

Data Report: Drug Overdoses in Los Angeles County

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**Los Angeles County Department of Public Health**

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Executive Summary

In the ongoing drug overdose crisis, drug overdose continues to be the leading cause of accidental death, with methamphetamine and fentanyl as the predominant drugs involved in accidental drug overdose deaths in Los Angeles County (LAC). This data report presents the numbers and rates of accidental drug overdose and poisoning deaths by drug type, along with sociodemographic and geographic factors of this data over the last ten years. Age-adjusted rates per 100,000 population account for differences in population sizes, allowing for comparisons between groups.

Accidental drug overdose and poisoning deaths in LAC increased every year in the past decade, surging by 204% from 1,059 deaths in 2015 to the peak of 3,220 deaths in 2022, then plateaued with a modest decrease by 3% in 2023. In 2024, LAC experienced the most significant decrease in accidental drug overdose deaths in its history, with a sharp decline by 22% to 2,438 deaths, representing the lowest number recorded since 2019. This was driven largely by the 37% decline in fentanyl involved accidental overdose deaths, which suggests that recent public health investments—particularly in overdose response, harm reduction, and treatment expansion—may be making an impact.

In 2024, adults aged 40-64 years had the highest rate of accidental drug overdose deaths (42.0 per 100,000 population). The rate decreased earlier and more substantially among younger age groups, with Millennials (born between 1981-1996) accounting for 42% of the total decrease in accidental drug overdose deaths from 2023 to 2024.

Males accounted for a significantly higher rate of accidental drug overdose and poisoning deaths, with an age-adjusted rate quadruple (4.0 times) that of females (37.5 vs 9.3).

Hispanics/Latinos accounted for the largest number of accidental drug overdose deaths (955), followed by Whites (815), Blacks (533), and Asians (65). However, after accounting for population size, the highest age-adjusted rates per 100,000 population were among Blacks (65.7), followed by Whites (30.5), Hispanics/Latinos (19.1), and Asians (4.0)

The age-adjusted rate of accidental drug overdose deaths was 3.6 times that in the least affluent areas with more than 30% of families living below federal poverty level (FPL) compared to the most affluent areas with less than 10% of families living below FPL (63.5 vs. 17.8 per 100,000 population).

Although there has been a sharp decrease in drug overdose deaths, particularly those due to fentanyl, the crisis is ongoing and far from over. Drug overdoses and poisoning remain a significant public health problem across the United States and in LAC, across sociodemographic groups and geographic areas. The persistent inequities between under-resourced and more affluent groups underscore the need to target evidence-based prevention efforts to those at highest risk to decrease drug overdoses and advance health equity in LAC.



Introduction

Drug use remains prevalent and is increasing in the United States. In 2024, an estimated 25.5% of people aged 12 or older used illicit drugs in the past year, up from 22.2% in 2021.¹ All drug use carries risks, including dependence, injury and accidents, health problems, and death that can have significant impacts on individuals, families, and across communities.

In Los Angeles County (LAC), drug overdose has remained the leading cause of accidental deaths since surpassing deaths due to both motor vehicle crashes and firearms in 2017. Fentanyl and methamphetamine have been major drivers of the ongoing drug overdose crisis.

Fentanyl is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine, and can cause life respiratory depression in an overdose. Illicitly manufactured fentanyl (IMF) is widely available across the United States and has been commonly found in nearly all forms of illegal street drugs and counterfeit pills that users knowingly or unknowingly take, as drug traffickers intentionally add fentanyl to their drugs to reduce costs, to enhance the effect of an existing drug, and/or to make their drugs more addictive.^{2,3}

Methamphetamine is a synthetic stimulant with high addiction potential that can cause or complicate cardiovascular conditions. While currently there are no FDA-approved medications for stimulant use disorder, there are effective off-label medications for stimulants and contingency management has consistently been shown to be an effective behavioral treatment approach.

Evidence-based interventions for opioid use disorder, including medications for addiction treatment, have been well-established for decades.⁴ Among the broader substance use disorder treatment system reform and service expansions, the Substance Abuse Prevention and Control Bureau at the Department of Public Health recently expanded services focused on preventing fentanyl overdose deaths by educating about and distributing Naloxone, a lifesaving medication that can rapidly reverse opioid overdoses.

Prior studies have shown sociodemographic disparities and regional variations in drug overdose deaths.^{5,6} However, there remains a critical need to deepen our understanding of drug overdose deaths and to identify evolving trends and emerging high-risk populations in LAC. These insights are essential to inform and tailor prevention strategies aimed at reducing the devastating impact of drugs in our communities.

Methods

This report presents accidental drug overdose death data in LAC, with annual trends and sociodemographic and geographic breakdowns by Supervisorial District (SD) and regions of the County, including Service Planning Areas (SPA). In particular, these regions are organized as follows: Antelope Valley (SPA 1), San Fernando Valley (SPA 2), San Gabriel Valley (SPA 3), Metro (SPA 4), West (SPA 5), South (SPA 6), East (SPA 7), South Bay/Harbor (SPA 8).

Accidental drug overdose and poisoning deaths in 2015-2024 were identified by text-based analyses of medical examiner investigation reports using data as of May 2025.⁷ Detected drugs were classified as contributing to accidental overdose deaths if they were listed as one of the causes of death. Overdose deaths can involve more than one drug, therefore the sum of deaths reported by type can add up to more than the total number of overdose deaths. Drug includes alcohol and other drugs. All deaths by accidental drug overdose and poisoning were included. Deaths involving acute trauma, drowning, burns, other external causes of injury, and suicide were excluded.

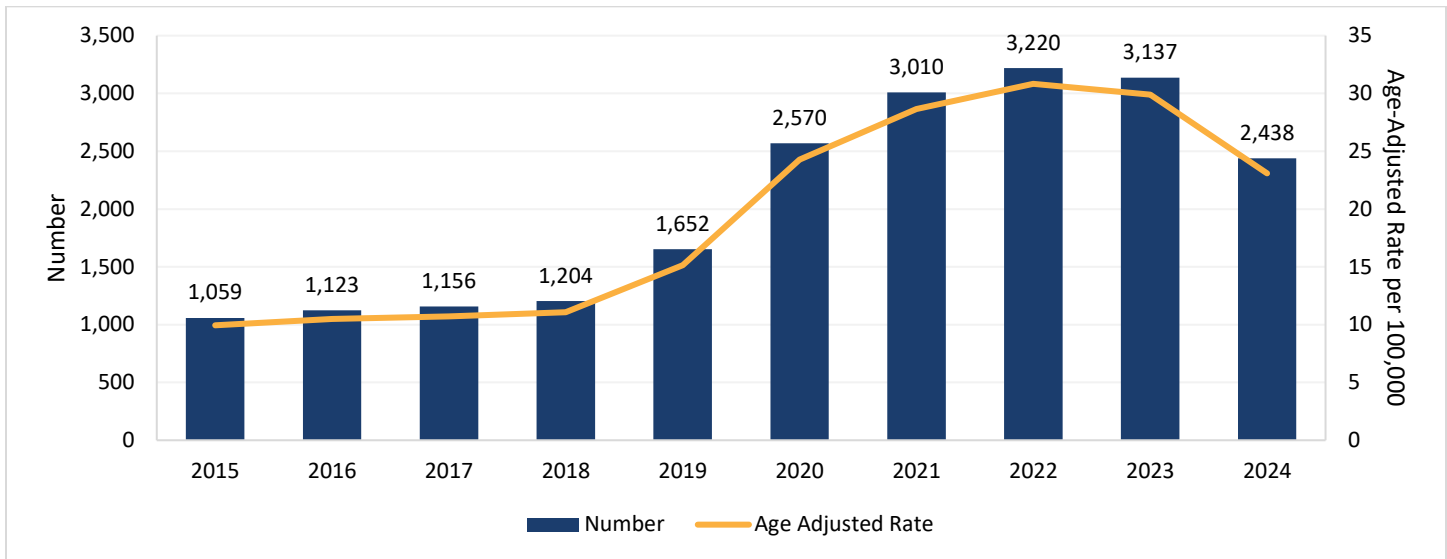
SD and regional designations for each event reviewed were based on residential address or residential zip code. If residential address was missing, death location was used. Poverty estimates were defined based on the percentage of families living at or below the federal poverty level (FPL) in the census tract of each person's residence using 5-year American Community Survey⁸ estimates for the corresponding year. Differences in population size were accounted for by calculating rates per 100,000 population using population estimates for from LAC Internal Services Division⁹ as denominators.

