




The Opioid Crisis in Los Angeles (and Beyond) – the Past, Present, and Future

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Outline

- **The Opioid Crisis in Los Angeles (and Beyond)**
 - WHAT is happening
 - Framing the Issue: The Opioid Epidemic from the Past to Present, in LA and Beyond
 - WHY this is happening
 - Key Factors in the Evolution of the Opioid Epidemic
 - HOW to address what is happening
 - Targeting the Key Drivers of the Opioid Crisis: A Community Coalition Approach
 - Other Approaches to Address the Opioid Crisis
 - Progress in Los Angeles – Safe Med LA and Beyond
 - Looking Ahead
 - Emerging Priorities & Future Considerations




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The "WHAT"



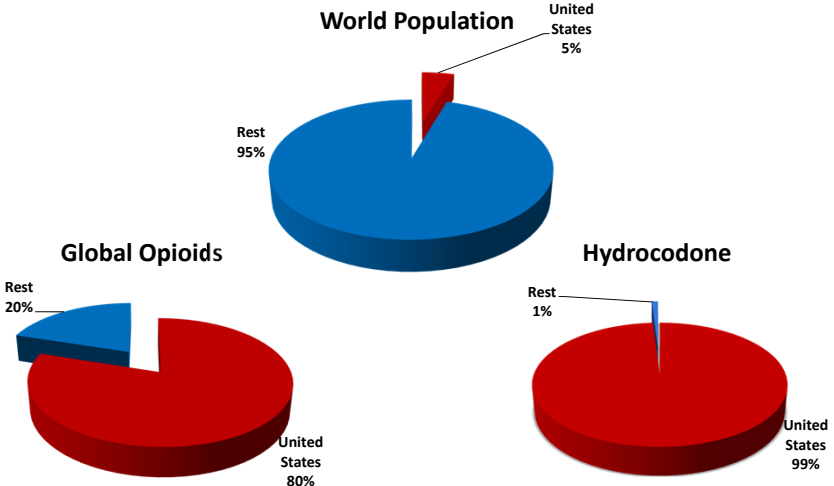
Framing the Issue: The Opioid Epidemic from the Past to Present, in LA and Beyond



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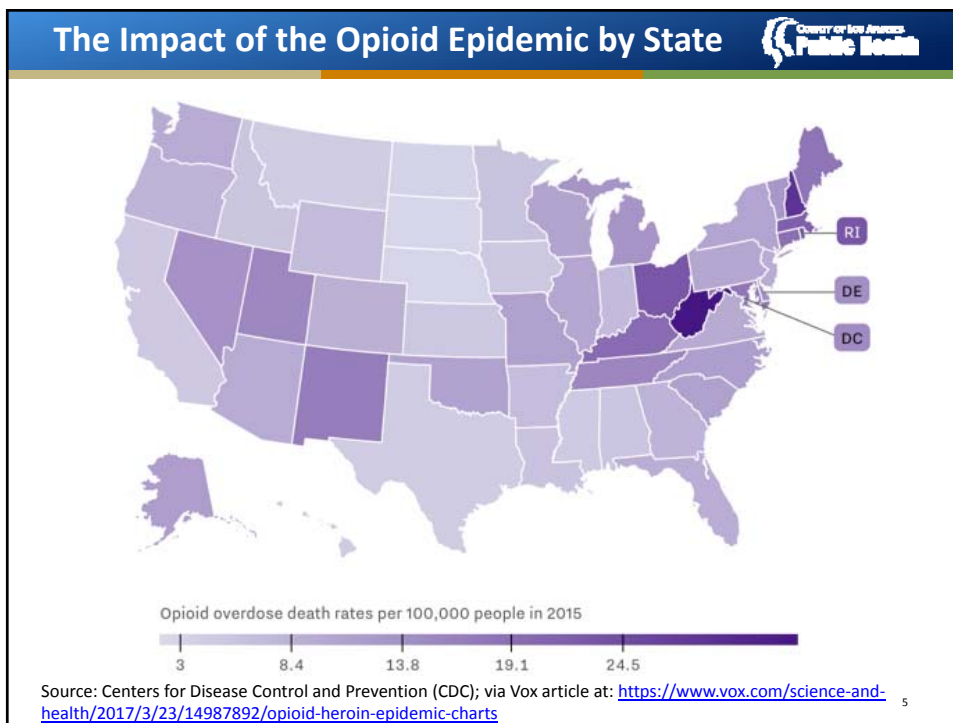
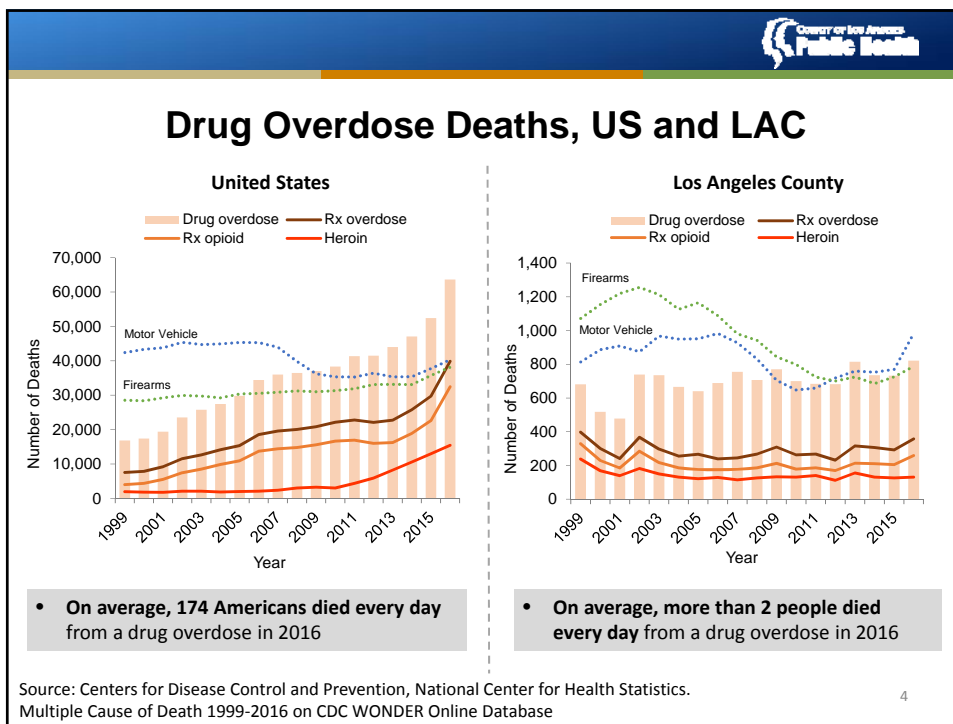


