



# COUNTY OF SAN DIEGO

## BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

### AGENDA ITEM

**DATE:** October 25, 2022

**20**

**TO:** Board of Supervisors

**SUBJECT**

**A COMPREHENSIVE APPROACH TO THE OPIOID CRISIS AND ADOPTION OF THE SAN DIEGO COUNTY OPIOID SETTLEMENT FRAMEWORK (DISTRICTS: ALL)**

COSD CLERK OF THE BOARD  
2022 OCT 21 AM 9:57

**OVERVIEW**

The nation is in the grip of an opioid crisis. Drug overdose deaths have increased year-over-year, with 71 percent of drug overdose deaths caused by opioids. In 2021, more than 900 San Diegans died from opioid-related accidental overdoses, a 54 percent increase from the previous year. These deaths are a result of both legally prescribed opioids and illicit opioids including heroin and fentanyl. The County of San Diego (County) has a responsibility to respond to the opioid crisis and take all reasonable steps possible to stem the loss of life and heal those who have developed a related substance use disorder.

According to the U.S Department of Justice, the opioid crisis we face today is the result of actions by particular opioid pharmaceutical companies, manufacturers, and illegal distributors who have flooded the medical and street marketplaces with their products. In response to an epidemic of addiction and related deaths from prescribed opioids, jurisdictions throughout the nation brought forward litigation to remediate opioid addictions and harms. The County is a party to these lawsuits and is expected to receive tens of millions of dollars in settlement funds to address the local opioid crisis. Judicious use of these funds has the potential to stem the opioid crisis and hopefully reverse these alarming trends.

To prepare for the allocation of these funds, we convened opioid experts and community stakeholders including representatives from the medical community, hospitals, first responders, social justice and equity advocates, drug treatment specialists, law enforcement, city officials, and others. These convenings focused on topics relating to healthcare integration in both our health systems and jail systems, harm reduction, and social supports and services. Key themes arose from the convenings centered around the need for care coordination, cultural competency, stigma reduction, community-based organization and first responder support, the building of housing, creating a robust workforce to treat and assist patients, and addressing health disparities.

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The key themes that emerged from the three convenings, as well as community and interdepartmental surveys, have been utilized to develop a proposed “Opioid Settlement Framework,” which is included as Attachment A. This Framework presents evidence-based strategies to spend the expected opioid settlement funds that advance solutions in the sectors of healthcare integration, harm reduction, and social supports and services. We propose rapid implementation of these strategies, including Emergency Department relay model, overdose prevention, public health messaging, drug disposal bags, Buprenorphine induction initiative, and program administration, to begin healing the damage done by the opioid crisis. The County, with the goal of acting swiftly to match the urgency of the situation, should find solutions to invest in this framework as quickly as possible in anticipation of receipt of the settlement funds. We implore your support.

**RECOMMENDATION(S)**

**CHAIR NATHAN FLETCHER AND SUPERVISOR JOEL ANDERSON**

1. Pursuant to Government Code section 26227, find that the proposed Opioid Settlement Framework set forth in Attachment A is necessary to meet the social needs of the County’s population.
2. Adopt the Opioid Settlement Framework in Attachment A.
3. Authorize the Auditor & Controller to establish a trust fund for the Opioid Settlement Framework with interest earnings allocated and distributed to the trust fund.
4. Direct the CAO to implement, when opioid settlement funds are available, the programs and services outlined in the Opioid Settlement Framework that are deemed consistent with the terms of the applicable settlement agreements.
5. Establish appropriations of \$9,6000,000 in the County of San Diego Health and Human Services Agency, Services & Supplies, for purposes of implementing the Opioid Settlement Framework, including the Emergency Department relay, overdose prevention, public health messaging, delivery of drug disposal bags to all households in the County, and program administration activities, based on Opioid Settlement funds. (4 VOTES)
6. Establish appropriations of \$400,000 in the San Diego County Fire - Emergency Medical Services, Services & Supplies, for purposes of implementing the Opioid Settlement Framework, specifically the Buprenorphine Induction Initiative, based on Opioid Settlement funds. (4 VOTES)
7. Authorize the CAO subject to the availability of funds, to execute funding agreements and any other documents necessary for the implementation of the Opioid Settlement Framework.
8. Authorize the Director, Department of Purchasing and Contracting, subject to the availability of funds and upon successful negotiations and determination of fair and reasonable price, to award contracts and to amend existing contracts for purposes of implementing the Opioid Settlement Framework.
9. Direct the CAO to report back to the Board on the status of implementation of the Opioid Settlement Framework within 180 days after receipt of settlement funds.
10. Receive the Report in Attachment B titled “Opioid Settlement Framework: Community Engagement Summary and Opportunities for Utilizing Funds.”

