

REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: February 21, 2025

TO: Honorable Members of the Arts, Parks, Libraries, and Community Enrichment Committee

FROM: Sharon M. Tso *HEK*
Chief Legislative Analyst

Council File No. 23-0670-S2
Assignment No. 24-06-0466

SUBJECT: Opioid Remediation Program

SUMMARY

On June 26, 2024, the Council adopted a Neighborhoods and Community Enrichment Committee report, as amended, to instruct the Chief Legislative Analyst (CLA) and the City Administrative Officer (CAO), with the assistance of the Department on Disability (DOD), to develop a program entitled: “MacArthur Park / Westlake Area Respite Center,” with an initial allocation of \$3 million from the Opioid Settlement funds, and report on the current service needs in the MacArthur Park / Westlake Area (Attachment A; C.F. 23-0670-S2). Council further instructed the CLA to prepare a standardized proposal form for opioid remediation projects and programs, as well as develop a criteria evaluation matrix for proposals received from Council Offices and the Mayor to measure the impact of Opioid Settlement funding investments across the City. The DOD was also instructed to report on the existing substance use-related programs that they currently administer.

Our Office met with the CAO, City Attorney, DOD, and Los Angeles County staff and reviewed relevant Department of Public Health (DPH) documents to inform this report. For program modeling purposes, this report utilizes the County’s Statement of Work for “Harm Reduction Services Drop-In Centers” for reviewing the feasibility of establishing a “Westlake Area Respite Center.”

As further detailed in this report, due to the type of services and expertise required to establish a Westlake Area Drop-In Center, our Office recommends that the City take a support role to the County and community based organizations as they continue to increase services in the area. To that end, our Office recommends that the Council authorize the DOD to release a Request for Proposals (RFP) to contract with service providers to deliver opioid remediation and harm reduction services in high impact areas in the City. The proposed program would provide services in the Westlake, San Fernando Valley, South, and Metro areas of the City. Each of the four high impact areas would be allocated up to \$300,000 over a three-year contract period, for a

total funding amount of \$1.2 million. This recommendation would allow for substance use disorder services to be implemented in multiple areas of the City and is inclusive of supportive services provided at drop-in centers, among other uses. The DOD has experience with implementing similar health-related service contracts and continues to coordinate with pertinent County agencies and community-based partners for their programs. To assist the DOD with program delivery, our Office also recommends that the CAO report on contract or temporary staffing resources for tasks such as, contract monitoring, accounting, payment processing, reporting, and data collection.

RECOMMENDATIONS:

That the City Council:

1. AUTHORIZE the Department on Disability (DOD), with the assistance of the Chief Legislative Analyst (CLA) and the City Administrative Officer (CAO), to release a Request for Proposals for the delivery of opioid remediation and related services in designated high impact areas, including the Westlake, San Fernando Valley, South, and Metro areas of the City, as further described in this report;
2. INSTRUCT the CAO to allocate \$1,200,000 in Opioid Settlement Funds to a new line item entitled “Opioid Remediation Program - Department of Disability” to support the delivery of opioid remediation services by community-based health organizations through a competitive bidding process; and
3. INSTRUCT the CAO, with the assistance of DOD and CLA, to report on a staffing plan utilizing Opioid Settlement Funds for temporary As-Needed staff and/or contractual services to support the accounting, contract monitoring, data collection, and reporting requirements associated with the program.

BACKGROUND

In May 2018, the City filed suit against Purdue Pharma L.P. and other opioid manufacturers and distributors (*City of Los Angeles v. Purdue Pharma L.P. et al.*) for contributing to the nationwide opioid crisis. In March 2019, the City amended the complaint to include additional defendants, such as retailers. In 2021, the City’s complaint was consolidated with over 2,000 other opioid actions filed on behalf of municipalities across the country, forming the National Prescription Opiate Multi District Litigation (MDL).

Representatives of the State Attorneys General and the Plaintiff’s Executive Committee in the MDL reached national agreements with certain opioid distributors and manufacturers. In 2021, Council approved the City’s participation in these settlements, and it was estimated that the City would receive between \$29.6 million to \$53.3 million over 18 years. In March 2023, Council

approved settlements with five major opioid retailers, for an additional \$17.7 million to \$43.18 million to be paid to the City over 13 years.

The City began receiving settlement payments in 2021. The Opioid Trust Fund currently has an appropriated balance of approximately \$22 million, of which \$7.9 million is encumbered for a substance use treatment pilot program administered by the Mayor's Office (C.F. 23-0670). The unallocated balance is \$14.1 million. The CAO reports that the City will continue to receive an estimated \$4 to \$5 million annually for the remainder of the Settlement payout period.

In January 2025, Purdue Pharma and the Sackler family announced a \$7.4 billion settlement for their role in the opioid epidemic. The settlement funds will be paid to states, counties, cities, and territories over the next 15 years to support opioid treatment, prevention, and recovery programs. Any payments to the City from this settlement will be in addition to the settlement funds that the City already receives from the MDL and opioid retailers.

Mayor's Collaborative for Substance Use Care

The Mayor's Office of Homelessness and Community Health launched the Collaborative for Substance Use Care pilot program, financed by the Opioid and Tobacco Settlement funds. The program provides substance and/or opioid use disorder treatment to people experiencing homelessness currently residing in City interim housing (Bridge Homes, Tiny Home Villages, Project Homekey, Safe Sleep Sites) and participants of Inside Safe encampment resolutions who desire such treatment. The program funds longer-term inpatient treatment, including withdrawal management, residential treatment, and/or bridge recovery housing; strengthens wraparound services for individuals in interim housing; and evaluates how to better connect unhoused residents with treatment. This program is consistent with Motion (Blumenfield - Hernandez, C.F. 23-0670-S2) that instructs the CLA and CAO to prioritize opioid remediation programs that facilitate a "warm handoff" between programs and jurisdictions and can be leveraged to enhance City bed inventory.

In March 2024, the Mayor's Office entered into one-year contracts with five treatment providers in amounts not to exceed \$1.56 million each, for a total funding amount of \$7.8 million (Table 1). All contracts have a term end date in March 2025, consistent with the authority provided by the Declaration of Local Housing and/or Homelessness Emergency (C.F. 23-0652).

Table 1. Mayor’s Office - Substance/Opioid Use Disorder Treatment Contracts

Contractor	Contract No.	Contract Amount
Asian American Drug Abuse Program, Inc.	C-145174	\$1,560,000
Beacon House	C-145175	\$1,560,000
People Coordinated Services of Southern California	C-145176	\$1,560,000
Social Model Recovery Systems	C-145179	\$1,560,000
Tarzana Treatment Centers	C-145177	\$1,560,000
TOTAL		\$7,800,000

Westlake Area Harm Reduction Services Drop-In Center

Council instructed the CLA and CAO, with the assistance of the DOD, to develop a Westlake Area Harm Reduction Services Drop-In Center program, with an initial allocation of \$3 million from the Opioid Settlement funds. According to the County’s DPH Center for Health Impact Evaluation, the 90057 zip code encompassing MacArthur Park experienced 80 unintentional overdose deaths among people experiencing homelessness for years 2021 and 2022 combined, which is more than any other zip code in the County.

Pursuant to Council action, our Office met with Council District staff, CAO, DOD, and the County Department of Health Services (DHS) to discuss their work in the Westlake area, as well as other best practices in the development of a potential harm reduction drop-in center. Two recent initiatives discussed during that meeting are highlighted below:

- **MacArthur Park Overdose Response Team**
Based on an earlier initiative in the Skid Row area, DHS funds a community-based organization to provide prevention and response through a dedicated team that monitors the area for overdoses. Once an overdose has been reversed using a combination of naloxone and oxygen, the team will monitor the individual for at least 90 minutes to ensure that a secondary overdose does not occur. When necessary, the team will coordinate the transfer of the individual to an Emergency Department or to the David L. Murphy Sobering Center located in nearby Skid Row for ongoing care. The Sobering Center, which is also a County operated facility, is open 24 hours a day and houses up to 50 people at a time.

When not responding to overdoses, the response team remains current on drug use trends in the area and coordinates with other harm reduction and homeless and health service teams in the area. The response team also regularly reviews MacArthur Park drug testing data from University of California, Los Angeles and the County’s Department of Public Health.

The response team monitors the park and immediate area for overdoses five days a week for six hours per day. Hours of operation are regularly assessed and changed when needed to align with the times of day when most overdoses occur, which is based on call data from the Los Angeles Fire Department.

- Crocker Street Campus - Enriched Residential Care Facility

In partnership with LA Care and Health Net, DHS launched a campus on Crocker Street that will provide a Harm Reduction Health Hub, Safe Services zone, Enriched Residential Care permanent housing, a health center, and 250 interim housing beds, including a 24/7 Safe Landing site with 50 triage beds.

The Enriched Residential Care Facility involves a lease at 444 South Crocker Street in the downtown area. The project consists of an existing 15,132 square foot building that has been renovated as a homeless shelter. The County will operate the building as a 48-bed Enriched Residential Care Facility that has the same physical layout as a shelter, but the facility is licensed; residents may stay for an unlimited period of time; and residents have 24/7 care and supervision. DHS will enter into an agreement with an operator for the site.

Harm reduction drop-in centers have program requirements to address a client's physical and mental health. This work depends on a service expertise that is consistent with County health operations and homelessness service providers, including those partnering with the Mayor's Office Collaborative for Substance Use Care. Our Office explored the possibility of entering into a Memorandum of Agreement with the County using City Opioid Settlement funds, in which DHS would serve as the lead in developing a co-funded drop-in center. DHS staff recommended that the City make Opioid Settlement funds available to community-based healthcare organizations as they have greater flexibility in establishing a harm reduction drop-in center, and can leverage both public and private resources.

The discussion with DHS also highlighted the challenge of serving individuals with substance use disorders in a physical location, as it would require collaboration with entities who have the ability to provide additional health services unrelated to or exacerbated by substance abuse, as well as established protocols to guide operations and oversight. In addition to identifying an appropriate and available building for a harm reduction drop-in center, specific needs such as, soliciting a lead operator, establishing the lease term, and providing parking and tenant improvements are also important components to operating a public facility. Opioid Settlement funds are a restrictive source of funds that do not provide the flexibility necessary to develop a site and program without relying on other sources, such as the General Fund. For these reasons, our Office recommends that the City take a support role with the County and community-based health organizations as they seek to increase services in the area.

To initiate the use of these funds, our Office recommends that the DOD, who has the most experience among City departments in managing such programs, issue a RFP to allow community-based health organizations to deliver services in the City. This approach would allow the City to become a funding partner of either existing or new opioid remediation services, including drop-in centers.

The Council designated \$3 million for a Westlake Area Harm Reduction Drop-In Center. The proposed program would allow for up to \$300,000 in contracted services for the Westlake area, reducing the set-aside amount to \$2.7 million. The proposed services for the San Fernando Valley, South and Metro areas would amount to \$900,000 (\$300,000 per area) and derive from the Opioid Trust Fund unallocated balance.

Eligible Opioid Remediation Services

Our Office proposes that the DOD issue a RFP to solicit proposals from community-based health organizations for the delivery of eligible opioid remediation and harm reduction services in the City, such as:

- Treatment for Opioid Use Disorder (OUD) and any co-occurring substance use disorder/mental health conditions;
- Supporting individuals in treatment and recovery;
- Providing connections to care for individuals with or at risk of developing OUD;
- Addressing the needs of justice-involved individuals with OUD;
- Addressing the needs of pregnant/parenting women with OUD and their families;
- Preventing over-prescribing and ensuring appropriate prescribing and dispensing of opioids;
- Preventing the misuse of opioids;
- Harm reduction services to prevent or reduce overdose deaths or other opioid-related harms;
- Supporting the education, training, wellness, and support of first responders;
- Leadership, planning, and coordination for opioid abatement activities; and
- Supporting opioid abatement research.

The proposed program provides a citywide process to fund various types of eligible opioid remediation activities from experienced, local organizations in high impact areas of the City. Programs that provide warm handoffs for justice-involved individuals, facilitate referrals to temporary housing, or connect individuals to County health services are recommended to be prioritized. Proposals will be evaluated by a review panel consisting of staff from the DOD, CLA, and CAO, with the assistance of the City Attorney, to ensure that proposals comply with the expenditure guidelines. Our Office recommends a contract value of up to \$300,000, which is approximately double the amount of the largest contract that the DOD currently administers for

similar services. Selected organizations will enter into contracts with the DOD for a three year term, and organizations will be required to submit regular reports for program monitoring and funding compliance.

To assist with program administration, our Office also recommends that the CAO, with the assistance of DOD and CLA, report on a staffing plan utilizing Opioid Settlement Funds for temporary As-Needed staff and/or contractual services to support the accounting, contract monitoring, data collection, and reporting requirements associated with the program.

Opioid Remediation Program Proposal Form

Council instructed the CLA to prepare a standardized proposal form to collect opioid remediation project and program ideas from Council Offices, as well as include information on the eligible uses of the Opioid Settlement funds. The program proposal form is provided as Attachment B of this report. This form may also be modified to collect information from service providers as part of the proposed RFP application process.

Criteria Evaluation Matrix - Program Evaluation

Council instructed the CLA to create a criteria evaluation matrix that incorporates the Controller's Equity Index and County health data to analyze the potential impacts of opioid remediation proposals submitted by Council Offices and the Mayor. The matrix is currently being developed and will be incorporated into the RFP evaluation process.

The DOD will use County health data to identify high impact areas as the RFP is developed. The County Department of Public Health, Substance Abuse Prevention and Control provides reports on fentanyl overdose data in the County (Attachment C). These reports have identified the Westlake, San Fernando Valley, South, and Metro areas as high need areas. This data can be used during subsequent years for continued evaluation of the selected opioid remediation programs and to modify investments, if necessary.