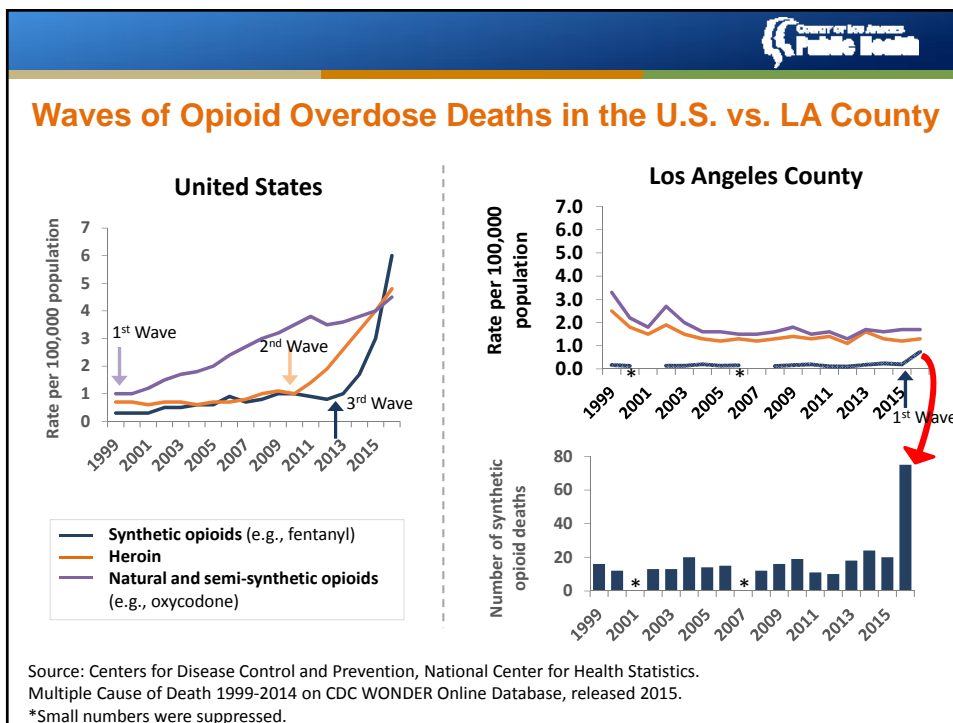
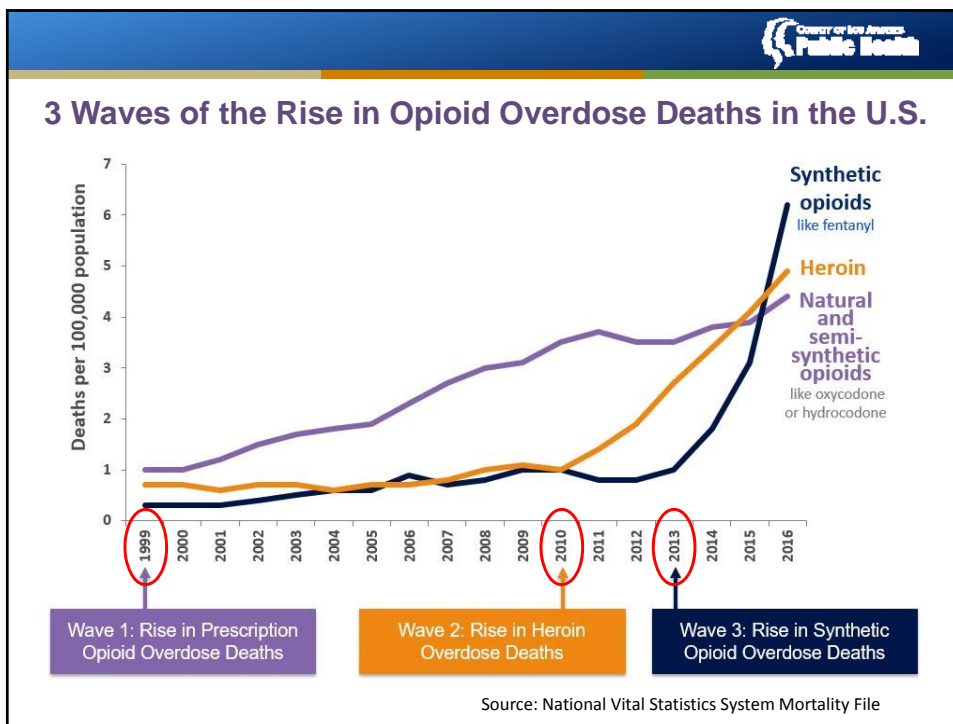
Opioid Use on a Global Scale (2010)

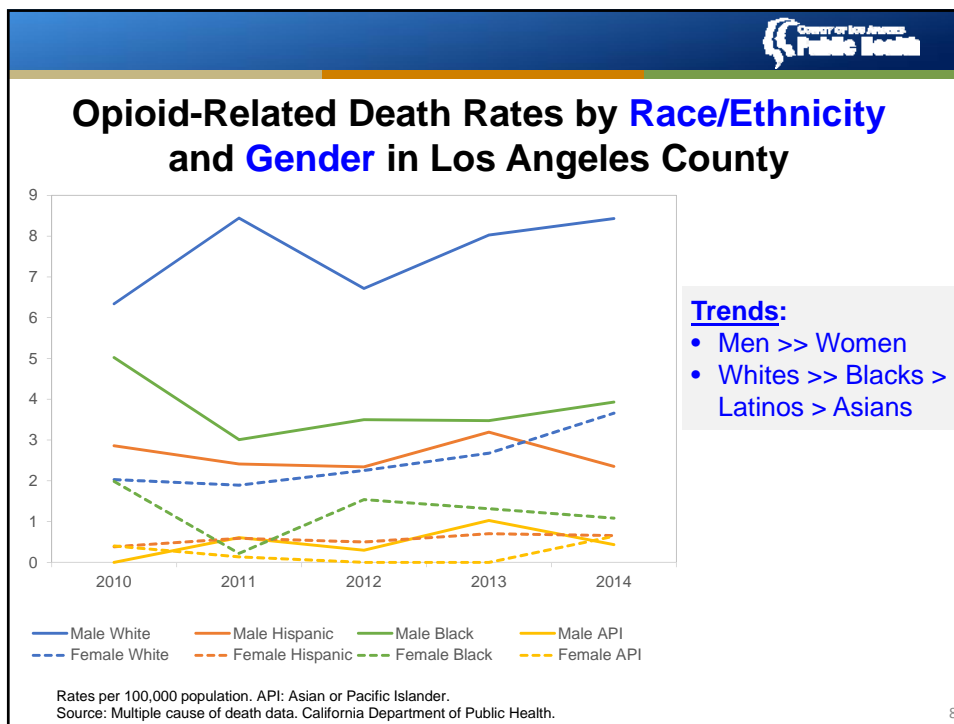


Category	United States	Rest of World
World Population	5%	95%
Global Opioids	80%	20%
Hydrocodone	99%	1%