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### **EQUITY IMPACT STATEMENT**

Social determinants of health, or the conditions in which people live, work, learn, and play, can contribute to health inequities and result in an intergenerational risk for substance use and overdose. The socioeconomic status of an individual and other related factors can increase the risk for substance use and abuse. In addition, opioid use and death among historically underserved population groups is on the rise. The adoption of the Opioid Settlement Framework is an opportunity to address inequitable investment of resources and help those whose social determinants of health puts them at higher risks of harm related to opioid use.

### **SUSTAINABILITY IMPACT STATEMENT**

Adopting the Opioid Settlement Framework and expeditiously investing in the identified programs and services will create positive social and economic enhancements, contributing to the overall sustainability of the region by providing support for the most vulnerable members of our community and for those who are suffering from opioid-related harms. This action can help create a healthier, stronger, and more resilient San Diego.

### **FISCAL IMPACT**

~~The complete fiscal impact associated with today's recommendations is unknown at this time. However, it is anticipated that a portion of the Phase I programs would be implemented in Fiscal Year 2022-23 as the County is expected to receive its first annual settlement distribution payment in November. The first payment is expected to be \$4,202,515.15. The County should receive 17 additional payments on an annual basis and annual amounts, while anticipated to be similar to the first payment, are subject to change. The first implementation of Phase I programs would be scaled in size to manage to available resources, with a recognition that these may be one-time funds over a finite number of years. As the County becomes notified of future settlement awards and distributions, additional programs from Phase I would be implemented, eventually moving to the implementation of Phase II programs as funding allows. Throughout the implementation of the framework, programs in the framework will be scaled to meet available revenues and priorities. At this time, there will be no change in the net General Fund and no additional staff years.~~

If approved, today's actions would result in estimated costs and revenue of \$14,600,000 in the Health and Human Services Agency (HHSA) and \$400,000 in the San Diego County Fire - Emergency Medical Services in Fiscal Year (FY) 2022-23. The funding sources are Opioid Settlement funds estimated at \$10,000,000 and over-realized revenue generating anticipated fund balance in HHSA of \$5,000,000. In HHSA, it is estimated that the \$14,600,000 would be distributed as follows in FY 2022-23: \$8,000,000 for delivery of drug disposal bags to all households in the County; \$2,400,000 for Public Health messaging; \$2,200,000 for overdose prevention activities; \$1,600,000 for implementation of an Emergency Department relay; and \$400,000 for program administration. In the San Diego County Fire - Emergency Medical Services, funding estimated at \$400,000 would be used for implementation of the Buprenorphine Induction Initiative. Cost estimates would be refined and might shift among categories as more information is gathered.

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The first settlement distribution payment is anticipated by the end of November and is expected to be \$4,083,582. Additionally, the County expects to receive the next annual settlement payment before the end of the current fiscal year. After that second payment, the County should receive 16 additional payments from the settlement on an annual basis, and annual amounts while anticipated to be similar to the first payment, are subject to change. It is also anticipated that payments related to other settlements could be received during FY 22-23. Today's action would appropriate estimated funding of \$10,000,000 to be received in the current fiscal year and utilize fund balance anticipated in HHSA, to make \$15,000,000 immediately available as needed to begin immediate one-time ramp up and implementation activities as outlined in the Opioid Settlement Framework. Implementation of Phase I programs would be scaled in size to manage to available resources, with a recognition that these are one-time funds over a finite number of years. As the County is notified of any other settlement awards and distributions, additional programs from Phase I would be implemented, eventually moving to implementation of Phase II programs as funding allows. Throughout implementation of the Opioid Settlement Framework, programs in the Framework will be scaled to meet available revenues and priorities.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The nation is in the grip of an opioid crisis. Drug overdose deaths have increased year-over-year, with 71 percent of drug overdose deaths being caused by opioids.<sup>1</sup> In 2021, more than 900 San Diegans died from opioid-related accidental overdoses, a 54 percent increase from the previous year.<sup>2</sup> Locally, there has been a year-over-year increase in opioid-related deaths for more than a decade. The increase in opioid-related deaths has reached a crisis point and immediate action must be taken to prevent further tragedy and help heal those who have developed a substance use disorder (SUD).

