DATA FOR *PROGRESS*

THE JUSTICE COLLABORATIVE INSTITUTE

THE CASE FOR OVERDOSE PREVENTION PROGRAMS IN CALIFORNIA:

Policies & Polling

David Goodman-Meza, MD, MAS, *Assistant Professor, David Geffen School of Medicine at UCLA*[1]

July 2020

INTRODUCTION

In 2018, more than 5,300 people in California died from a drug overdose, the most of any state in the country. There were 650 more deaths in California than in Florida, the state with the second highest number, and close to 4,500 more deaths than in West Virginia, the state with the highest rate of overdose fatalities. These numbers are partly explained by the sheer size of California, but in more densely populated areas, like the Tenderloin neighborhood in San Francisco and Skid Row in Los Angeles, overdose fatality rates rival those in any city or state in the country. California, in other words, remains mired in an overdose epidemic that continues to kill thousands while policymakers leave proven solutions unused.

The situation has been further complicated by COVID-19, which has forced already vulnerable populations into even more precarious circumstances. The pandemic has wrought economic devastation, disrupted access to medical and other harm-reduction treatments, and severed social networks. Under the strain of these compounding health and economic crises, and with the dangers of increased isolation, it is unsurprising that authorities across the country are reporting a surge in overdose fatalities.

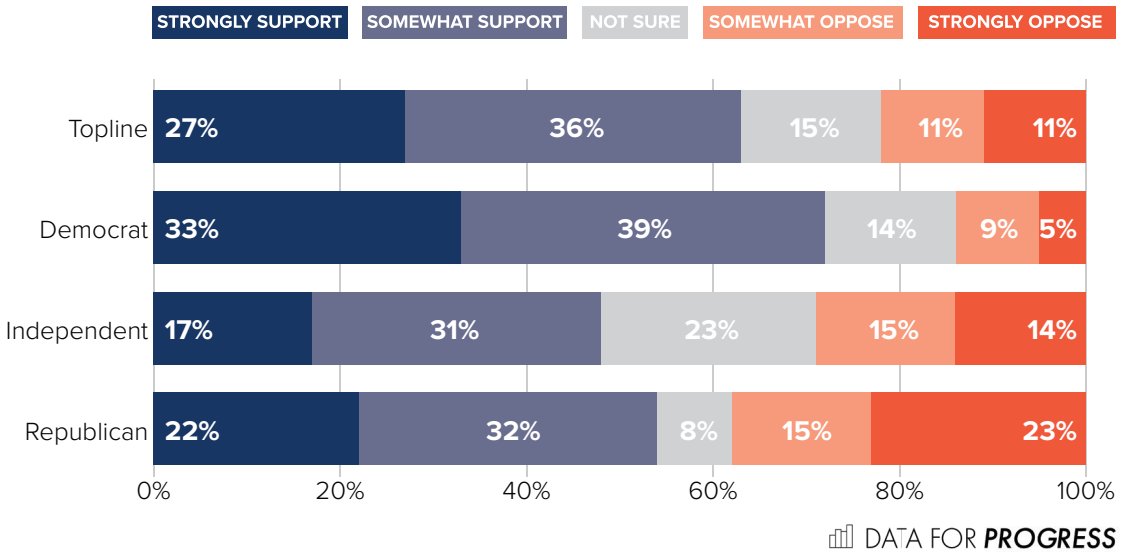
A bill pending in the state legislature, AB 362, is a step in the right direction to save lives in California. Among other things, AB 362 would allow San Francisco and Oakland[2] to pilot an overdose prevention program with a supervised drug consumption site — a hygienic space where people can use previously-obtained drugs under supervision, with access to medical care and other resources to treat drug addiction. While supervised use has a long track record of saving lives around the world, there has never been legal supervised injection in the United States. Instead, we have insisted on criminalizing drug use, fighting an endless war on drugs that has increased police brutality and mass incarceration but done nothing to curb drug use or addiction.

AB 362 has the potential to be a ground-breaking policy that directly helps some of our most vulnerable. It also has popular support. The Justice Collaborative Institute and Data for Progress polled likely voters and found strong support for the bill both statewide and in Bay Area Area counties:

- Statewide, 54% of likely voters support the California legislature allowing San Francisco to start an overdose prevention pilot program that would include supervised injection;
- In Bay Area counties, where the program would be located, support is even stronger: 63% of voters, including 54% of Republicans, support the state allowing San Francisco to pilot supervised injection.[3]

1. The views, thoughts, and opinions expressed in the text belong solely to the author, and not necessarily to the author's employer.
2. Oakland was added to AB 362 via amendment after the polling in this report was conducted.
3. The polled Bay Area counties include Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara.

