendations.

The Working Group was co-chaired by Assistant U.S. Attorney (AUSA) Benjamin Barron (Special Counsel to the United States Attorney on Opioids) and AUSA Carley Palmer (former Opioids Coordinator for the USAO's International Narcotics, Money Laundering, and Racketeering Section). Other participants included representatives from the DEA, District Attorney's Office, DPH-SAPC, Joint Regional Intelligence Center (JRIC), LAPD, Medical Examiner-Coroner, Peace Officers Association of Los Angeles County, and LASD.

FOCUS AREAS

During the course of its analysis, the Working Group reviewed a wide range of efforts launched to respond to the opioid epidemic. In an effort to target recommendations that strengthen local practices, the Working Group discussed strategies, opportunities, and challenges with respect to the following areas:

- **Overdose Detection Mapping Application Program (ODMAP) and Patterns in County Overdoses** – ODMAP is a web-based interface that tracks reported drug overdoses and overdose deaths by date and location. Near real-time suspected overdose surveillance data is provided across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase in overdose events. ODMAP links first responder and public safety agencies and relevant record management systems to a mapping tool to track overdoses and overdose deaths. ODMAP stimulates near real-time response and strategic analysis across jurisdictions.

This nationwide system relies on the participation of first responder and public safety agencies. It is only available to government organizations (federal, state, local, and tribal) that serve the interests of public safety and health.

- **Public Health Strategies** – A presentation was made on current public health strategies in the County regarding the opioid epidemic and the diversion and abuse of prescribed opioids. The discussion included a review of principles and tools of harm reduction and overviews of the HEART Collaborative, Safe Med LA partnerships and strategies, and a County-launched opioid public awareness campaign.

The HEp for Addiction Recovery and Treatment (HEART) Collaborative was established as a result of a June 27, 2017 Board motion instructing the Chief Executive Office (CEO) to establish a working group to examine opioid overdoses and deaths in the County. The HEART Collaborative serves as the County's strategic entity for ensuring comprehensive and coordinated efforts to address the opioid crisis.

Safe Med LA is one of the major initiatives under the HEART Collaborative. This is a broad, cross-sector coalition that takes a coordinated and multi-pronged approach to comprehensively address prescription drug abuse in the County.

The Department of Public Health (DPH) has launched a public awareness campaign to stem opioid misuse and overdoses.

- **Law Enforcement Efforts** – The Working Group discussed law enforcement efforts to address criminal aspects of the opioid crisis, ongoing challenges, and opportunities and resource needs.

Law enforcement efforts focus on illicit drug trafficking and healthcare fraud. They often include multi-agency task force efforts among federal, state, and local agencies that investigate and prosecute the diversion of opioids and the distribution of opioids resulting in death.

Agencies have prosecuted criminal medical professionals – including prescribers, pharmacists, pharmacy owners, drug wholesalers, clinic owners, and clinic employees – in an effort to address the opioid epidemic.

- **Department of Health Services** – The Department of Health Services (DHS) has several current practices and strategies intended to address the opioid crisis. These include public outreach efforts, internal protocols, and expected practices to improve safe and appropriate opioid prescribing and patient education.
- **Prescriber Notification Program** – In cases where there is found to be a death due to an overdose from opioid(s), the Office of the Medical Examiner will send a letter to the physician who wrote prescriptions for the fatal opioid(s) or other opioids and notify him or her about the overdose death. The letters include information on best practices for prescribing opioid medications.

FINDINGS AND RECOMMENDATIONS

Significant efforts have already been launched in the County to mitigate the impact of the opioid epidemic in this region, including, but not limited to, coordinated enforcement and prosecution operations; public educational campaigns; astute medical care; and evidence-based substance use disorder treatment approaches. Due partly to these efforts, local trends on opioid misuse and its consequences have not risen to the levels of other highly impacted jurisdictions throughout the nation.

Yet, there remains work to do. Overdose deaths in California and the County have increased markedly in recent years. Service, policy, and practice gaps offer areas for improvement. In addition, the Southern California region continues to serve as one of the country’s major distribution hubs of illicit opioids.

In this context, the Working Group developed the recommendations below to enhance and strengthen existing efforts to suppress the impact of the opioid epidemic in Los Angeles County. Recommendations are provided in four areas: (1) Access to opioids; (2) Substance use disorder (SUD) treatment approaches; (3) Data capacity; and (4) Investigation and enforcement.

Access to Opioids and Education

The availability of opioids and ease of accessing them are major drivers of the epidemic. The availability of prescription opioid medications – through overprescribing practices and diversion of unused quantities in patient homes, for example – has been identified in studies as not only a supply driver, but also as a “social learning” factor that introduces other individuals in a household to the use of opioids.