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as OxyContin, hydrocodone, codeine, morphine, and many others. These drugs affect the spinal cord and brain to reduce the intensity of pain-signal perception and brain areas that control emotion. They can also affect the brain to cause euphoria or a feeling of being "high." Prolonged use of opioids can result in a chemical dependency that requires people to habitually use opioids to function normally and avoid withdrawal side effect symptoms that can be severe. Immediate abstinence from opioids for someone who has developed an opioid use disorder (OUD) may result in death. In many cases, guidance from professionals paired with medicated-assisted therapy (MAT) and other therapies is necessary to help people safely wean themselves from opioid use.

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<sup>1</sup> [Drug overdose deaths - Health, United States \(cdc.gov\)](https://www.cdc.gov/drugoverdose/deaths)

<sup>2</sup> County of San Diego, Department of the Medical Examiner, Reported 2022

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Many people first interact with opioids due to a medical necessity. However, even legally prescribed opioids can be dangerous and highly addictive. Misusing opioids outside of what a medical professional prescribes puts a person at risk of developing an OUD. People who develop an OUD may seek other forms of opioids such as illicit fentanyl or heroin to address their dependency.

Fentanyl is a newer opioid. Fentanyl is highly potent and only requires a minimal amount of substance to cause a euphoric high or relieve symptoms of opioid withdrawal. People who are living with a SUD have begun to seek out fentanyl as their drug of choice. Within the larger illicit drug supply, fentanyl is found mixed with other classes of nonopioid drugs, like cocaine, methamphetamine, and counterfeit nonopioid prescription or pressed pills. This is of an alarming concern, as nonopioid users may not have built up a tolerance to opioids - putting them at higher risk for overdose or unknowingly developing an opioid dependency themselves. In 2021, San Diego County recorded over 800 fentanyl-related overdose deaths.<sup>3</sup> This marks over a 400 percent increase in two years, from 151 recorded deaths in 2019.

Today's opioid crisis has been building for decades. In the 1990s, opioid manufacturers began a marketing and outreach campaign to the medical community claiming that opioids have a low risk of addiction and that "pain management" should be part of most interactions with patients. This tactic resulted in opioid prescriptions becoming commonplace in the medical community. Purdue Pharma, one of the largest opioid manufacturers, has generated more than \$35 billion in revenue since bringing OxyContin to market and engaging in this tactic.<sup>4</sup>

Jurisdictions throughout the country sued various pharmaceutical manufacturers and distributors for their role in the opioid crisis. Nationwide settlements have been reached to resolve opioid litigation brought by 47 states and local jurisdictions. The County of San Diego is a litigant in these lawsuits and will likely be awarded tens of millions of dollars. These agreements allow for settlement funds to be spent on a wide range of uses under remediation including new programs, supports, treatment, wrap-around services, workforce investment, housing, infrastructure, and other solutions. The flexibility enabled by these agreements will allow for a diversity of solutions that can tackle the opioid crisis from all angles.

*Why A Framework Is Needed*

The County is set to receive an unprecedented quantity of funds to address the opioid crisis. In order to ensure that we are making best use of these funds, we are proposing the adoption of an Opioid Settlement Framework, included as Attachment A, to articulate specific programs and services to transform the County's approach. This framework is rooted in expert and stakeholder engagement.

Given the severity and size of the regional opioid crisis, with year-over-year trends seeing increased opioid deaths, there is an immediate need to use these funds across a diversity of programs. We urge the Board to invest as much of the total amount of the opioid settlement funds

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<sup>3</sup> County of San Diego, Department of the Medical Examiner, Reported 2022

<sup>4</sup> [THE ROLE OF PURDUE PHARMA AND THE SACKLER FAMILY IN THE OPIOID EPIDEMIC \(govinfo.gov\)](#)

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as possible that can be scaled given the urgency of the issue. Instead of receiving the funds spaced out over a period of decades as is anticipated, the County should seek financial options that would allow for the utilization of as much of these funds as possible for immediate use. These funds will be placed in a trust.