Results

Overall Overdose Deaths

Figure 1 shows that both the number and age-adjusted rate of accidental drug overdose and poisoning deaths in Los Angeles County increased steadily each year from 2015, reaching a peak in 2022 with 3,220 deaths (age-adjusted rate of 30.8 deaths per 100,000 population). From 2022 to 2023, accidental overdose deaths decreased by 3%—marking the first decline in the past decade. This was followed by a more substantial 22% drop from 2023 to 2024, with a total of 2,438 deaths in 2024 (age-adjusted rate of 23.1 per 100,000), representing the lowest number recorded since 2019.

Figure 1. Number and Age-Adjusted Rate of Accidental Drug Overdose Deaths, LAC, 2015-2024



*Note: Accidental drug overdose deaths refers to accidental deaths involving alcohol and/or other drugs.

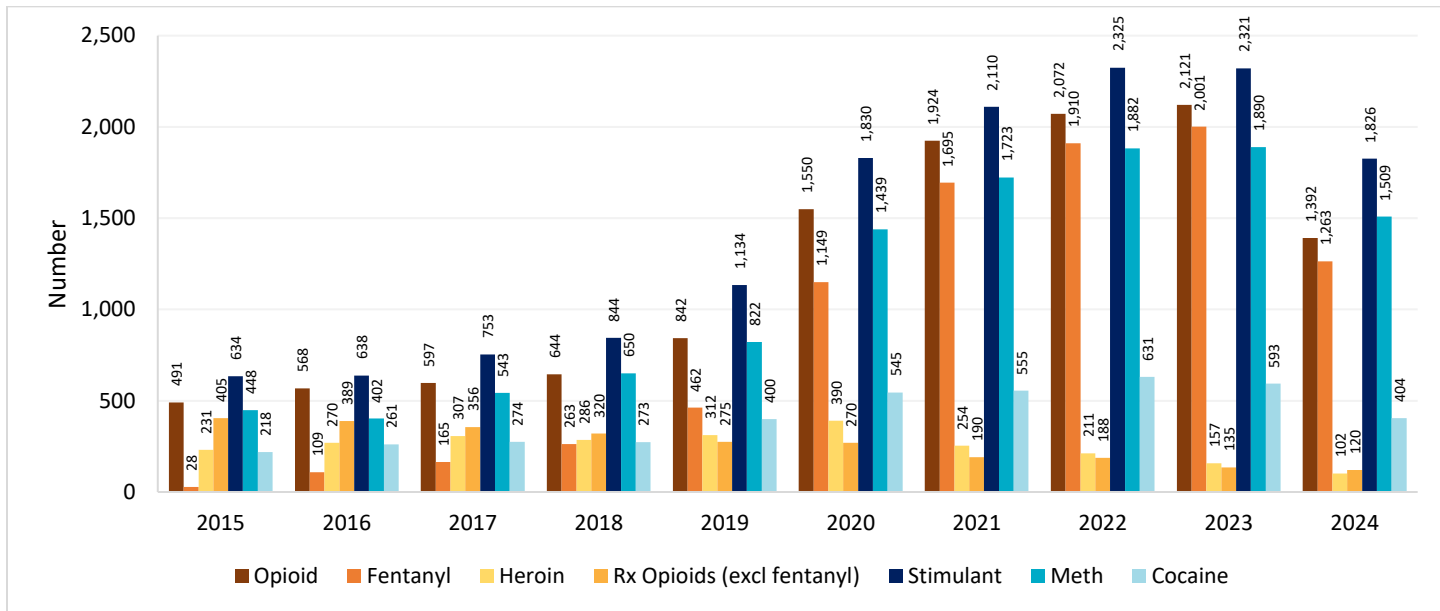
Drug Types Involved

Figure 2 shows that stimulants (primarily methamphetamine) and opioids (primarily fentanyl) have been major drivers of accidental overdose deaths and have consistently been the most common drug types listed as a cause of death in the past decade. From 2023 to 2024, the number of accidental overdose deaths involving fentanyl dropped 37%, and those involving methamphetamine dropped 20%. Of all accidental overdose deaths in 2024, fentanyl involvement dropped to 52% from 64% in the previous year, while methamphetamine involvement increased from 60% to 62%. Stimulant and opioid co-involved overdose deaths accounted for 38% of all accidental overdose deaths in 2024, with a larger proportion of opioid involved deaths co-involving stimulants (67%) compared to stimulant involved deaths co-involving opioids (51%).

The proportion of accidental drug overdose deaths involving prescription (Rx) opioids excluding fentanyl decreased from 38% in 2015 to 5% in 2024. Heroin-involved accidental drug overdose deaths decreased from 27% in 2017 to 4% in 2024.

Cocaine involvement has remained relatively stable over the past few years, accounting for 17% of accidental drug overdose deaths in 2024.

Figure 2. Number of Accidental Drug Overdose Deaths by Drug, LAC, 2015-2024



*Notes: A death can involve multiple drugs. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl, heroin, and prescription (Rx) opioids excluding fentanyl. Meth refers to methamphetamine. Routine testing for fentanyl began among overdose deaths in May 2016.

Age

Figure 3 and Table 1 show that there were large increases in accidental drug overdose deaths from 2015 to 2022 and dropped for all age groups from 2023 to 2024. In 2024, accidental drug overdose deaths occurred most often among adults aged 40-64 (55%), followed by adults aged 26-39 (30%), older adults aged 65+ (9%), young adults aged 18-25 (5%), and youth 17 and under (1%) in LAC. Accidental drug overdose death rates per 100,000 population were highest for adults aged 40-64 (rate=42.0), followed by adults 26-39 (rate=35.1), older adults 65+ (rate=13.7), young adults aged 18-25 (rate=11.7), and youth 17 and under (rate=0.8) in 2024.

The rate of accidental drug overdose deaths decreased earlier and more substantially among younger age groups. The rate among young adults aged 18-25 started decreasing in 2021 and has decreased by 57% through 2024. Among middle aged adults, the rate decreased by 29% for those aged 26-39, and by 26% for those aged 40-64 since 2022. The rate decreased more modestly, by 14%, among older adults aged 65+.