Manchikanti, L (2010). Therapeutic Use, Abuse, Nonmedical use of Opioids: A Ten-Year Perspective, Pain Physician, 13, 401-435 ³







The "WHY"

Key Factors in the Evolution of the Opioid Epidemic

- **"Quick fix" culture** → Pain pills are often quicker and less work than alternative therapies
- **Misinformation from pharmaceutical companies** pushed notion that opioids were not addictive unless given to people with dependencies already
- **Lobbying for pain as the "5th vital sign"** → Institutionalized pain treatment during every patient encounter
- **Under-resourced SUD systems**
 - Under-utilization of Medications for Addiction Treatment & Naloxone
- **Lack of addiction specialists**
- **Increasing potency of opioids** (fentanyl, carfentanil) → Counterfeit pills have exacerbated risk

Overuse of opioids (linked to: "Quick fix" culture, Misinformation, Lobbying)

Lack of Treatment Options (linked to: Under-resourced SUD systems, Lack of addiction specialists)

Increased overdose risks (linked to: Increasing potency of opioids)

Why the Opioid Epidemic Has Impacted Some Areas of the U.S. Harder Than Others

- In general, the opioid crisis has disproportionately hit the Northeast and Southeast of the U.S. compared to other areas of the country.
Possible explanations:
 - Cultural Influences → An instance where diversity (and disparity) may be protective?
 - Access to Substance Use Disorder (SUD) Treatment → Greater access to SUD treatment improves outcomes
 - Urban vs. Rural → Rural overdose rates are outpacing urban overdose rates
 - Workplace Injuries → “Blue collar” workers may be at higher likelihood of developing chronic pain or injuries that lead to opioid use
 - Social Connection as a Protective Factor → Social determinants influence the likelihood of diseases of despair

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The “HOW”

Targeting the Key Drivers of the Opioid Crisis: A Community Coalition Approach



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Effective Solutions Must Be Informed by the Nature of the Problems They Attempt to Solve

- The opioid epidemic is a complex, multi-factorial, communitywide public health problem without a single cause → **One-dimensional approaches are unlikely to be effective.**
- **The nature of the opioid epidemic suggests that a broad, comprehensive, and inclusive strategy that engages multiple entities will be necessary to tackle the opioid issue.**



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The “Balloon Phenomenon”

- Addressing complex, multi-factorial problems with interventions that incompletely target its spectrum of causes oftentimes can result in unintended worsening of aspects of the problem.



Need to avoid squeezing down on one end of a balloon only to have the other end balloon up

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The “Blanket Approach”

- Complex, multi-factorial problems with a spectrum of causes generally require a spectrum of interventions that are implemented simultaneously in order to effectively address the root of the problem.




Need to address the multiple causes of complex problems simultaneously to avoid problems related to the “balloon phenomenon”

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Community Coalition Approach

- A community coalition is a network of cross-sector community stakeholders (public health professionals, health care providers, prevention providers, law enforcement, etc) that work together toward a shared goal.
- **Opioid coalitions provide a forum for individuals and groups of various backgrounds to come together to reduce the impact of the opioid epidemic in their communities through a cohesive strategy and plan to address the core drivers of the opioid crisis.**
 - In Los Angeles County’s Safe Med LA coalition, members are organized into 9 different **Action Teams** that target the key drivers of the opioid crisis.
 - Action Team interventions are coordinated and synergized through a **central Steering Committee**.

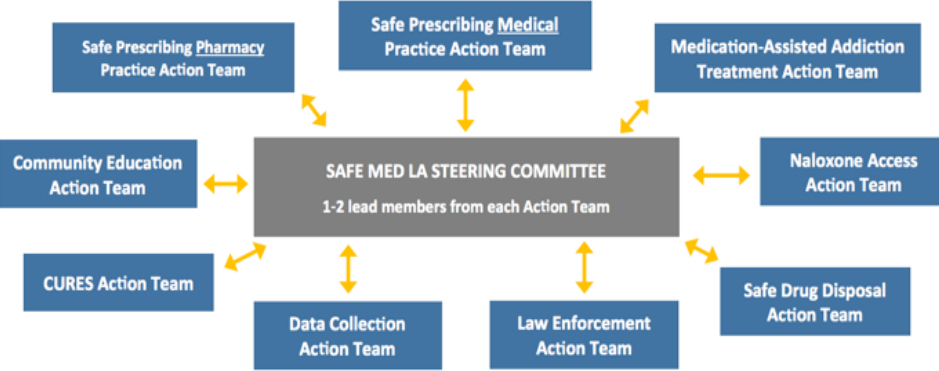
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Safe Med LA



- Safe Med LA is a broad, cross-sector coalition that is taking a coordinated and multi-pronged approach to comprehensively address prescription drug abuse in Los Angeles County → www.SafeMedLA.org




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Rationale for Community Coalitions

- **Rationale for taking a community coalition approach to the opioid epidemic:**
 - The “Balloon Phenomenon” and “Blanket Approach” suggest that a broad, multi-pronged community coalition approach makes sense to effectively address the complex problem that is the opioid issue.
- **Community coalitions should:**
 - Engage a broad group of stakeholders.
 - Implement a broad scope of interventions spanning the spectrum from prevention to treatment, and across community service settings.
 - Encourage communication, coordination, and synergies across interventions.
- **While community coalitions are not the ONLY effective approach to address the opioid crisis, they do provide the necessary structure to implement the comprehensive spectrum of interventions needed.**

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Opioid Coalition Structure in California

California Opioid Safety Network

- Network of county opioid coalitions that follow a cohesive statewide strategy to address the opioid crisis led by the California Health Care Foundation and the Center for Leadership and Practice at the Public Health Institute.


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County-Specific Opioid Coalitions


- Local coalitions organize and coordinate local strategies to address the opioid crisis.