Department on Disability – Existing Opioid Remediation Services

The DOD currently administers contracts with eight service providers for the provision of substance use prevention and harm reduction services through the Department's HIV/AIDS Prevention Program (Table 2). Substance use prevention and harm reduction services include, but are not limited to: syringe exchange, overdose prevention and response training, Naloxone distribution, drug testing, first aid care, HIV counseling and testing, education and outreach, substance use / residential treatment referrals, housing referrals, and case management.

The Department's total funding for substance use prevention and harm reduction service-related contracts is \$890,000. Service providers report that they serve over 19,000 substance users and individuals with HIV/AIDS in the City. The Department currently does not fund any substance

use treatment, but provides substance use treatment referrals through their contracts. The Department reports that some of their contractors provide substance use treatment, but those services are funded by non-City partners.

Table 2. Department on Disability - Substance Use Prevention / Harm Reduction Contracts

Contractor	Council Districts	Contract Amount
Asian American Drug Abuse Program, Inc.	2, 9, 15	\$120,000
Being Alive!	4, 5, 10, 13	\$120,000
Bienestar Human Services, Inc.	1, 6, 13, 14, 15	\$120,000
Homeless Health Care Los Angeles	13, 14	\$120,000
Los Angeles Centers for Alcohol and Drug Abuse	1, 5, 10, 13, 14	\$85,000
The Sidewalk Project	1, 14	\$85,000
Special Service for Groups, Inc./HOPICS	8, 9, 10, 15	\$120,000
Tarzana Treatment Centers	2, 6, 7	\$120,000
TOTAL		\$890,000

Opioid Settlement Programs in Other Jurisdictions

Our Office is currently compiling a list of opioid settlement programs and initiatives administered by the State and other local jurisdictions. This information will be provided in a subsequent report.

FISCAL IMPACT STATEMENT

There is no impact to the General Fund. The recommendations in this report pertain to Opioid Settlement funds. The Opioid Trust Fund currently has an appropriated balance of approximately \$22 million, of which \$7.9 million is encumbered for inpatient substance use disorder services for people experiencing homelessness (C.F. 23-0670). This report recommends the use of \$1.2 million for an Opioid Remediation Program, which would result in an unallocated balance of \$12.9 million in the Trust Fund.

The City will continue to receive an estimated \$4 to \$5 million annually for the remainder of the Opioid Settlement payout period.



Christopher P. Espinosa
Analyst



Susan Oh
Analyst

Attachments:

- A Council Action - June 25, 2024
- B Opioid Remediation Program Proposal Form
- C Los Angeles County Substance Abuse Prevention and Control:
Fentanyl Overdoses in Los Angeles County (July 2024)

ATTACHMENT A

Council file No. 23-0670-S2

NEIGHBORHOODS AND COMMUNITY ENRICHMENT COMMITTEE REPORT relative to the Opioid Settlement and Tobacco Settlement Funds, expert testimony in connection thereto, and related matters.

Recommendations for Council action:

1. INSTRUCT the City Administrative Officer (CAO) to report prior to September 1 annually with the amount of Opioid Settlement funding received and available for programming, at which time, the CAO can seek proposals from Council Districts on expenditure.
2. INSTRUCT the CAO and the Chief Legislative Analyst (CLA) to consult with the City Attorney prior to proposing expenditures of any Opioid Settlement funding to ensure the allowable use of funds under the opioid settlement agreements.
3. INSTRUCT the CLA and CAO, with the assistance of the Department of Disability, to develop a program entitled: "MacArthur Park Harm Reduction Center" with an initial allocation of \$3 million from the opioid settlement line item.
4. INSTRUCT the CLA to report in 90 days with a criteria evaluation matrix for proposals submitted in FY 24/25 and moving forward by the Council and Mayor's offices that are provided to the CLA and CAO, inclusive of the Measure of Access, Disparity, and Equity, Los Angeles Equity Index and Tool, overall need areas across the city, the measured impact that the money will have in the proposal areas, as well as number of fentanyl overdoses and fentanyl overdose deaths as provided by LA County Department of Public Health, Substance Abuse Prevention and Control Bureau census tract data.
5. INSTRUCT the Department on Disability to report in 30 days on the existing substance use treatment programs they administer, including data on the number of people being served, the areas of service and the type of service being provided.

Fiscal Impact Statement: Neither the CAO nor the CLA has completed a financial analysis of this report.

Community Impact Statement: None submitted.

(Budget, Finance and Innovation, and Housing and Homelessness Committees waived consideration of the above matter)

Summary:

On March 20, 2024, your Committee considered an October 10, 2023 report relative to the Opioid Settlement and Tobacco Settlement Funds, expert testimony in connection thereto, and related matters.

After providing an opportunity for public comment, the Committee moved to approve the recommendations as amended and detailed above. This matter is now forwarded to the Council for its consideration.

Respectfully Submitted,

NEIGHBORHOODS AND COMMUNITY ENRICHMENT COMMITTEE

<u>MEMBER</u>	<u>VOTE</u>
HERNANDEZ:	YES
LEE:	YES
HUTT:	YES

EV 23-0670-S2_rpt_nce_03-20-24

-NOT OFFICIAL UNTIL COUNCIL ACTS-

MOTION

I MOVE that the matter of the Neighborhoods and Community Enrichment Committee Report relative to the Opioid Settlement and Tobacco Settlement Funds, expert testimony in connection thereto, and related matters, Item No. 18 on today's agenda (C.F. 23-0670-S2), BE AMENDED to:

- Adopt the following Recommendation in lieu of Recommendation #3:

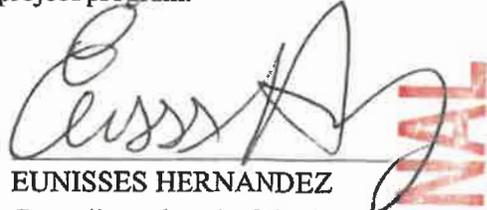
3. INSTRUCT CLA and CAO, with the assistance of the Department of Disability, to develop a program entitled: "MacArthur Park/ Westlake Area Respite Center" with an initial allocation of \$3 million from the opioid settlement line item. The CLA should develop an evaluation report for the "MacArthur Park/ Westlake Area Respite Center" that includes number and percentage of changes over time and comparison to the same time period in the previous year on the following:

- Identify the service and data collection area
- Reported overdoses in the service area
- Reported deaths from overdoses in the service area
- LAFD and LAPD calls regarding overdoses to the service area
- LAFD and LAPD calls to the service area
- Overdose reversals by LAFD, LAPD, Park Rangers, City staff and service providers in the service area
- Naloxone distribution by LAFD and service providers in the service area
- Referrals to the Mayor's Substance Use Disorder Treatment Pilot
- Connections to healthcare providers including but not limited to street medicine and primary healthcare

- Adopt the following additional recommendation:

6. INSTRUCT the CLA to report back in 30 days with a standardized proposal form for use of the Opioid Settlement Funds that includes information on which of the allowable uses of the monies will be utilized by the proposed project/program, expected outcomes of the project/program, defined metrics of success for the project/program, and other sources of funds being utilized to develop the proposed project/program.

PRESENTED BY:


 EUNISSES HERNANDEZ
 Councilmember, 1st District

SECONDED BY:



ORIGINAL

PK

178B

MOTION

I MOVE that the matter of the Neighborhoods and Community Enrichment Committee Report relative to the Opioid Settlement and Tobacco Settlement Funds, expert testimony in connection thereto, and related matters (CF 23-0670-S2); Item No. 18 on today's agenda BE AMENDED to include:

INSTRUCT Chief Legislative Analyst and City Administrative Officer to report back on programs administered by State and other jurisdictions with opioid settlement funds that align with "High Impact Abatement Activities" and "Care Strategies and Approved Uses," including funding staff to administer programs and contracts.

INSTRUCT CLA and CAO to recommend opioid treatment and prevention programs for Council to consider prioritizing and phasing in as part of a multi-year strategic plan, including recommendations that facilitates "warm handoff" between programs and jurisdictions and/or can be leveraged to enhance bed inventory.

PRESENTED BY:



BOB BLUMENFIELD
Councilmember, 3rd District

SECONDED BY:



ORIGINAL

JUN 25 2024

PK

Opioid Remediation Program Proposal Form

- This form will be used to submit proposals for opioid remediation projects / programs to be funded by the Opioid Settlement funds.
- Funds from the California Opioid Settlements are intended to support opioid remediation activities. As defined in the National Opioid Settlement Agreements, opioid remediation is the “care, treatment, and other programs and expenditures designed to: 1) address the misuse and abuse of opioid products, 2) treat or mitigate opioid use or related disorders, or 3) mitigate other alleged effects of, including on those injured as a result of, the opioid crisis.”
- CA Dept. of Health Care Services [Allowable Expenditures List](#)

** Indicates required question.*

1. Council District *

2. Council Staff Name (First and Last) *

3. Proposed Project/Program Name *

4. Project/Program Description (including services to be provided) *

5. Project/Program Partners (if applicable)

6. Proposed Service Area *

7. Amount Requested *

8. Other Funding Source(s) (if applicable)

9. Proposed Expenditure Category (select all that apply) *

See Exhibit E, [Schedule B](#) for full descriptions and strategies.

Check all that apply.

- Treat Opioid Use Disorder: supporting treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions.
- Support People in Treatment and Recovery: supporting people in recovery from OUD and any co-occurring SUD/MH conditions.
- Connections to Care: providing connections to care for people who have, or are at risk of developing OUD, and any co-occurring SUD/MH conditions.
- Address the Needs of Justice-Involved Individuals: addressing the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system.
- Address the Needs of Pregnant/Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome: addressing the needs of pregnant/parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families.
- Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids: supporting efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids.
- Prevent Misuse of Opioids: supporting efforts to discourage or prevent misuse of opioids through programs or strategies.
- Harm Reduction: supporting efforts to prevent or reduce overdose deaths or other opioid-related harms.
- First Responders: supporting the education, training, wellness, and support for first responders.
- Leadership, Planning, and Coordination: supporting efforts to provide leadership, planning, coordination, facilitations, training, and technical assistance to abate the opioid epidemic.
- Training: supporting training to abate the opioid epidemic through activities, programs, or strategies.
- Research: supporting opioid abatement research.

10. Expected Program Outcomes (including defined metrics of success) *

11. Program Evaluation Plan *

This content is neither created nor endorsed by Google.

Google Forms

Data Report : Fentanyl Overdoses in Los Angeles County

July 2024 (updated)

**Los Angeles County Department of Public Health**

Barbara Ferrer, Ph.D., M.P.H., M.Ed., Director

Muntu Davis, M.D., M.P.H., Health Officer

Anish Mahajan, M.D., M.S., M.P.H., Chief Deputy Director

Substance Abuse Prevention and Control Bureau

Gary Tsai, M.D., Bureau Director

Health Outcomes and Data Analytics Division

Tina Kim, Ph.D., M.A., Division Chief

Epidemiology and Surveillance Section

Diana Khuu, Ph.D., M.P.H., Section Manager

Joanne Estevez, M.P.H., Epidemiologist

Ying Fan, M.S., Research Analyst

Acknowledgements:

Special thanks to Drs. Odey Ukpo, M.D., Chief Medical Examiner (ME) and Rakhshanda Ruby Javed, Ph.D., Chief Forensic Laboratories for providing ME data for the project; the Chief Science Office for reviewing the original report; Antonne Moore, M.Ed., Division Chief of Strategic and Network Development; Cherene Cexil, Staff Analyst and Mary Aster Argente-Granada, Graphic Artist for their creative design of the report; Negassi Gebrekidan, M.S. for his contributions to the report.

Suggested Citation:

Data Report: Fentanyl Overdoses in Los Angeles County. Health Outcomes and Data Analytics Branch, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, July 2024.

For more information on this report, please contact Tina Kim, Ph.D. at tkim@ph.lacounty.gov.



Table of Contents

Executive Summary 4

Introduction..... 5

Methods.....6

Results.....6

 Drug Overdose Deaths 6

 Fentanyl Overdose Deaths by Age 8

 Fentanyl Overdose Deaths by Gender 9

 Fentanyl Overdose Deaths by Race/Ethnicity 10

 Fentanyl Overdose Deaths by Area Poverty 11

 Fentanyl Overdose Deaths by Supervisorial District (SD)..... 12

 Fentanyl Overdose Deaths by Region 13

 Fentanyl Overdose ED Visits by Age 15

 Fentanyl Overdose ED Visits by Gender 16

 Fentanyl Overdose ED Visits by Race/Ethnicity 16

 Fentanyl Overdose ED Visits by Supervisorial District (SD) 18

 Fentanyl Overdose ED Visits by Region 19

 Fentanyl Overdose Hospitalizations by Age 20

 Fentanyl Overdose Hospitalizations by Gender 22

 Fentanyl Overdose Hospitalizations by Race/Ethnicity 22

 Fentanyl Overdose Hospitalizations by Supervisorial District (SD) 24

 Fentanyl Overdose Hospitalizations by Region 25

Discussion..... 26

References 27

Executive Summary

Fentanyl continues to be the most common drug type listed as a cause of death in accidental drug overdose deaths in Los Angeles County (LAC), accounting for 64% of all alcohol and other drug overdose deaths. There are unique risks associated with one-time fentanyl exposure and interventions such as naloxone are available to address fentanyl overdoses, which warrants focus on and need to understand the fentanyl crisis amid broader drug overdose concerns to inform activities to reduce the impact of fentanyl overdoses in our communities.

This data report presents the numbers and rates of fentanyl overdose deaths, emergency department (ED) visits, and hospitalizations by sociodemographic and geographic groups from 2016, when routine testing for fentanyl began among overdose deaths.

Accidental fentanyl overdose and poisoning deaths in LAC skyrocketed by 1,652% from 109 in 2016 to 1,910 in 2022. However, this increase rate slowed significantly in 2023, with only a 3% increase to 1,970 deaths. This slowdown in the annual increase of fentanyl overdose deaths suggests that fentanyl overdose and poisoning deaths may be nearing a plateau in LAC. From 2016 to 2022, fentanyl overdose ED visits increased 833% from 133 to 1,241, and fentanyl overdose hospitalizations increased 387% from 102 to 497 cases.