In response, physician training, education, and practice standards for acute and chronic pain management and safe opioid prescribing have been implemented at the level of state licensing bodies (California Medical Board) as well as in local institutions. Recognizing that it is equally important to increase patient education and awareness on the risks of opioids,

the Working Group offers the following recommendations:

1. It is recommended that the County support the DHS expected practices – or expansion, thereof – under which clinical team members provide education to patients who are prescribed opioids on their associated risks, including dependence, diversion, and overdose, as well as ways to mitigate those risks. Advisements must be made prior to prescriptions being provided, both verbally and in writing. The patient education must also include information about the safe disposal of controlled drugs and how to access safe drug disposal sites.
2. It is recommended that CCJCC agencies and the County explore and identify resources that can support County coalition efforts to engage with external stakeholders – such as non-County health care clinics and community-based organizations – to reduce overprescribing of prescription opioids and promote safe drug disposal.
3. It is recommended that CCJCC agencies and the County explore and identify resources to expand outreach and education to mental health and social work professionals regarding trends in opioid abuse and on opioid addiction treatment, *e.g.*, via presentations at continuing education programs or at professional schools. Such educational programming would be designed to assist mental health and social work professionals in furthering public education with their own client base regarding trends in drug abuse and current views of best practices in treatment.

In conjunction with evolving prescriber practices to limit excess medications and increase patient education on their use, strategies to simplify the disposal of excess medications are key.

4. It is recommended that the County expand the accessibility of safe drug disposal programs and identify increased funding for the placement and management of controlled drug disposal bins at DHS pharmacies and medical facilities, as well as other appropriate County sites.
5. It is recommended that applicable agencies engage with the Department of Resources, Recycling, and Recovery (CalRecycle) to provide input on the state regulations developed pursuant to SB 212, which provides for the mandatory implementation of drug disposal programs by pharmaceutical companies and pharmacies that meet specified criteria by January 2021.

SUD Treatment Approaches

According to the Centers for Disease Control and Prevention, 399,000 people in the U.S. died from an opioid overdose (involving either prescription or illicit opioids) between 1999 and 2017, including 47,600 in 2017 alone. While California has avoided the higher overdose death rates seen in the Midwest and other areas of the country, overall drug overdose deaths in the state have increased since 2016, including a 10.7% increase from July 2018 through July 2019.

Locally, Los Angeles County has seen a 44% increase in unintentional opioid deaths from 2017 to 2019, with fentanyl-related deaths more than doubling in the same time frame. In 2019, fentanyl was involved in more than half the unintentional opioid fatalities.

The use and expansion of evidence-based strategies to treat people with opioid dependence and addiction issues is essential for addressing these trends. To build on current efforts, the Working Group recommends the following:

6. It is recommended that the County and partnering agencies support the expansion of Medications for Addiction Treatment (MAT) access for the treatment of substance use disorders (SUDs).
7. It is recommended that the County support ongoing efforts by the LASD and DHS to provide MAT and harm reduction education and services, including naloxone, to justice-involved individuals, including jail inmates and previously incarcerated persons returning to the community.
8. It is recommended that the County explore how peer advocates can be made accessible to County health patients with substance use disorder treatment needs, similar to how justice-involved individuals may be connected with advocates to help support their care.

Effective treatment approaches should be complemented by overdose prevention efforts. When administered in a timely fashion, the use of naloxone – a medication that is not a controlled substance and does not have addictive properties – can reverse the potentially fatal effects of an opioid overdose. Agencies throughout the County have embraced its deployment and distribution to help save lives. Still, it is unclear whether current naloxone deployment meets the County’s need.

9. It is recommended that County and non-County first-responder agencies assess naloxone supply needs and identify opportunities to deploy naloxone to meet the need. Efforts may include securing funding to obtain supplies and training staff on appropriate and effective use.

Enhancing Data Capacity

Data drives the ability to assess the scope of the opioid epidemic, helps identify emerging trends, and informs new strategies and responses. The Chief Medical Examiner (CME), for example, generates a significant amount of data related to findings in overdose death investigations, as well as death investigations more generally. Likewise, ODMAP will be generating countywide data specific to near-real time overdoses.

The ability to mine and analyze such data quickly and efficiently to identify patterns and trends would be highly valuable to stakeholders in public health and public safety, in order to inform resource allocation and prevention efforts. Recognizing the importance of data collection and utilization, the Working Group recommends the following:

10. It is recommended that impacted agencies support and encourage efforts of the Emergency Medical Services Authority (EMSA) to set statewide requirements for first responders to report the type(s) of drug suspected in overdose cases.
11. It is recommended that the County explore opportunities to increase resources for enhancing the CME Office's data maintenance and analysis capabilities, including the potential introduction of artificial intelligence technology to scour available data to identify otherwise unrecognized trends or patterns.
12. It is recommended that opportunities to assist with ODMAP data and analysis resource needs be explored in support of program enhancement efforts.

Investigation and Enforcement

Law enforcement efforts – including multi-agency task forces targeting drug trafficking operations – are major components of a comprehensive approach to addressing the opioid crisis and reducing the quantity of illicit opioids in the community. To enhance these efforts, the Working Group provides the following recommendations:

13. It is recommended that the County support EMSA or other efforts to educate first responders regarding the importance of preserving overdose victims' drugs and drug paraphernalia for law enforcements' use in the investigation and prosecution of cases.
14. It is recommended that the CME and investigating agency stakeholders engage with hospitals countywide to develop protocols for the preservation of biospecimens of patients with suspected overdoses. This can help preserve evidence regarding cause of death, which may be used to bring federal distribution-with-death-resulting charges against opioid distributors.
15. It is recommended that the County support efforts to increase available resources – grant-related or otherwise – that can fund additional law enforcement and/or task force officers working to reduce the quantities of illicit opioid drugs in the community, including counterfeit medications, and investigating supply chains related to overdose deaths.