



# **SAPC DIRECTOR UPDATE - BEHAVIORAL HEALTH COMMISSION**

## **Expanding Care Options for Patient-Centered Care**

### **Medications for Addiction Treatment (MAT) and Harm Reduction**

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## Key Take Home Points

- **Everyone gets naloxone**
- **Language matters**
- **Lack of demand > Lack of supply of formal specialty substance use treatment**
  - **95% of people** don't get specialty SUD treatment
- **Don't assume the goal of abstinence initially**
  - **The 95%!**
- **Offer Medications for Addiction Treatment**
  - **Particularly for Opioid Use Disorder**
  - **As quickly as possible**
  - **Without unnecessary contingencies**

# A Continuum of Substance Use Interventions



## Youth Development & Health Promotion

- Programs at school- and community-level

## Drug Use Prevention

- Universal, selected, and indicated prevention

**Harm Reduction** → Currently largely serves people who are using drugs and not yet interested in SUD treatment

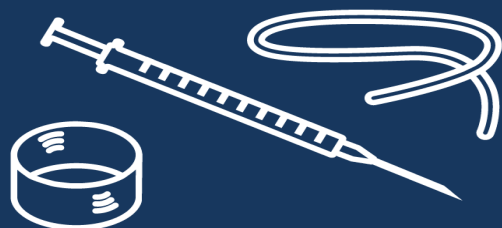
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