The Framework is also structured to provide guidance on a two-phased implementation strategy. Certain programs should be implemented immediately and other programs will require additional structures in place before they can be successfully implemented. Additionally, there is flexibility built into the Framework in the event there are updated guidelines on the use of these funds.

*Opioid Convenings and Community Feedback*

As part of the County of San Diego's planning efforts to determine how to best use the opioid settlement funds, Chair Nathan Fletcher and Supervisor Joel Anderson hosted a series of three Opioid Settlement Fund Community Engagement Forums on August 12, September 6, and September 7, 2022.

Each convening featured a different discussion topic, and brought together County and community stakeholders, including representatives of those with lived experience, for discussions on how best to plan for the use of the funds. Community stakeholders included representatives from the medical community, hospitals, first responders, social justice and equity advocates, drug treatment specialists, law enforcement, city officials, and others.

For each convening, guest speakers were invited to help frame the context of the featured topic through brief presentations. Expert speakers included Wilma Wooten MD, MPH, San Diego County Public Health Officer; Luke Bergman, PhD, Behavioral Health Services Director; Sara Whaley, MPH, MSW, MA, Johns Hopkins Bloomberg School of Public Health; Rob Kent, General Counsel at the White House Office of National Drug Control Policy; Samantha Karon, MPH, National Association of Counties; and Simonne Ruff, Corporation for Supportive Housing.

Following the guest speaker presentations, forum participants were randomly assigned to small, facilitated breakout groups to provide feedback, suggestions, and information for consideration in the spending framework. These comments were collected and have helped to guide the proposed Opioid Settlement Framework. Feedback was also solicited from community members and County staff after the convenings to further allow for input and was incorporated into the Framework. Over 200 community members provided feedback in this process.

Three different issue areas were explored during the convenings. The issue areas included healthcare integration, harm reduction, and social supports. Participants in the convenings discussed different perspectives surrounding these topics and offered solutions to address the topics. Themes, potential solutions, and comments by attendees resulting from convenings are found in Attachment B: *Opioid Settlement Planning: Community Engagement Summary and Opportunities for Utilizing Funds*.

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**Opioid Settlement Framework Components**

*Healthcare Integration*

Healthcare integration is defined as actions taken in an effort to align or incorporate behavioral health services into overall healthcare to improve access, minimize stigma, lower costs, and increase overall health outcomes. In the opioid space, this integration is not happening because of a lack of investment in resources and technology, available workforce, impact of stigma on both patients and providers, and a lack of dedicated care navigation specialists. By investing in healthcare integration we can increase positive health outcomes for people experiencing an OUD. There are a number of strategies that were identified in the convenings to improve healthcare integration.

Treatments are available for people with OUD. This may involve prescribed medication-assisted therapy (MAT) like Buprenorphine, Methadone, or Naltrexone which normalizes brain chemistry, blocks the euphoric effects of opioids, relieves physiological cravings, and normalizes body functions without the negative and euphoric effects of most opioids. MAT can be paired with other types of therapies, including cognitive behavioral therapy and contingency management for better recovery outcomes.<sup>5</sup> Research shows that a combination of medication and therapy can successfully treat OUDs, and for some people struggling with addiction, MAT can help sustain recovery.<sup>6</sup> MAT is also used to prevent or reduce opioid overdose.

In tandem with MAT, the County can investigate investment in prescription digital therapeutics (PDTs) to help individuals combat addiction. PDTs are software applications that are prescribed by a healthcare practitioner who is legally authorized to prescribe medications and devices. The goal of PDTs is to evaluate, diagnose, manage symptoms, or treat an illness, injury, or disease by remaining connected with patients via their phone. This technology incentivizes patients to complete lessons and abstain from drug use. Recent data has supported that PDT reduces hospitalizations and lowers healthcare costs for patients.

