



2024 Roadmap for Louisville Metro Government to End Overdose and Reverse the Harms of the War on Drugs

For a third year a coalition of organizations working on the frontlines of the overdose crisis in Louisville released a detailed policy agenda promoting proven housing, services and care approaches to save lives and improve our city. In honor of International Overdose Awareness Day (August 31), **we call on Mayor Greenberg and the Louisville Metro Government to commit resources toward enacting these solutions, and demand the political will to reject failed drug war and “tough on crime” approaches that are costly, ineffective, and often make problems worse.**

Tragically we are seeing a dramatic and dangerous return to policing of public health and poverty driven by unaffordable housing, low wages and the long-term lack of adequate services and care. Too many politicians are promoting ticketing and the arrest of people in need of housing and care. This approach wastes money that could be spent on real solutions, it does nothing to fix the problems and often makes them worse. The city has continued to [intensify homeless encampments sweeps](#), while decreasing access to short-term stays for unhoused Louisvillians in hotels where people could receive services. The passage of state bill HB 5 - one of the most dangerous laws in the nation - is tragic proof that many Kentucky politicians want to win votes by scaring their communities and telling Kentuckians to turn their backs on friends and family who have fallen on hard times.

Louisvillians want long-term solutions, not short-term fixes. They want people to be healthy and communities to feel safe. They want to see overdose deaths, homelessness and the number of people struggling with drugs and mental health needs to decrease. They want to know that their friends and family can get the treatment and care they need the moment they need it. They want to know our hospitals won't throw people back onto the streets during a mental health crisis. They want to know what to do when they see someone in crisis - not committing crime, but who needs to be off the streets and in care.

The solutions are obvious and common sense. Yet they have never been adequately supported, and often are rejected despite the evidence proving their effectiveness. Housing is the solution to homelessness, including housing for people actively using drugs, alcohol or struggling with a mental health issue. Access to treatment and care is the solution to our substance use and mental health crisis.



A Snapshot Since 2023

Historically high overdose deaths: From 2000 to 2023, Kentucky's overdose deaths increased by over 700%, from 246 (2000) to 1984 (2023). While we are hopeful about the decreases in overdose deaths in the last two years, we continue to lose loved ones at historically high levels. In Jefferson County, 22 fewer people died in Jefferson County from 2022 (518) to 2023 (496). Tragically, overdose deaths increased among Black Kentuckians from 2022 to 2023. Their rate of overdose deaths are over 51% greater than their white neighbors.

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) The city must ensure it is fully utilizing its existing emergency shelter accommodations and not leaving shelter beds unfilled. The city must review and demand changes to shelter policies that push people back onto the streets, or exacerbate public safety concerns. For example, shelters that have lockout periods all day are inaccessible for people working night shifts. Zero-tolerance policies for drug and alcohol use force people struggling with substance use and mental health needs onto the streets instead of engaging them in care.

c) Set up daytime options - like respite centers, cooling centers and/or drop-ins - that provide safe spaces for those who are street homeless or struggling with substance use or mental health issues. Spaces like the VOCAL-KY's newly opened drop-in or the former space "The Living Room" that have open door policies for all and offer basic needs like food, hydration, bathrooms and ideally washers, dryers and showers can begin to connect people to critical services and housing options, while reducing community safety concerns.

d) 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.

e) Provide unhoused Louisvillians exiting Louisville Metro Department of Corrections (LMDC) with the same emergency hotel stay and guarantee to identification, services and treatment enrollment.

f) Increase access to showers, bathrooms, laundry and locations for people struggling with homelessness to meet basic hygienic needs and receive services.

g) 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.

h) 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.

d) Ensure all staff are regularly trained in naloxone use and overdose reversal procedures.