



2022 Roadmap for Louisville Metro Government to End Overdose and Reverse the Harms of the War on Drugs

The overdose crisis is ravaging our city. The number of Louisvillians we lose or who are struggling to access adequate services and care is staggering. No community is untouched, but the same communities that have suffered from historic poverty, divestment, inadequate healthcare, and unaddressed community needs are disproportionately impacted. The intersections between the overdose crisis, incarceration, homelessness, poverty and unmet healthcare and mental health needs are well known, as are many of the policy solutions.

International Overdose Awareness Day (August 31st), provides a critical opportunity for Louisville Metro Government to take action by enacting short-term lifesaving policy changes, along with bolder, public commitments to permanently end these crises through housing, services and care.

We urge Mayor Fischer and the Louisville City Council to use International Overdose Awareness Day to demonstrate their leadership and commitment to our city by taking immediate, bold political action to end overdose and replace failed, drug war era policies of criminalization with those grounded in justice, compassion and love.

Demand One: Acknowledge and analyze the current state of failed drug war policies in Louisville and outline a plan for the next administration to continue.

1) We call on Mayor Fischer and the Louisville City Council to pass a city council resolution that acknowledges the failures of drug war era policies in Louisville, and develops a policy plan grounded in housing, services and proven public health interventions: The drug war has made our nation the global leader in mass death, mass incarceration and mass harm. After more than 50 years of this approach, there is wide-spread, bipartisan agreement on the need to move from criminalization and incarceration, to services and care, and from stigma to proven public health interventions. We can see the consequences of drug war era policies in our city:

- Staggering overdose deaths, which have [increased 15% since 2020](#).
- Lack of adequate housing, services and care infrastructure, and workforce
- Louisvillians struggling – some even losing their lives – in an overcrowded jail filled with many in need of care, not incarceration.

While symbolic, the public acknowledgement of the failures of the drug war here in Louisville will set a critical public and political tone that will set our city on a new path forward. It would shift the accountability for the tragic loss of our many loved ones away from any personal failings, to public policy failings. Most importantly, the resolution would start the process of developing a public policy plan grounded in public health, housing, services and care to permanently tackle the intersecting issues of overdose, homelessness and incarceration.



2) We call on Mayor Fischer to assess all city- and state-owned property currently unused, or underused for the purposes of offering housing, services and care of for the incoming Mayor: Our city is in desperate need of emergency and permanent housing, 24-hour respite centers with on-site services and more locations for people to easily access services and care needs. To set the incoming Mayor up for success, we urge the development of a robust analysis of all unused -- or underused -- property owned by the city or state, including properties foreclosed upon by the city. The analysis should include their viability to utilize them for housing, services and care.

Demand Two: Take immediate steps to save and improve the lives of low-income, marginalized people in Louisville by 2022.

- 1) Expand access to three proven, life-saving public health tools for all Louisvillians at risk of overdose: low barrier Medication-Assisted Treatment (MAT), naloxone and harm reduction services:** Through expansion of existing programs, piloting new interventions and making crucial policy changes, Louisville Metro Government must act to expand access to these crucial public health interventions. Critical examples:
 - a) Increase access to MAT, naloxone and harm reduction services to unhoused and high risk Louisvillians through expansion of existing outreach programs that include mobile buprenorphine induction, and methadone maintenance.
 - b) Increase access to MAT, naloxone and harm reduction tools (syringes and safer smoking kits) at community based organizations and shelters that serve high rates of people struggling with substance use.
 - c) Permit community-based organizations and the Louisville Public Health and Wellness Department to distribute safer smoking kits as a public health tool and do not prosecute the possession or distribution of these supplies.
 - d) Increase the time and locations that the Louisville Public Health and Wellness Department's syringe program operates.
 - e) Authorize the Louisville Public Health and Wellness Department's syringe exchange program to create peer-to-peer programs that will expand access to naloxone, sterile syringes and smoking kits to expand access to harm reduction tools.
 - f) Stop the discharge of patients suffering from acute mental health crises from local hospitals. Ensure that patients who are discharged are engaged in adequate care with their housing needs met.

- 2) Expand access to emergency housing, government support and care for unhoused Louisvillians at high risk of overdose:** Unhoused and inadequately housed Louisvillians are at high risk of overdose, and often not engaged in care. Despite cycling through jail and emergency housing, many are never provided basic government benefits they are entitled to, leaving them vulnerable. Addressing these issues would save lives, address community concerns and decrease government inefficiency.
 - a) Increase access to housing with on-site services for people actively using drugs.



- b) During encampment sweeps, unhoused Louisvillians are regularly placed in short-term stays at hotels before returning to the streets, often without basic needs met. Guarantee that no unhoused Louisvillian leaves these temporary hotel stays without: government identification, enrollment into all eligible government benefits (medicaid, public assistance and housing assistance), and into any necessary medical, mental health or substance use treatment necessary.
- c) Provide unhoused Louisvillians exiting Louisville Metro Department of Corrections (LMDC) with the same emergency hotel stay and guarantee to identification, services and treatment enrollment.
- d) Increase access to showers, bathrooms, laundry and locations for people struggling with homelessness to meet basic hygienic needs and receive services.
- e) Increase the utilization of housing vouchers by stopping source of income discrimination and putting more emphasis on housing placement for government and nonprofit staff.
- f) To increase access to services and care, expand access to wifi, charging stations and free TARC passes for people struggling with poverty, substance use or other medical needs.

3) Decrease incarceration and increase care in Louisville: Nine people have died in the Louisville jail this year. Louisville cannot continue to incarcerate people whose only “crime” is struggling with substance use, mental health issues and extreme poverty. By expanding access to existing programs that divert people from arrest and incarceration to care, our city would save lives, decrease spending, and tackle the crisis of overcrowding inside our city jail – all without impacting public safety concerns. Louisville Metro Government must commit to reducing the jail population to below 1,000 individuals, as well as reducing the Home Incarceration Program (HIP), which often denies people the services they need while putting them on a path to actual incarceration.

- a) Decline to prosecute anyone for drug paraphernalia and drug residue and instead, offer referrals to substance use and other supportive services.
- b) Expand existing diversion and non-police emergency response programs, including scope and geographic area.
- c) Provide Louisville Public Health and Wellness oversight over existing diversion and non-police emergency response programs to ensure they adhere to proven public health interventions, including expanding harm reduction interventions and modalities.
- d) Provide harm reduction training by local community-based organizations to local law enforcement.

4) Decrease overdose deaths and increase care for incarcerated Louisvillians: Louisvillians who continue to be held at LMDC and HIP must be guaranteed basic medical care and access to tools that will reduce death and increase care when they leave incarceration.



- a) Guarantee medical care outside of LMDC for anyone detoxing from substance use.
- b) Expand MAT access to include buprenorphine induction and/or methadone maintenance for people held in LMDC and/or on home incarceration, including those in need, but not currently utilizing either treatment.
- c) Ensure that people leaving jail are connected to care so that they can continue receiving treatment.
- d) Guarantee naloxone access to everyone held in LMDC by providing the overdose medication in all cells.
- e) Ensure all staff are regularly trained in naloxone use and overdose reversal procedures.