CALIFORNIA DRUG OVERDOSES IN 2020

SUMMARY

Overdose deaths significantly increased in 2020, likely due to the compounding effects of COVID-19 and the widespread availability of fentanyl. To address rising overdose rates, California will augment current treatment expansion efforts and support new investments in behavioral health infrastructure, low-barrier access, harm reduction, crisis services, and in making naloxone widely available.

2020 OVERDOSES

Isolation and Disruption. Numerous reports indicate that increased isolation has resulted in many people using substances alone, putting them at risk of unobserved overdose, particularly when purchasing from new dealers. Previously, people would use in groups and have someone available to respond to an overdose with naloxone.

“One of the primary reasons why people are dying from overdoses is that they’re using alone... they don’t have people to call for help, to reverse the overdose.”
- Darren Willett, Homeless Healthcare Los Angeles

National data reflects double the number of overdose-related cardiac arrests, as compared to 2019 and 2018, during the initial months of the COVID-19 pandemic when increased number of individuals social distanced and quarantined. Disruption of daily activities has also played a major role in the overdose spikes resulting from COVID-19. Job loss, school closings, clinic closures, reduced clinic hours, inexperience with telehealth, and other changes caused by the pandemic have affected the stability of hundreds of thousands in treatment and recovery.¹

2020 DATA
JULY 2019 – JULY 2020

Nationally, all drug overdose deaths are predicted to increase by 24%, leading to 86,000 predicted deaths for the 12 months ending in July 2020.

National cocaine deaths increased by 30% and psychostimulant deaths excluding cocaine increased by 42%.

In California, all-drug related deaths increased by 20% to 6,954 over 12 months. Fentanyl accounted for 36% of these overdose deaths, an increase of 89% from the prior year. Psychostimulants deaths increased by 21% and cocaine by 49%.

“Everything fell apart all at one time. There is the financial stress, the mental stress... the social connections that are lost. And there’s fentanyl everywhere.”
- Tracey Helton, Harm Reduction Specialist

Fentanyl. Fentanyl, a highly potent opioid, accounted for more than a third of overdose deaths in California from July 2019 to July 2020. Since 2018, fentanyl overdose deaths nearly quadrupled. Fentanyl has severely impacted homeless populations. Los Angeles County's report on homeless mortality found that drug overdoses were responsible for approximately 30% of homeless deaths in 2020, which accounted for a greater percentage than those directly attributed to COVID-19. Heroin, methamphetamines, and cocaine are often laced with fentanyl, appearing in 41% of homeless overdose death cases in Los Angeles in 2020 – double 2019 figures.²

Psychostimulants and Cocaine. Psychostimulants with abuse potential excluding cocaine (methamphetamines, 3,4-Methylenedioxyamphetamine (MDMA), dextroamphetamine, levoamphetamine, or Ritalin) and cocaine-related deaths increased in California by 21% and 49%, respectively, from July 2019 to July 2020.³

Methamphetamines were involved or a factor in two-thirds of drug overdose deaths of Los Angeles' homeless population.⁴

The graph on the left indicates the progressive increase of stimulant and fentanyl-related overdose deaths from Q1 2019 to Q2 2020.⁵ The trend will likely continue worsening from August 2020 through December 2020.

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MAT Expansion Project
To stop overdose deaths across the state, the California Department of Health Care Services (DHCS) launched the Medication-Assisted Treatment (MAT) Expansion Project in May 2017. $476 million has been awarded in discretionary grants to California by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. The project has a special focus on populations with limited MAT access, including youth, rural areas and American Indian & Alaska Native tribal communities.

DHCS supports projects wherever individuals with substance use disorder (SUD) seek help, including health care settings, county and state criminal justice systems, and treatment programs. The project also includes media campaigns, engagement of opioid safety coalitions, naloxone distribution, and supportive housing.

MAT in Criminal Justice Settings
Historically, individuals with SUDs have not been able to access MAT during periods of incarceration, despite an estimated 65% of individuals in the criminal justice system meeting the criteria for an SUD. Individuals leaving prisons and jails are 40 times more likely to die of an overdose in the first two weeks compared to California’s general population. This is due to decreased tolerance to the drug and lack of treatment during incarceration.

Through the MAT Expansion Project, DHCS is funding a technical assistance program for counties interested in developing or expanding MAT to individuals in county jails and through drug courts in 32 of California’s 58 counties. Counties have participated in learning collaboratives and received monthly coaching calls and technical assistance to develop or expand county MAT programs in jails and drug courts. All participating counties have made progress in expanding MAT access within their jail.