If a person experiences a nonfatal overdose in a hospital setting they should be bridged to social supports to improve health outcomes and save lives. The Emergency Department (ED) relay model can target those individuals experiencing nonfatal overdoses in hospitals and connect them to resources, harm reduction, and other services.<sup>7</sup> This model offers a critical opportunity to respond to the increasing number of overdoses because the risk of overdose is much higher for those who have recently experienced an overdose. This 24/7 service model dispatches a “Wellness Advocate” to hospitals to meet patients in substance use crisis. Wellness Advocates stay in contact with patients for up to 90 days and connect them to appropriate support services, including overdose prevention, harm reduction, substance use disorder treatment, social services, eligibility programs, and emergency housing. By providing overdose education and opioid antagonists like naloxone, referrals to effective treatment such as buprenorphine or methadone, harm reduction programs,

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<sup>5</sup> [Medication-Assisted Treatment \(MAT\) | SAMHSA](#)

<sup>6</sup> [Association between Participation in Counseling and Retention in a Buprenorphine-Assisted Treatment Program for People Experiencing Homelessness with Opioid Use Disorder - PubMed \(nih.gov\)](#)

<sup>7</sup> [Relay | Brandeis Opioid Resource Connector \(opioid-resource-connector.org\)](#)

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and other social services, overdose survivors are offered the chance to connect to the services that can help them thrive.

Many facets of healthcare are needed to interact with each other to make these treatments successful and treatments should be made available in a variety of medical settings. It is also important that treatment for the justice-involved population be prioritized. More than 10 million individuals pass through jails around the country annually, with at least half of those individuals having substance use disorders, half of whom have an OUD.<sup>8</sup> People who have been incarcerated are approximately 100 times more likely to die by overdose than the general public in the first two weeks after their release.<sup>9</sup> Individuals entering jails should be provided MAT treatment if needed to not only help them combat their opioid use but help increase their chances of abstaining from opioid use in the future. Doing so may not only decrease drug use in San Diego jails but may also decrease overdose deaths related to opioid use. The San Diego County Sheriff's Department has been an advocate for best practices in healthcare integration for OUD and is currently implementing a MAT program in the jails. Further investments in medical information sharing between jails, community-based organizations, and healthcare systems through avenues such as the Community Information Exchange and Health Information Exchange should be invested in to improve the quality, safety, and efficiency of healthcare and treatment delivery.

Paralleling the epidemic observed in the general population, opioid use in pregnancy has escalated dramatically in recent years.<sup>10</sup> Opioid exposure during pregnancy has been linked to poor health effects for both mothers and their babies. For mothers, OUD has been linked to maternal death; for babies, maternal OUD or long-term opioid use has been linked to poor fetal growth, preterm birth, stillbirth, and specific birth defects, and can cause neonatal abstinence syndrome. Special attention is needed for pregnant and postpartum women who have an OUD and may include support services, MAT, and wrap-around services postpartum.

Integration across physical health, mental health, SUD treatment services and community-based services is a key component of addressing the well-being of People Who Use Drugs (PWUD) and managing the care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. SUDs can often be chronic conditions so community-based harm reduction services and services embedded in emergency departments and throughout the healthcare system can help bridge care for many clients for whom recovery is non-linear. When SUD treatment providers work in conjunction with harm reduction services and with harm reduction principles, service continuity can be optimized, and health outcomes can be improved. Treating the whole person and ensuring access to best practices in harm reduction throughout every level in the spectrum of care was a recurring theme across the community forums.

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<sup>8</sup> [Promising Practice Guidelines for Jail-Based Medication-Assisted Treatment NEW.indd \(ncchc.org\)](#)

<sup>9</sup> [Barriers to Broader Use of Medications to Treat Opioid Use Disorder - Medications for Opioid Use Disorder Save Lives - NCBI Bookshelf \(nih.gov\)](#)

<sup>10</sup> [Opioid Use and Opioid Use Disorder in Pregnancy | ACOG](#)



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*Harm Reduction*

Harm reduction is an approach that emphasizes working directly with PWUDs to prevent overdose and infectious disease transmission, improve the physical, mental, and social well-being of those served, and offer flexible options for accessing SUD treatment and other healthcare services. This approach is people-centered and means helping people who use drugs access services they need to stay alive and the building of trust so that when they wish to seek help, they know where to turn.

Addressing stigma around drug use is an important component to connecting people to treatment and services. Feelings of shame or fear of rejection can prevent people from having open conversations with their medical doctor, family, and friends. By eliminating the stigma around drug use we can create open communication with people who need help and connect them to necessary services. Education and training for service providers, housing providers, law enforcement, first responders, emergency rooms, and community members across the spectrum of care with an emphasis on addressing stigma in the treatment process is crucial. Abstinence may not be immediately achievable by all who misuse substances; however, many smaller changes may be feasible that could bring substantial benefits, such as reducing the risk of chronic and infectious disease, lowering the rates of opioid overdose deaths, and improving overall physical and mental health outcomes.