**SUD Treatment & Recovery** → Currently largely serves people who are ready for abstinence

- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

**Surveillance** of drug use and its community impact

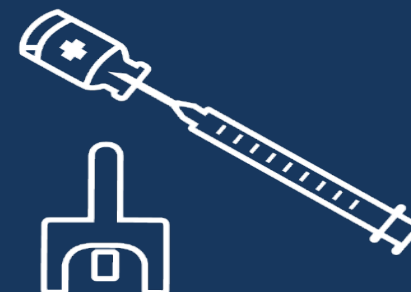
# Harm Reduction Services



**Harm Reduction Supplies  
Access**



**Syringe Exchange &  
Disposal**



**Naloxone and  
Test Strips**



**Medications for Addiction  
Treatment**



**Drop-In Centers**



**Linkage to Housing  
Services**



**Pharmacy Access**



**Referrals for Needed Services**

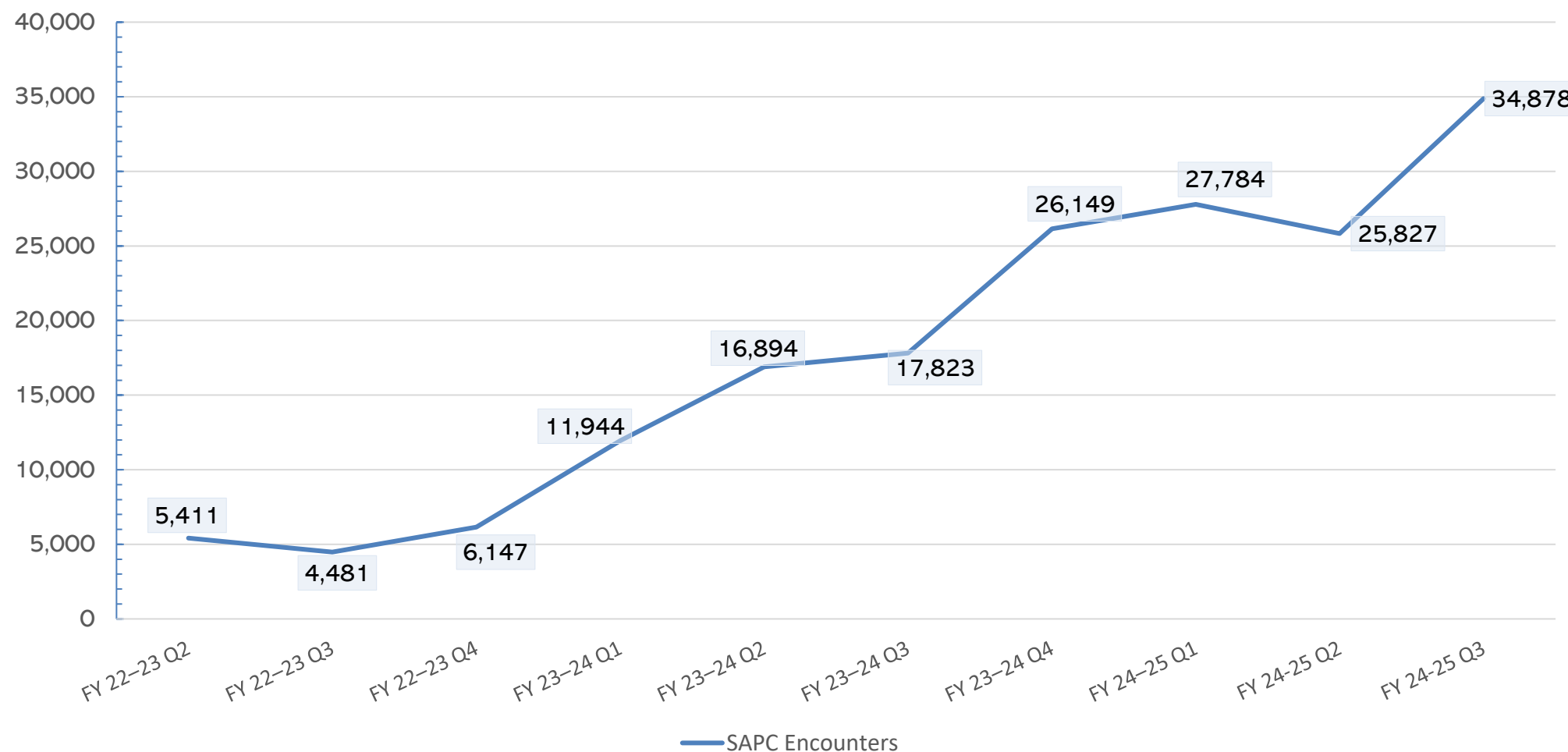
- **GOAL** → Meeting people where they are, both figuratively and literally
  - While brick and mortar locations are needed, mobile services that go out to people who are unlikely to go to brick and mortar locations are also needed

