

# Assembly California Legislature

## JOINT INFORMATIONAL HEARING

Subject: Overview on the Fentanyl and Overdose Crisis

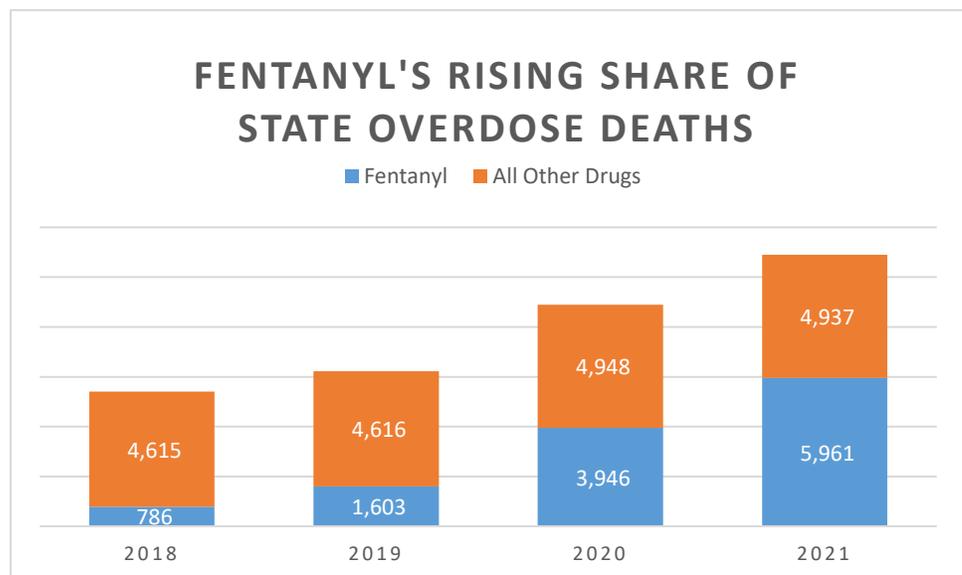
Select Committee on Fentanyl, Opioid Addiction, and Overdose Prevention,  
Public Safety Committee and Health Committee  
Assemblymembers Haney, Wood, and Jones-Sawyer, Chairs  
1021 O Street, Room 1100 - May 24, 2023 9:00 am to 12:30 pm

### Background

Nearly 12,000 Californians died from drug overdoses last year.<sup>1</sup> The crisis, which began two decades ago, was originally linked to prescription opioids and later to heroin. Over the past few years, illicit fentanyl, a synthetic opioid, has eclipsed other drugs in overdose deaths. Fentanyl is 50 times more powerful than heroin and 100 times stronger than morphine.

Fentanyl is produced both for pharmaceutical use as a pain reliever and for illicit use. Much of the illicit fentanyl on the streets is manufactured outside of the country and brought to the U.S. through the nation's southern border.

In California, opioid overdose deaths doubled between 2019 and 2021, the last full year of detailed data available.<sup>2</sup> Fentanyl accounted for 83% of those deaths. Nearly 6,000 Californians died from fentanyl in 2021, far outpacing overdoses from



<sup>1</sup> According to the Centers for Disease Control “Monthly Provisional Drug Overdose Death Counts (thru December 2022)” <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>2</sup> According to the California Overdose Surveillance Dashboard, <https://skylab.cdph.ca.gov/ODdash/?tab=Home>

heroin and cocaine combined.

According to the California Department of Public Health (CDPH), fentanyl can be added to other drugs to make them cheaper, stronger, and more addictive. Fentanyl mixed with other drugs increases the likelihood of a fatal overdose. Public health officials are concerned with the trend of mixing fentanyl and other opioids with stimulants, in particular methamphetamine. Overdose deaths linked to mixing opioids with stimulants tripled in California between 2019 and 2021. Combining opioids with stimulants worsens behavioral and mental health consequences and complicates treatment.

Fentanyl is also increasingly prevalent in counterfeit pain pills. The federal Drug Enforcement Agency (DEA) has warned that illicit drug manufacturers are intentionally lacing other drugs with fentanyl creating dangers for drug users who are unaware they are ingesting fentanyl. As a result, recreational drug users as well as people with substance use disorders are dying of overdoses, which has caused the DEA to launch a “One Pill Can Kill” public awareness campaign.