California Bridge
People with SUD routinely present to the emergency department. This program provides training and technical assistance to support evidence-based treatment for SUD within emergency departments and hospitals throughout California. These facilities become primary access points for SUD treatment by way of motivation, resources, and encouragement.

Participating sites address SUD as a treatable chronic illness by starting treatment immediately (such as buprenorphine for patients with opioid use disorder (OUD)), as well as using harm reduction techniques, such as naloxone distribution, to minimize the risks associated with SUD. To date, over 200 hospitals are participating in this program, spanning 35 counties throughout the state.

Harm Reduction: Syringe Services Program
DHCS is funding The Center at Sierra Health Foundation and the California Department of Public Health to grant up to $350,000 to 19 organizations to implement low-barrier access to treatment in Syringe Services Programs (SSP) for OUD and SUD. The project aims to:

- Integrate opioid treatment and other harm reduction services into SSPs to increase the number of participants engaged in treatment;
• Reduce the risk of fatal and nonfatal opioid overdose;
• Support people who wish to reduce, modify, or eliminate their injection drug use or their illicit drug use in general; and
• Integrate harm reduction concepts and strategies with opioid treatment programs or providers in order to increase trust and treatment retention, including for people who have experienced stigma and discrimination in health care settings.

Naloxone Distribution Project
The Naloxone Distribution Project (NDP) aims to reduce opioid overdose deaths through the provision of free naloxone, an opioid antidote, in the form of a spray that can be used by laypeople. Entities apply to DHCS to have naloxone shipped directly to their address.

The program started October 2018, receiving over 2,000 applications. Eligible entities include law enforcement such as police departments, county jails and probation, fire, EMS and first responders, schools and universities, county public health and behavioral health departments, and community organizations such as harm reduction organizations or community opioid coalitions.

Through April 2021, the NDP has distributed more than 600,000 units of naloxone to 57 of the 58 counties in the state with the highest rates of naloxone distributed to counties and regions with the highest rates of opioid deaths. More than 31,000 opioid overdose reversals have been reported to DHCS.

Since October 2018, the NDP has distributed:
600,000+ units of naloxone
to 800+ organizations
In 57 of 58 counties, resulting in
31,000+ overdose reversals.
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<tr>
<th>PROJECT / FOCUS AREA</th>
<th>DESCRIPTION</th>
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<tr>
<td><strong>Clinical Services</strong></td>
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<tr>
<td>Substance use consultation line</td>
<td>24/7 telephone support by addiction experts for health care providers learning how to treat SUD and provide MAT</td>
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<tr>
<td>EDs and hospitals</td>
<td>Support emergency departments and hospitals in integrating MAT services, including hiring addiction counselors in select rural sites</td>
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<tr>
<td>Primary care and behavioral health clinics</td>
<td>Learning collaboratives for primary care clinics and behavioral health clinics on MAT integration; support for cross-sector collaboration</td>
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<tr>
<td>Tribal health</td>
<td>Funding and technical assistance for rural and urban tribes to integrate MAT into tribal health services; native specific Project ECHO through video mentorship; needs assessment of native communities; suicide prevention and intensive case management for OUD treatment to increase access to and availability of MAT</td>
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<tr>
<td>Pregnant women and neonates</td>
<td>Technical assistance to support prevention, screening and treatment for pregnant and postpartum women, and family-centered care for substance-exposed infants</td>
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<tr>
<td>Youth services</td>
<td>Prevention and treatment services for youth ages 14 – 26; establish youth-based recovery services in multiple locations</td>
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<tr>
<td>Physicians in training</td>
<td>Integrating MAT training into primary care residency programs</td>
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<td>Supportive housing</td>
<td>Provide recovery housing and peer support for individuals experiencing homelessness with an OUD</td>
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<td><strong>County and State Correctional Health</strong></td>
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<tr>
<td>County correctional justice systems and related services</td>
<td>Integrate MAT in county jails and ensure ongoing treatment at release; education and training for staff across the county correctional justice and social services systems (e.g., drug courts, child welfare); MAT training for Driving Under the Influence treatment programs and the California Highway Patrol</td>
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<tr>
<td>Prisons</td>
<td>Provide technical assistance to integrate MAT in California’s prison system as part of a broader SUD reform effort, including facilitating ongoing treatment at release</td>
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<tr>
<td>Juvenile justice</td>
<td>Establish an OUD peer support program for youth</td>
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## MAT Expansion Projects