Research demonstrates that stigma damages the health and well-being of people with a SUD and interferes with the quality of care they receive in clinical settings.<sup>11</sup> Breaking down the systemic myths and misconceptions about harm reduction and substance use treatment is paramount to providing equitable services regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status. Public health messaging campaigns that promote first-person language, educate on opioid use disorder treatments and avoid messaging made to villainize PWUD can be a powerful tool to ending stigma. Examples of anti-stigma campaign efforts include the application of multimedia efforts, personal stories from people impacted and messaging that emphasizes that recovery is possible.

Prevention is an important component of harm reduction principles. Public health campaigns and other programs targeted toward potential new users of opioids can help avoid a new class of users. Particularly, campaigns aimed at curbing drug use among children and college students may be beneficial if rooted in evidence-based best practices. The anti-tobacco Truth campaign was shown to significantly reduce tobacco use in youth by branding tobacco as an unhealthy lifestyle.<sup>12</sup> Incorporating lessons learned from this campaign, and avoiding messaging from past campaigns that have failed to curb drug use, is essential to addressing opioid use. In addition, per recent Board action on October 11, 2022 (11), the County will be supporting our school systems with awareness and education campaigns for our youth and providing naloxone, and other opioid antagonists that can reverse an opioid overdose, in school health programs. We should also be working to incorporate opioid education into the curriculum. A partnership with the District Attorney will be important to advance these messages.

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<sup>11</sup> [The Impact of Stigma on People with Opioid Use Disorder, Opioid Treatment, and Policy - PMC \(nih.gov\)](#)

<sup>12</sup> <https://www.mdpi.com/1660-4601/14/12/1517>

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Upstreaming access and introduction to prescription drug abuse is an important tool in combating the opioid crisis. Household prescription drugs may be used improperly or abused by either the intended patient, general public, family member or children. The San Diego County Prescription Drug Abuse Task Force reported 576 unintentional prescription-related deaths in 2020 and 7,723 opioid-related emergency department visits in 2019.<sup>13</sup> Drug drop-off programs are a safe and proven solution to address the hoarding of expired, unused, and unwanted prescription drugs.<sup>14</sup> Providing the community access to drug disposal systems will not only eliminate some of the supply of prescription drugs that may be abused but would raise awareness around the issue of prescription drug hoarding and abuse. One strategy could include requiring drug disposal systems to be allocated when a patient receives a prescription opioid. Leftover opioids can be safely disposed of, thereby reducing the potential for future opioid abuse.

If a person is experiencing an overdose, using naloxone or other opioid antagonists may save their life. Opioid antagonists are designed to rapidly reverse the effects of opioid overdose and are an integral pillar of harm reduction and prevention of fatality. The County already distributes these medications, but we could better integrate these solutions into our harm reduction strategies to curb opioid effects and usage. This can include enhancing supply and distribution of opioid antagonists to individuals susceptible to using opioids and better equipping our peer and community health workers and healthcare facilities, our first responders, hospitals, schools, primary care, and our jail systems. Additionally, having opioid antagonists available at regional family justice centers would serve the community and provide access to victims who may have co-occurring substance use challenges. Employees and co-located partners at these centers countywide will be best prepared to potentially save the lives of those they serve should the need arise.

The County should seek all avenues and options for making life-saving opioid antagonists available in all settings. This can include investing in the utilization of an array of opioid antagonists, any of which the County could pilot. Across the State, there are pilot programs being implemented with the utilization of opioid antagonists other than naloxone, particularly in our State Corrections facilities and through paramedic field distribution. In conjunction with opioid antagonists, pilot programs can be implemented where paramedics administer MAT buprenorphine when responding to certain emergency calls. This could be part of Emergency Medical Services' layered strategy to reduce opioid overdose deaths. Other components of this initiative include the Leave Behind Naloxone Program and a warm handoff to wrap-around services for patients who receive the initial prehospital buprenorphine treatment.