BAY AREA POLL: Do you support or oppose the California legislature allowing San Francisco to start an overdose prevention pilot program?



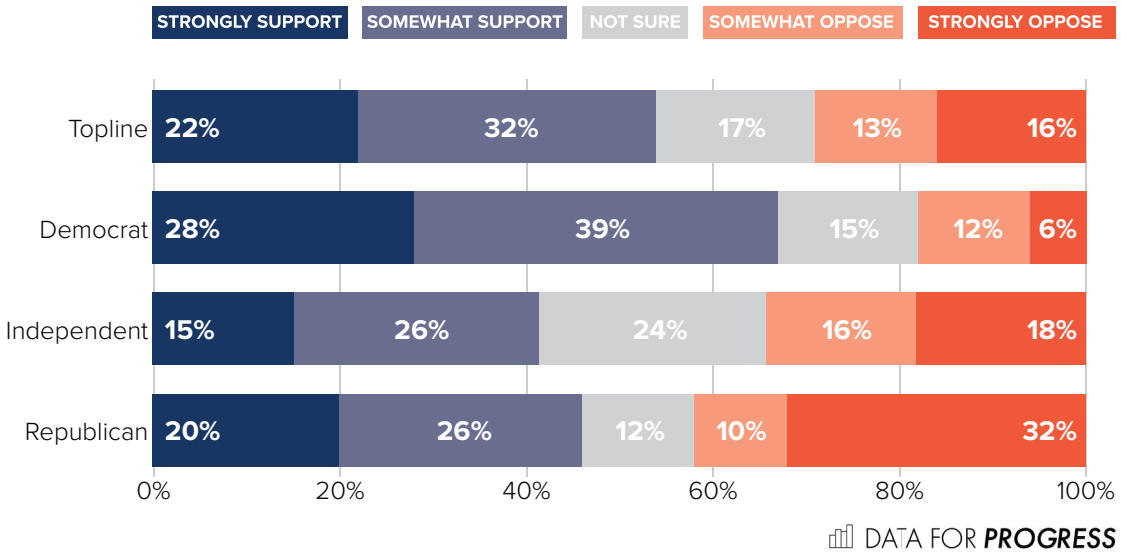
What are overdose prevention sites and what are they not?

Overdose prevention sites allow people to use previously-obtained drugs in a supervised setting. If necessary, on-site staff have the option to intervene with first aid, oxygen, the overdose antidote naloxone, and/or calling for further help. Sites also provide clean equipment and a hygienic space to use drugs. Essentially, overdose prevention sites are a safe environment staffed by people who can provide services to save lives.

They also provide a crucial link to other needed care. Over the long term, overdose prevention sites can lower the barrier to accessing resources and get more people into treatment for substance use, mental health, and other medical conditions such as HIV or hepatitis C.

Overdose prevention sites are not places to buy drugs; all drugs used on-site are obtained elsewhere. Overdose prevention sites also are not places to get help in using drugs, and they are not places where people use drugs just to get high; most people at overdose prevention sites use drugs to treat or avoid withdrawal symptoms. Finally, overdose prevention sites are not new; they have been around for over 30 years and there are more than 100 around the world. They operate in Europe, Canada, Australia, and even across the border from California in Mexico. Internationally, overdose prevention sites, aligned with other harm reduction strategies, have been saving lives and helping people treat addiction for decades. But legally sanctioned overdose prevention sites do not yet exist in the United States.

STATEWIDE POLL: Do you support or oppose the California legislature allowing San Francisco to start an overdose prevention pilot program statewide?



Harm reduction succeeds where the War on Drugs has failed

Overdose prevention sites are part of a suite of science-driven prevention measures designed to reduce harm and treat addiction, rather than inflict punishment. Particularly when combined with other harm-reduction strategies, like the provision of methadone and naloxone, overdose prevention sites provide positive outcomes for people who use drugs as well as the broader community. While people in the United States die from overdoses with shocking regularity, the overdose prevention sites around the world have yet to record a single overdose fatality. In addition, overdose prevention sites promote public health while providing a crucial link to medical care and substance abuse treatment. Where these sites have been implemented, reductions in HIV and hepatitis C incidence, injection-related litter, public injection, and drug overdoses have followed.

