

AMENDED IN ASSEMBLY APRIL 3, 2013

AMENDED IN ASSEMBLY MARCH 18, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 831**

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**Introduced by Assembly Member Bloom**

February 21, 2013

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An act to add Section 11758.08 to, and to add and repeal Section 11758.07 of, the Health and Safety Code, relating to drugs, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 831, as amended, Bloom. Drug overdoses.

Existing law establishes various programs for the control of illegal drugs in California and requires the State Department of Alcohol and Drug Programs to place on its Internet Web site specified information on drug overdose trends in California, including county and state death rates, from existing data, in order to ascertain changes in the causes or rates of fatal and nonfatal drug overdoses for the preceding 5 years.

This bill, until January 1, 2016, would establish, within the California Health and Human Services Agency, a temporary working group, as specified, to develop a plan to reduce the rate of fatal drug overdoses in the state. The bill would require the temporary working group to make recommendations to the Chair of the Senate Committee on Health and the Chair of Assembly Committee on Health on or before January 1, 2015.

**This**

*The bill would also* establish a grant program within the California Health and Human Services Agency to provide funds for programs

related to drug overdose prevention, recognition, and response education, as specified. The bill would appropriate \$500,000 from the General Fund for this purpose in the 2014–15 fiscal year.

*The bill would also make related legislative findings and declarations.*

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.

State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     *SECTION 1. The Legislature finds and declares the following:*

2     *(a) According to the United States Centers for Disease Control*  
 3 *and Prevention (CDC), a fatal drug overdose occurs in the United*  
 4 *States every 14 minutes and drug overdose deaths are up for the*  
 5 *11th consecutive year. Drug overdose rates have tripled since*  
 6 *1990 and have never been higher.*

7     *(b) In recent years, over 3,500 Californians have died annually*  
 8 *from drug overdose, or approximately 10 people each day, on*  
 9 *average. In 2009, more Californians died of drug overdoses than*  
 10 *in car accidents, and 1,000 more Californians died from drug*  
 11 *overdoses than from gun homicides.*

12     *(c) There are cost-effective, proven interventions to reduce the*  
 13 *number of drug overdoses caused by prescription analgesics and*  
 14 *illegal drugs. An evaluation published by the CDC in 2012*  
 15 *identified 50 overdose prevention and education programs*  
 16 *operating in 19 states, including California. These programs*  
 17 *provide overdose prevention and recognition and response training*  
 18 *to laypersons, including first responders, law enforcement officers,*  
 19 *pain patients, family members, and at-risk drug users, and, when*  
 20 *appropriate, prescriptions for the overdose reversal medication*  
 21 *naloxone. These programs have reported over 50,000 doses of*  
 22 *opiate overdose antidote prescribed and over 10,000 life-saving*  
 23 *reversals of an overdose.*

24     *(d) According to an economic analysis published in the January*  
 25 *2013 edition of the Annals of Internal Medicine, community-level*  
 26 *reductions of overdose death ranged from 37 percent to 90 percent*  
 27 *in various cities that have implemented overdose prevention*  
 28 *education projects that include naloxone prescriptions. The authors*  
 29 *concluded, “[n]aloxone distribution to heroin users is likely to*  
 30 *reduce heroin death and is cost-effective, even under markedly*  
 31 *conservative assumptions.”*

1 (e) *Between 2003 and 2011, the Drug Overdose Prevention and*  
2 *Education project, in partnership with the San Francisco County*  
3 *Department of Health, has recorded over 600 “saves” by*  
4 *laypersons providing first aid and administering naloxone to*  
5 *persons experiencing opiate overdose. The antidote was provided*  
6 *by prescription, with training by staff.*

7 (f) *Since the implementation of the drug overdose prevention*  
8 *project in San Francisco, emergency room visits for drug overdose*  
9 *have dropped by approximately 50 percent, resulting in significant*  
10 *savings to the healthcare system.*

11 (g) *Medical personnel at Fort Bragg Army Base in North*  
12 *Carolina implemented a comprehensive program to serve United*  
13 *States Army personnel. The base had suffered an unacceptably*  
14 *high rate of fatal drug overdoses, at an average of eight deaths*  
15 *per month, fueled by the misuse of pain medication and treatments*  
16 *for war-related injuries, including traumatic brain injury and*  
17 *post-traumatic stress disorder. Several programmatic steps were*  
18 *taken, including careful monitoring of prescription practices.*  
19 *However, the supervising physicians credited naloxone*  
20 *prescriptions as being the lynchpin that prevented any further*  
21 *overdoses, fatal or nonfatal, among United States Army personnel*  
22 *being treated at Fort Bragg Army Base.*

23 (h) *Project Lazarus, a community-level intervention that worked*  
24 *with physicians, patients, and family members of prescription*  
25 *analgesic pain medication patients, achieved a 38 percent*  
26 *reduction in overdose deaths in rural Wilkes County, North*  
27 *Carolina.*

28 (i) *The State of Massachusetts implemented a project to provide*  
29 *prevention education and response training, including the use of*  
30 *naloxone by prescription, to law enforcement personnel and*  
31 *laypersons who are likely to witness a potentially fatal drug*  
32 *overdose. Between December 2007 and September 2011, over*  
33 *10,000 persons were trained and over 1,100 opioid overdose*  
34 *reversals were recorded.*

35 (j) *A study of the Massachusetts program published by the*  
36 *British Medical Journal in January of 2013 described overdose*  
37 *education and naloxone distribution by laypersons as “an effective*  
38 *public health intervention to address increasing mortality in the*  
39 *opioid overdose epidemic by training potential bystanders to*  
40 *prevent, recognize, and respond to opioid overdoses.”*