## Harm Reduction Saves Lives

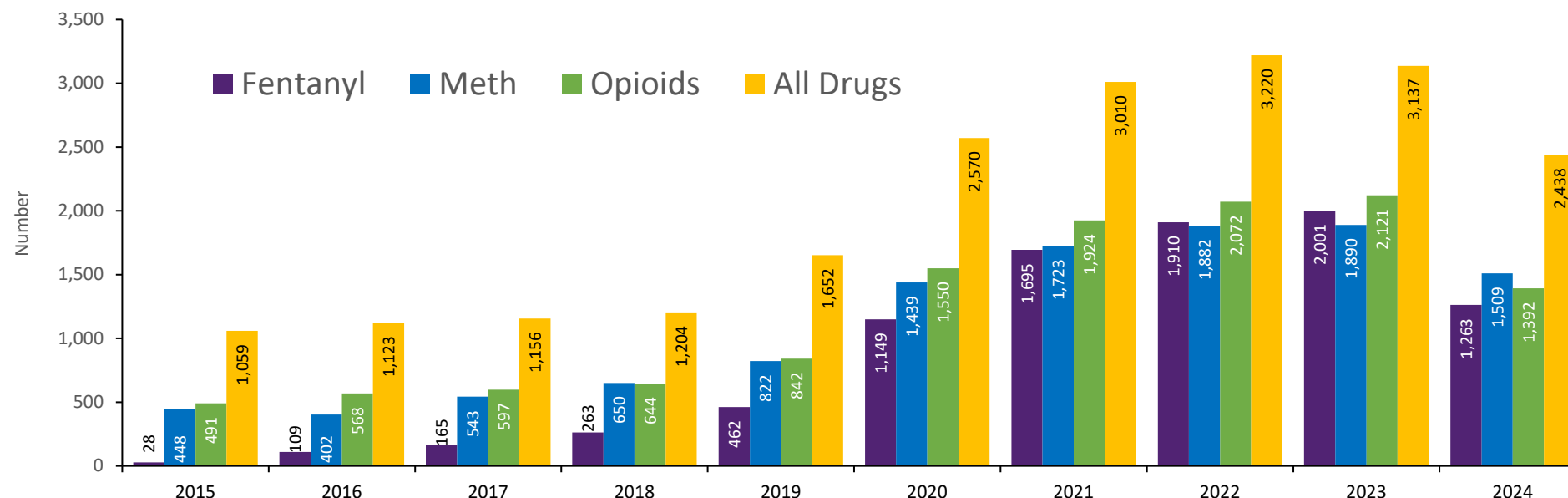
- Harm reduction is grounded in empathy, respect, and compassion to build enduring relationships with people who use drugs
- Harm reduction is about keeping people who use drugs alive and as healthy as possible
- Our harm reduction does not offer or promote drugs to people; they focus on safety for people who are going to use anyway
- Evidence-basis for harm reduction:
- Syringe service programs **half** HIV and HCV transmission rates
  - When combined w/ medications for opioid use disorder: 75% reduction
- People using syringe services programs are:
  - **5x** more likely to participate in substance use treatment
  - **3x** more likely to reduce or stop injecting