In Los Angeles County


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Other Opioid-Related Efforts Across LA County



Safe Med LA

- Countywide opioid coalition

LA County Community Collaborative (LAC³)

- Prevention-focused, community-building initiative

DPH Opioid Media Campaign

Naloxone Initiatives

- Whole Person Care
- Department of Health Care Services

MAT Initiatives

- CA Hub & Spoke
- ED-based MAT

Expansion of Substance Use Disorder Treatment

- Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
- Antelope Valley Pilot

ODMAP

- Real-time overdose surveillance

Medical-Examiner & Health Officer Prescriber Letter

- Letter written to prescribers whose patients have overdosed

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Progress in Los Angeles – Safe Med LA and Beyond




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Safe Prescribing




- **Implemented safe prescribing guidelines at all 78 emergency departments and 80 urgent care clinics (UCC) throughout LAC.**
 - In process of implementing safe prescribing guidelines at remaining 160 UCCs, as well as additional primary care clinics across the County.
 - **Educated 5000 dentists across LAC on safe prescribing.**
 - **Convened six Medical Practice Round Table meetings including all major health plans in LA County to establish and adopt standardized safe prescribing benchmarks.**
- **Outcomes**
 - **11% decrease in the opioid prescribing rate** during the first two years of Safe Med LA's establishment, from 2015 – 2017 (data from CDPH).
 - **50% decrease in "doctor shoppers"** from 2015 – 2016 (defined as patients who used > 5 prescribers and 5 pharmacies over 6 months; data from CURES).

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Medications for Addiction Treatment (MAT)




- Trained > 300 new buprenorphine prescribers in LAC.
- Leading two MAT learning collaboratives, one focused on supporting MAT in primary care and another on supporting MAT in the specialty SUD system.
 - Supported 8 community health centers (FQHC's) in implementation of MAT programs, with additional FQHC's coming online in the future.
 - Supported over 10 community substance use disorder (SUD) treatment provider agencies in implementation of MAT programs, with additional agencies coming online in the future.
- Worked with UCLA to launch **web-based MAT Resource Library** to support expansion of MAT programs → <http://publichealth.lacounty.gov/sapc/mat/index.html>

- **Outcomes**
 - **8% increase in the annual buprenorphine prescribing rate** in LAC from 2015 – 2017 (data from CDPH).

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Naloxone




- Trained > 235 pharmacists on the State-required training to enable them to furnish naloxone without a physician prescription.
- As a component of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver implemented by LA County's SAPC, **added over 50 additional sites across the County where naloxone is accessible to the community through Opioid Treatment Programs (OTP)** via Drug Medi-Cal.
- Supported LASD with the launch of its naloxone program, which is one of the largest in the country, with **over 30 lives saved since implementation of LASD's naloxone program** in 2017.
- Collaborated with the LA County Fire Department and LASD to obtain their naloxone administration field data to take a **data-driven approach to inform the County's naloxone intervention efforts**.

- **Outcomes**
 - **Distributed > 21,000 doses of naloxone to community-based organizations and law enforcement in LAC** through CHCF grant and CDPH naloxone grant.

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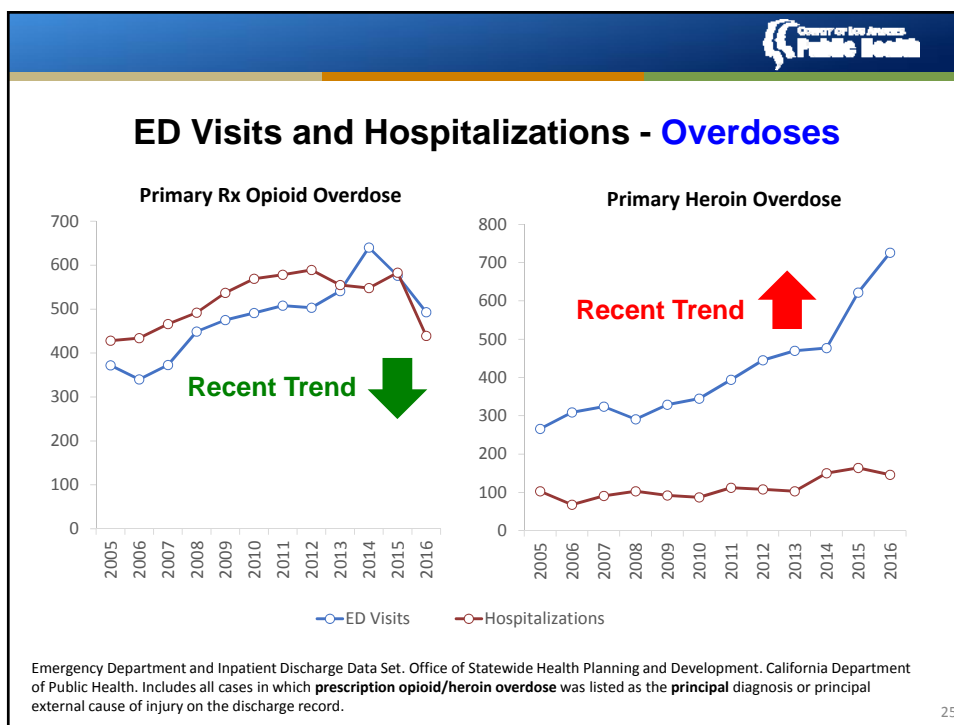