Adults aged 26-39 years had the highest rates of fentanyl overdose deaths (39.0), ED visits (29.6), and hospitalizations (9.7) per 100,000 population in the most recent data year.

Males accounted for more fentanyl overdose and poisoning deaths and had a rate per 100,000 population that was 4.4 times that of females (33.0 vs. 7.5) in 2023. Males also accounted for more fentanyl overdose ED visits and hospitalizations, and had rates per 100,000 population that were 3.1 and 3.6 times, respectively, of those for females (ED visits: 19.4 vs. 6.1; hospitalizations: 8.0 vs. 2.2) in 2022.

Whites and Latinxs accounted for the largest numbers of fentanyl overdose deaths, ED visits, and hospitalizations, followed by Blacks and Asians. However, after adjusting for differences in population size, Blacks had the highest rates per 100,000 population for fentanyl overdose deaths (53.3) and hospitalizations (7.3), and the second highest rate of ED visits (15.1) as compared to Whites (deaths: 25.8, ED visits: 16.4, hospitalizations: 5.8), Latinxs (deaths: 15.9, ED visits: 11.3, hospitalizations: 4.2), and Asians (deaths: 2.9, ED visits: 0.6, API hospitalizations: 0.5) in the most recent data year.

Similarly, more affluent areas had higher numbers of fentanyl overdose and poisoning deaths than less affluent areas, with nearly half (47%) of fentanyl overdose deaths occurring in the most affluent areas and 7% occurring in the least affluent areas in 2016-2023. However, the rate of fentanyl overdose deaths per 100,000 population in the least affluent areas was more than triple that of the most affluent areas (59.6 vs. 16.5) of LAC in 2023.

Fentanyl overdoses and poisoning are a significant public health problem across the United States and in LAC, across sociodemographic groups and geographic areas. The widening inequities between under-resourced and more affluent groups underscore the need to target prevention efforts to those at highest risk to decrease fentanyl overdoses and advance health equity in LAC.

Introduction

Fentanyl is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine. Pharmaceutical-grade fentanyl can be effective in treating severe pain when taken as prescribed. However, misuse of fentanyl, or either known or unknown use of illicitly manufactured fentanyl (IMF) can lead to addiction and overdose.

Even a tiny amount of fentanyl can cause death, especially for those without high tolerance. In the United States, fentanyl and its analogues have been increasingly involved in overdose deaths since 2013 and are now the most common drugs involved in fatal overdoses, accounting for 68% of all overdose deaths in 2022 [CDC Wonder].

IMF is cheap and easy to make quickly and in large quantities. It has been found in nearly all forms of illegal street drugs and counterfeit pills, as drug traffickers intentionally add fentanyl to their drugs to reduce costs, to enhance the effect of an existing drug, and/or to make their drugs more addictive. Fentanyl can also be a contaminant when handling multiple drugs with the same equipment or in unclean environments. Thus, drugs containing IMF have variable and high potency, and can be more dangerous than often perceived, especially for youth who may experiment with drugs or pills [Community Needs Assessment].

IMF is widely available across the United States. In 2022, law enforcement seized enough fentanyl, mostly in the form of counterfeit pills, to provide a lethal dose to every American. An estimated 6 out of every 10 counterfeit pills with fentanyl contains a lethal dose. IMF can come in a variety of bright colors, shapes, and sizes to appeal to and drive addiction among youth and young adults, who are often targeted through social media platforms [DEA].

Given rising fentanyl overdoses in Los Angeles County (LAC), there is a need to better understand the extent of the problem and to identify high risk groups for fentanyl overdoses and poisoning in LAC to inform prevention activities to reduce the impact of fentanyl in our communities.

Methods

This report presents accidental fentanyl overdose death, emergency department (ED), and hospitalization data in LAC, with annual trends and sociodemographic and geographic breakdowns by Supervisorial District (SD) and regions of the County, including Service Planning Areas (SPA). In particular, these regions are organized as follows: Antelope Valley (SPA 1), San Fernando (SPA 2), San Gabriel (SPA 3), Metro (SPA 4), West (SPA 5), South (SPA 6), East (SPA 7), South Bay/Harbor (SPA 8).

Accidental fentanyl overdose and poisoning deaths in 2014-2023 were identified by text-based analyses of coroner reports using data as of May 2024 [Coroner]. Detected drugs were classified as contributing to accidental overdose deaths if they were listed as one of the causes of death. Overdose deaths can involve more than one drug, so the sum of deaths reported by type can add up to more than the total number of overdose deaths. All deaths by accidental drug overdose and poisoning were included and suicides were excluded.

Fentanyl overdose ED visits and hospitalizations were identified using ICD codes for synthetic opioid poisoning, of which fentanyl accounts for the majority, and for poisoning by fentanyl or fentanyl analogues (available starting in 2020) from the latest available California Department of Health Care Access and Information's [HCAI] 2016-2022 dataset.

SD and regional designations for each event reviewed were based on residential address or residential zip code. For death data, if residential address was missing, death location was used. Poverty estimates were defined based on the percentage of families living at or below the federal poverty level (FPL) in the census tract of each person's residence using data from the 2018-2022 American Community Survey [ACS]. Differences in population size were accounted for by calculating rates per 100,000 population using the latest available population estimates 2016-2022 from LAC Internal Services Division [ISD] as denominators. Population estimates for 2023 were based on population estimates for 2022.

Results

Drug Overdose Deaths

Figure 1 and **Figure 1.1** show that the overall number and rate of accidental alcohol and drug overdose and poisoning deaths in LAC has been increasing every year in the past decade, but decreased 4% from 3,220 deaths (32.9 deaths per 100,000 population) in 2022 to 3,092 deaths (31.6 deaths per 100,000 population) in 2023. Fentanyl continued to be the most common drug type listed as a cause of death in accidental drug overdose deaths in LAC, accounting for 64% of all alcohol and other drug overdose deaths. Hereafter, the report focuses on data starting from 2016, when routine testing for fentanyl began.

The proportion of all opioid overdose deaths involving fentanyl increased from 19% in 2016 to 94% in 2023. Accidental fentanyl overdose and poisoning increased 1,652% from 109 in 2016 to 1,910 in 2022, and only increased 3% to 1,970 in 2023.

Figure 1. Drug Overdose Death Counts by Drug, LAC, 2014-2023

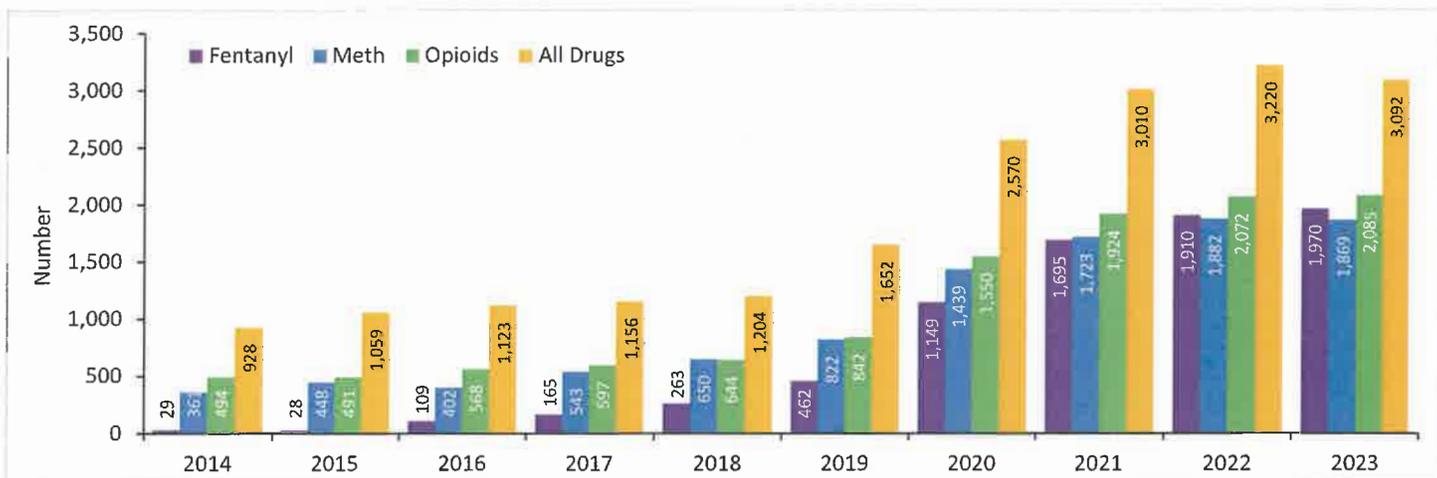
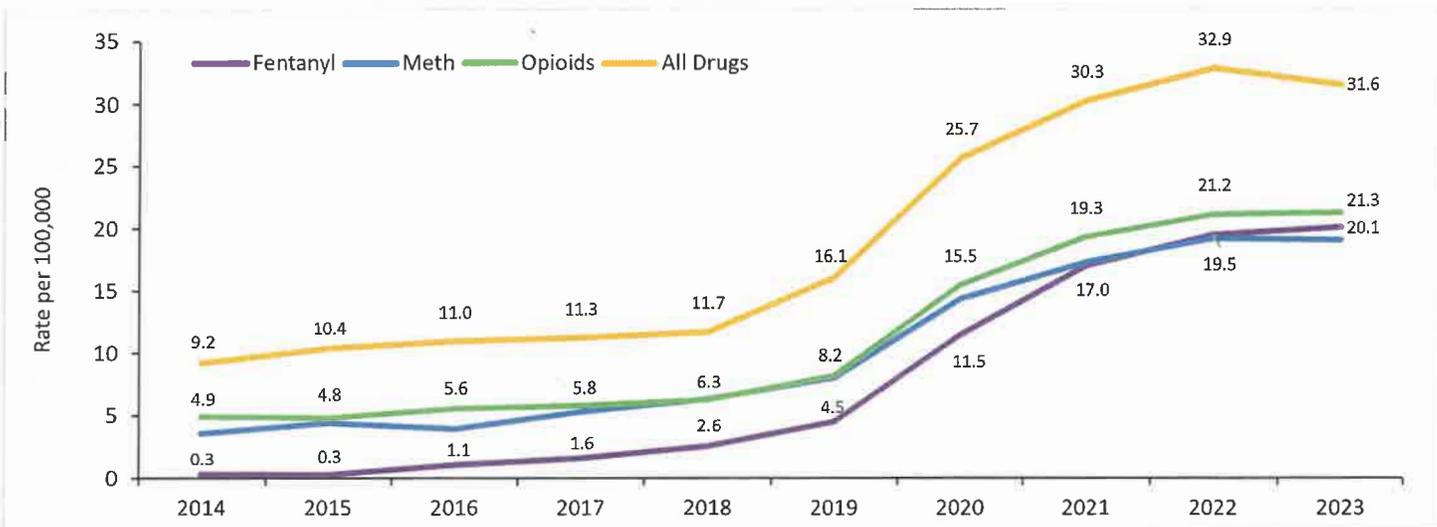


Figure 1.1. Drug Overdose Death Rates per 100,000 Population by Drug, LAC, 2014-2023



*Notes: All drug overdose deaths in this report are due to accidental drug overdose, excluding intentional overdose such as suicide. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl and heroin. Meth refers to methamphetamine. All drugs refer to all accidental overdose deaths involving alcohol and/or drugs, including fentanyl, meth, and opioids.



Fentanyl Overdose Deaths by Age

Figure 2 and **Table 1** show that there were large increases in fentanyl overdose deaths for all age groups from 2016-2023. In 2023, fentanyl overdose deaths occurred most often among adults aged 40-64 (45%), followed by adults aged 26-39 (40%), young adults aged 18-25 (9%), older adults aged 65+ (5%), and youth 17 and under (1%) in LAC. The number of overdose deaths decreased 25% from 2021 to 2023 for young adults aged 18-25.

Figure 3 shows that fentanyl overdose death rates per 100,000 population were highest for adults aged 26-39 (rate=39.0), followed by adults 40-64 (rate=26.8), young adults aged 18-25 (rate=16.8), older adults 65+ (rate=6.9), and youth 17 and under (rate=0.9) in 2023.