## Harm Reduction Encounter Trends by Quarter, Past 2 Years



# Most Significant Drop in Drug-Related Overdose Deaths in LA County History



- In 2024, Los Angeles County experienced a 22% decline in overall drug-related overdose and poisoning deaths compared to the prior year.
  - 37% reduction in fentanyl-related deaths
  - 20% reduction in methamphetamine-related deaths
- Fentanyl deaths dropped below that of methamphetamine-related deaths.
  - The proportion of overdose deaths involving fentanyl declined to 52%, down from 64% in 2023. 7

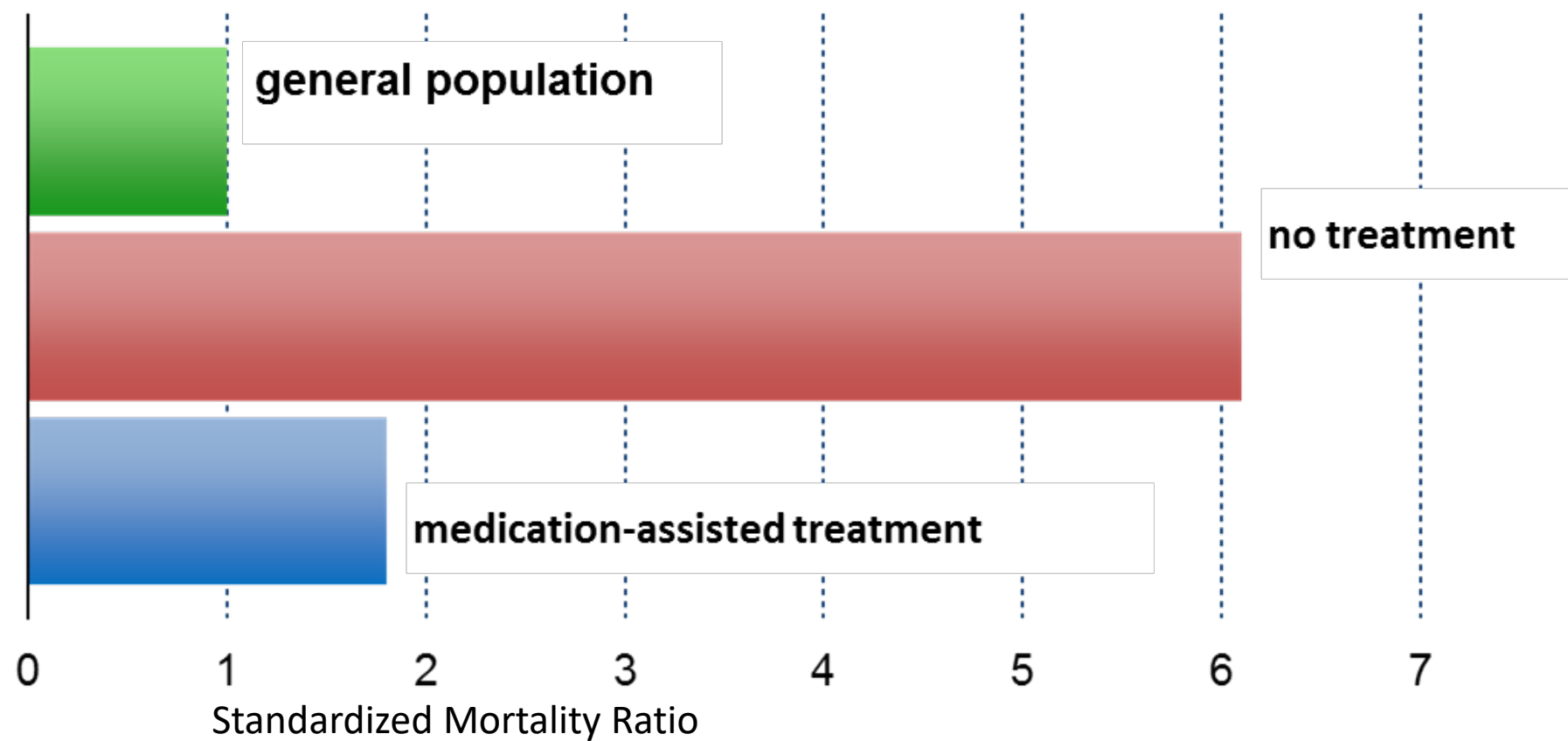


## Clinically Effective Addiction Medications

Opioid Use Disorder	Alcohol Use Disorder	Tobacco Use Disorder	Sedative Withdrawal Management	Stimulant Use Disorder	Cannabis Use Disorder
<b>Methadone</b>	<b>Naltrexone</b>	<b>Nicotine Replacement</b>	Benzodiazepines	Naltrexone	N-acetyl cysteine
<b>Buprenorphine</b>	<b>Acamprosate</b>	<b>Varenicline</b>	Barbiturates	Bupropion	Naltrexone
<b>Naltrexone</b>	<b>Disulfiram</b>	<b>Bupropion</b>	Anticonvulsants	Mirtazapine	Gabapentin
	Topiramate			Topiramate	Topiramate
	Gabapentin			Methylphenidate	
	Baclofen			Dextroamphetamine/ Amphetamine	
	Ondansetron			Modafinil	