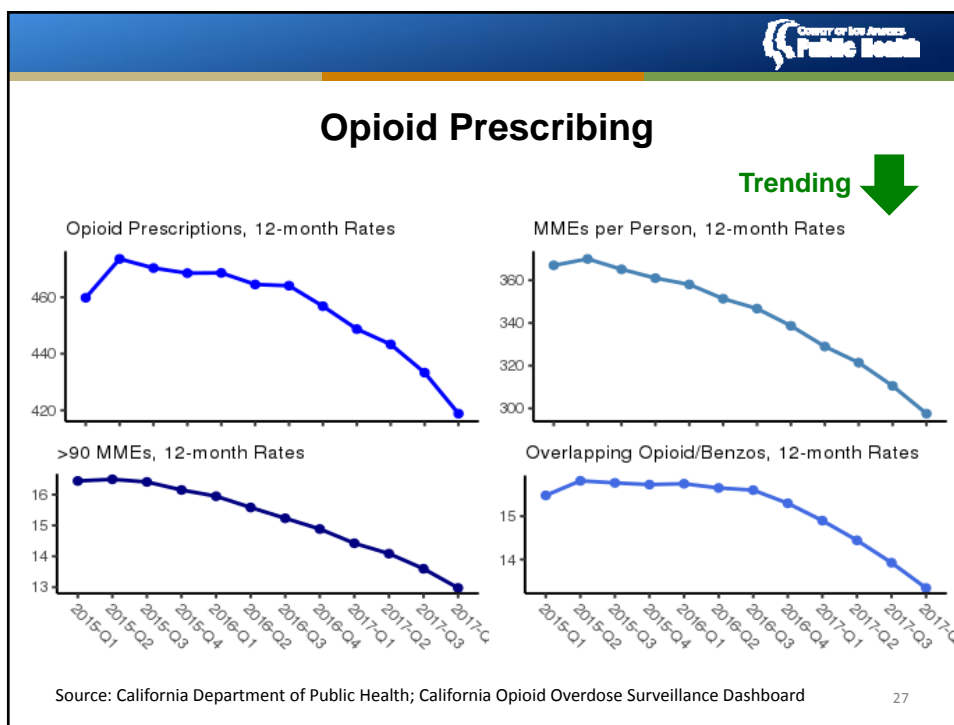
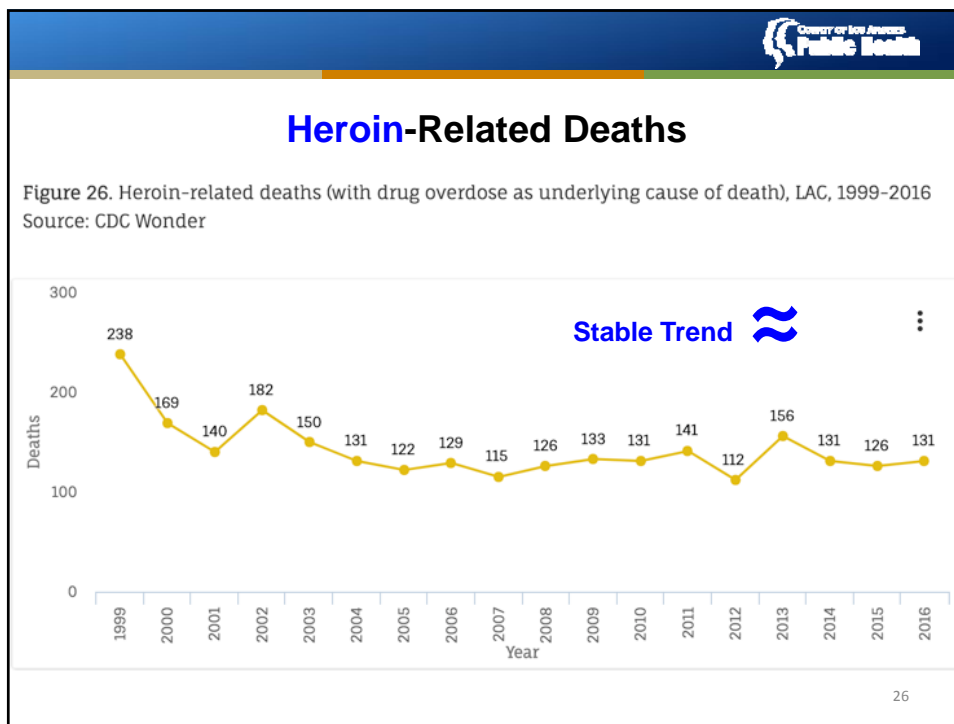
Other Opioid-Related Successes

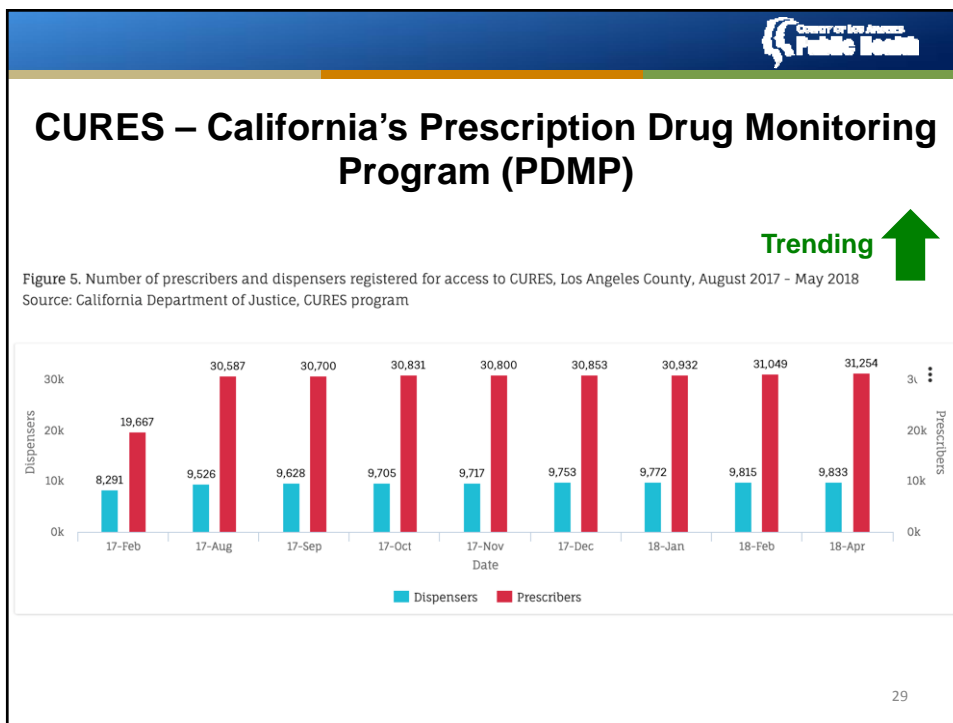
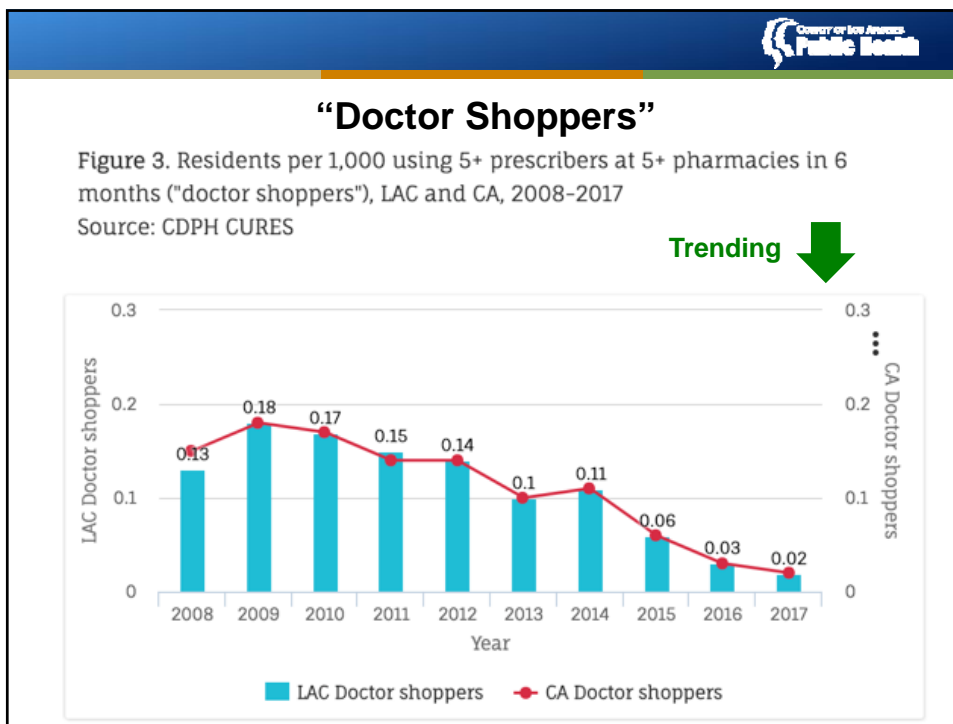