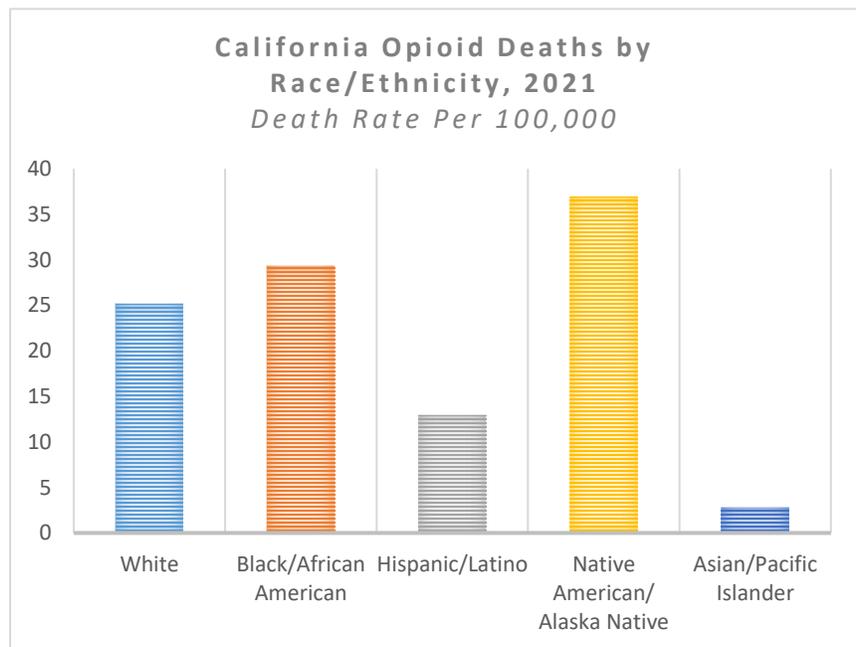
### Impacted Groups

Fentanyl is playing a role in rising death rates of numerous groups of Californians. Public health officials are particularly concerned about the impact of fentanyl-laced pills on California’s youth. In 2021, 230 teenagers between 15 and 19 died from fentanyl overdose with many of them unaware they had ingested the drug. In 2019, that number was 81.

While youth are increasingly at risk of fentanyl overdose, those ages 30 to 34 have the highest overdose death rate and rates decline as age increases. Native American/Alaska Native and Black Californians have the highest fentanyl overdose death rates of any racial or ethnic group.

Fentanyl is also increasing death rates among the unhoused. Los Angeles County, for example, experienced a 55% increase in the death rate of people experiencing homelessness between 2019 and 2021 and the leading cause of those deaths was drug overdoses. Fentanyl was involved in 58% of those overdoses.<sup>3</sup>

The crisis impacts both urban and rural communities but is not spread evenly throughout the state. In 2020, San Francisco had the



<sup>3</sup> According to County of Los Angeles Public Health, “Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County: 2014-2021,” May 2023.

highest fentanyl overdose death rate (based on population). In 2021, the rural counties of Alpine, Mendocino, and Lake had the highest death rates, although their overall numbers of deaths were relatively low (between one and 40). That year, the highest numbers of fentanyl deaths were in the counties of Los Angeles (1,396), Orange (649), San Diego (645), Riverside (408), and San Francisco (391).

## Concerning Trends

The overdose crisis has been and remains a long-term and evolving problem that continually presents new challenges. In addition to increasing fentanyl deaths and the current harmful trend of mixing fentanyl with stimulants, public health experts warn of dangers posed by newer street drugs and the mixing of them with fentanyl and other substances.

One of those is Xylazine, a veterinary medication used to sedate large animals such as cattle and horses and known on the street as “Tranq”. The DEA issued a public safety alert that warned of a sharp increase in the trafficking of Xylazine and of fentanyl mixed with Xylazine calling it “the deadliest drug threat our country has ever faced.” Xylazine depresses blood pressure, heart rate, and breathing rate, and when combined with opioids can slow or stop a user from breathing. Also, those who inject drug mixtures with Xylazine can develop severe wounds and rotting skin.