# Benefits of Medications for Opioid Use Disorder: Decreased Mortality

## Death rates:

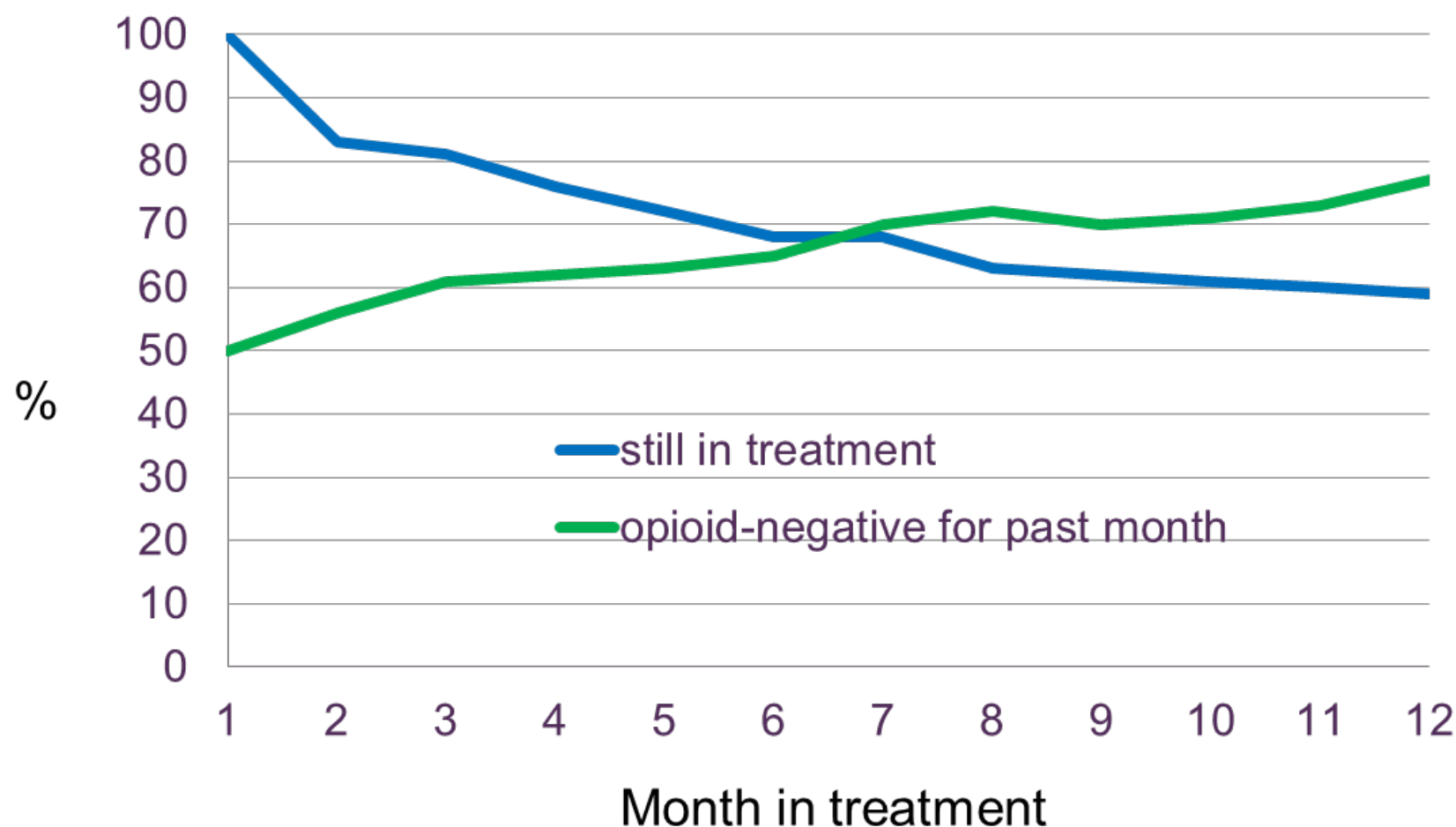


Dupouy et al., 2017

Evans et al., 2015

Sordo et al., 2017

# Treatment Retention and Decreased Illicit Opioid Use on MAT



# Addiction Medication Medical Clinician Workforce Investments

- Funded by \$13M one-time grant from the California Behavioral Health Services Oversight and Accountability Commission.
- Capacity Building Payment: Providers will be paid once an addiction medication (MAT) prescribing clinician implementation plan has been submitted and approved.
- Agencies submit quarterly addiction medication (MAT) prescribing clinician implementation updates (i.e., progress reports) for approval to avoid recoupment.
- Required to participate in coaching and technical assistance.

## Three Waves

### Round 1 (FY23-24)

27 Agencies Submitted  
proposals for:

955 hours/week new  
medical clinician hours

(Mode: 40 h/wk / agency)

(Mean: 35 h/wk / agency)

48 New Medical  
Clinicians

### Round 2 (FY24-25)

30 Total Agencies

*3 Additional Agencies*

*9 Existing Agencies Proposed  
Extending Hours*

Additional Medical Clinicians / Hours	
Additions Round 2	Cumulative Total
22 new clinicians	70 new clinicians
885 hrs per week	1,840 hrs per week

(Mode: 40 h/wk /agency)

(Mean: 60 h/week / agency)

### Round 3 FY25-26)

Next Round Submission  
due Dec 2025

Implementation by June 2026



TOOLKIT

# How to Integrate Pharmacotherapy for Substance Use Disorders at Your Mental Health Clinic

A step-by-step guide for screening and treating adults with co-occurring mental illness and alcohol and/or opioid use disorders with pharmacotherapy in mental health clinics



**“The opposite of addiction is NOT sobriety;  
the opposite of addiction is **connection**.”**

*- Johann Hari, British-Swiss Writer*