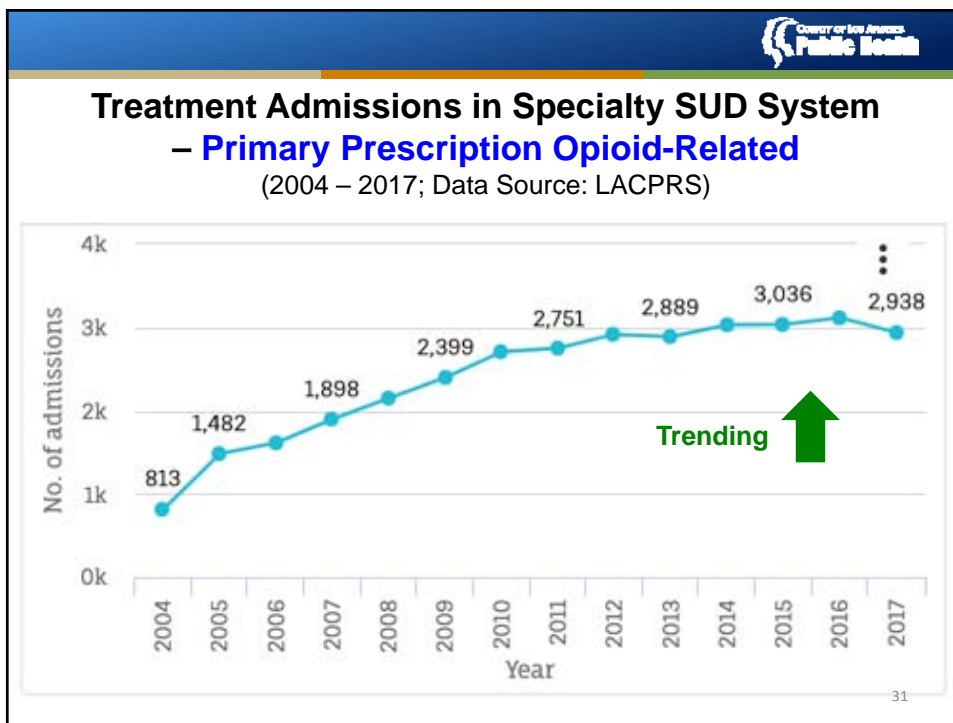
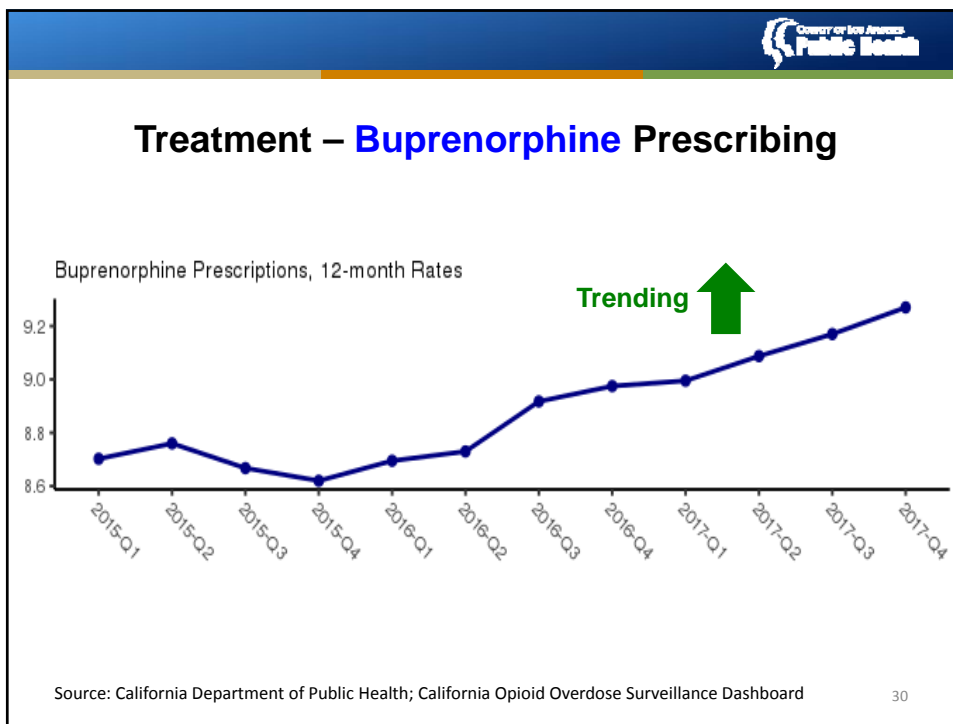
- Surveyed 9,500 LAC residents on prescription drug abuse**, focusing on the following domains: risk perception, perception of access/availability, attitude toward use, patterns of use, motivation for use, and consequences of use.
 - This data was used to take a data-driven approach to inform the work of the Safe Med LA Action Teams, in particular the Community Education Action Team.
- Safe Med LA's Community Education Action Team **engaged over 40 substance use prevention providers to develop regional strategies to provide community education and engagement on the opioid epidemic and prescription drug abuse** that is tailored to their unique communities.
- Safe Med LA's Safe Drug Disposal Action Team worked with the Community Education Action Team to **expand the number of annual safe drug disposal take-back events throughout LA County. Sheriff stations and DEA Offices now organize drug take-back events on a monthly basis, in addition to the national drug take-back days.**
- Distributed 5,300 fentanyl test strips** to support fentanyl-related education and the distribution in the community, particularly in the high-risk populations served by the LGBT Center and their partner agency, the Community Health Project of Los Angeles (CHPLA).