Figure 2. Fentanyl Overdose Deaths by Age, LAC, 2016-2023

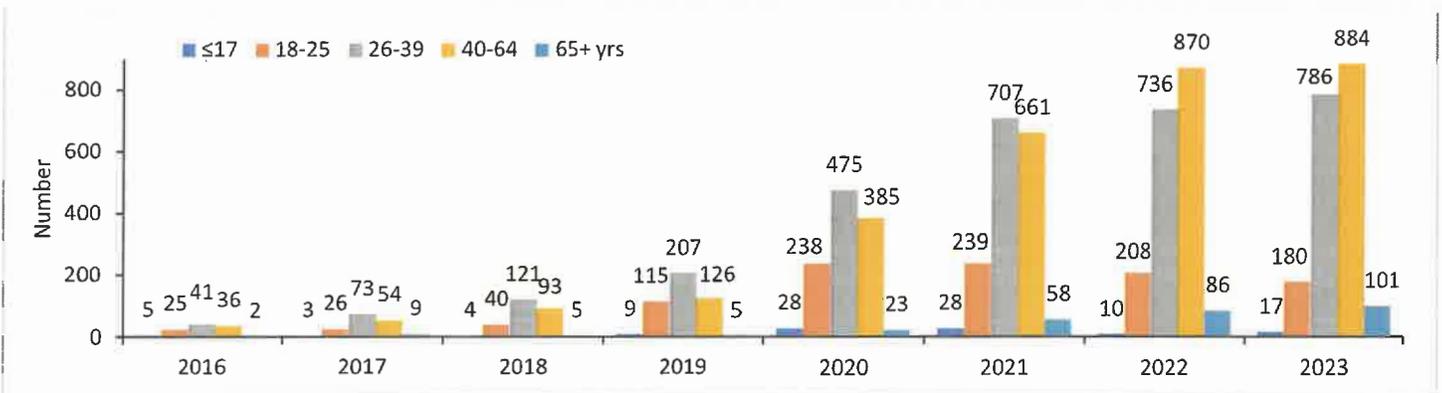


Figure 3. Rate of Fentanyl Overdose Deaths per 100,000 by Age, LAC, 2016-2023

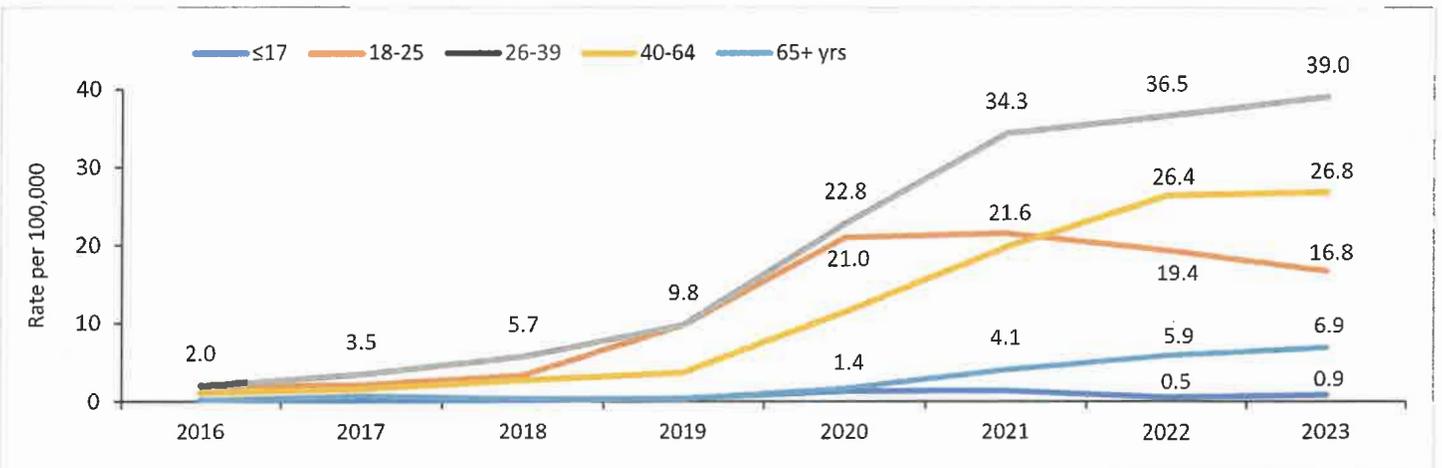


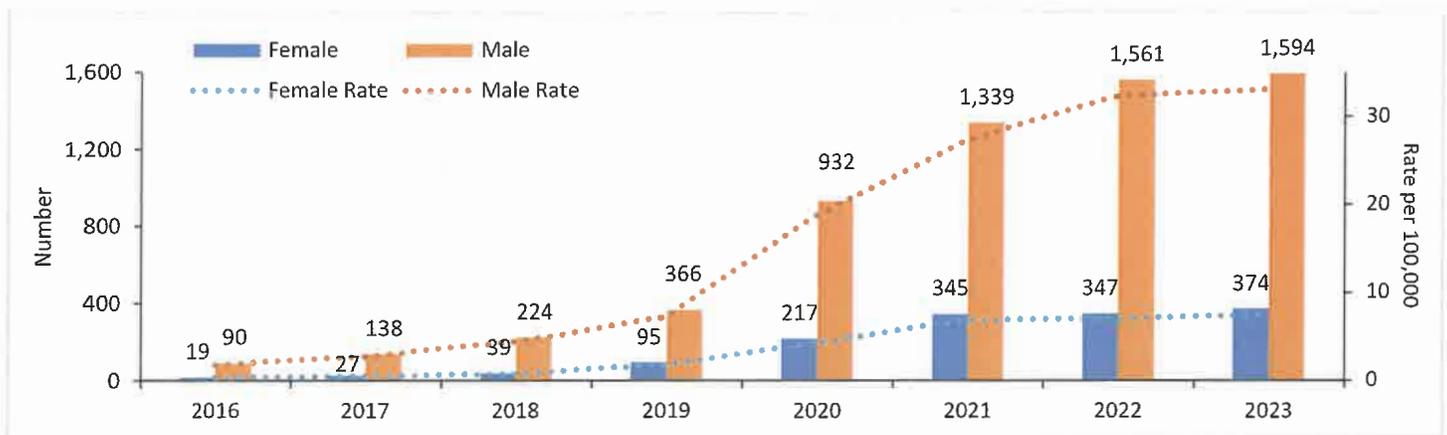
Table 1. Fentanyl Overdose Deaths by Age, LAC, 2016-2023

LAC									
Age	2016	2017	2018	2019	2020	2021	2022	2023	Total
Number of Deaths									
≤17	5	3	4	9	28	28	10	17	104
18-25	25	26	40	115	238	239	208	180	1,071
26-39	41	73	121	207	475	707	736	786	3,146
40-64	36	54	93	126	385	661	870	884	3,109
65+	2	9	5	5	23	58	86	101	289
Missing	0	0	0	0	0	2	0	2	4
Total	109	165	263	462	1,149	1,695	1,910	1,970	7,723
Rate per 100,000 Population									
≤17	0.2	0.1	0.2	0.4	1.4	1.4	0.5	0.9	0.6
18-25	2.0	2.1	3.3	9.8	21.0	21.6	19.4	16.8	11.6
26-39	2.0	3.5	5.7	9.8	22.8	34.3	36.5	39.0	19.0
40-64	1.1	1.6	2.7	3.7	11.5	19.8	26.4	26.8	11.6
65+	0.2	0.7	0.4	0.4	1.7	4.1	5.9	6.9	2.6
Total	1.1	1.6	2.6	4.5	11.5	17.0	19.5	20.1	9.6

Fentanyl Overdose Deaths by Gender

Figure 4 shows that males accounted for more fentanyl overdose deaths than females. From 2016 to 2023, fentanyl overdose deaths increased by 1,671% for males (n=90 to 1,594), and by 1,868% for females (n=19 to 374). In 2023, the rate per 100,000 for males (rate=33.0) was 4.4 times that for females (rate=7.5).

Figure 4. Fentanyl Overdose Death Counts and Rates per 100,000 by Gender, LAC, 2016-2023



Fentanyl Overdose Deaths by Race/Ethnicity

Figure 5 shows that fentanyl overdose deaths increased for all race/ethnicities from 2016-2023. Fentanyl overdose deaths decreased for the first time among Whites to below that of Latinxs, while all other race/ethnic groups continued to increase in 2023. In 2023, Latinxs (n=753, 38%) accounted for the largest proportions of fentanyl overdose deaths, followed by Whites (n=697, 35%), Blacks (n=426, 22%) and Asians (n=45, 2%).

Figure 6 shows that the rates of fentanyl overdose deaths per 100,000 population in 2023 were highest for Blacks (rate=53.3), followed by Whites (rate=25.8), Latinxs (rate=15.9), and then Asians (rate=2.9) when accounting for different population sizes. From 2022 to 2023, the fentanyl overdose death rates decreased by 5% among Whites, the only race/ethnic group to have a decrease since 2016. Other race/ethnic groups were not included due to data availability or very small numbers.

Figure 5. Fentanyl Overdose Deaths by Race/Ethnicity, LAC, 2016-2023

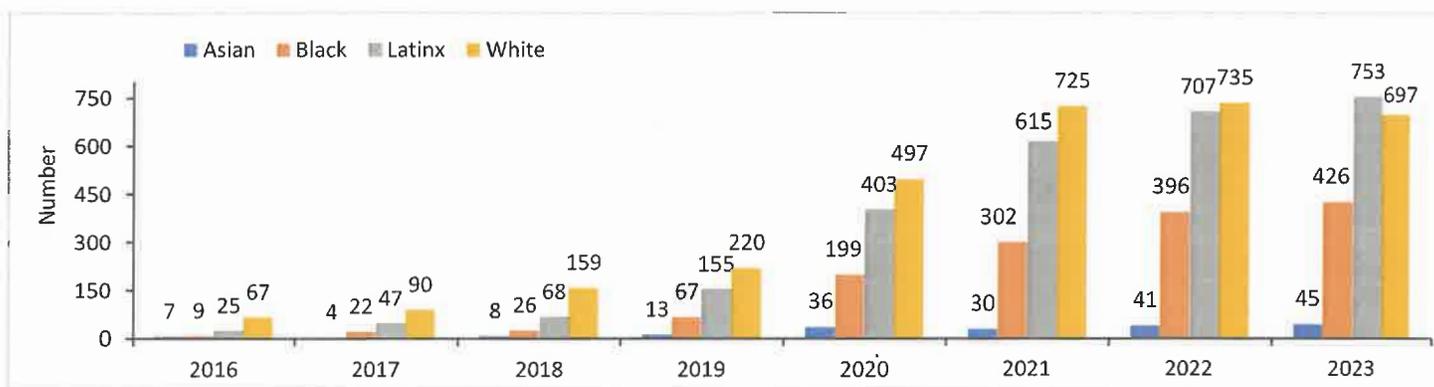
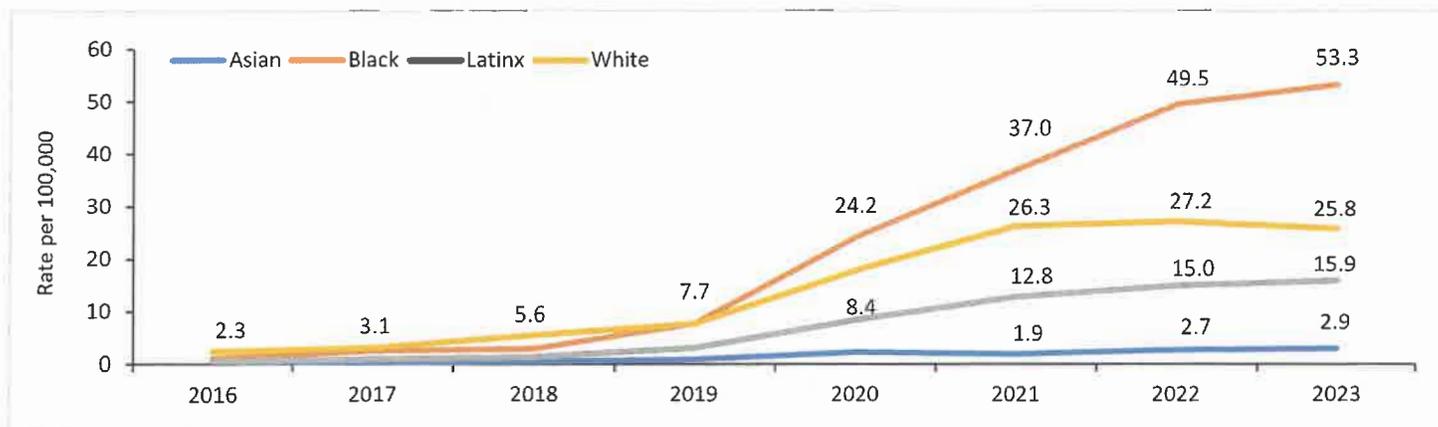


Figure 6. Rate of Fentanyl Overdose Deaths by Race/Ethnicity per 100,000 Population, LAC, 2016-2023





Fentanyl Overdose Deaths by Area Poverty

Figure 7 shows that more affluent areas had higher numbers of fentanyl overdose deaths than poorer areas. Areas that had less than 10% of families living below the FPL accounted for nearly half (48%) of fentanyl overdose deaths in 2016-2023, while areas with more than 30% of families living below the FPL accounted for 8%. The most affluent areas with less than 10% of families below the FPL continued to have increases in fentanyl overdose deaths in 2023, while the less affluent areas had decreases for the first time since 2016.

However, Figure 8 shows that the rates of fentanyl overdose deaths per 100,000 population were much higher in the poorest areas with more than 30% of families living below the FPL compared to the more affluent areas. In 2023, the fentanyl overdose death rate for the poorest areas with more than 30% of families living below FPL (rate=59.6) was more than triple (3.6 times) that of the most affluent areas with less than 10% of families living below FPL (rate=16.5). While the more affluent areas with less than 30% of families living below the FPL had a relatively similar rate of fentanyl overdose deaths in 2023 compared to that in 2022, the poorest areas with more than 30% of families living below the FPL continued to have large rate increases in 2023.

