



2023 Roadmap for Louisville Metro Government to End Overdose and Reverse the Harms of the War on Drugs

Last year a coalition of organizations working on the frontlines of the overdose crisis in Louisville released the [2022 Roadmap for Louisville Metro Government to End Overdose and Reverse the Harms of the War on Drugs](#). Despite staggering overdose deaths, and a continued crisis of homelessness and unmet mental health needs, the city has adopted virtually none of the priorities laid out within the Roadmap.

International Overdose Awareness Day (August 31st), provides a critical opportunity for Mayor Greenberg and the Louisville Metro Council to commit resources and political will towards ending overdose, incarceration, homelessness, poverty, and unmet healthcare and mental health needs. The intersecting crises have been driven by drug war-era politics that invested heavily in criminalization and incarceration, while underinvesting in the long-term solutions of housing, services, and care. This drug war mindset is why our city has refused to enact lifesaving harm reduction policies that could have reduced deaths and increased care. While the action Metro government must take now is bold, the priorities are basic, have long been known, and are only at a crisis level now because of historic inaction.

A Snapshot Since 2022

Historically high overdose deaths: Despite a small reduction in overdose deaths last year, 2022 had the [second-highest overdose deaths in Kentucky history](#), a 71% increase from 2019 and twice the number from ten years ago. Further, deaths of Black and “other” Kentuckians, rose by 14.9%.

Positive steps since last year’s International Overdose Awareness Day: We believe it is crucial to acknowledge and applaud action taken by the Louisville Metro Government to tackle the crisis facing our city, and called for in our roadmap last year.

- Louisville metro government has taken a national lead by allocating the first \$1.5 million of [Opioid Abatement Settlement Funds entirely towards harm reduction and care](#). This initial funding will go to two grassroots organizations; Kentucky Harm Reduction Coalition and Feed Louisville, as well as to University of Kentucky’ Louisville Metro Public Health & Wellness for their harm reduction outreach and services. We applaud our city’s leadership and urge that all settlement funds be spent in the same way.
- In response to a dramatic increase in deaths inside the Louisville jail, LMDC has expanded access to narcan - the overdose reversal medication - to people being held in the jail. Further, the city uplifted the success of this new policy by [informing the press when a person in custody saved a life](#).
- Earlier this year Mayor Greenberg announced plans for a [Community Care Campus](#) to provide services and emergency housing to Louisvillians in need. While there continue to be concerns about when the Care Campus will open, which organizations will operate it and exactly how it will function, the vision laid out by the Mayor is laudable and well needed.



Inaction and backsliding since last year's International Overdose Awareness Day: We must also uplift the tragic inaction and reversals in positive policy change that has occurred since last year.

- The vast majority of investments and policy change called for in the Roadmap we released last year have been ignored, unchanged or so deeply underinvested in that it has had no meaningful impact. The lack of action is visible in every community of our city, and most dramatic in the communities that have suffered from historic poverty, divestment, inadequate healthcare, and unaddressed community needs are disproportionately impacted.
- The city has [intensified homeless encampments sweeps](#), while decreasing access to short-term stays for unhoused Louisvillians in hotels where people could receive services. The criminalization and disruption of these encampments does nothing to solve the problems of homelessness. In fact, it often disrupts whatever connection to services and care people once had as they are displaced and have to seek out a new living situation.
- Despite a commitment by former Mayor Fischer, people in custody in the Louisville jail who are struggling with opioid use disorder are still not receiving Medication-Assisted Treatment (MAT) - the gold standard of care. In fact, only recently has the jail been able to allow people to continue accessing suboxone who are already utilizing this effective form of MAT.

A Roadmap and a Call to Action

The time is now for Mayor Greenberg and the Louisville Metro Council to act. The federal government has allocated an unprecedented amount of resources that can be utilized to tackle a range of housing and other needs, and Jefferson County will receive \$57 million in Opioid Abatement Settlement Funds over the next 18 years. The solutions are well known. The only thing that is needed is political will and the recognition of what led our city to this crisis.

Take immediate steps to save and improve the lives of low-income, marginalized people in Louisville.

1. Expand access to three proven, life-saving public health tools for all Louisvillians at risk of overdose with 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 (including syringes and safer use 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/snorting 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. This issue was recently highlighted in the Courier Journal.

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) Louisville must immediately halt homeless encampment sweeps, while rapidly increasing outreach services and the amount of emergency and long-term housing for all unhoused Louisvillians, including housing with on-site services for people actively using drugs and/or struggling with serious unmet mental health needs.
- b) Recommit to utilizing hotels to provide emergency housing and on-site care. People must be guaranteed 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 before exiting these short-term stays.
- 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) Enforce Louisville's source of income discrimination ordinance. The ordinance, which was passed in 2020 requires landlords to accept the Louisville Metro Housing Authority Housing Choice Vouchers, as well as prohibiting discrimination in renting to persons based on arrest history, conviction history, homeless status, and prior military service. By actively enforcing its own laws, the Louisville Metro Government can begin to decrease our city's homeless crisis.
- 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: Criminalization of drug use, homelessness, and mental illness is expensive and not evidence-based. We spend more money arresting and incarcerating people with unmet behavioral health and housing needs than we do providing these services. This makes us all less safe and healthy. There is little transparency and institutional support for alternative response programs like the diversion pilot. Metro should be championing this work and reporting outcomes to the public. If the outcomes do not reflect success, find ways to address issues instead of simply defunding efforts. 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) Stop the “Broken Windows” policing tactic of citing unhoused Louisvillians for issues related to homelessness, mental health needs and poverty. Replace this practice with outreach, services and care that will address the underlying causes of these issues.
- e) 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.
- e) Ensure all staff are regularly trained in naloxone use and overdose reversal procedures.