Harm reduction programs are community-based programs that deliver low-threshold services aimed at engaging PWUD in services that reduce risk and encourage behavior change. The first rule of harm reduction programs is to meet people where they are to build trust and encourage participants to return. As a result, harm reduction programs often serve as the primary avenue to meet the health needs of PWUD and thus, are uniquely positioned to connect PWUD with support and wrap-around services. Harm reduction programs can provide a range of services including education and training, testing, and linkage to care. Additionally, harm reduction programs can

<sup>13</sup> [https://www.sdpdatf.org/files/ugd/6b5bbf\\_a8e2a38a2fd44845997e03c45de50992.pdf](https://www.sdpdatf.org/files/ugd/6b5bbf_a8e2a38a2fd44845997e03c45de50992.pdf)

<sup>14</sup> Dea National Rxtake Back Day." Take Back Day, <https://takebackday.dea.gov>

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serve as a bridge to other health services including Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) diagnosis and treatment, and MAT for substance use. Programs may differ in size, scope, and delivery venue including mobile services that take into consideration geographic location, demographic of population to be served, and needs of the community.

Harm reduction is a proven principle that saves lives and plays a significant role in preventing drug-related deaths and connecting people to healthcare, social services, and treatment.<sup>15</sup> The County has a duty to provide care and support to all people impacted by the opioid crisis including those who may not be ready to enter treatment. Investment in harm reduction programs is a critical component of the continuum of care and a necessary tool for addressing the opioid epidemic. Through compassionate and intentional outreach we can lessen the harms resulting from opioids in our community.

*Social Supports*

Social supports are defined as semi-formal, non-clinical services that help people get into or stay in recovery. These services include more than just programmatic approaches that help people enter and stay in recovery, but take into consideration a person's whole spectrum of needs. This ranges from emotional and social support to housing and workforce integration. The Opioid Settlement Framework outlines a number of short-term and long-term strategies that helps accomplish these objectives.

The relationship between substance use and experiencing homelessness is bidirectional, with homelessness exacerbating the harmful effects of drug use, and vice versa. Having unstable housing and being pushed to the margins increases all health risks, including those related to substance use. Yet traditionally, housing resources have not been prioritized for those with primary SUD. People with SUD have historically been explicitly excluded from housing services and permanent supportive housing programs. Therefore, a key pillar of the comprehensive strategy outlined in Attachment A is housing support for people living with severe SUDs. Informed by a housing-first approach, investing in collaborative, low-barrier bridge housing, housing for individuals with co-occurring diagnoses that have exited from the collaborative courts system, permanent housing solutions, and resident support services that are not contingent on treatment status is crucial to whole-person wellness.

Stakeholders and officials in our collaborative behavioral health and drug court system have expressed a desire to see the establishment and expansion of transitional housing sites, organized around harm reduction principles with low threshold accessibility. Programs should meet people where they are at, offering variable lengths of stay and focusing on the basic elements of wellness promotion: food, hygiene, connection to healthcare, and navigation to permanent housing. In addition, County contracted partners and community-based organizations play an integral role in treatment, services, and resource navigation for individuals with a SUD. In the advancement of the Framework, it is crucial that we collaborate with our partners through engagement and consideration of funding for aligning efforts.

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<sup>15</sup> [Harm Reduction | SAMHSA](#)

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Recently, the Governor signed into law the Community Assistance Recovery and Empowerment (CARE) Court Program which connects a person struggling with untreated mental illness – and often a co-occurring SUD – with a court-ordered Care Plan for up to 24 months.<sup>16</sup> Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. As we gear up for local implementation of CARE Court, we need to be proactively investing in housing solutions for high-need individuals experiencing co-occurring SUDs and mental health needs.

Other services may offer avenues to help connect people with OUD to treatment and care. Overdose-receiving centers provide a warm handoff to County Health and Human Services Agency (HHSA) for follow-up and wrap-around services. These centers should be explored for local implementation, particularly in tandem with other sobering centers and services. The County should also fund and establish additional detoxification and sobering centers and supportive services to improve acute sobering and treatment capacity for those who are living with an OUD.

Further, developing and supporting a workforce that employs harm reduction principles across all levels and types of services is critical to addressing the crisis. Existing talent attraction and retention challenges in the behavioral health industry must be addressed, and the Framework proposes to support the expansion of the size and diversity of mental health and addiction treatment professionals in San Diego, with an emphasis on retaining and increasing the capacity of the existing workforce. Much of the specific needs of our workforce is captured in the San Diego Workforce Partnership Report, Addressing San Diego’s Behavioral Health Worker Shortage, adopted by the Board of Supervisors on October 11, 2022 (10).