Figure 7. Fentanyl Overdose Deaths by Area Poverty, LAC, 2016-2023

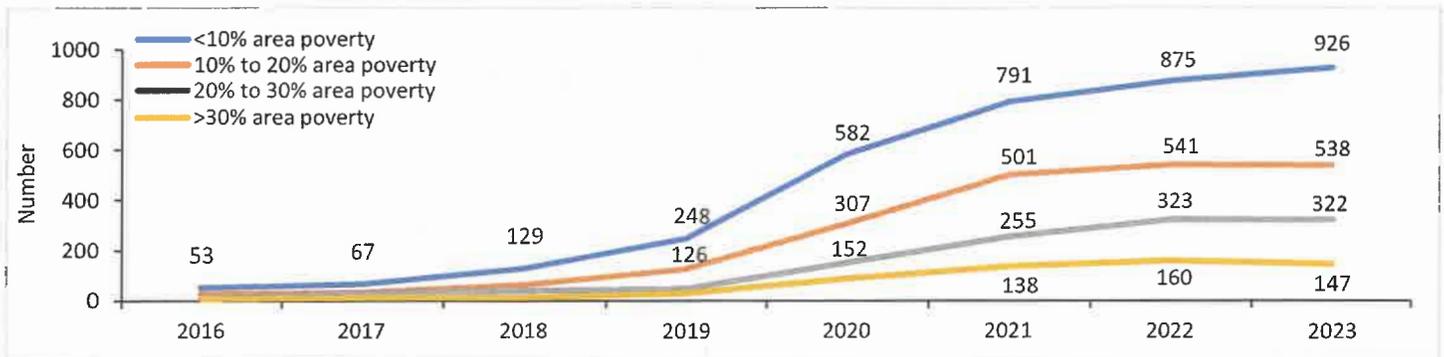
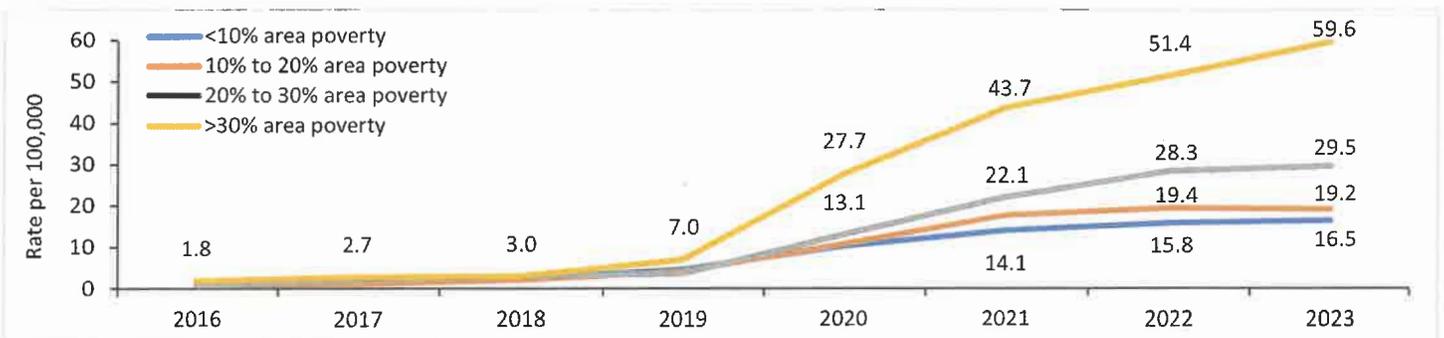


Figure 8. Rate of Fentanyl Overdose Deaths by Area Poverty per 100,000 Population, LAC, 2016-2023



Fentanyl Overdose Deaths by Supervisorial District (SD)

Figure 9 shows the fentanyl overdose death counts and rates per 100,000 population by SD during 2016-2023. In 2023, the highest numbers and rates of fentanyl overdose deaths in LAC were in SD 1 and SD 3, which both had annual increases since 2016. SD 2 and SD 4 had slight decreases in 2023. Fentanyl overdose death counts and rates remained relatively stable for the last 3 years in SD 5.

Figure 9. Fentanyl Overdose Death Counts and Rates per 100,000 by SD, LAC, 2016-2023

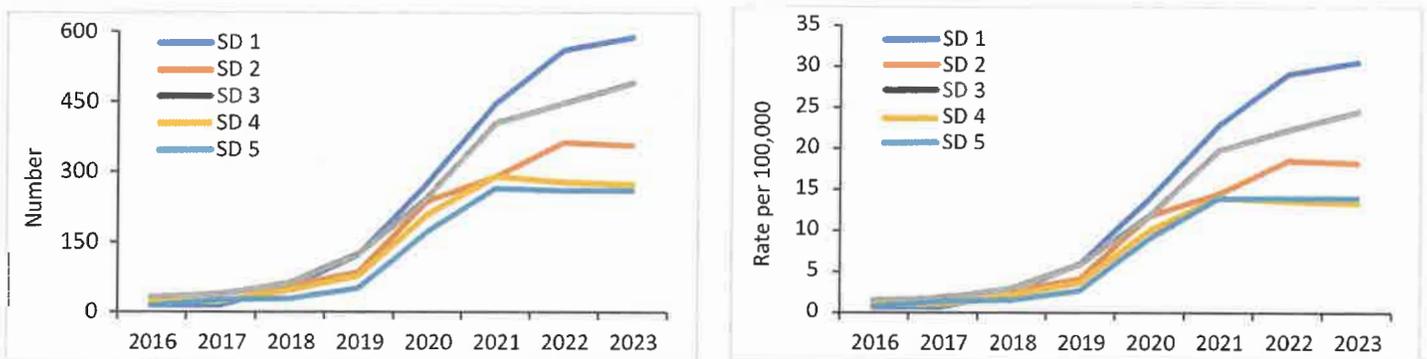


Table 2 shows the aggregated fentanyl overdose deaths by age for each SD in 2016-2023. The proportion of youth fentanyl overdose deaths were highest in SD 4 (2.2%).

Table 2. Fentanyl Overdose Deaths by Age and SD, LAC, 2016-2023

Age	SD 1	SD 2	SD 3	SD 4	SD 5	Missing SD	LAC
Number of Deaths							
≤17	23	20	18	27	15	1	104
18-25	227	214	259	199	156	16	1,071
26-39	766	590	791	498	474	27	3,146
40-64	960	553	725	463	395	13	3,109
65+	95	69	52	32	38	3	289
Missing	4	0	0	0	0	0	4
Total	2,075	1,446	1,845	1,219	1,078	60	7,723
Rate per 100,000 Population							
≤17	0.7	0.5	0.6	0.7	0.5	-	0.6
18-25	12.6	11.2	14.6	9.9	9.1	-	11.6
26-39	22.5	17.3	22.6	14.7	16.5	-	19.0
40-64	18.3	10.7	12.6	8.6	7.6	-	11.6
65+	4.2	3.6	2.1	1.4	1.7	-	2.6
Total	13.0	8.9	11.1	7.3	7.2	-	9.6

*Missing SD refers to the records that were not designated to any SD due to missing address or zip code.



Fentanyl Overdose Deaths by Region

Figure 10 shows the fentanyl overdose death counts and rates per 100,000 population by region in 2016-2023, with regions defined as:

- Antelope Valley (SPA 1)
- San Fernando (SPA 2)
- San Gabriel (SPA 3)
- Metro (SPA 4)
- West (SPA 5)
- South (SPA 6)
- East (SPA 7)
- South Bay/Harbor (SPA 8)

In 2023, the Metro region had by far the highest number and rate of fentanyl overdose deaths. There were annual increases in the fentanyl overdose death counts and rates in the Metro, West, San Fernando, and San Gabriel regions since 2017. Over the past 3 years, the East region had decreases in the fentanyl overdose death counts and rates, while those for the Antelope Valley, South, and South Bay/Harbor regions remained relatively stable.

Figure 10. Fentanyl Overdose Death Counts and Rates per 100,000 by Region, LAC, 2016-2023

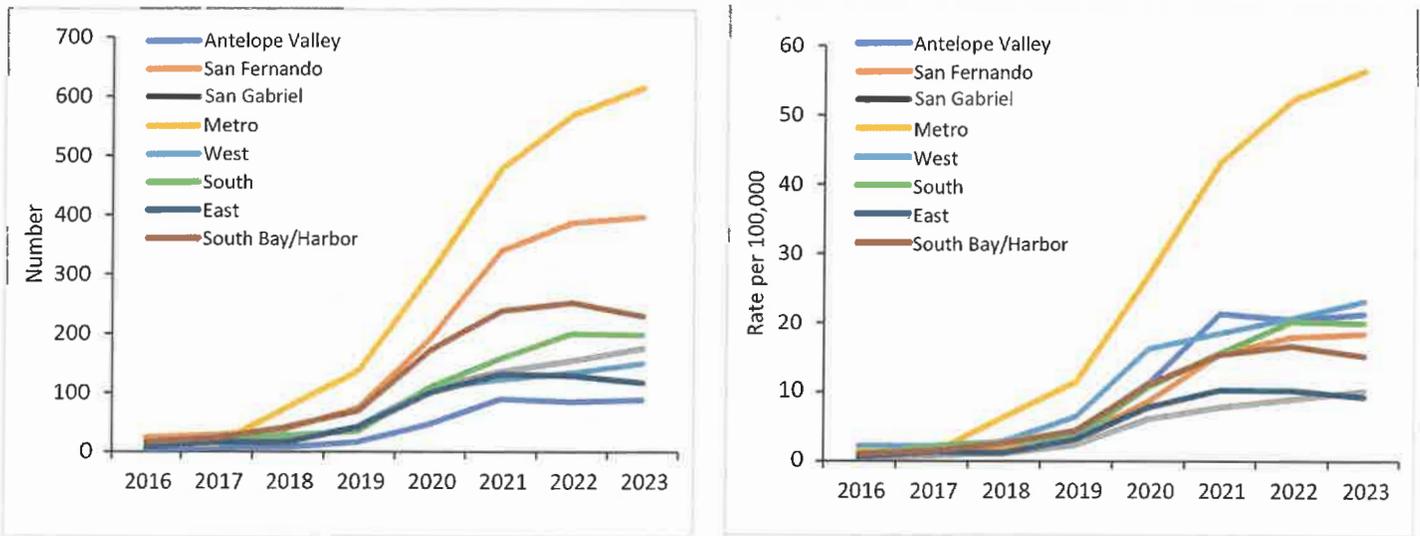




Table 3 shows the aggregated fentanyl overdose deaths by age for each region in 2016-2023. The proportion of youth fentanyl overdose deaths were highest in the East region (3.2%).

Table 3. Fentanyl Overdose Deaths by Age and Region, LAC, 2016-2023

Age	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay/Harbor	Missing Region	LAC
Number of Deaths										
≤17	6	18	19	10	5	15	18	12	1	104
18-25	44	227	127	195	73	121	111	157	16	1,071
26-39	144	622	272	883	279	262	236	421	27	3,146
40-64	128	572	227	1,023	227	311	184	424	13	3,109
65+	23	44	14	92	22	49	11	31	3	289
Missing	0	0	0	4	0	0	0	0	0	4
Total	345	1,483	659	2,207	606	758	560	1,045	60	7,723
Rate per 100,000 Population										
≤17	0.7	0.5	0.7	0.6	0.6	0.7	0.7	0.5	-	0.6
18-25	10.0	12.0	7.8	23.6	12.3	10.4	8.6	11.4	-	11.6
26-39	22.6	17.7	9.8	40.3	24.7	14.8	11.1	17.2	-	19.0
40-64	13.2	9.3	4.9	30.8	12.1	13.1	5.7	10.1	-	11.6
65+	6.4	1.7	0.6	7.6	2.5	6.4	0.8	1.8	-	2.6
Total	10.7	8.4	4.7	24.1	11.5	9.2	5.4	8.4	-	9.6

*Missing region info refers to records that were not designated any regions due to missing addresses or zip codes.

Fentanyl Overdose ED Visits by Age

Figure 11 shows that fentanyl overdose ED visits in LAC increased 833% from 133 in 2016 to 1,241 in 2022. In 2022, fentanyl overdose ED visits occurred most often among those adults aged 26-39 (48%), followed by adults 40-64 (25%), young adults 18-25 (22%), youth 17 and under (3%), then older adults 65+ (2%).

Figure 12 shows that in terms of rates, fentanyl overdose ED visit rates per 100,000 population were highest for adults 26-39 (rate=29.6), followed by young adults 18-25 (rate=25.8), adults 40-64 (rate=9.4), youth 17 and under (rate=1.9), and older adults 65+ (rate=1.4).

Figure 11. Fentanyl Overdose ED Visits by Age, LAC, 2016-2022

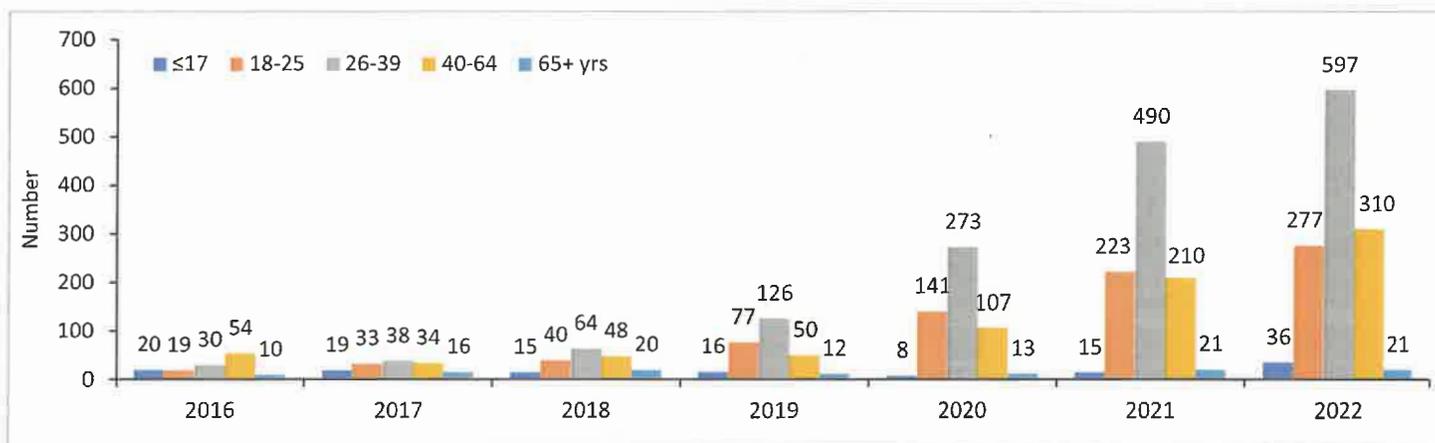
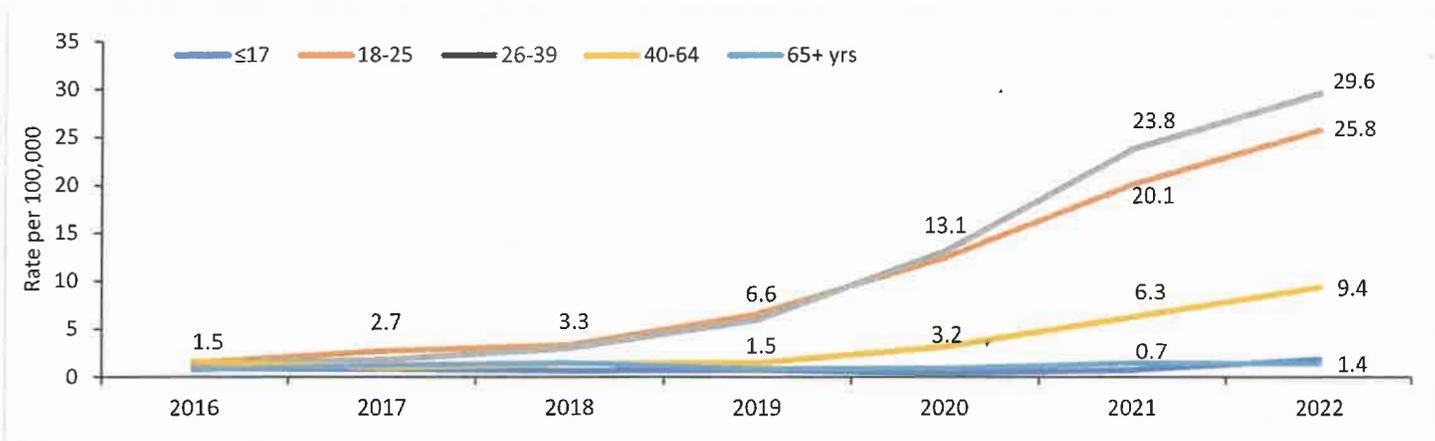


