

NAACP[®]

Tucson Branch

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May 6, 2024

Pima County Board of Supervisors
c/o Clerk of the Board of Supervisors
130 W. Congress St., 5th Floor
Tucson, AZ 85701

Mayor Regina Romero and City Council Members
City of Tucson
255 W. Alameda Street
Tucson, AZ 85701

Re: *Joint County and City Plan to Address Fentanyl Epidemic*

Dear Pima County Supervisors and Tucson Mayor & City Council:

We are writing about the attached memorandum, which provides an excellent plan to address the Fentanyl epidemic in our community. Overall, we are optimistic that this could help significantly.

However, we have four areas of concern involving the portions of the plan involving the criminal justice system.

The plan essentially calls for business as usual with regards to its discussion of law enforcement deflection, medication-assisted treatment services in the jail, decisions regarding release from jail following arrest, and the Transition Center.

1. We are disappointed there is no plan to expand the hours and services at the Transition Center to make it 24/7 and to provide emergency housing for one or two nights, or to provide immediate transportation to emergency housing upon release from jail custody.
2. Also, we are disappointed there is no mention of expanding data collection regarding those suffering from fentanyl addiction in the jail pretrial population (those in jail due to inability to pay bail), including information about how many of those are accused of only non-violent and non-dangerous crimes or simply failing to appear for court hearings after previous arrests for non-violent and non-dangerous crimes.
3. We are disappointed there is no mention of involving or even attempting to involve in this Plan the Superior Court's Pretrial and Probation Departments or the judges who handle initial appearances (bail hearings). The Courts and their community supervision officers could help greatly in connecting of those suffering from substance use disorders to services in the community. They have authority to set conditions of release from jail custody, including the

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ability to require individuals under their supervision to reside at specific locations (including at housing facilities that offer treatment services) and to require individuals to meet with and to stay in contact with peer navigators.

4. Finally, we are disappointed there is no plan for the Sheriff to pursue deflection in the way TPD does. TPD takes folks who have committed misdemeanors (such as shoplifting or trespassing) who when patted down are found to possess drugs in their pockets (meaning they could be charged with felony drug possession). TPD officers seize the drugs but exercise their discretion as law enforcement officers not to make an arrest for felony drug possession (which would require booking into the jail, because all those arrested for felonies must be taken to jail). TPD then offers to take the individual to a detox/treatment facility and simply issue them a paper citation for their misdemeanor crimes, or to take them to jail and book them into the jail on their misdemeanor crimes. About 50% of those offered diversion to treatment accept the offer. They are still held accountable for their misdemeanor crimes but never go into jail custody. The drugs that have been seized from them are taken into evidence, and they could be charged in the future with felony drug possession and a warrant issued for their arrest, or the drugs could be destroyed if TPD decides to forego the expense of pursuing a felony arrest and prosecution.

We hope you might be persuaded to add these four elements to the joint County and City plan.

Thank you for your consideration.

Sincerely,

Dr. Cheree Meeks, President
Amelia Craig Cramer, Vice President and Criminal Justice Committee Chair
NAACP Tucson Branch

Cc: Hon. Jeffrey Bergin, Presiding Judge, Pima County Superior Court
Hon. Danelle Liwski, Associate Presiding Judge, Pima County Superior Court
Ms. Jan Leshner, Pima County Administrator
Mr. Steven Holmes, Deputy Pima County Administrator
Hon. Laura Conover, Pima County Attorney
Mr. Dean Brault, Director, Public Defense Services
Sheriff Chris Nanos
Chief Chad Kasmar, Tucson Police Department
Ms. Kate Vesely, Director, Pima County Justice Services
Hon. Jeffrey Klotz, Presiding Tucson City Court Magistrate
Hon. Regina Romero, Mayor, City of Tucson
Mr. Mike Ortega, Tucson City Manager
Mr. Mike Rankin, Tucson City Attorney
Ms. Mary Trejo, Tucson Public Defender



MEMORANDUM

Date: March 15, 2024

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To: Michael J. Ortega, P.E., City Manager

From: Sarah Launius, PhD, Community Safety Health & Wellness Director

Subject: The Road Ahead to Combat the Fentanyl Epidemic

This memo provides a roadmap to address the critical public health crisis of fentanyl and opioid use in Tucson and Pima County.