Millennials (born 1981-1996) accounted for 42% of the total decrease in accidental drug overdose deaths from 2023 to 2024, while Gen X (born 1965-1980) accounted for 29%, Baby Boomers (born 1946-1964) accounted for 17%, and Gen Z (born 1997-2012) accounted for 12% (**Figure 4**).



Figure 3. Number and Age-Specific Rate of Accidental Drug Overdose Deaths by Age, LAC, 2015-2024

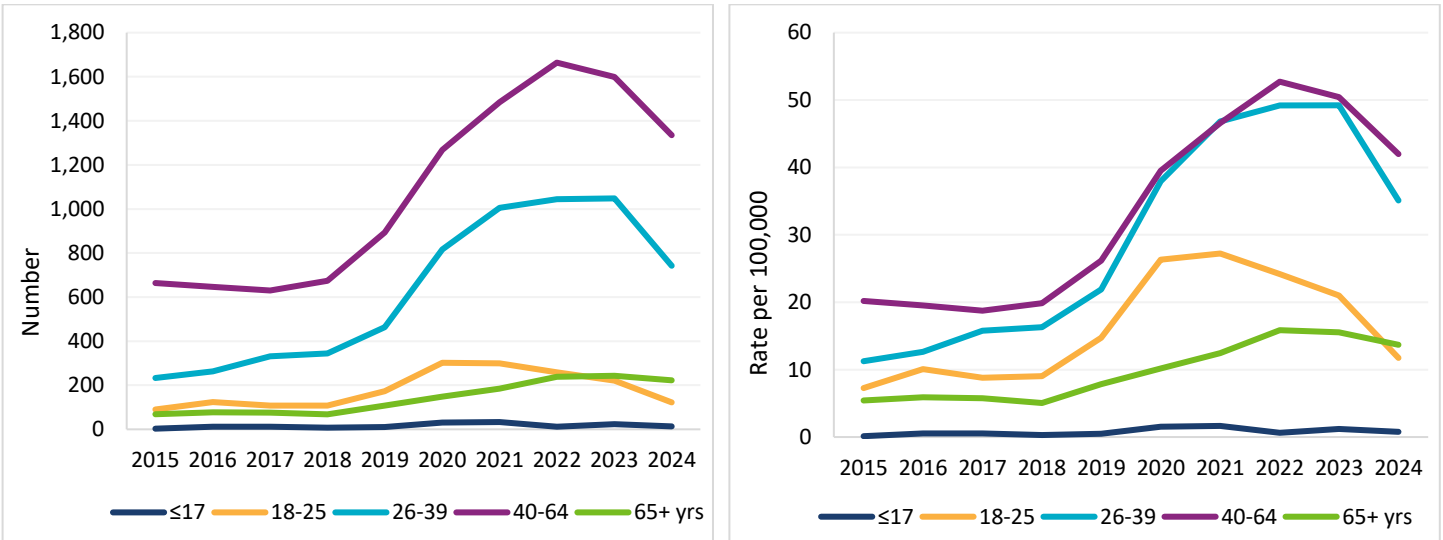


Figure 4. Number and Change in Accidental Drug Overdose Deaths by Generation, LAC, 2023 and 2024

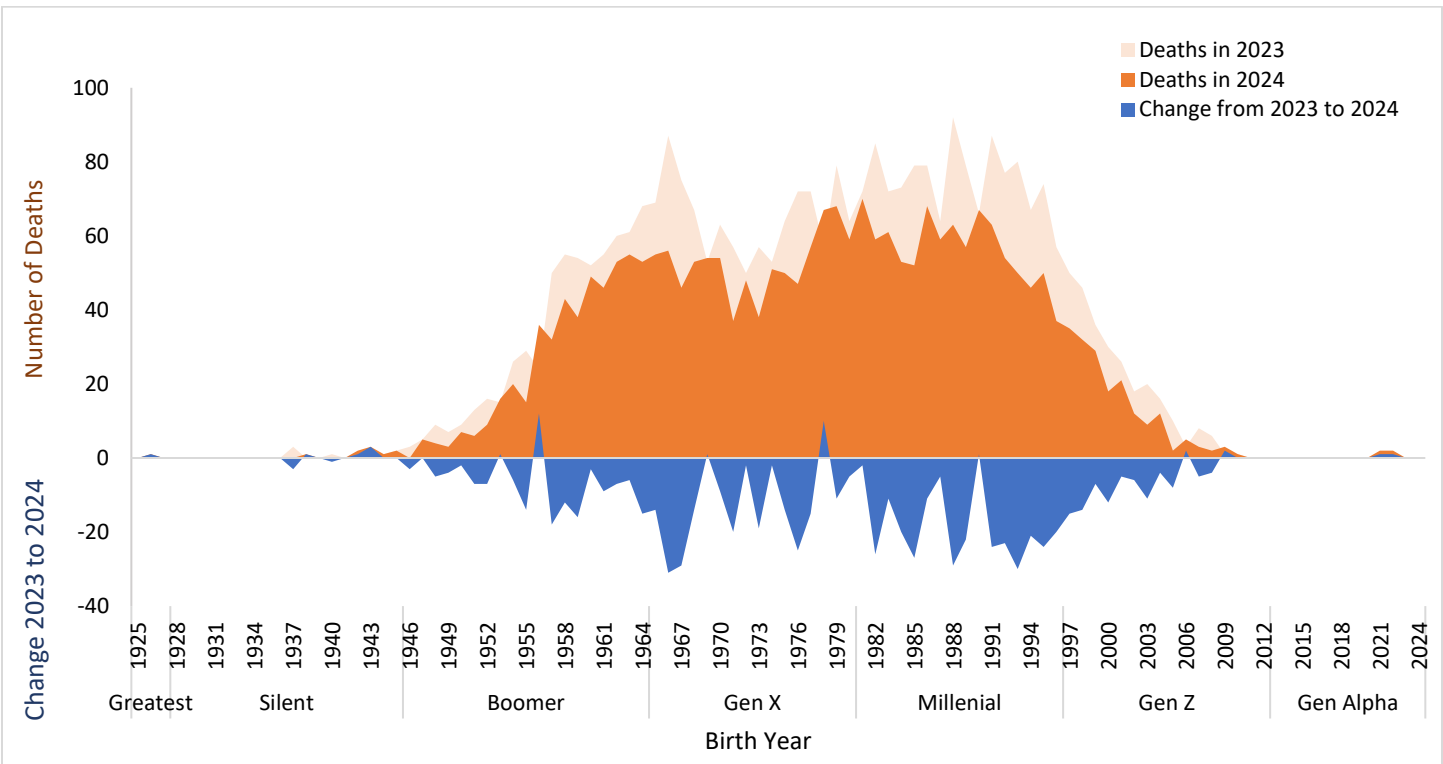


Table 1. Accidental Drug Overdose Deaths by Age, LAC, 2015-2024

LAC											
Age	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Number of Deaths											
≤17	3	12	12	7	11	31	33	12	23	14	158
18-25	90	124	107	108	173	302	299	258	221	122	1,804
26-39	233	263	331	344	463	816	1,005	1,045	1,048	743	6,291
40-64	664	646	630	674	893	1,268	1,484	1,664	1,599	1,335	10,857
65+	69	77	76	68	108	148	184	239	243	223	1,435
Missing	0	1	0	3	4	5	5	2	3	1	24
Total	1,059	1,123	1,156	1,204	1,652	2,570	3,010	3,220	3,137	2,438	20,569
Rate per 100,000 Population											
≤17	0.1	0.5	0.5	0.3	0.5	1.5	1.7	0.6	1.2	0.8	0.7
18-25	7.3	10.1	8.8	9.0	14.7	26.3	27.2	24.2	21.0	11.7	15.7
26-39	11.3	12.6	15.8	16.3	21.9	38.0	46.8	49.2	49.2	35.1	29.8
40-64	20.2	19.5	18.7	19.9	26.2	39.5	46.6	52.7	50.4	42.0	33.2
65+	5.4	5.9	5.8	5.0	7.9	10.2	12.4	15.9	15.5	13.7	10.1
Total	10.4	11.0	11.3	11.7	16.1	25.7	30.4	32.9	31.9	24.8	20.4