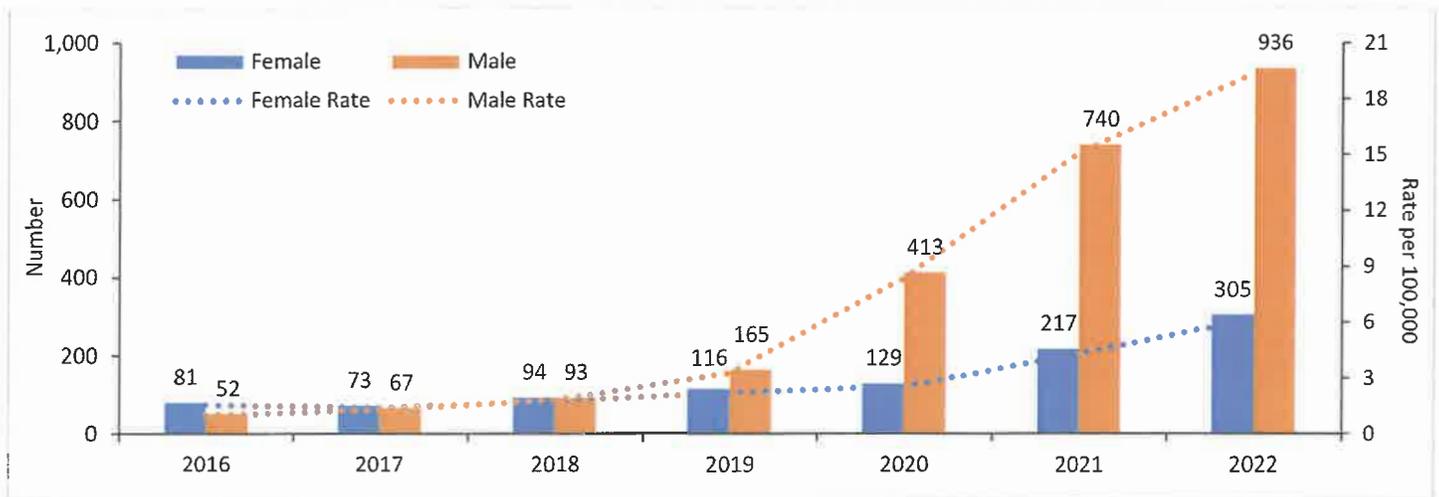
Figure 12. Rate of Fentanyl Overdose ED Visits per 100,000 by Age, LAC, 2016-2022



Fentanyl Overdose ED Visits by Gender

Figure 13 shows that fentanyl overdose ED visits increased for both males and females but rose much more rapidly among males. From 2016 to 2022, fentanyl overdose ED visits increased by 1,700% for males (n=52 to 936) and by 277% for females (n=81 to 305). Males accounted for 39% of fentanyl overdose ED visits in 2016 and accounted for 75% in 2022.

Figure 13. Fentanyl Overdose ED Visit Counts and Rates per 100,000 Population by Gender, LAC, 2016-2022



Fentanyl Overdose ED Visits by Race/Ethnicity

Figure 14 shows that fentanyl overdose ED visits increased for all race/ethnicities from 2016-2022. In 2022, Latinxs (n=532, 43%) surpassed Whites (n=443, 36%) to become the race/ethnic group accounting for the largest proportion of fentanyl overdose ED visits. From 2016 to 2022, fentanyl overdose ED visits increased by 923% for Latinxs, by 707% for Blacks, by 691% for Whites, and by 200% for Asians.

Figure 15 shows that in 2022, accounting for the population distribution, Whites (rate=16.4) had the highest rate of fentanyl overdose ED visits, followed by Blacks (rate=15.1), Latinxs (rate=11.3), and Asians (rate=0.6). Other race/ethnic groups were not included due to data availability or very small numbers.

Figure 14. Fentanyl Overdose ED Visits by Race/Ethnicity, LAC, 2016-2022

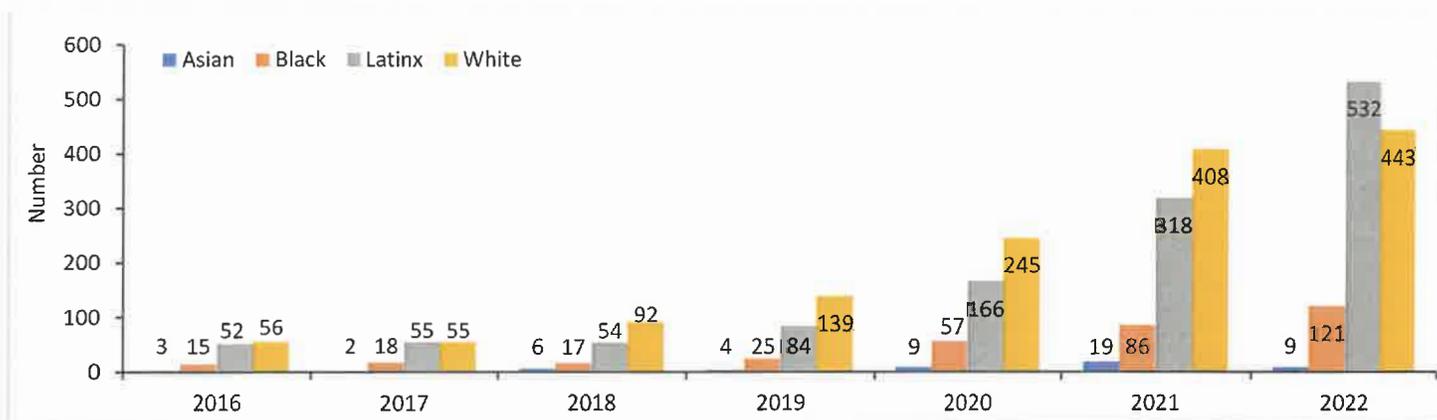
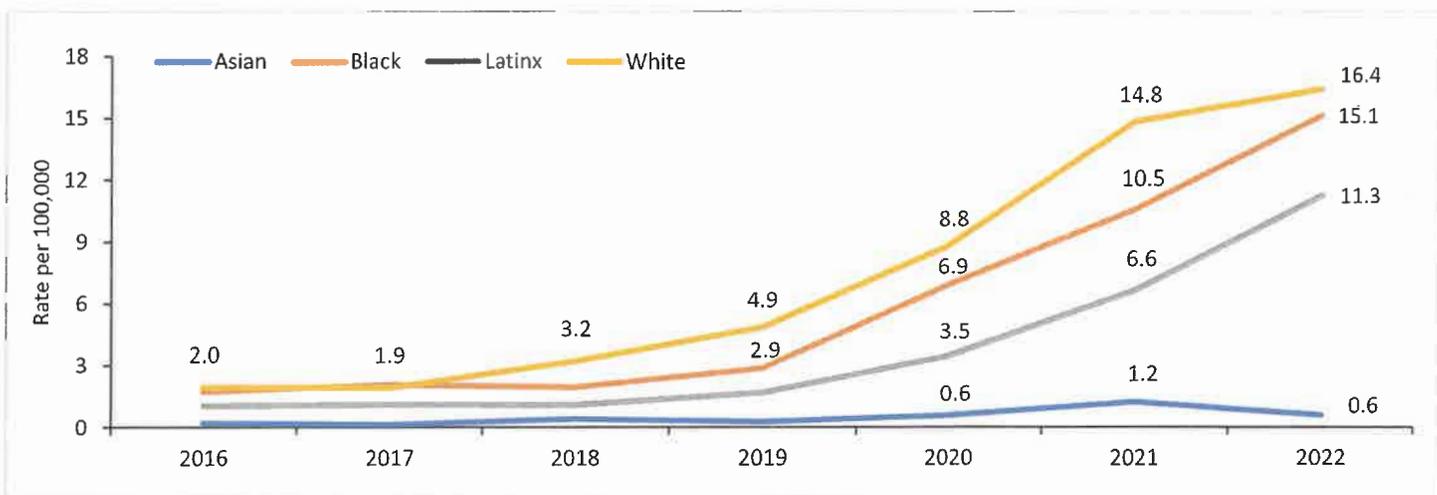


Figure 15. Rate of Fentanyl Overdose ED Visits by Race/Ethnicity per 100,000 Population, LAC, 2016-2022



Fentanyl Overdose ED Visits by Supervisorial District (SD)

Figure 16 shows that fentanyl overdose ED visits increased for all SDs from 2016-2022. In 2022, SD 5 (rate=17.1) had the highest rates of fentanyl overdose ED visits per 100,000 population. **Table 4** shows the aggregated fentanyl overdose ED visits from 2016-2022 by age for each SD. The proportion of youth fentanyl overdose ED visits was highest in SD 2 (4.3%).

Figure 16. Fentanyl Overdose ED Visit Counts and Rates per 100,000 population by SD, LAC, 2016-2022

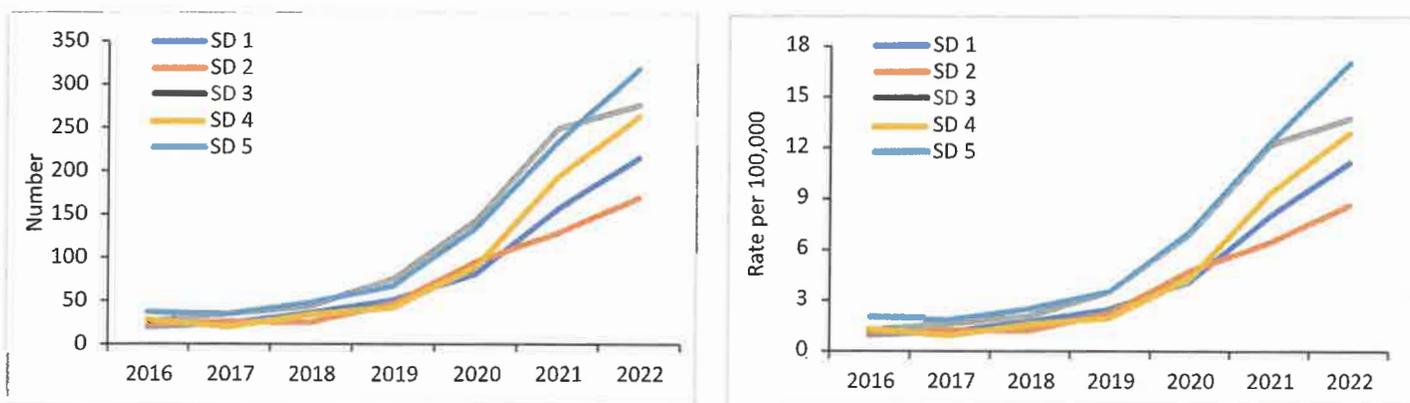


Table 4. Fentanyl Overdose ED Visits by Age and SD, LAC, 2016-2022

Age	SD 1	SD 2	SD 3	SD 4	SD 5	LAC
Number of ED Visits						
≤17	23	22	26	26	32	129
18-25	122	114	213	156	205	810
26-39	280	228	407	292	411	1,618
40-64	142	129	170	175	197	813
65+	16	18	32	20	27	113
Total	583	511	848	669	872	3,483
Rate per 100,000 Population						
≤17	0.8	0.7	0.9	0.8	1.2	0.9
18-25	7.7	6.7	13.6	8.8	13.6	10.0
26-39	9.4	7.6	13.2	9.9	16.3	11.1
40-64	3.1	2.8	3.4	3.7	4.3	3.5
65+	0.8	1.1	1.5	1.0	1.4	1.2
Total	4.1	3.6	5.8	4.5	6.6	4.9



Fentanyl Overdose ED Visits by Region

Figure 17 shows that fentanyl overdose ED visits increased for all regions from 2016-2022, except the Metro region which had a slight decrease. In 2022, the Antelope Valley region had by far the highest rate of fentanyl overdose ED visits per 100,000 population, more than double that of the next highest region.

Table 5 shows the aggregated fentanyl overdose ED visits from 2016-2022 by age for each region. The proportion of youth fentanyl overdose ED visits was highest in the San Gabriel region (5.7%).