## California Response

### *Public Health Approach*

In 2014, the state convened a workgroup to adopt strategies to address the opioid crisis that recommended the state focus on the following goals:

- Promote safe prescription practices to prevent inappropriate opioid exposure
- Build community capacity for response including treatment
- Expand medication-assisted treatment (MAT), which combines counseling with an opioid-agonist such as methadone or buprenorphine, the treatment pathway most associated with reduced overdose deaths<sup>4</sup>
- Increase access to overdose-reversal medication
- Reduce access and negative consequences of opioids and illicit drugs
- Address priority populations in high-risk settings, such as in prisons
- Promote public education and awareness

In 2015, the CDPH launched its statewide public health response with funding from the Centers for Disease Control to meet the goals of the workgroup. This included establishing the MAT Expansion Project to increase community and local jail access to MAT services.

In 2016, the Department of Health Care Services established the Naloxone Distribution Project, which offers free access to the overdose-reversing medication. Since October 2018, the distribution program has resulted in the reversal of more than 57,000 overdoses, the equivalent of preventing eight years of potential opioid overdose deaths.<sup>5</sup>

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<sup>4</sup> This is according to a study of treatment pathways published in JAMA Network, February 5, 2020.

<sup>5</sup> This calculation is based on the number of opioid overdose deaths in 2021.

Several efforts began in 2018. The State Public Health Officer issued a standing order permitting distribution of overdose-reversing naloxone without a prescription. The state certified a database of patients' prescription history that prescribers are mandated to check before prescribing opioids. And the CA Bridge Program launched at hospital emergency rooms to provide substance abuse treatment, including MAT, a service that is now offered at 155 hospitals.

Additionally, California participated in multi-state civil actions against pharmaceutical companies whose business practices have been blamed for sparking the opioid crisis. In 2022, a number of them settled and California so far is set to receive billions from these companies.<sup>6</sup> The current state budget allocates nearly \$128 million of those funds for programs such as training for treatment workers, youth opioid education and fentanyl awareness campaigns, expanded access to overdose-reversing drugs, and an anti-stigma campaign.

### *Law Enforcement Approach*

Law enforcement is seeking to disrupt the supply of illicit fentanyl into the state. Specifically, the California Department of Justice (DOJ) recently established the Fentanyl Enforcement Program (FEP) within its Bureau of Investigations to target statewide criminal networks that traffic fentanyl. The 2022-23 State Budget allocated about \$7.9 million this fiscal year and nearly \$6.7 million in future years. The FEP includes three investigative teams with 25 special agents and crime analysts who are based in Fresno, Los Angeles, and Sacramento.

According to DOJ, the FEP will “target the worst of the worst” fentanyl traffickers. The program includes a hybrid approach to its work by combining targeted enforcement with what DOJ terms as “non-traditional outreach efforts” to academia, social services, and mental health practitioners to foster a whole society approach to the issue.

The DOJ announced in October 2022 that it had seized more than 4 million fentanyl pills and almost 900 pounds of fentanyl powder since April 2021. In that time more than 200 arrests had been made.<sup>7</sup>

The U.S. DEA has been targeting fentanyl trafficking nationwide and in California. A state record-breaking bust in July 2022 found in an Inglewood home about 1 million counterfeit pills that contained fentanyl, with an estimated street value of \$15 to \$20 million. According to the DEA, the drug operation was believed to be linked to the Sinaloa Cartel.

### **Potential Questions for Discussion**

- What roles should public health entities and law enforcement play in responding to the crisis?
- Which efforts have yielded positive results and how can they be expanded?
- For those with substance use disorders, what barriers can be removed to allow easier access to treatment?

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<sup>6</sup> California Department of Justice press release March 3, 2022.

<sup>7</sup> California Department of Justice press release October 12, 2022.

- How can the state effectively warn the public of the harms of fentanyl, especially its prevalence in counterfeit pills and its dangers when combined with other drugs?
- To what extent should efforts specifically target high-risk or vulnerable groups like youth or those experiencing homelessness?
- How can policymakers ensure that approaches that respond to the current fentanyl crisis provide enough flexibility to address multi-drug use and future harmful substances?
- What data is lacking that would help policymakers better understand and respond to the crisis?