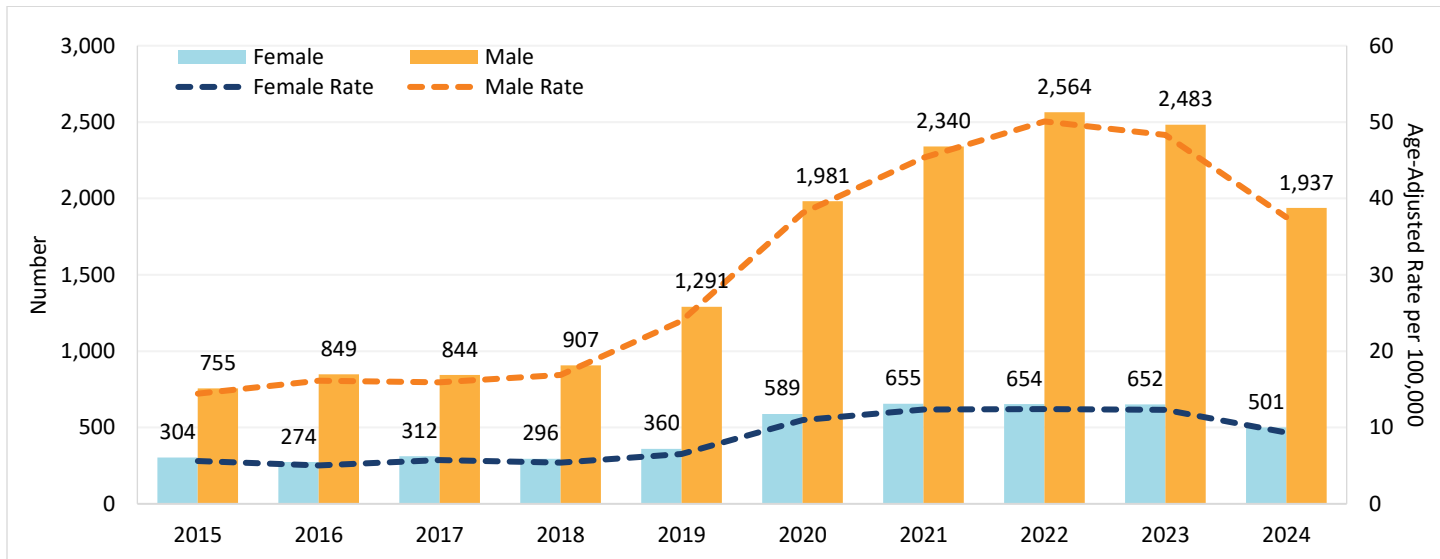
Gender

Figure 5 shows that males consistently accounted for more accidental drug overdose deaths than females in the past decade. In 2024, there were 1,937 (79%) male and 501 (21%) female accidental overdose deaths in LAC.

Among males, the age-adjusted rate of accidental drug overdose deaths per 100,000 steeply increased from 15.9 in 2017 to a peak of 50.1 in 2022, then declined slightly in 2023. Among females, the age-adjusted rates increased from 5.4 in 2018 to 12.4 in 2021 and remained relatively stable through 2023. From 2023 to 2024, the age-adjusted rate declined similarly by 25% for both males and females.

The gender disparity increased from males having an age-adjusted rate of accidental drug overdose deaths at 2.6 times that for females in 2015 (14.4 vs 5.6), to 4.0 times in 2024 (37.5 vs 9.3).

Figure 5. Number and Age-Adjusted Rate of Drug Overdose Deaths by Gender, LAC, 2015-2024



Race/Ethnicity

From 2015-2024, Whites (41%) accounted for the largest proportion of accidental drug overdose deaths, followed by Hispanic/Latinos (34%), Blacks (20%), and Asians (3%). The number of accidental drug overdose deaths first declined among Whites in 2022. In 2023, the number of accidental drug overdoses among Hispanic/Latinos continued to increase and surpassed that of Whites, while that for all other race/ethnic groups decreased. In 2024, Hispanics/Latinos (n=955, 39%) remained the largest race/ethnic group, followed by Whites (n=815, 33%), Blacks (n=533, 22%), Asians (n=65, 3%), Multiple Race (n=11, 0.5%), American Indian/Alaskan Natives (n=5, 0.2%), and Native Hawaiians or Other Pacific Islanders (n=4, 0.2%) (Figure 6).

Figure 7 shows that the age-adjusted rates of accidental drug overdose deaths per 100,000 population in 2024 were the highest by far for Blacks (rate=65.7), followed by Whites (rate=30.5), American Indian/Alaskan Natives (rate=29.5), Hispanics/Latinos (rate=19.1), Native Hawaiian or Other Pacific Islanders (rate=18.5), Asians (rate=4.0), and Multiple Race (rate=3.4) when accounting for different population sizes.

From 2023 to 2024, age-adjusted rates of drug overdose death decreased the most for Asians (by 28%), followed by Whites (by 27%), American Indian/Alaskan Natives and Blacks (by 25% each), and less for Hispanic/Latinos (by 19%), and Native Hawaiian or Other Pacific Islanders (by 14%).