Introduction

Fentanyl is a potent synthetic opioid approximately 50 times stronger than heroin and about 100 times stronger than morphine. It is often mixed with other illicit drugs like cocaine, methamphetamine, and heroin, which can exacerbate the potential for accidental overdose (Centers for Disease Control, 2022).

According to the Center for Disease Control and Prevention (CDC), over 107,000 people died of a drug overdose in 2021, an increase of almost 15% from the number of deaths in 2020 (Center for Disease Control and Prevention, 2022b). Opioid-related drug overdoses account for over 75% of these deaths, with synthetic opioids (fentanyl) accounting for 66%. The table presented below details fatal overdoses, including those attributed to fentanyl, in Pima County for the years 2019 to 2022 (Source: Pima County Office of Medical Examiners, 2023):

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Table 1 Annual Overdose Deaths by Year in Pima County

Year	Fatal Overdoses	Qty. Involving Fentanyl	Percent Involving Fentanyl
2019	337	89	26%
2020	445	207	47%
2021	497	298	60%
2022	495	286	58%
2023 ¹	374	222	59%

In Arizona, a Statewide Public Health Emergency due to the Opioid Epidemic was declared in June of 2017 (Arizona Department of Health Services, n.d.). Despite, the number of reported deaths attributed to fentanyl continues to increase in Arizona. According to the Arizona Department of Health Services (ADHS), more than five people die each day from opioid overdose in Arizona (Mendoza, 2023).

Fentanyl Overdose as a Public Health Crisis

Trends in overdose mortality rates reflect persistent discrimination, income inequality, generational historical trauma, mobility barriers, and high unmet need for services. In 2021, American Indians and African Americans died of overdose at an age-adjusted rate of 104.8 and 62.4 per 100,000, respectively, compared to 49.5 per 100,000 for non-Hispanic whites.

While certain populations are disproportionately affected, fentanyl is not merely a problem confined to specific individuals. Its impacts transcend demographic, socioeconomic, and geographical boundaries, and is a pressing public health issue that reverberates throughout our entire community. Confronting this crisis requires close collaboration among healthcare providers, law enforcement, educators, social service agencies, government agencies, and community members to develop and implement proven promising practices that can effectively combat this epidemic. Jurisdictions must act collectively, pooling expertise and resources to safeguard the well-being of community members and mitigate the devastating impact of fentanyl.

Countless families and friends are grieving the loss of a loved one. As a community, we must look to promising practices and opportunities for innovation to combat the fentanyl epidemic and overdose crisis through education, prevention, and treatment. As we improve efforts to raise awareness and treat substance use disorder (SUD), acknowledging shared pain and supporting healing is critical to advance public health.

¹ The 2023 counts include data last updated on September 27, 2023.

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In what follows, you will find a brief review of exemplar promising practices currently in the United States. This is followed by a review of promising practices that are currently underway in Tucson and Pima County, those that are planned and funded or in development pending funding, and those promising practices that are recommended for local study and feasibility review (the status of these local practices are summarized in table format in Appendix A). The promising practices and current actions are not exhaustive but, rather, highlight high impact efforts involving Pima County, the City of Tucson, and multiple partners that provide treatment, support services, and resources to people who use drugs.

A Three-Tiered Prevention Framework

Despite increased funding, improved surveillance and data collection, and attention from policymakers, the opioid epidemic presents an ongoing national public health crisis. Addressing this complex and persistent crisis requires a range of regional approaches that address its multiple causes and effects. Strategies must focus on reducing harm, promoting recovery for people with existing substance use disorders, prevention of initial opioid misuse, and increased enforcement efforts to reduce access to dangerous drugs like fentanyl and methamphetamine.

Many regions throughout the United States have implemented various strategies to confront the opioid crisis, with particular focus on reducing fentanyl use and overdose. While several best practices have been identified, there remains a critical need for the development or discovery of novel initiatives and interventions.