1     (k) *The American Medical Association resolved on June 19,*  
2 *2012, that it “(1) recognizes the great burden that opioid addiction*  
3 *and prescription drug abuse places on patients and society alike*  
4 *and reaffirms its support for the compassionate treatment of such*  
5 *patients; (2) urges that community-based programs offering*  
6 *naloxone and other opioid overdose prevention services continue*  
7 *to be implemented in order to further develop best practices in*  
8 *this area; (3) encourages the education of health care workers*  
9 *and opioid users about the use of naloxone in preventing opioid*  
10 *overdose fatalities; and (4) will continue to monitor the progress*  
11 *of such initiatives and respond as appropriate.”*

12     (l) *The American Public Health Association resolved on October*  
13 *30, 2012, to “[e]ncourage local and state health departments to*  
14 *increase public and health professional awareness of the signs*  
15 *and symptoms of overdose; improve awareness of and facilitate*  
16 *access to naloxone; and support entry into treatment and recovery*  
17 *for those individuals seeking such services.”*

18     (m) *The United Nations Commission on Narcotic Drugs resolved*  
19 *on March 16, 2012, that it “[e]ncourages all Member States to*  
20 *include effective elements for the prevention and treatment of drug*  
21 *overdose, in particular opioid overdose, in national drug policies,*  
22 *where appropriate, and to share best practices and information*  
23 *on the prevention and treatment of drug overdose, in particular*  
24 *opioid overdose, including the use of opioid receptor antagonists*  
25 *such as naloxone.”*

26     (n) *In enacting this act, it is the intent of the Legislature that*  
27 *overdose prevention programs be conducted in the most*  
28 *cost-effective manner possible, while coordinating state efforts*  
29 *across agencies and supporting culturally appropriate local*  
30 *programs in areas of high need in a manner consistent with local*  
31 *needs and values.*

32     **SECTION 1.**

33     **SEC. 2.** Section 11758.07 is added to the Health and Safety  
34 Code, to read:

35     11758.07. (a) The California Health and Human Services  
36 Agency shall convene a temporary working group within the  
37 agency to develop a plan to reduce the rate of fatal drug overdoses  
38 in the state. Experts and staff from the ~~Office of~~ Emergency  
39 *Medical Services Authority*, State Department of Alcohol and  
40 Drug Programs, State Department of Public Health, Office of

1 AIDS, and any other staff that the Secretary of California Health  
2 and Human Services designates may participate in the temporary  
3 working group. Additionally, staff from the Medical Board of  
4 California and California State Board of Pharmacy may also  
5 participate for the purpose of identifying promising practices to  
6 reduce accidental drug overdose among patients and other at-risk  
7 groups.

8 (b) The secretary may invite other experts to participate in the  
9 temporary working group. Their participation shall be  
10 uncompensated.

11 (c) The temporary working group shall make recommendations  
12 to the Chair of the Senate Committee on Health and the Chair of  
13 the Assembly Committee on Health on or before January 1, 2015.

14 (d) This section shall remain in effect only until January 1, 2016,  
15 and as of that date is repealed, unless a later enacted statute, that  
16 is enacted before January 1, 2016, deletes or extends that date.

17 ~~SEC. 2.~~

18 SEC. 3. Section 11758.08 is added to the Health and Safety  
19 Code, to read:

20 11758.08. (a) The California Health and Human Services  
21 Agency shall make grants to local agencies from funds appropriated  
22 pursuant to this section for any of the following purposes:

23 (1) Drug overdose prevention, recognition, and response  
24 education projects in jails, prisons, drug treatment centers, syringe  
25 exchange programs, clinics, *programs serving veterans or military*  
26 *personnel*, and other organizations that work with or have access  
27 to ~~drug users~~, *people who misuse prescription or illegal drugs*,  
28 their families, and communities.

29 (2) Drug overdose prevention, recognition, and response training  
30 for patients and their families when the patient is prescribed  
31 opiate-based medications for which there is a significant risk of  
32 overdose.

33 (3) Naloxone hydrochloride prescription or distribution projects.

34 (4) Development and implementation of policies and projects  
35 to encourage people, including ~~drug users~~, *people misusing*  
36 *prescription or illegal drugs*, to call the 911 emergency response  
37 system when they witness potentially fatal drug overdoses.

38 (5) Programs to educate Californians over 65 years of age about  
39 the risks associated with using opiate-based medications, ways to

1 prevent overdose,~~or~~ *and* how to respond if they witness an  
2 overdose.

3 (6) The production and distribution of targeted or mass media  
4 materials on drug overdose prevention and response.

5 (7) Education and training projects on drug overdose response  
6 and treatment for emergency services and law enforcement  
7 personnel, including, but not limited to, volunteer fire and  
8 emergency services.

9 (8) Parent, family, and survivor education and mutual support  
10 groups.

11 (b) In order to control budgets and appropriately limit the  
12 number of possible applications, the agency may set guidelines  
13 regarding the prioritization of applications and the types of  
14 organizations or entities that may apply in a given year.

15 (c) The adoption and one readoption of regulations to implement  
16 this section shall be deemed to be an emergency necessary for the  
17 immediate preservation of *the* public peace, health, ~~and~~ safety, or  
18 ~~the~~ general welfare for purposes of Sections 11346.1 and 11349.6  
19 of the Government Code, and the agency is hereby exempted from  
20 the requirement that it describe specific facts showing the need  
21 for immediate action and from review by the Office of  
22 Administrative Law.

23 (d) There is hereby appropriated from the General Fund, in the  
24 2014–15 fiscal year, five hundred thousand dollars (\$500,000) for  
25 the purpose of funding the grants provided in subdivision (a).  
26 Additional funds necessary for the implementation of this section  
27 in the 2014–15 fiscal year and in later fiscal years may be included  
28 in the budget appropriation for the California Health and Human  
29 Services Agency.