To understand why overdose prevention sites are so effective, it helps to understand how addiction and opioid use disorder works. Despite persistent stigma that holds addiction as a moral failure and individuals with addiction as a danger, more than 20 years worth of scientific evidence is clear: addiction is not a choice, but a pathophysiologic disease. Overdose prevention sites are designed to address addiction like the health problem that it is. Rather than punishing people in ways that only make addiction harder to overcome, they provide safe spaces for people to avoid medical complications of addiction and overdose. An overdose prevention site can also direct someone to the services they need to actually make change happen.

America's traditional response to drug addiction is a symptom of another cultural addiction: using war and state-sanctioned violence that further deprives disproportionately Black and Brown people of the opportunity to heal effectively. For

decades, the "war on drugs" has been a "war on the people who use drugs." It is estimated that 65% of the United States prison population, the largest in the world both by incarceration rate and total number, has an active substance abuse disorder, with another 20% under the influence of substances at the time of their crime. It is no coincidence that Black Americans are incarcerated at over three times the rate of white Americans, and are twice as likely to be arrested for low-level drug crimes as whites, despite the fact that Black and white people use drugs at similar rates. This failed, discriminatory approach to curbing drug use only reinforces the harms of addiction and the unequal socioeconomic status quo in the United States.

Colliding epidemics

The overdose epidemic in America has been the deadliest epidemic of our time. Since 2016, there have been more annual deaths caused by drug overdose than by car crashes, gun violence, and HIV at its peak.

The coronavirus is accelerating the problem. The pandemic will likely cause a new wave of drug use and deadly harm due to the social and economic distress that the virus has produced and will continue to produce for years to come. The overdose epidemic was already related to economic collapses in distinct parts of the country. In one analysis that looked at data from 1999 to 2015, for every 1,000 people who lost their jobs in a particular county there was close to a 3% rise in opioid-related overdose deaths. That number rose to 11% after fentanyl entered the picture. With over 40 million people losing their jobs in the U.S. since the outbreak of COVID-19, there may be a dramatic increase in overdose deaths to follow.

The coronavirus has also stressed the already limited services and resources available to people who use drugs. Syringe service programs have reduced their hours, and outreach services have avoided going out into the field. Although federal regulators have loosened some restrictions to help people obtain medications to treat opioid use disorder, these treatments remain inaccessible for most people who need them. Drug supplies are in flux and people who use drugs are further at risk for overdose when they do not know what the drug they are using actually contains. People who use drugs fear going to medical centers because of the coronavirus on top of the stigma and discrimination they face when they seek medical care. With a new surge of COVID-19 infections, medical resources, including ambulances, may be triaged and diverted away from overdose cases.

Overdose prevention sites can mitigate many of these problems and serve as a critical pandemic intervention. They can preserve first responder and medical capacity by preventing overdoses and treating basic issues that would otherwise need to be treated at an emergency room; provide a hub for testing; reduce reliance on arrests and incarceration that force people into dangerous congregate settings; act as a gateway to housing or temporary shelter to avoid further spread of the virus in the community; and prevent the spread of the coronavirus by providing ample space and time to use drugs.

A political and moral step forward

We have been waging a domestic and international war on drugs since the 1970s, but drug use and deaths have only escalated. The federal response has traditionally been a war on supply side factors, including over-incarcerating

anyone allegedly connected to the drug trade. This has had only harmful effects, including police brutality, racist policing tactics, and mass incarceration, all disproportionately harming Black and Brown people. It is long past time for the United States to change course and implement evidence-based harm reduction solutions, and today's heightened national awareness of racist policing and police violence should underscore this urgency.

In California, we have started down the path to treating drug use like the public health issue that it is. We have passed laws to make clean needles, opioid use disorder medications, and naloxone more accessible, and to protect people who report an overdose from criminal prosecution. These important harm-reduction policies have saved lives. But we can do better. The state can save lives through another effective policy, the implementation of overdose prevention sites. We know that they work. We just need to follow through. Will overdose prevention sites stop the overdose epidemic? No. Will implementing an opioid prevention site save lives? Of course it will.

POLLING METHODOLOGY

From 6/30/2020 to 7/6/2020 Data for Progress conducted a survey of 1,309 likely voters in California using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is +/- 2.7 percent.

From 6/30/2020 to 7/6/2020 Data for Progress conducted a survey of 685 likely voters in the California Bay Area using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is +/- 3.7 percent.

COVER PHOTO
Dmitry Bayer/UNSPLASH