Figure 17. Fentanyl Overdose ED Visit Counts and Rates per 100,000 population by Region, LAC, 2016-2022

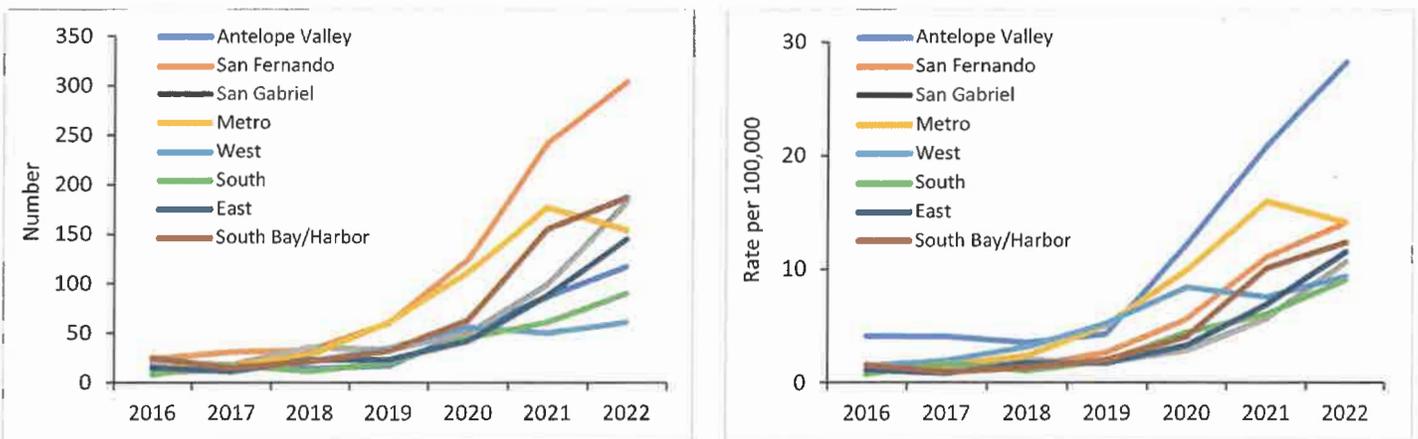


Table 5. Fentanyl Overdose ED Visits by Age and Region, LAC, 2016-2022

Age	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay/Harbor	LAC
Number of ED Visits									
≤17	12	25	25	13	9	12	15	18	129
18-25	64	200	120	94	72	50	93	117	810
26-39	150	395	196	296	105	111	145	220	1,618
40-64	82	167	83	145	55	69	86	126	813
65+	10	31	16	15	5	11	8	17	113
Total	318	818	440	563	246	253	347	498	3,483
Rate per 100,000 Population									
≤17	1.7	0.8	1.0	0.9	1.2	0.6	0.7	0.8	0.9
18-25	16.5	12.0	8.3	12.8	13.8	4.9	8.2	9.6	10.0
26-39	27.3	12.8	8.1	15.2	10.5	7.2	7.8	10.3	11.1
40-64	9.6	3.1	2.0	5.0	3.4	3.3	3.0	3.4	3.5
65+	3.2	1.4	0.8	1.4	0.7	1.7	0.7	1.1	1.2
Total	11.3	5.3	3.5	7.0	5.3	3.5	3.8	4.6	4.9

Fentanyl Overdose Hospitalizations by Age

Figure 18 shows that fentanyl overdose hospitalizations in LAC increased 387% from a total of 102 in 2016 to 497 in 2022. In 2022, fentanyl overdose hospitalizations were highest among adults aged 26-39 (39%), followed by adults aged 40-64 (31%), young adults aged 18-25 (20%), older adults aged 65+ (6%), and youth 17 and under (4%).

Figure 19 shows that in terms of rates, fentanyl overdose hospitalization rates per 100,000 population were highest for adults aged 26-39 (rate=9.7) and young adults aged 18-25 (rate=9.1), followed by adults aged 40-64 (rate=4.7), older adults aged 65+ (rate=2.1), and youth 17 and under (rate=1.0).

Figure 18. Fentanyl Overdose Hospitalizations by Age, LAC, 2016-2022

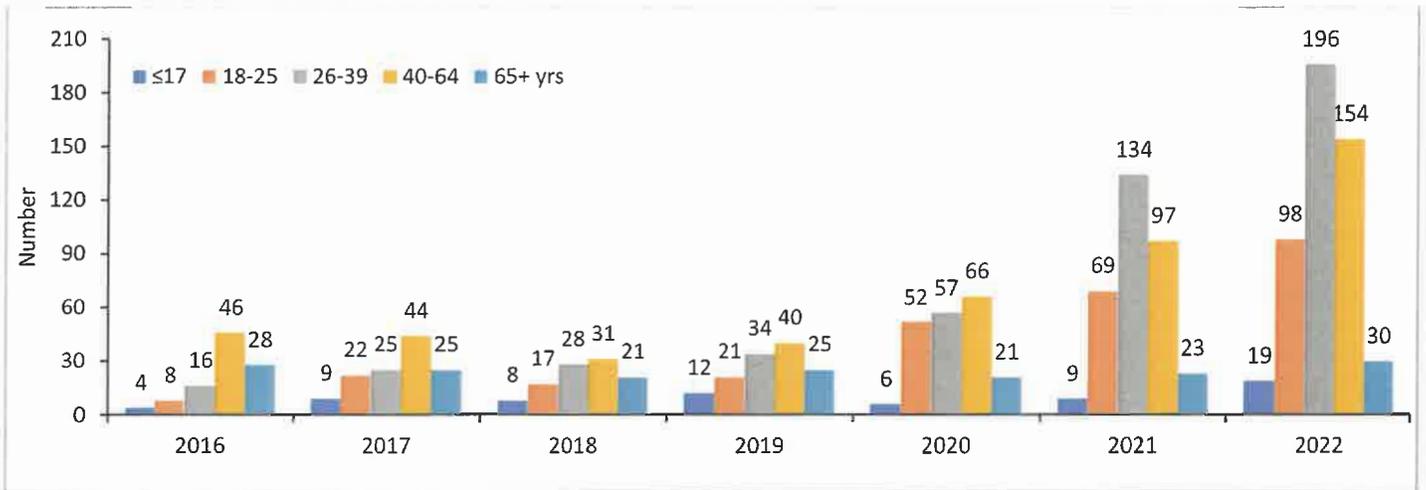
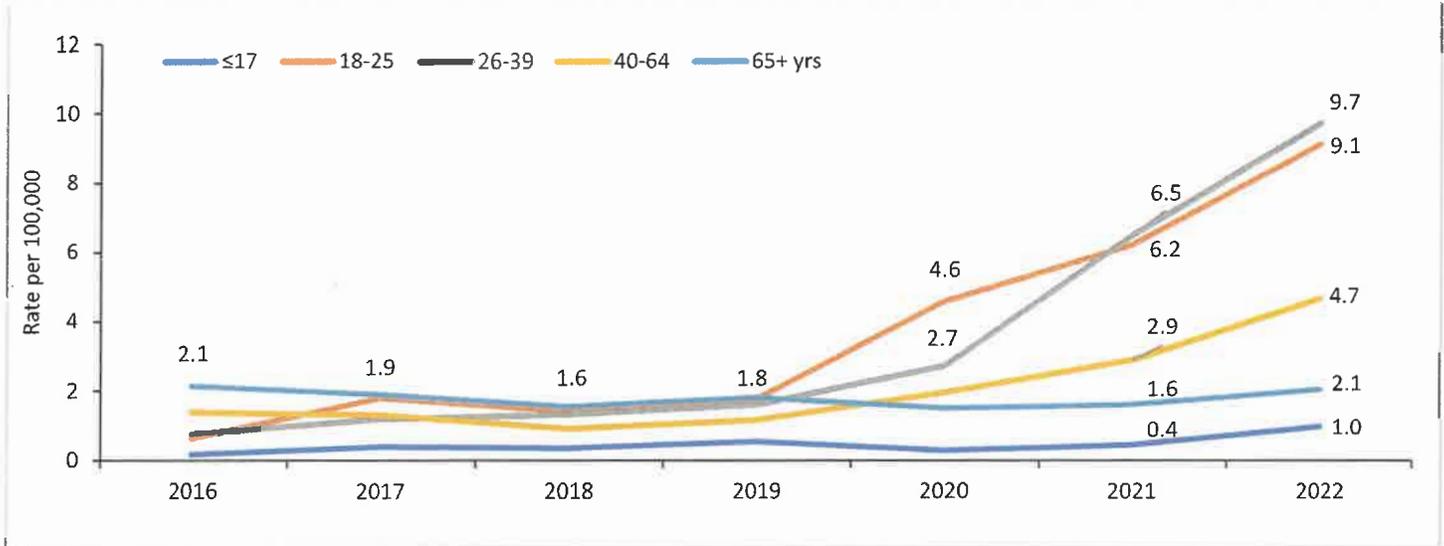


Figure 19. Rate of Fentanyl Overdose Hospitalizations per 100,000 by Age, LAC, 2016-2022

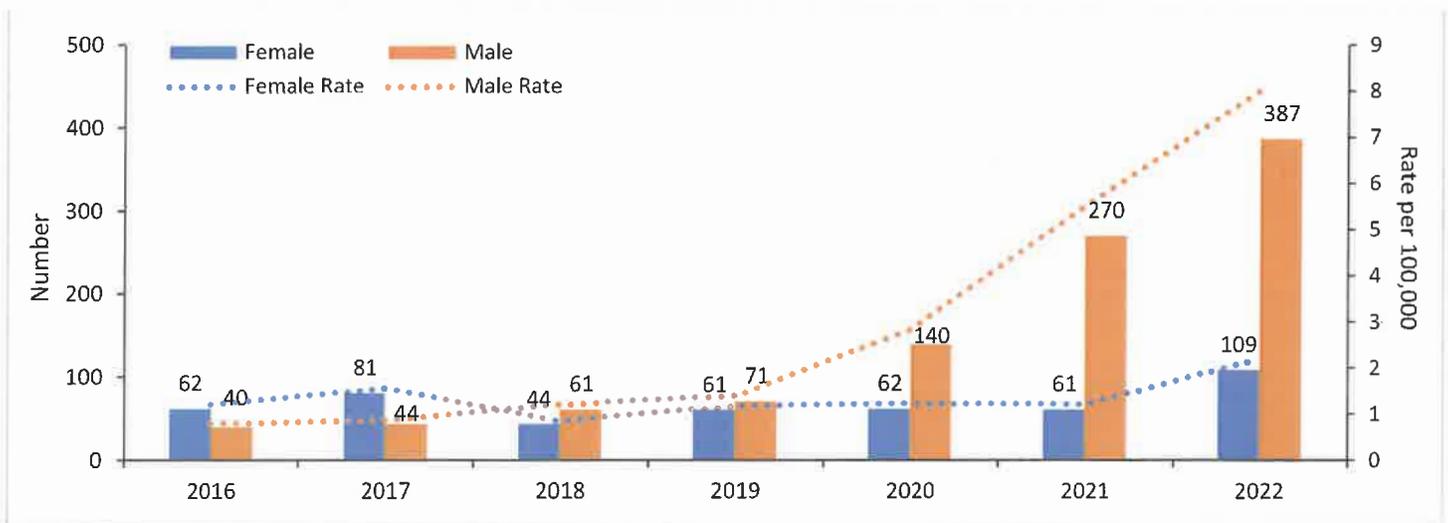




Fentanyl Overdose Hospitalizations by Gender

Figure 20 shows that fentanyl overdose hospitalizations in LAC started increasing rapidly every year since 2017 among males. Among females, fentanyl overdose hospitalizations remained stable through 2021, then increased by 79% in 2022. Males accounted for 39% of fentanyl overdose hospitalizations in 2016 and accounted for 78% in 2022.

Figure 20. Fentanyl Overdose Hospitalization Counts and Rates per 100,000 Population by Gender, LAC, 2016-2022

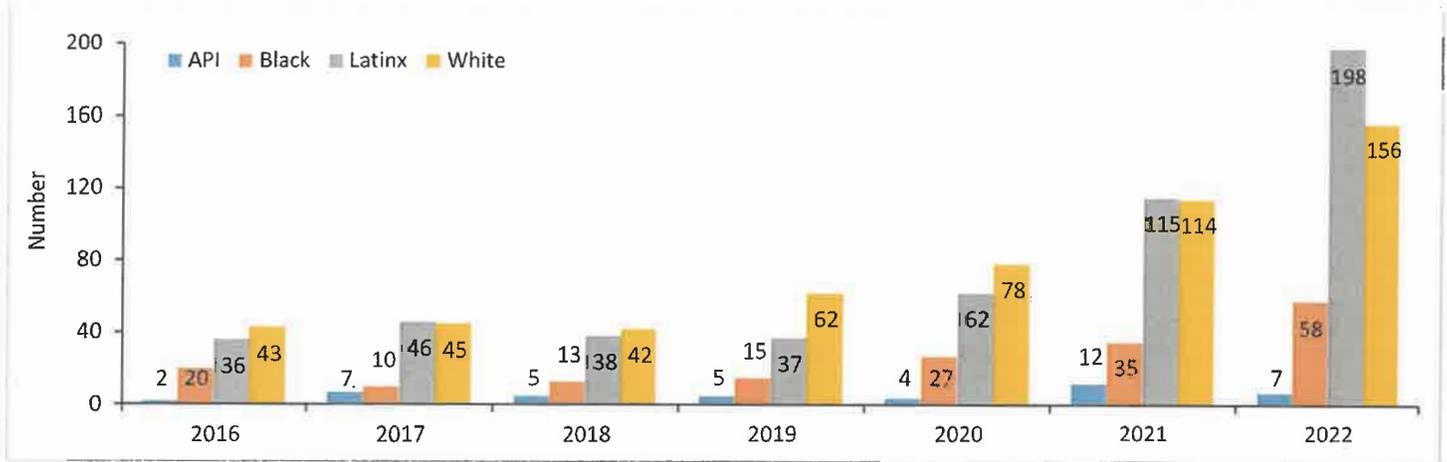


Fentanyl Overdose Hospitalizations by Race/Ethnicity

Figure 21 shows that fentanyl overdose hospitalizations increased from 2018-2022 for all race/ethnic groups. In 2022, Latinxs (n=198, 40%) accounted for the largest proportions of fentanyl overdose hospitalizations, followed by Whites (n=156, 31%), Blacks (n=58, 12%), and Asians/Pacific Islanders (API, n=7, 1%).