Strategies for addressing the opioid epidemic are categorized within a three-tiered prevention framework:

1. Primary Prevention Strategies: Create Healthy Communities and Prevent Substance Misuse.

Primary prevention strategies create and maintain healthy communities while proactively preventing substance misuse. This includes providing information and support for individuals within their residential communities, and at service access points. Notably, both healthcare systems and individuals stand to gain from increased knowledge and awareness of proper prescribing and use of controlled substances. Elements of primary strategies include:

- Strengthening prevention and education for medical providers, schools, businesses, and community-based organizations.
- Utilizing Prescription Drug Monitoring Data for evaluation and intervention

2. Secondary Prevention Strategies: Diagnose and Treat Substance Use Disorder

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and Addiction.

Secondary prevention approaches are primarily focused on the early diagnosis and treatment of addictions and substance use disorders. They aim to prevent injury and disease in their early, preclinical stages, and encourage non-judgmental approaches to providing diagnosis and support to individuals using drugs. These strategies encompass:

- Screening, referral and retention in treatment.
- Administering medication for Opioid Use Disorder (MOUD) alongside supportive services.
- Improving access to overdose reversal and expanding naloxone distribution.
- Increasing the education, availability, and ease of use of fentanyl test strips.
- Establishing drug sobering centers and overdose prevention sites.
- Facilitating connections to the justice-involved population with SUD services and providing opportunities for positive, healthy re-entry.
- Utilizing data to strengthen linkages to services and improve outcomes at all points of intercept across service providers, community-based organizations and first responders.

3. Tertiary Prevention Strategies: Prevent Sequelae.

Tertiary Prevention Strategies aim to prevent complications and adverse outcomes stemming from opioid misuse, with a primary goal of preventing overdose deaths. These strategies include:

- Exploring the creation of opioid response units for rapid emergency response.
- Engaging in ongoing real-time data collection and data sharing to inform collaborative actions and resource allocation.

Strategies that work across each of the primary, secondary and tertiary prevention strategies must include multijurisdictional coordination, data collection, analysis, data sharing and action.

Ongoing Local Efforts

Pima County is making significant strides in addressing the pressing challenges posed by fentanyl and opioid overdoses. The following initiatives represent the ongoing, collective efforts in a continuous fight against the fentanyl public health crisis.

1. Current Primary Prevention Strategies

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A. Youth Prevention and Access to Services

PCHD's Not Alone campaign is a youth designed, anti-stigma campaign that provides access and linkages to free mental health support services and a peer-to-peer support program. For youth under the age of 18, research suggests that co-occurring SUD and Mental Health Disorder (MHD) is more common than not (Hulvershorn, Quinn, & Scotta, 2015; Sverdlichenko, Hawke, & Henderson, 2021). Therefore, programs like Not Alone empower youth to seek mental health help when they need it and provide them with the tools to support themselves and others, while offering a proactive approach to reduce the likelihood of a co-occurring SUD.

Broad-reaching methods such as radio, social media, targeted ads, and trusted messengers were developed with, and continuously informed by youth and for youth. Not Alone has implemented QR codes placed on stickers and posters in areas where youth congregate. Since the Not Alone webpage launched in mid-March of 2023, over 6,000 individuals have engaged with the website to learn about youth mental health and link to COPE Community Services, or the Be There certificate program. The lessons learned can be extended into more aggressive overdose prevention and linkage to care efforts.

PCHD school-supported prevention initiatives include week-long school resource events with multiple schools to distribute Narcan and educational materials for parents/guardians. and a large communication campaign including two Facebook live events with one school district. In 2022, 1,113 youth participated in PCHD substance use presentations, including Rise of Fentanyl and Rx360. In the first six months of 2023, 342 youth participated in PCHD substance use presentations.

PCHD has joined Tucson Unified School District (TUSD), which has recently launched a Substance Abuse Task Force. The task force's objective is to develop programs for substance use/abuse/disorder among school-aged youth in TUSD and make spending recommendations for the JUUL settlement funds over the next 6-7 years. Additionally, Proposition 207 funds (the Smart and Safe Arizona Act) allocated to Pima County Health Department in 2023, are earmarked to address youth behavioral health and substance misuse prevention. These investments strengthen and scale prevention efforts already led by community-based organizations.

B. Prosperity Initiative

The inter-governmental Prosperity Initiative is comprised of the Tohono O'odham Nation, Pascua Yaqui Nation, incorporated areas in Pima County

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and Pima County Government. Based on national research, the Prosperity Initiative has identified these four policy areas that provide the greatest opportunity to break the cycle of poverty and contribute to growing the wealth and prosperity of the overall region: (1) ensure the availability of jobs that will economically support a household; (2) increase housing stability; (3) provide equitable and effective resources; and (4) build individual and community assets.