Figure 6. Number of Accidental Overdose Deaths by Race/Ethnicity, LAC, 2015-2024

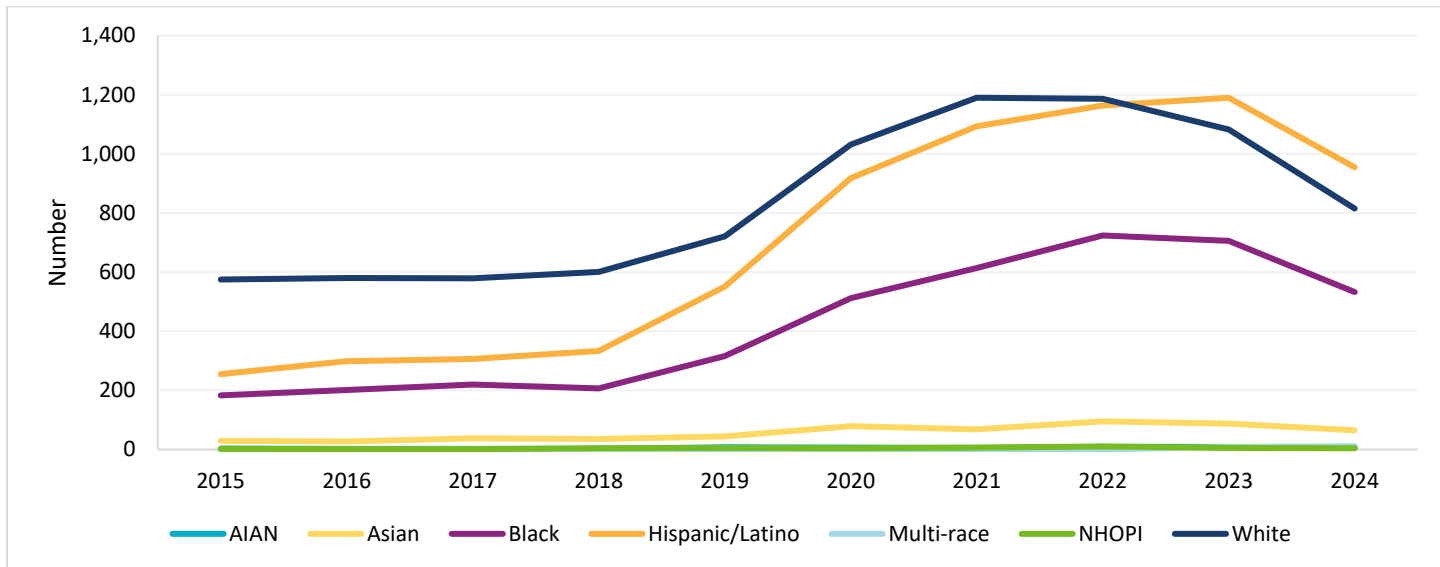
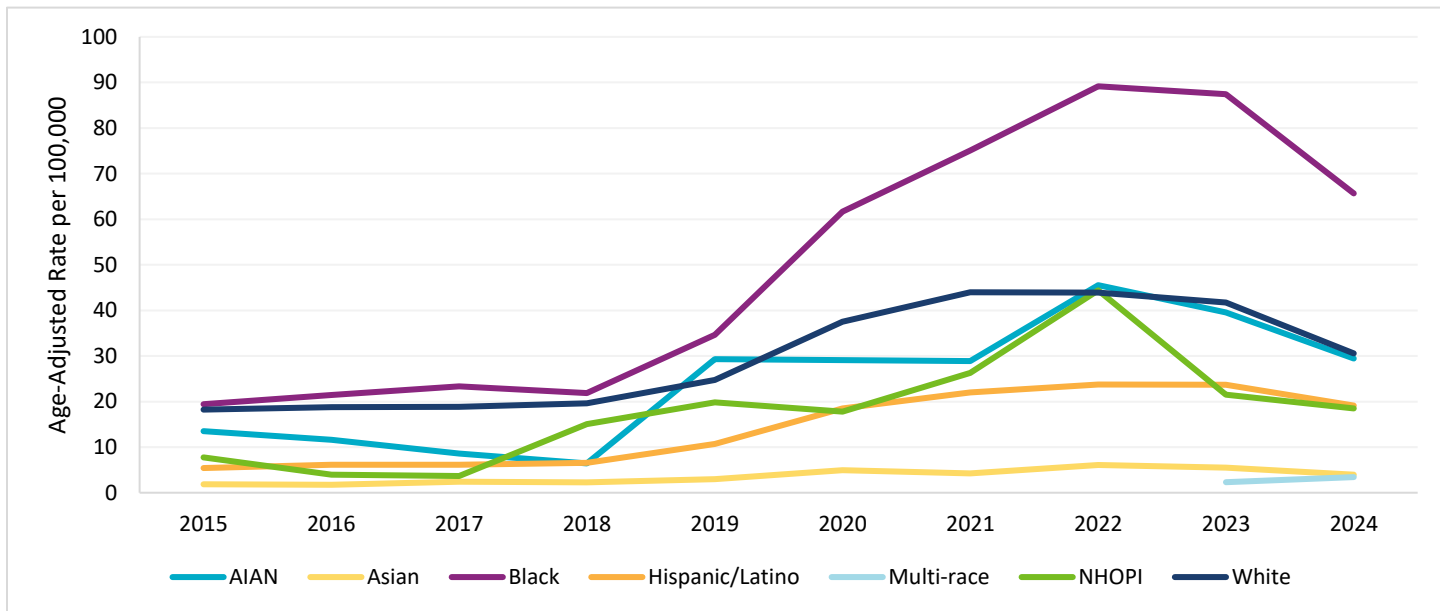


Figure 7. Age-Adjusted Rate of Accidental Overdose Deaths by Race/Ethnicity, LAC, 2015-2024



Notes: AIAN: American Indian/Alaskan Native. Multi-race: Multiple races. NHOPI: Native Hawaiian or Other Pacific Islander. Multi-race available starting 2023. Rates for AIAN, Multi-race, and NHOPI are statistically unstable (RSE>30%) and should be interpreted with caution.

Table 2. Accidental Drug Overdose Deaths by Race/Ethnicity, LAC, 2015-2024

LAC											
Age	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
Number of Deaths											
AIAN	3	2	2	2	7	6	5	9	8	5	49
Asian	29	27	38	36	44	79	68	95	87	65	568
Black	183	201	220	207	316	512	614	724	706	533	4,216
Hispanic/ Latino	255	299	306	333	551	918	1,093	1,164	1,190	955	7,064
Multi-race	-	-	-	-	-	-	-	-	8	11	19
NHOPI	2	1	1	4	5	4	6	10	5	4	42
White	575	580	579	601	721	1,032	1,190	1,186	1,082	815	8,361
Missing	12	13	10	21	8	19	34	32	51	50	250
Total	1,059	1,123	1,156	1,204	1,652	2,570	3,010	3,220	3,137	2,438	20,569
Age-Adjusted Rate per 100,000 Population											
AIAN	13.5	11.6	8.6	6.4	29.3	29.1	28.9	45.5	39.5	29.5	22.6
Asian	1.9	1.7	2.4	2.3	2.9	4.9	4.3	6.1	5.5	4.0	3.6
Black	19.4	21.4	23.3	21.9	34.6	61.6	75.1	89.2	87.5	65.7	48.4
Hispanic/ Latino	5.4	6.2	6.1	6.5	10.7	18.5	22.0	23.7	23.7	19.1	14.2
Multi	-	-	-	-	-	-	-	-	2.3	3.4	-
NHOPI	7.7	3.9	3.7	15.0	19.8	17.8	26.3	44.4	21.5	18.5	17.4
White	18.2	18.8	18.9	19.6	24.7	37.5	44.0	43.9	41.7	30.5	29.1
Total	9.9	10.5	10.7	11.1	15.1	24.3	28.7	30.8	29.9	23.1	19.3

Notes: AIAN: American Indian/Alaskan Native. Multi-race: Multiple races. NHOPI: Native Hawaiian or Other Pacific Islander. Multi-race available starting 2023. Rates for AIAN, Multi-race, and NHOPI are statistically unstable (RSE>30%) and should be interpreted with caution.

Area Poverty

Figure 8 shows that more affluent areas had higher numbers of accidental drug overdose deaths than poorer areas. Areas that had less than 10% of families living below the FPL accounted for 42% of accidental drug overdose deaths in 2015-2024, while areas with more than 30% of families living below the FPL accounted for 8%.