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<td><strong>Statewide Systems and Programs</strong></td>
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<tr>
<td>Media campaign</td>
<td>Statewide media campaign focused on decreasing stigma around MAT treatment; regional media campaign focused on prevention and opioid safety for tribes</td>
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<tr>
<td>MAT access grants</td>
<td>Support new or expanding MAT services at more than 200 sites in CA</td>
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<tr>
<td>Local opioid safety coalitions</td>
<td>Fund, convene, and coach leaders of local coalitions addressing the impact of the opioid epidemic in their communities</td>
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<tr>
<td>Mentoring and prescriber support</td>
<td>Mentoring services for new MAT prescribers</td>
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<tr>
<td>Transitions of care</td>
<td>Technical assistance to coordinate transitions across treatment systems in 10 counties</td>
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<tr>
<td>Naloxone distribution</td>
<td>Distributing naloxone in community and health care settings</td>
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<td>Drug take-back</td>
<td>Setting up systems to allow safe disposal of unused controlled substances</td>
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<td>Fentanyl monitoring</td>
<td>Setting up systems to allow real-time tracking of fentanyl overdose outbreaks</td>
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<td>Prescription database</td>
<td>Improve functionality of CA’s prescription drug monitoring database, CURES</td>
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<tr>
<td>Prescriber education</td>
<td>In-person educational sessions for outlier prescribers, with a focus on MAT and naloxone</td>
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<tr>
<td>Evaluation</td>
<td>Evaluate impact of various projects in the CA MAT Expansion Project</td>
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<td><strong>Substance Use Disorder Treatment Programs</strong></td>
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<tr>
<td>Drug Medi-Cal Organized Delivery System</td>
<td>Medi-Cal coverage of the continuum of SUD treatment and recovery at all levels of care, available in 37 counties covering more than 95% of California’s population</td>
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<tr>
<td>Narcotic treatment programs</td>
<td>Technical assistance for narcotic (opioid) treatment programs to add buprenorphine and other medications to the treatment programs, in addition to methadone</td>
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<tr>
<td>Residential treatment centers</td>
<td>Toolkits and training to support inclusion of MAT in residential programs; develop toolkits for other settings</td>
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<tr>
<td>CA Hub and Spoke System</td>
<td>Funding to support expanded MAT services and care coordination between narcotic treatment programs (hubs) and affiliated sites (spokes: clinics, telehealth, and other services)</td>
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<tr>
<td>Alcohol and drug counselors</td>
<td>Support training programs for counselors in MAT</td>
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CalHOPE
CalHOPE is the California crisis counseling program funded by the Federal Emergency Management Agency and SAMHSA. Crisis counseling trains peers to provide support and guidance to people feeling stressed and anxious from the public health emergency and other societal challenges. Services include:
- Individual and Group Crisis Counseling and Support
- Individual and Public Education
- Community Networking and Support
- Connection to Resources
- Media and Public Service Announcements

Each effort is designed to normalize the experience of stress and promote coping skills. CalHOPE aims to prevent mental illness, substance use, suicide, and overdose through promoting tools for mental wellness and addressing the stress of the public health emergency, fires, politics, and social injustices. The total investment in the program is approximately $70 million.

988 Crisis Line
Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.

988 will launch as a national crisis line in July 2022, aiming to replace 911 as the number to call for people in crisis seeking help with suicide prevention and mental health issues.

California’s planning project funded by Vibrant Health, is an 8-month project to develop a plan for the implementation of 988 in the state.

Opioid Settlement
DHCS anticipates that California communities will soon receive opioid settlement money from lawsuits with manufacturers and distributors of opioids.

DHCS will work with cities and counties to ensure the funds are deployed to address the impact of the opioid epidemic and increase access to treatment.

Did you know?
Contingency Management combines motivational incentives with counseling and is currently the only effective treatment for stimulant use disorder. DHCS is proposing to include this treatment as a new Medi-Cal benefit, and to make it available with other federal funding (block grants).
FORTHCOMING EFFORTS TO ADDRESS OVERDOSE INCREASES IN 2021 AND BEYOND

Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)

On March 11, 2021, DHCS received a $238 million supplement for the Substance Abuse Prevention and Treatment Block Grant (SABG) and $108 million for the Community Mental Health Services Block Grant (MHBG). Both supplemental grants are to be expended from March 15, 2021 through March 14, 2023. DHCS proposes to do the following:

**Invest in Telehealth Infrastructure**
DHCS will support purchase of provider telehealth equipment in health care facilities, such as: laptops, desktops, monitors, software licenses, internet subscriptions, webcams, cellular telephones, and hotspots.

**Invest in the SUD and Mental Health Workforce**
DHCS will support funding for SUD and mental health clinicians, peer support specialists, counselors, care coordinators, and case managers.