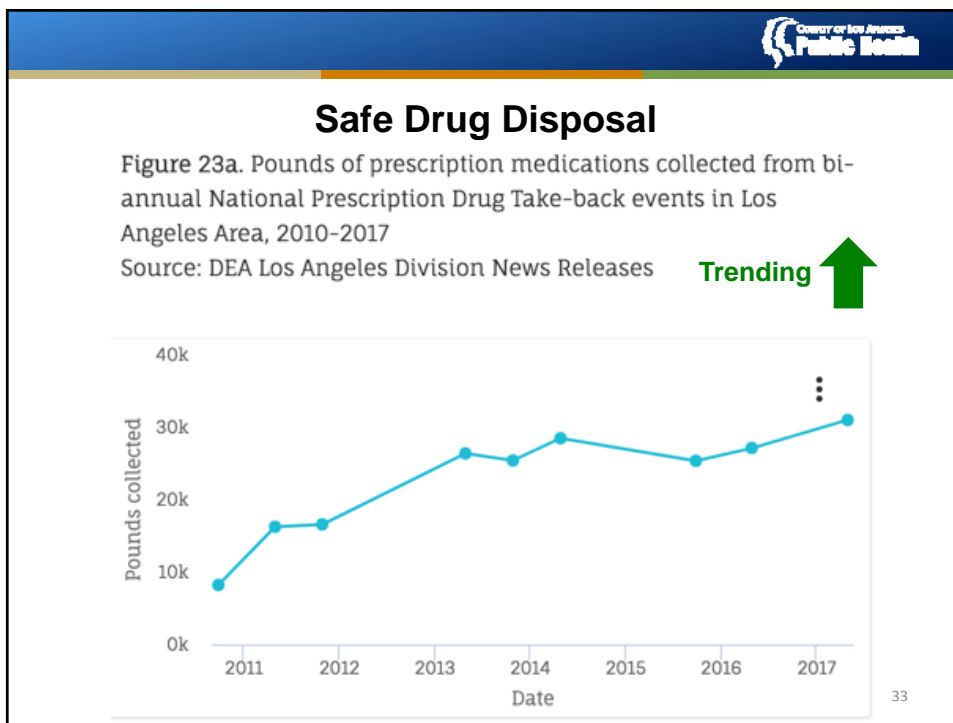
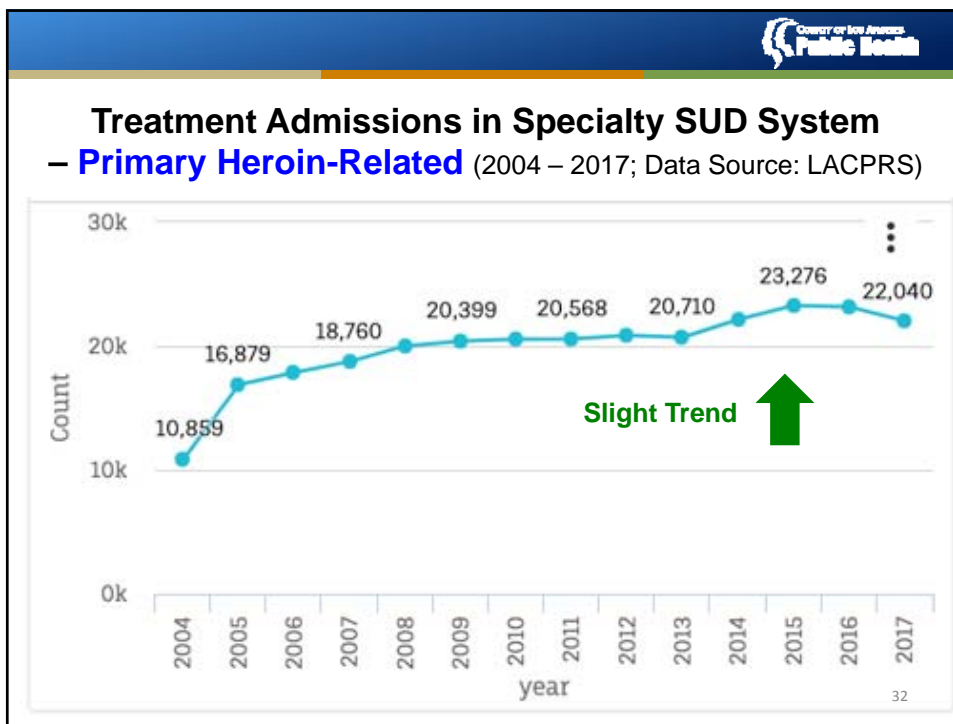
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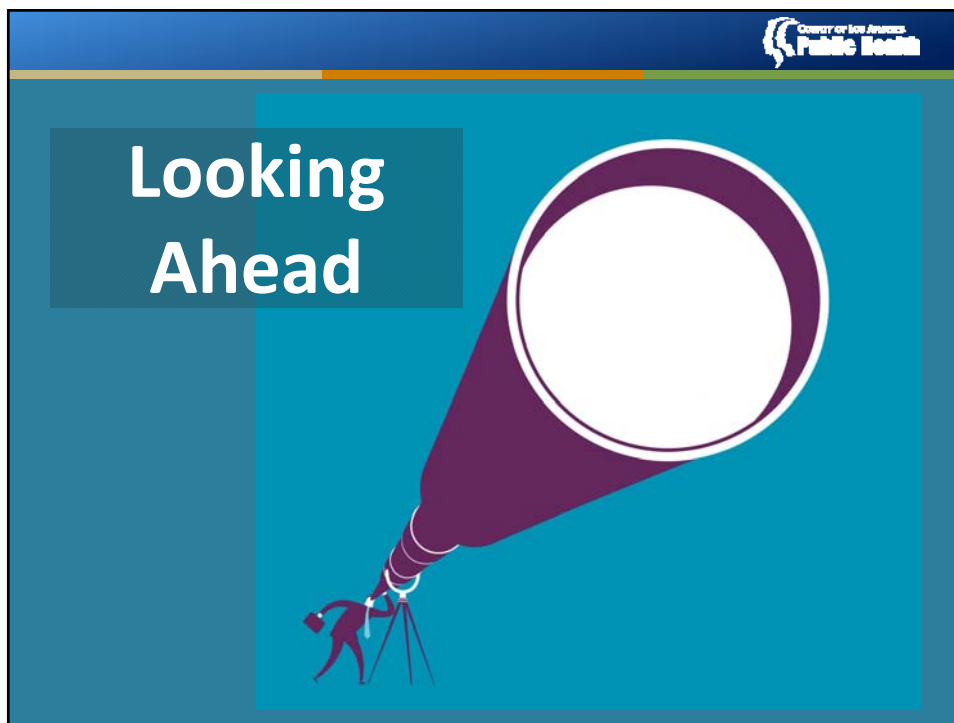
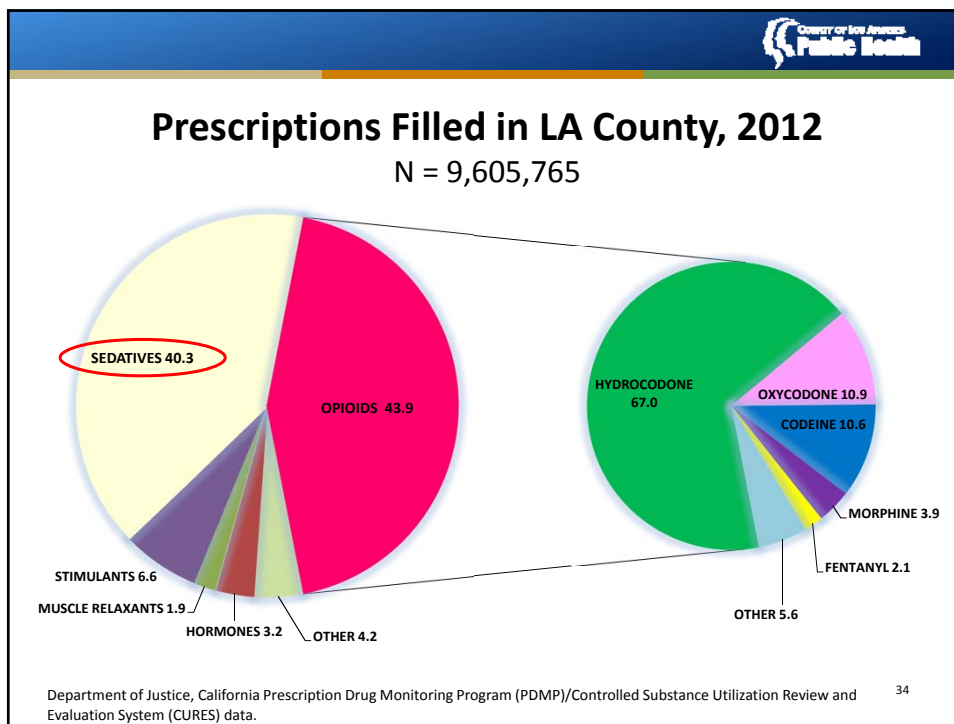