Figure 9 shows that the age-adjusted rates of accidental drug overdose deaths per 100,000 population were much higher in poorer areas compared to more affluent areas. In 2015, the age-adjusted accidental drug



overdose death rate for the poorest areas was double (2.0 times) that of the most affluent areas. The disparity increased over the decade to an age-adjusted accidental drug overdose death rate for the poorest areas at 3.6 times that of the most affluent areas in 2024.

Figure 8. Number of Accidental Overdose Deaths by Area Poverty, LAC, 2015-2024

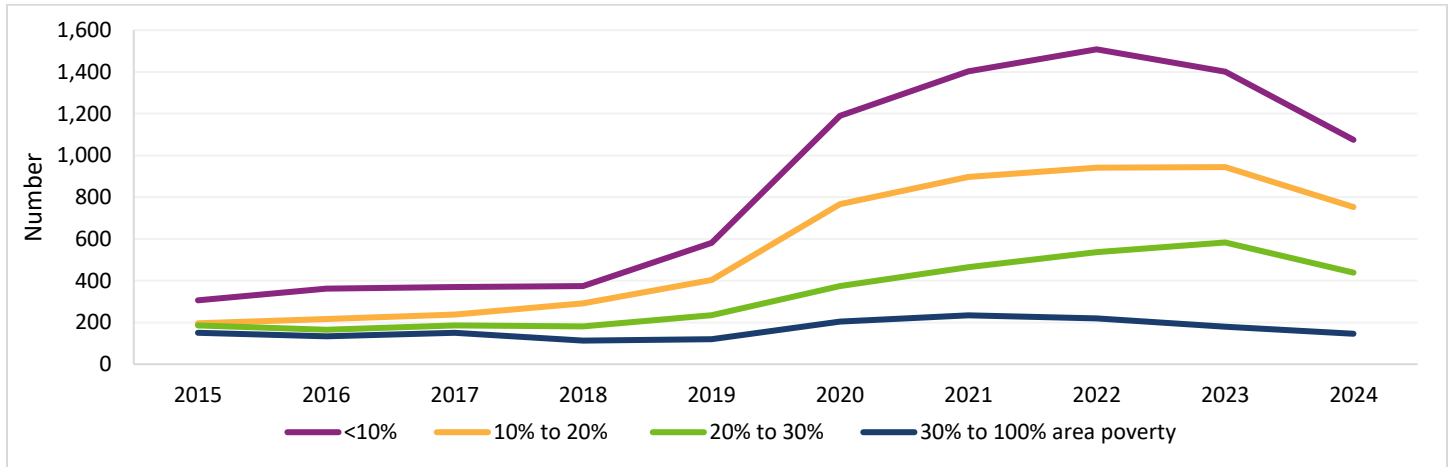
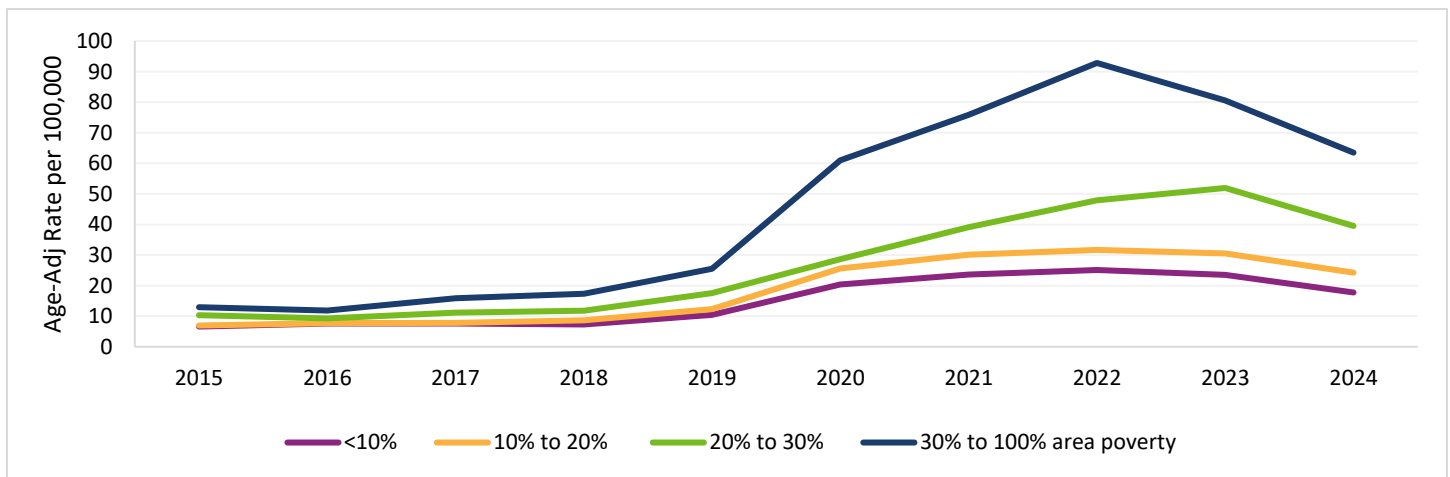


Figure 9. Age-Adjusted Rate of Accidental Overdose Deaths by Area Poverty, LAC, 2015-2024



Supervisorial District (SD)

Figure 10 and **Figure 11** show the number and age-adjusted rates per 100,000 population of accidental overdose death by SD during 2015-2024. The number and age-adjusted rates of accidental drug overdose deaths decreased for all SDs from 2023 to 2024. Although the largest decreases in the age-adjusted rates

occurred in SD 3 (by 27%) and SD 1 (by 24%), the number and age-adjusted rate of accidental drug overdose death remained highest in SD 1, followed by SD 3 and SD 2 in 2024. SD 5 had the smallest age-adjusted rate decrease from 2023 to 2024 (by 13%).