Individuals with lived experience with formal training may offer an effective way to help individuals engage and continue in treatment. Peers and community health workers with lived experience are often trusted messengers in their communities that can offer valuable perspectives and input on how best to meet the needs of PWUD. Effective peer services leverage the lived experience of individuals but also formally train peers and establish a firm understanding of the peer’s role and responsibilities. In addition to peers, community-based organizations and family members play an integral role in an individual’s success in recovery. The County should be investing in training programs and support services for both peer advocates and community health workers, but also for parents and family members.

Family members are many times the closest relationships that PWUDs have and are eager to help their loved ones, making their relationship an easily accessible path to help for the PWUDs. Unfortunately, many family members simply do not have the knowledge or skillsets needed to assist their loved ones. With the proper nonclinical education, training, tools, and resources family members can serve as a critical component toward wellness and recovery for people living with a SUD.

Trusted messengers in vulnerable communities, preferably with lived experience, can more effectively reach historically underserved populations that are being disproportionately impacted by opioid overdose deaths. Community health workers and peers integrated into County services

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<sup>16</sup> [Bill Text - SB-1338 Community Assistance, Recovery, and Empowerment \(CARE\) Court Program.](#)

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could be empowered with the tools and training to provide direct linkages to care tailored towards clients' readiness to engage in healthy behavior - whatever that may be. Work in this space and future investments should be rooted in addressing historic underinvestment in the region with special focus given to communities disproportionately impacted by the crisis.

San Diego County is home to more tribes than any other county, and our tribal communities need a targeted investment to equitably address the opioid crisis. The rate of drug overdose deaths in our tribal communities is above the national average and recent data show this trend continuing.<sup>17</sup> Empowering trusted community-based organizations is key to reaching the community. For example, the Dream Weaver Consortium is a partnership with several Native American health clinics that joins cultural practices with evidence-based practices to address mental health and SUDs. The Dream Weaver Consortium program provides services in San Diego County, including behavioral health services to all age groups through intergenerational activities. Services are provided on reservations and in urban areas and include education and outreach at community events, cultural and social gatherings, and health clinics. The County currently contracts with the Consortium for services, and the Framework provides additional support to continue this collaboration.

Further, data from the Medical Examiner and other sources has strongly demonstrated that opioid abuse and associated fatalities have disproportionately impacted our rural communities. The U.S Department of Agriculture has funded various programs and services to help address the opioid epidemic among rural populations, which the County should investigate. Through investing in program resources for community supports, prevention, treatment, and recovery opportunities for those in need in our vulnerable rural communities, the County can help to address many of the deeper, systemic, and long-term issues making these residents vulnerable to the opioid crisis. Establishing essential tools for rural leaders to use to understand the impact and cause(s) of the crisis in their community in addition to what federal, state and local resources are available, can help support grassroots strategies to address this crisis.

To truly address the opioid crisis, investments must be made along the full spectrum of a person's needs, not just in the form of healthcare or harm reduction. A person's health and well-being cannot be safeguarded if they do not have housing, social and emotional support, or culturally competent behavioral health professionals able to meet the client's needs. Investing in social supports and services, as outlined in Attachment A, will take measures to begin addressing basic needs so important to the road to recovery. Programs and strategies outlined above should be evaluated for success, opioid overdose and naloxone revivals should be surveyed, and renewed investments in demonstrably effective strategies should be prioritized.

People in the San Diego region are dying every day from opioid abuse and only through immediate investments in healthcare integration, harm reduction, and social supports can we save lives. We urge your vote.

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<sup>17</sup> [Drug Overdose Prevention in Tribal Communities | Budget | Injury | CDC](#)

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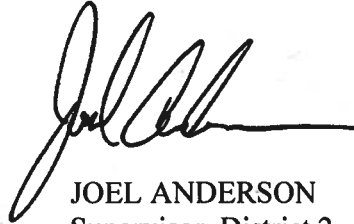
**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed actions supports the Health Equity Strategic Initiative in the County of San Diego's 2022– 2027 Strategic Plan by investing in access for care and support for all impacted by the opioid crisis.

Respectfully submitted,



CHAIR NATHAN FLETCHER  
Supervisor, District 4



JOEL ANDERSON  
Supervisor, District 2

**ATTACHMENT(S)**

- A. Opioid Settlement Framework
- B. *Opioid Settlement Planning Community Engagement Forum: Summary and Opportunities for Utilizing Funds*