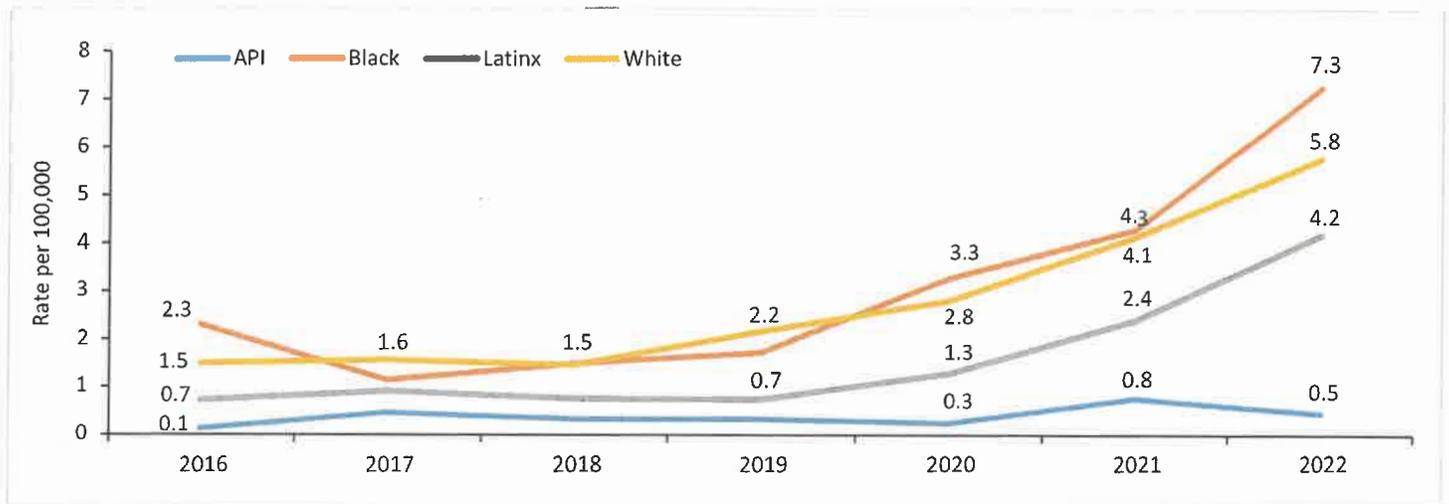
However, Figure 22 shows that Blacks had the highest rate of fentanyl overdose hospitalizations per 100,000 population in 2022 (rate=7.3), followed by Whites (rate=5.8), Latinxs (rate=4.2), and API (rate=0.5). Other race/ethnic groups were not included due to data availability or very small numbers.

Figure 21. Fentanyl Overdose Hospitalizations by Race/Ethnicity, LAC, 2016-2022



*Data for Asians and Pacific Islanders were combined in 2016-2018 and available separately starting 2019. In 2019-2020, all API cases were Asian. In 2021, 1 API case was Pacific Islander. In 2022, 2 API cases were Pacific Islander.

Figure 22. Rate of Fentanyl Overdose Hospitalizations by Race/Ethnicity per 100,000 Population, LAC, 2016-2022





Fentanyl Overdose Hospitalizations by Supervisorial District (SD)

Figure 23 shows that fentanyl overdose hospitalizations fluctuated through 2019, then consistently increased through 2022 for all SDs. SD 3 had the highest rate of fentanyl overdose hospitalizations per 100,000 population in 2022, closely followed by SD 2 and SD 4, and then by SD 1.

Table 6 shows the aggregated fentanyl overdose hospitalizations by age group by SD in 2016-2022. The proportion of youth fentanyl overdose hospitalizations was highest in SD 5 (6.7%).

Figure 23. Fentanyl Overdose Hospitalization Counts and Rates per 100,000 by SD, LAC, 2016-2022

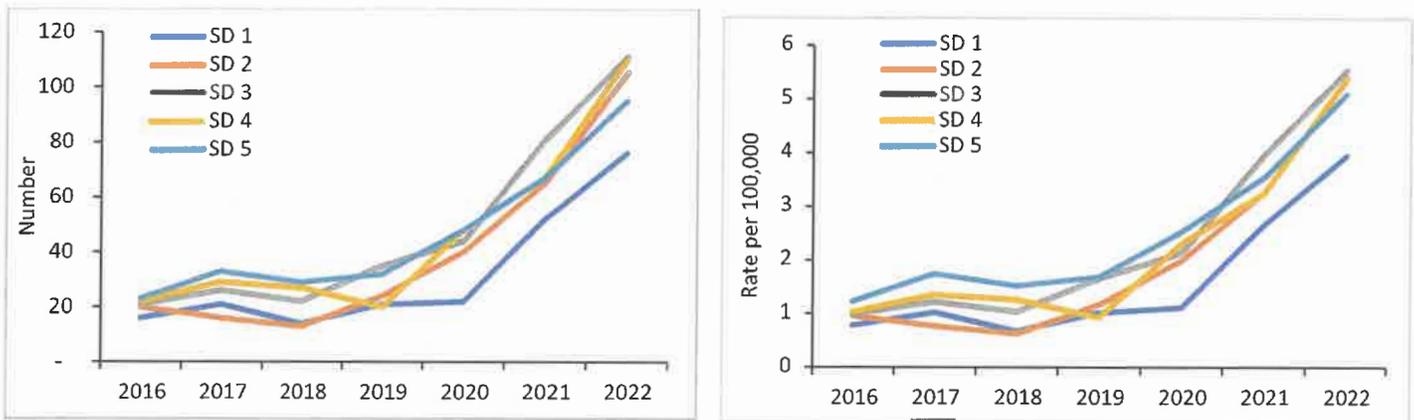


Table 6. Fentanyl Overdose Hospitalizations by Age and by SD, LAC, 2016-2022

Age	SD 1	SD 2	SD 3	SD 4	SD 5	LAC
Number of Hospitalizations						
≤17	6	13	15	11	22	67
18-25	36	48	77	59	67	287
26-39	77	99	112	98	104	490
40-64	80	90	91	120	97	478
65+	23	33	45	35	37	173
Total	222	283	340	323	327	1,495
Rate per 100,000 Population						
≤17	0.2	0.4	0.5	0.3	0.8	0.4
18-25	2.3	2.8	4.9	3.3	4.4	3.5
26-39	2.6	3.3	3.6	3.3	4.1	3.4
40-64	1.7	2.0	1.8	2.5	2.1	2.0
65+	1.2	2.0	2.1	1.8	1.9	1.8
Total	1.6	2.0	2.3	2.2	2.5	2.1

Fentanyl Overdose Hospitalizations by Region

Figure 24 shows that fentanyl overdose hospitalizations fluctuated from 2016-2019; then increased through 2022 for all regions in the County. In 2022, the Antelope Valley and Metro regions had the highest rates of fentanyl overdose hospitalizations per 100,000 population.

Figure 24. Fentanyl Overdose Hospitalization Counts and Rates per 100,000 by Region, LAC, 2016-2022

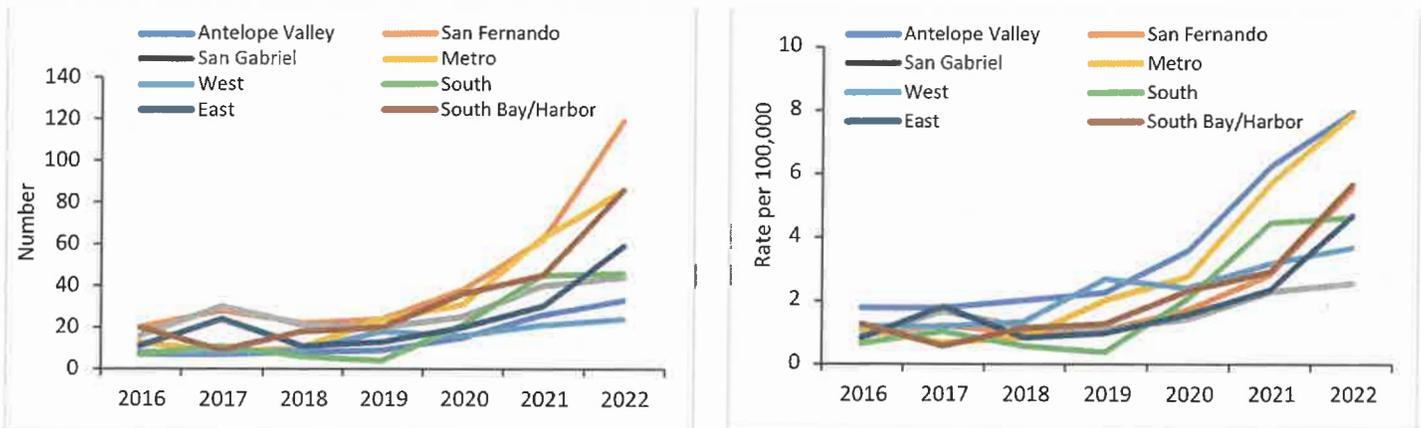


Table 7 shows the aggregated fentanyl overdose hospitalizations by age group by region in 2016-2022. The proportion of youth fentanyl overdose hospitalizations was highest in the Antelope Valley region (6.7%).

Table 7. Fentanyl Overdose Hospitalizations by Age and by Region, LAC, 2016-2022

Age	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay/Harbor	LAC
Number of Hospitalizations									
≤17	7	15	13	6	6	4	7	9	67
18-25	17	81	33	36	22	22	31	45	287
26-39	44	86	56	87	44	47	54	72	490
40-64	29	96	59	89	20	50	59	76	478
65+	8	35	35	17	12	17	17	32	173
Total	105	313	196	235	104	140	168	234	1,495
Rate per 100,000 Population									
≤17	1.0	0.5	0.5	0.4	0.8	0.2	0.3	0.4	0.4
18-25	4.4	4.8	2.3	4.9	4.2	2.1	2.7	3.7	3.5
26-39	8.0	2.8	2.3	4.5	4.4	3.0	2.9	3.4	3.4
40-64	3.4	1.8	1.4	3.1	1.2	2.4	2.1	2.1	2.0
65+	2.6	1.6	1.8	1.6	1.6	2.6	1.5	2.1	1.8
Total	3.7	2.0	1.6	2.9	2.2	1.9	1.8	2.1	2.1

Discussion

Fentanyl overdose remains a significant public health challenge in Los Angeles County (LAC), affecting diverse sociodemographic groups and geographic areas. Many of these overdoses are unintentional poisonings, where individuals consume fentanyl without their knowledge. This issue is particularly acute among marginalized communities, highlighting widening disparities that are cause for concern.

Data analysis reveals that despite lower absolute numbers, fentanyl overdose death rates are disproportionately higher among Black individuals and in high-poverty neighborhoods. For instance, while Black residents make up 8% of the LAC population, they accounted for 21% of fentanyl overdose deaths in 2023. Such disparities underscore the importance of adjusting frequency assessments for population size differences to avoid obscuring significant disparities.

The recent slowdown in the annual increase of fentanyl overdose deaths suggests that the expanded efforts by Los Angeles County in substance use prevention, treatment, and harm reduction services might be beginning to impact the overdose crisis. The collective impact of these interventions provides a crucial opportunity to meet the varied needs of County residents and contribute to further reductions in overdose and poisoning death rates.

Preventable through a variety of evidence-based strategies, drug overdose necessitates targeted approaches acknowledging that most illicit drugs and pills outside healthcare settings may be contaminated with fentanyl. Effective primary prevention should communicate the inherent risks associated with illicit drug use and the high likelihood of fentanyl contamination. Harm reduction strategies are vital for saving lives; these include increasing access to naloxone (Narcan), providing fentanyl test strips, and establishing safer consumption sites.

Enhanced access to treatment remains a pivotal component of our strategy, enabling individuals to receive necessary support for substance use disorders and focus on recovery. Tailored prevention, harm reduction, and treatment efforts are essential to address structural barriers and advance health equity within LAC.

This comprehensive approach highlights the need to identify and mitigate the economic, structural, and cultural factors that heighten overdose risks and impede access to treatment and recovery, particularly in underserved populations. By continuing to adapt our strategies and investments in response to evolving trends and disparities, Los Angeles County can strengthen its response to the ongoing overdose crisis.

References

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2022 on CDC WONDER Online Database. <http://wonder.cdc.gov/mcd-icd10.html>

County of Los Angeles, Internal Services Department (ISD), Information Technology Service, Urban Research-GIS Section, Population and Poverty Estimates of Los Angeles County Tract-City Splits by Age, Sex and Race-Ethnicity for July 1, 2022, Los Angeles, CA, May 2023.

Department of Health Care Access and Information (HCAI; previously OSHPD). Emergency Department and Inpatient Discharge Data Set 2016-2022. California Dept of Public Health.

Los Angeles County Department of Medical Examiner. Coroner data. Data as of May 2024.

Prescription Medication Misuse and Public Perceptions in Los Angeles County: Findings from the 2022 Community Needs Assessment (CNA). Health Outcomes and Data Analytics, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, April 2024.

<http://ph.lacounty.gov/sapc/MDU/SpecialReport/Prescription-Misuse-and-Public-Perceptions-in-Los-Angeles-County.pdf>

United States Census Bureau. American Community Survey (ACS). Poverty Status in the Past 12 Months of Families. 2018-2022 5-Year Estimates. Table S1702.

<https://data.census.gov/cedsci/table?q=S1702&tid=ACSSST5Y2022.S1702>

United States Drug Enforcement Administration (DEA). Public Safety Alert: DEA Laboratory Testing Reveals that 6 out of 10 Fentanyl-Laced Fake Prescription Pills Now Contain a Potentially Lethal Dose of Fentanyl. 2023. <https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain>

United States Drug Enforcement Administration (DEA). DEA Warns of Brightly-Colored Fentanyl Used to Target Young Americans Press Release. 2022. <https://www.dea.gov/press-releases/2022/08/30/dea-warns-brightly-colored-fentanyl-used-target-young-americans>