Figure 10. Number of Accidental Overdose Deaths by SD, LAC, 2015-2024

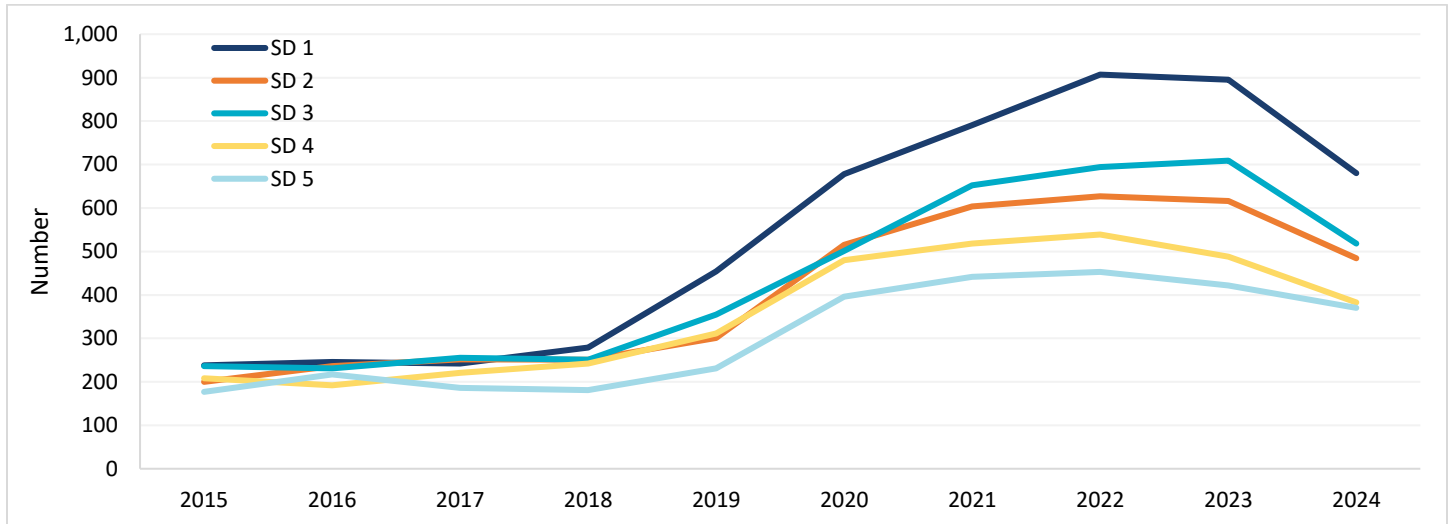


Figure 11. Age-Adjusted Rate of Accidental Drug Overdose Deaths by SD, LAC, 2015-2024

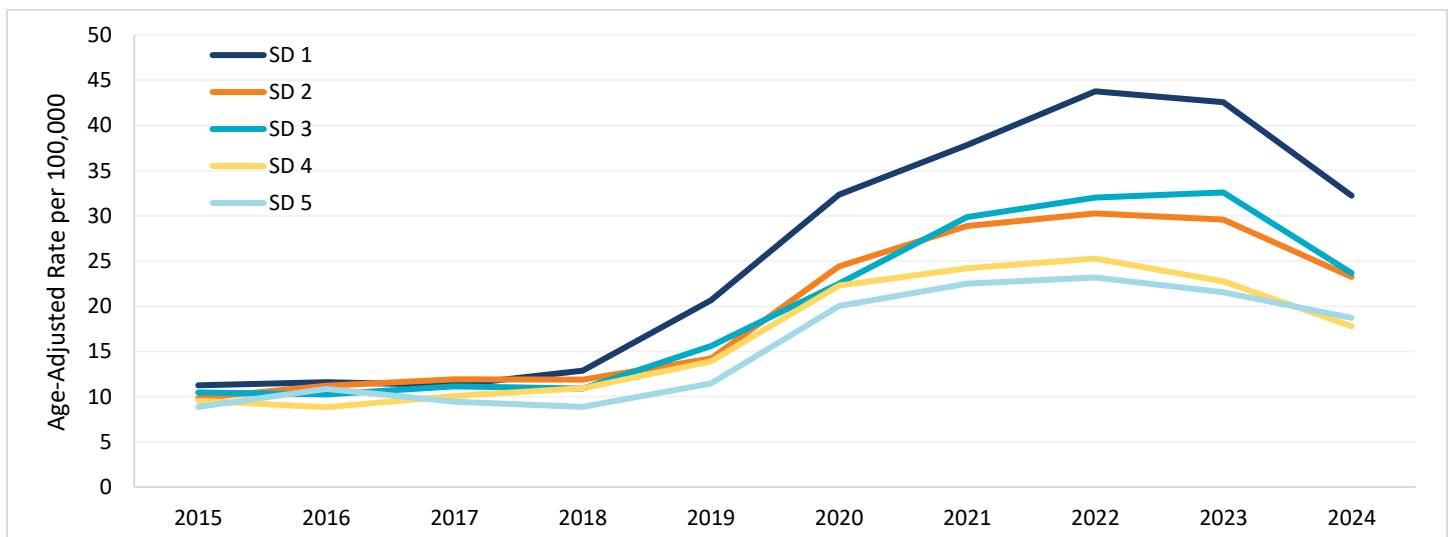




Table 3 shows the aggregated accidental drug overdose deaths by age for each SD during 2015-2024. The age-specific rate of accidental drug overdose deaths was highest for all age groups in SD 1, except for the age 65+ group, which was highest in SD 2.

Table 3. Number and Age-Specific Rate of Drug Overdose Deaths by SD, LAC, 2015-2024

Age	SD 1	SD 2	SD 3	SD 4	SD 5	Missing SD	LAC
Number of Deaths							
≤17	44	30	25	33	26	0	158
18-25	389	345	446	331	293	0	1,804
26-39	1,542	1,139	1,519	1,068	1,022	1	6,291
40-64	3,033	2,180	2,169	1,922	1,542	11	10,857
65+	390	386	241	226	190	2	1,435
Missing	12	6	2	2	2	0	24
Total	5,410	4,086	4,402	3,582	3,075	14	20,569
Rate per 100,000 Population							
≤17	1.1	0.6	0.6	0.7	0.7	-	0.7
18-25	17.0	14.5	19.9	13.4	14.1	-	15.7
26-39	35.5	26.1	32.9	25.5	28.1	-	29.8
40-64	47.5	34.5	31.9	28.6	24.0	-	33.2
65+	13.6	15.7	7.8	7.8	6.5	-	10.1
Total	27.1	20.3	21.3	17.1	16.3	-	20.4

*Missing SD refers to the records that were not designated to any SD due to missing address or zip code.

Service Planning Area (SPA)

Figure 12 and **Figure 13** shows the number and age-adjusted rate per 100,000 population of accidental drug overdose death by SPA in 2015-2024. The age-adjusted rate of accidental drug overdose death decreased in all SPAs from 2023 to 2024, except SPA 1 (Antelope Valley), which increased by 6%. SPA 5 had the largest rate decrease (by 33%) from 2023 to 2024. In 2024, SPA 4 (Metro) continued to have by far the highest number and age-adjusted rate of accidental drug overdose deaths.