The initiative aims to reduce generational poverty and improve opportunities, including strengthening access to unmet service needs. The Prosperity Initiative provides a foundation for a layered approach to combat the fentanyl and the opioid epidemic, and the intersection of overdose mortality rates with historic discrimination, income inequality, generational historical trauma, mobility barriers, and high unmet need for services.

C. Data tracking

PCHD regularly tracks fatal and non-fatal injury data related to overdoses and suicides which includes mortality data obtained from the Office of the Medical Examiner (OME) and Arizona's Bureau for Vital Records, as well as morbidity data from syndromic surveillance, hospital discharge data, community data sharing partners, and other surveillance efforts. Evaluating mortality data enables Pima County Health Department to identify intervention opportunities and informs strategic responses to the overdose death demographic and geographic trends. In 2019, PCHD implemented the first local drug overdose fatality review committee to assist in these efforts. Additionally, PCHD is hiring an epidemiologist to launch overdose surveillance, monitor trends, and hospital data to identify more effective interventions to reduce overdoses.

The publicly accessible Pima County OME interactive overdose mortality dashboard is updated monthly and has provided this data to the public since 2022. Tucson Fire Department and Tucson Police Department also track overdose calls for service and their distribution of naloxone. This data is used to inform strategic overdose prevention efforts, improve emergency medical services, and engage individuals with treatment and other service options. PCHD and ADHS implemented this data tracking strategy in 2018.

2. ***Current Secondary Prevention Strategies***

A. Justice-involved populations

The Pima County Jail has operated detox units for detainees at risk of withdrawal from substances along with an off-site program for pregnant persons to access MAT and reduce complications of untreated OUD during

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pregnancy. The Pima County Jail has recently resumed MAT services with a new medical service contractor within the jail. Individuals who have been receiving methadone, buprenorphine, and naltrexone prior to booking continue to receive the same care. Medical services in the jail conduct on-site MAT inductions to all detainees who meet criteria request the service. This service is coordinated with a MAT discharge planner and a Behavioral Health Peer MAT navigator.

Correctional officers are trained to administer Narcan provisioned within the housing pods. All individuals released from a jail or prison receive naloxone take-home kits under a Pima County supported strategy.

B. Quick Response Team and Deflection

Tucson Police Department's Substance Use Resource Team (SURT)² pairs officers with peer support specialists from CODAC for outreach, resulting in deflection of over 200 individuals into treatment and away from the criminal justice system in 2022. Additionally, SURT engages in follow-up with individuals who have experienced a non-fatal overdose within 72-hours to support navigation into substance use treatment.

C. Leave Behind Narcan

Tucson Fire Department and TC-3 operate the Leave Behind Narcan program to support fire crews to leave behind the overdose reversal treatment as they conclude their response to these calls. Tucson Fire Department responded to nearly 3,000 overdose calls in 2022. Additionally, TC-3 engages in focused outreach with naloxone in areas experiencing frequent EMS overdose calls for service. In 2022, 1,320 doses were distributed.

D. PCHD's Community Mental Health and Addiction Team

Established in 2018, CMHA is dedicated to addressing the opioid and fentanyl overdose crisis and eliminating overdose deaths and injury. The program conducts surveillance of trends related to self-harm, deaths by suicide, fatal and non-fatal drug overdose, and neonatal abstinence syndrome, and delivers evidenced-based interventions based on a data-to-action framework. CMHA distributes naloxone to community-based organizations and recently added fentanyl testing strips in June 2022. PCHD's CMHA is the primary source for these opioid prevention supplies in Pima County. CMHA currently has 12 full-time positions supporting

² SURT has been combined into a new TPD unit called Community Outreach Resource Engagement or CORE.

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substance misuse interventions.

PCHD began conducting post-overdose response services as part of a previous grant through ADHS. Public health case managers work with a dedicated CMHA epidemiologist to identify reported overdoses and respond to offer support and linkage to care services. This program is also relatively new (first year) and very little data exists to this point to track effectiveness. We anticipate by year two these trends should begin to emerge if successful.