**Recovery Housing Support**
DHCS will fund counties to support recovery housing services. Funded organizations will provide recovery residence, transitional housing, and residential treatment in order to facilitate continued engagement in SUD treatment and related recovery support services.

**BH Mobile Crisis and Non-Crisis Services**
DHCS is planning to launch a new Crisis Care Mobile Units program to support counties and regions to respond to urgent crises with trained teams of providers and peers, aiming to prevent unnecessary emergency department visits and police involvement.

**Justice-Involved Intervention**
DHCS will support behavioral health crisis intervention training and programs for law enforcement and other first responders. Funding will support social workers, counselors, case managers, and peer support specialists to be embedded with local law enforcement.

**Continued Naloxone Distribution and Expansion**
DHCS plans to continue to supply free naloxone to communities, once federal opioid funds expire in September 2022.

**Prevention Services**
DHCS will fund counties to support a variety of prevention activities, such as Friday Night Live programs, school-based SUD education programs, and awareness and education campaigns. Additionally, DHCS will create a Statewide Prevention Plan, working with counties, to evaluate emerging best practices in prevention that can be focused on underserved and communities of color.

**First Episode Psychosis**
DHCS will fund counties to support appropriate evidence-based programs for individuals experiencing first episode psychosis.

**Crisis Stabilization**
DHCS will fund counties to support existing crisis stabilization facilities to provide short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment, as well as expand crisis stabilization facilities and outreach.
Early Intervention Services
DHCS will fund counties to support mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training.

Youth and Adolescent Treatment
DHCS will fund counties to support the needs of youth, aged 12 through 20, and their families. Eligible activities include screening and assessment, diagnosis, placement, treatment, planning, youth development approaches to treatment, family interventions and support systems, structured recovery related activities, and alcohol and drug testing.

Perinatal Treatment and Recovery
DHCS will fund counties to support perinatal treatment and recovery services, including screening and assessment, treatment planning, referrals, interim services, case management, and strengthening the relationships between patients and their OB/GYN's.

Biden-Harris
Administration American Rescue Plan Act (ARPA)

The Biden-Harris administration has proposed a wide-ranging plan to end the opioid crisis. The plan seeks to:

Hold accountable big pharmaceutical companies, executives, and others responsible for their role in triggering the opioid crisis. The administration plans to:

- Direct the U.S. Justice Department to make actions that spurred this crisis a top investigative and, where appropriate, civil and criminal enforcement priority.
- Direct the Drug Enforcement Administration to step up its efforts to identify suspicious shipments and protect communities.
- Ban drug manufacturers from providing payments or incentives to physicians and other prescribers.
- Terminate pharmaceutical corporations’ tax break for advertisement spending.

Make effective prevention, treatment, and recovery services available to all, including through a $125 billion federal investment. The administration plans to:

- Make $125 billion in federal funds available over the next 10 years, with $75 billion in flexible grants to states and localities for prevention, treatment, and recovery services.
• The American Rescue Plan Act currently appropriates to states and localities a total of $1.5 billion for SABG and another $1.5 billion for MHBG and would allow funding to be spent until September 30, 2025.

Stop overprescribing while improving access to effective and needed pain management. The administration plans to:

• Support development of less addictive pain medications and alternative pain treatments, and improve standards of quality for treatment.

• Expand coverage for alternative pain treatments.

• Crack down on misleading advertising regarding SUD treatment facilities with no basis in evidence.

• Provide training to medical personnel in pain management and SUD treatment.

• Expand the effectiveness of monitoring programs designed to prevent overprescribing of opioids.

• Ensure regular updating of the Centers for Disease Control and Prevention prescriber guidelines based on the best available evidence.

Reform the criminal justice system so that no one is incarcerated for drug use alone. The administration plans to:

• End all incarceration for drug use alone and instead divert individuals to drug courts and treatment.

• Get people who should be supported with social services – instead of in our prisons – connected to the help they need.

Stem the flow of illicit drugs, like fentanyl and heroin, into the United States – especially from China and Mexico. The administration plans to:

• Make fentanyl a top priority in the U.S. dealings with the People’s Republic of China.

• Enhance cooperation with Mexican authorities to disrupt the movement of heroin and fentanyl across the U.S.-Mexico border.

• Enforce sanctions on international actors engaged in the trafficking of illicit drugs like heroin and fentanyl.

• Increase cooperation among global law enforcement agencies.

• Ensure federal agencies have the tools and resources they need to stop the flow of fentanyl from abroad.