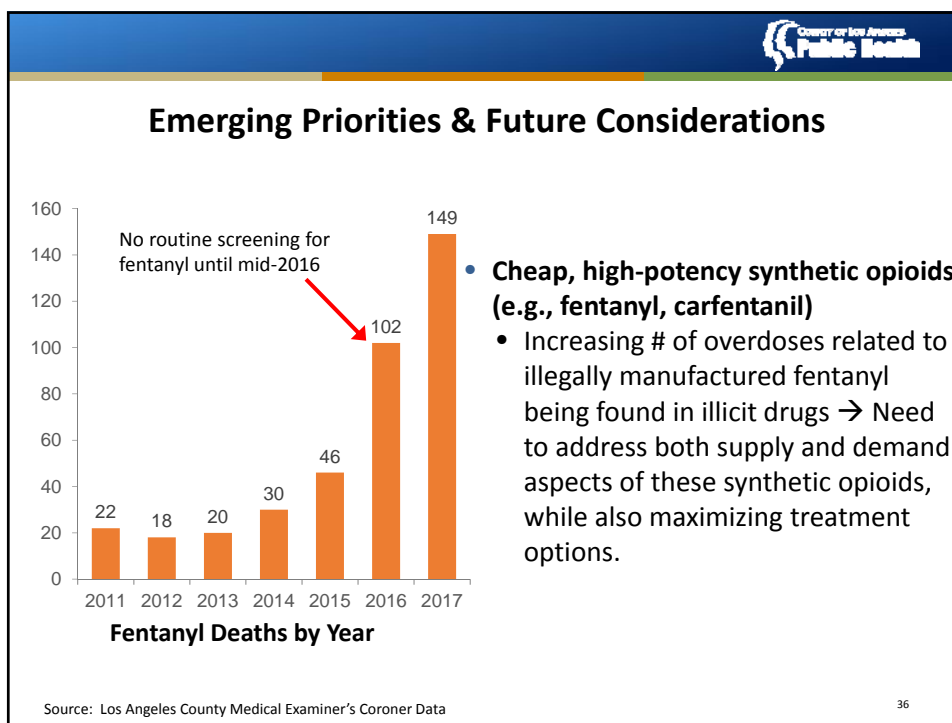












**County of Los Angeles
Public Health**

Emerging Priorities & Future Considerations (cont'd)

- **Opioid overdose surveillance and tracking**
 - Need more real-time method of tracking outbreaks before (through predictive modeling) and during the outbreaks to inform preventative and immediate interventions, and minimize harms.
 - In process of implementing ODMAP (<http://www.hidta.org/odmap/>)

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Emerging Priorities & Future Considerations (cont'd)

- **Workforce enhancement across health systems**
 - More health care professionals trained on MAT and addiction.
 - More people trained on naloxone.
 - Enhanced integration of medical interventions for addiction in specialty substance use disorder treatment systems.
 - Enhanced integration of addiction treatment in primary care and specialty mental health settings.
- **With the resources being funneled toward the opioid epidemic, there will be an increasing need to ensure strategic focus and coordination of efforts to maximally benefit from those resources and avoid inefficiencies resulting from incoordination.**

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Q&A / Discussion



“The opposite of addiction is not sobriety; the opposite of addiction is social connection.”

- Johann Hari

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