E. Targeted Outreach in High-Risk Overdose Areas

PCHD's Community Mental Health and Addiction unit (CMHA), TPD/SURT, TFD/TC-3 and Community Safety Health and Wellness (CSHW) coordinate outreach in areas of high rates of overdose calls for service or fatal overdoses. By cross-referencing different datasets available to each entity, we are better able to focus our resources to have impact.

F. Pima County Libraries Access Point

In partnership with PCHD, Pima County Libraries are serving as an access point to the community for naloxone, fentanyl test strips and educational materials to provide family members with early signs and symptoms of substance use disorder and other supportive services. The CMHA staff support these efforts by supplying free Narcan and providing harm reduction and overdose response trainings to library personnel.

G. Local Progress To-Date

In 2022, Pima County Health Department and partners distributed 12,629 naloxone kits - up 50% from the previous year. Pima County initiated overdose response protocols and naloxone trainings for local schools and launched an assertive overdose prevention response in partnership with the Pima County Superintendent and public and private schools to address teen overdose deaths. A year after the launch, teen overdose deaths were reduced by more than 60%. In addition, PCHD added two public health case managers to provide linkages to care for people with SUD and Implemented the Strengthening Families Program to support families in helping address their youth's substance misuse and mental health needs. Additionally, PCHD increased treatment/support capacity for opioid-involved pregnant and post-partum women.

H. Early Alert System and Data Coordination

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In tandem with various law enforcement agencies, PCHD aims to integrate overdose and drug seizure data to trigger early public notifications when high levels of fentanyl are suspected to be circulating in the community. This early notification system will improve the timeliness of public advisories and targeted outreach efforts to prevent overdoses.

Proposed Programs and Opportunities

Significant opportunities have presented themselves to combat the fentanyl and opioid overdose crisis in Pima County. By addressing risk factors, optimizing early intervention, and extending vital support to affected individuals, our community can make substantial progress in reducing the impact of substance misuse and preventing overdoses. These comprehensive strategies underscore our dedication to safeguarding the well-being of our community.

1. Opportunities for Primary Prevention

A. Implement a Joint Cross-Jurisdictional Fentanyl/Opioid Coordinating Committee

A proposed Joint Cross-Jurisdictional Fentanyl/Opioid Coordinating Committee and centralized infrastructure will facilitate a comprehensive approach to the current crisis. Engagement of partners for successful regional planning and response is essential to ensure a coordinated way to review and critically evaluate proposed recommendations and actions. with data collected, analyzed, and used for ongoing response and improvement. This model is a proven public health approach and was used successfully during the pandemic in Pima County and aligns well with the proposed community-driven cross-sector partnerships.

B. Initiate Coordinated, Accessible, Responsive, Equitable and Safe System (Pima CARES)

PCHD has received funding for a CDC Overdose to Action Local Grant to ensure an accelerated response to the surge in overdose deaths and injury in Pima County, Arizona through a five-year award of approximately 12.5 million dollars. This award will extend PCHD's response and ensure inclusion of community members, public safety agencies and health care practitioners. Pima CARES will expand efforts to target youth, including extending PCHD's current work to place Program Coordinators and Navigators at schools and with community-based organizations providing training, implementing overdose response plans, and supplying naloxone.

2. Opportunities for Secondary Prevention

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A. Improve Overdose Prevention and Drug Threat Coordination

Pima CARES will support efforts to significantly extend the peer navigator workforce by hiring PCHD's first tribal OD2A liaison, case managers, Community Health Workers, and program coordinators. Work will centralize and complement coordination to reduce fatal and non-fatal overdoses and address emerging drug threats, high-risk opioid prescribing, and other harms associated with substance use.

B. Address Justice-Involved Populations

Pima County Justice Services has initiated new programs within the Pima County Jail, including transition center services. These efforts are designed to facilitate the connection of individuals who are released from the Pretrial Service prebooking process or the jail facility with social services agencies. This support aims to enhance engagement with treatment services for individuals facing both felony and misdemeanor charges, especially those with a history of frequent rearrests. The overarching goal of establishing this module is to minimize the involvement of individuals in the justice system.

C. Increase Linkages to Treatment

Through strategic investments and partnerships, Pima CARES will strengthen key linkages to care to support a full continuum of care of recovery services for OUD and target outreach and navigation supports to high-risk communities, including expanded navigation services to individuals upon release from institutions.

With approved funding, the presence of Peer Navigators, Community Health Workers, and Case Managers in hospitals and clinics throughout Pima County will increase along with linkage and retention services at additional healthcare organizations in areas not currently served. Pima CARES will fund expansion of standardized screening for mental health/substance use needs, referrals to internal navigators and warm transfer to care providers. Expansion of 24/7 MAT availability and navigation support connected to an Emergency Department is also part of the Pima CARES rapid response.

D. Expand Medication Assisted Response/Treatment

PCHD is evaluating the ability to expand MAT access through 16-hour, 7-day staffing with initiation of MAT through PCHD and follow-up referral care to community-based organizations. This is building on the success of an initial program sponsored by the Chicago Public Health Department.

3. *Opportunities for Tertiary Prevention*

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A. Expand Linkages for High-risk Communities

Pima CARES funding will expand peer support and case management at homeless camps, bus transit centers, and rural sites to allow for linkages to care, harm reduction services, and Narcan distribution. Currently, Pima County has limited resources to conduct such activities.

Additionally, Pima CARES will place navigators and Community Health Workers at libraries and at PCHD's Life-Point Needle Exchange to support distribution of Narcan and fentanyl testing kits and linkages to other services.

Recommendations

We remain hopeful, considering that several evidence-based promising practices are already in the initial stages of implementation in Pima County and the City of Tucson. The following 10 recommendations collectively underscore a holistic approach to address the fentanyl crisis in Pima County.

1. Develop Culturally Competent Popular Education Tools and Communication Campaigns

A lack of education coupled with stigma about both mental health and substance use contributes to the many unmet needs of people with co-occurring SUMHD. We propose the development of a regional, strengths-based, and culturally competent education and messaging campaign around the connection between mental health and substance use to include early signs and symptoms, well-being practices, and availability of locally accessible tools, services and resources. This campaign may leverage the current anti-stigma campaign that has been currently funded at PCHD.

Individuals with lived experience will play an important role in developing educational and messaging tools. The stories of individuals with lived experience can be a powerful tool in raising awareness and destigmatizing access to care. By making access to the information available through nationally certified curriculum such as Mental Health First Aid more readily accessible to residents of Pima County with lived experience, we can strengthen the role of natural supports (friends, family, community) as an avenue to combat the fentanyl epidemic and strengthen a culture of care and well-being. This approach also provides a framework to address the impact that the fentanyl crisis has had on individuals, families, and the community.

2. Establish a Fentanyl/Opioid Coordination Team

In this moment, a whole-of-government, community-led approach is needed to inform current activities and develop out-of-the-box solutions to the overdose crisis. We recommend that a cross jurisdictional, cross-sector, PCHD-convened

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response team be assembled and supported by the City of Tucson to coordinate opioid response and reduce overdose-related morbidity and mortality.

3. Strengthen Community Driven Cross-Sector Partnerships

Non-profits, faith-based communities, and community coalitions are critical partners for successful regional planning to identify hotspots and mobilize effective and targeted harm reduction. We recommend that this cross-sector partnership follow a collective impact model with a dedicated staff to facilitate a process to guide partners to develop a common agenda, shared metrics, and complimentary activities that support the overall vision for change.

4. Expand Post-Overdose Interventions

Follow-up with Peer Support Specialists following a nonfatal overdose is best practice. Currently TPD does not have the capacity to conduct follow-up at the scale needed. We propose that, as an extension of current practices and as a compliment to Pima CARES, a public-private harm reduction team comprised of Community Based Organizations, Substance Use Treatment and Navigation Services, PCHD, CSHW and Public Safety partners be convened to provide rapid follow-up and navigation to services within 72 hours of a non-fatal overdose based on calls for service review. This team will expand the number of people and organizations engaged in nonfatal post-overdose follow-up and reduce the amount of time SURT officers are taken away from responding to active calls for service.

5. Strengthen Individual and Family Trauma and Recovery Support

In Tucson and Pima County service partners are providing meaningful support to individuals and families living with trauma due to substance use disorder and the loss of loved ones to overdose. We recognize that more is needed. We recommend a coordinated effort with local partners—faith communities, community-based organizations, social service providers, etc.—to reach the scale of the need for trauma and recovery support in our community.

6. Implement Opioid Interventions within the Emergency Response System

We recommend a regional review of Emergency Opioid Response Units functioning within the emergency response system along with the potential to engage in MOUD treatment in a pre-hospital setting.

7. Explore RISE (Recover, Initiate, Support, Engage) or Similar Centers

24/7 drug sobering centers can be an important part of a robust regional overdose prevention plan, welcoming intoxicated people who are struggling with substance use from the streets to a safe place indoors with access to low barrier therapy. We recommend this approach be reviewed for potential implementation in Tucson or Pima County.

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8. Study Rapid Access to Behavioral Health Residential Care

Rapid access to behavioral health residential care with step down beds is a significant need in Tucson and Pima County. We recommend that the potential for a referral network as well as a potential facility be studied locally to include State of Arizona AHCCCS, ADHS and other relevant stakeholders and potential funders.

9. Train Frontline Staff in Overdose Prevention

Combatting fentanyl requires a regional response that starts with our frontline public servants. We propose training frontline staff and contractors of Pima County and the City of Tucson to be trained in overdose prevention and to have access to Narcan to prevent overdose when needed. Other regional jurisdictions and Tribal Nations are invited to participate.

10. Openness to Invest in Innovation

Just as the ubiquity and low-cost of fentanyl is resulting in emergent dynamics, we know that our solutions must continue to adapt and innovate. For that reason, we recommend investing up to 10% of Opioid Settlement funds received by Pima County and the City of Tucson be set aside for innovative investments that will be vetted and evaluated through the Substance Misuse Advisory Committee.

Conclusion

The fentanyl crisis continues to profoundly impact our community and demands urgent attention. The statistics are alarming, and we must acknowledge that shared pain and collective support are fundamental to advancing public health. However, it is our unwavering resilience and collective commitment to overcome these challenges that give us hope.

We are experiencing a public health crisis that extends beyond demographic, socioeconomic, and geographic constraints, rendering it an issue that impacts our entire community. In response, we must come together, fostering cross-jurisdictional collaboration, and collectively develop and implement promising practices to effectively combat this epidemic.

We commend our community's unyielding spirit and commitment to confronting the fentanyl crisis. In the face of this ongoing challenge, we have demonstrated our capacity for adaptation and innovation. By pooling our expertise and resources we are able to work toward a safer and healthier future for our community.

Respectfully submitted,



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Sarah Launius, PhD
Community Safety, Health & Wellness Director

Cc: Theresa Cullen, MD, MS
Pima County Health Department Director

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Bibliography:

Centers for Disease Control and Prevention. (2022). Polysubstance use facts. CDC.gov. Retrieved October 8, 2023, from <https://www.cdc.gov/stopoverdose/polysubstance-use/index.html>

Center for Disease Control and Prevention (May 11, 2022b). U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.

Hulvershorn, L. A., Quinn, P. D., & Scotta, E. L. (2015). Treatment of Adolescent Substance Use Disorders and Co-Occurring Internalizing Disorders: A Critical Review and Proposed Model. *Curr Drug Abuse Rev.* 2015; 8(1): 41–49. doi: 10.2174/1874473708666150514102745.

Mendoza, N. (2023). Arizona Opinion: Arizona makes significant strides in combating opioid crisis. Arizona Daily Star. https://tucson.com/opinion/local/arizona-opinion-arizona-makes-significant-strides-in-combating-opioid-crisis/article_0c1b78ac-eac5-11ed-a1bf-479747543d78.html.

Pima County Office of the Medical Examiner. (2023). Overdose Death Dashboard. <https://app.powerbigov.us/view?r=eyJrIjoiaWU4NGYxMGYtZmQ5Yi00OTdhLTkzZTYtOGZiZDZiYzg4OGU3IiwidCI6IjMzYjZlMmMzLTBiMWEtNDg3OS1iNzQxLTQ3NDYxYTZjMWE4OSJ9>

Sverdlichenko, I., Hawke, L. D., & Henderson, J. (2021). Understanding the service needs of youth with opioid use: A descriptive study of demographics and co-occurring substance use and mental health concerns. *Journal of Substance Use and Addition Treatment*, 132(2022), 108592. DOI: <https://doi.org/10.1016/j.jsat.2021.108592>.