Figure 12. Number of Accidental Overdose Deaths by SPA, LAC, 2015-2024

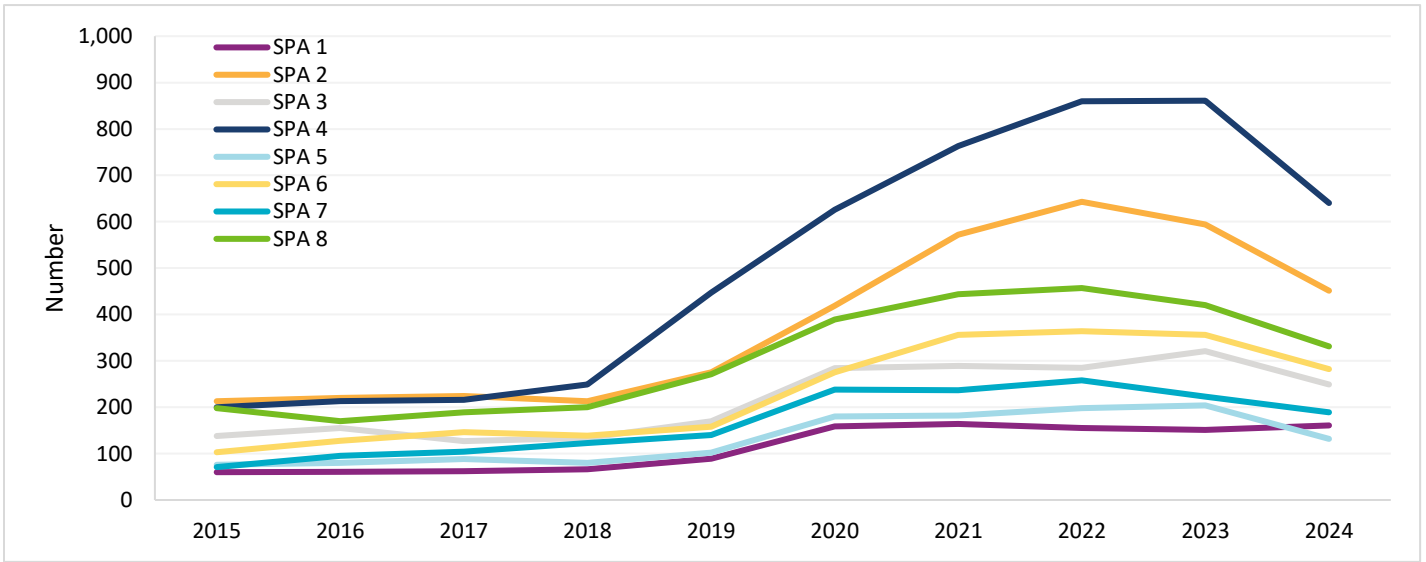


Figure 13. Age-Adjusted Rate of Accidental Overdose Deaths by SPA, LAC, 2015-2024

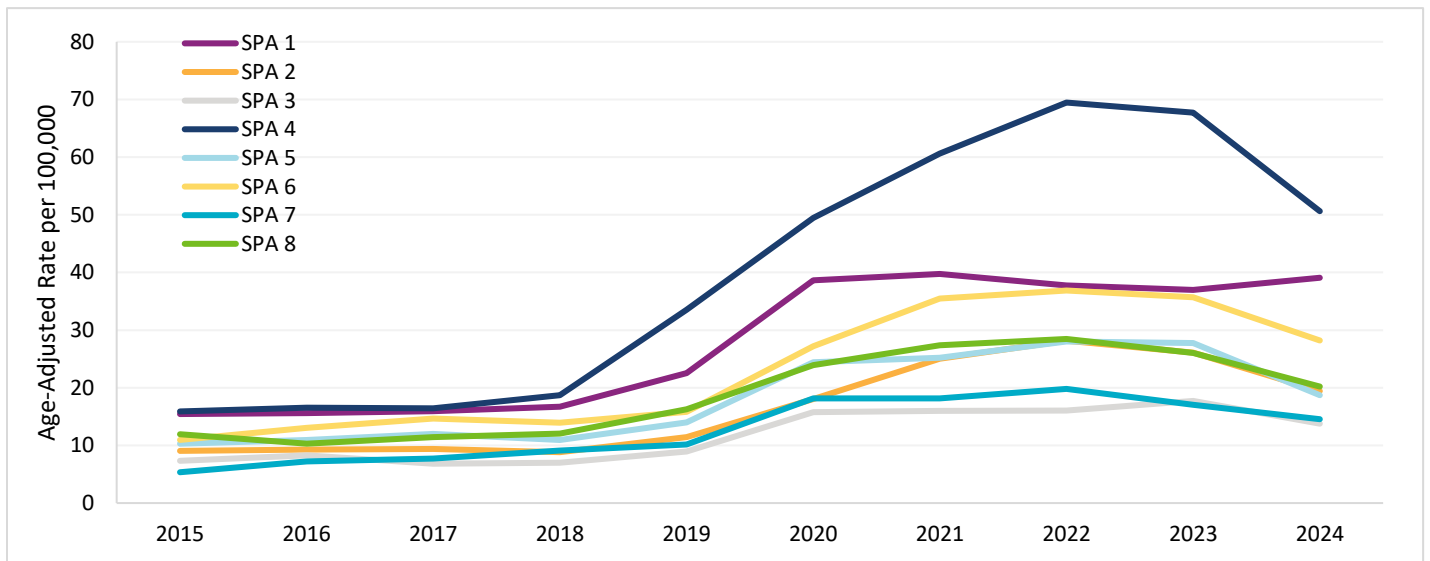




Table 4 shows the aggregated accidental drug overdose deaths by age for each SPA in 2015-2024. The rate of accidental drug overdose death was highest in SPA 1 (Antelope Valley) among youth under 17 and highest in SPA 6 (South) among older adults aged 65+. SPA 4 (Metro) had the highest accidental drug overdose rates for young and middle-aged adults.


Table 4. Number and Age-Specific Rate of Drug Overdose Deaths by SPA, LAC, 2015-2024

Age	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay/Harbor	Missing Region	LAC
Number of Deaths										
≤17	14	24	30	17	8	22	25	18	0	158
18-25	79	405	218	341	129	194	188	250	0	1,804
26-39	343	1,313	654	1,564	469	570	517	860	1	6,291
40-64	603	1,884	1,120	2,771	636	1,257	864	1,711	11	10,857
65+	89	196	129	369	78	261	83	228	2	1,435
Missing	0	2	1	13	2	3	1	2	0	24
Total	1,128	3,824	2,152	5,075	1,322	2,307	1,678	3,069	14	20,569
Rate per 100,000 Population										
≤17	1.3	0.5	0.8	0.9	0.8	0.8	0.8	0.5	-	0.7
18-25	14.9	17.2	10.7	31.3	17.1	13.6	11.8	14.9	-	15.7
26-39	45.1	29.3	19.3	50.8	29.6	26.3	20.0	27.8	-	29.8
40-64	48.5	25.1	19.2	73.3	29.9	42.4	21.4	33.2	-	33.2
65+	18.6	6.0	4.4	24.9	7.1	25.9	4.8	10.1	-	10.1
Total	27.8	17.3	12.2	44.4	20.1	22.5	13.0	19.8	-	20.4

*Missing region info refers to records that were not designated any regions due to missing addresses or zip codes.

Discussion

The ongoing drug overdose crisis remains a substantial public health threat in all sociodemographic groups and geographic areas in the United States and Los Angeles County, claiming a significant number of lives annually and contributing to societal and economic burdens. Although the 22% reduction in overall accidental drug overdose deaths throughout LAC represents a notable shift, much needs to be done to maintain progress and further reduce overdose and poisoning deaths. In particular, the sharp decline in fentanyl overdose deaths (37%) suggests that expanded Los Angeles County efforts in substance use and overdose prevention, treatment, and harm reduction may be making an impact.



Given that most illicit drugs and counterfeit pills circulating outside of healthcare settings continue to be contaminated with fentanyl, the risk of unintentional overdose is substantial. However, overdoses are largely preventable when evidence-based strategies are implemented. Effective primary prevention must include clear messaging about the inherent risks of all illicit drug use and the likelihood of fentanyl exposure. Harm reduction measures, such as broader access to naloxone (i.e., Narcan), fentanyl test strips, and safer consumption sites, are vital to saving lives. Enhanced access to treatment remains a pivotal component of our strategy, ensuring individuals with substance use disorders receive the support they need for recovery.

Although opioid co-involvement may have accounted in part for the increases in the total number of methamphetamine-involved overdose deaths in recent years, and the focused efforts on opioid overdose prevention may have accounted for decreases in the last year, overdose deaths involving methamphetamine alone continue to be sizeable. Challenges remain for stimulant users, who have more limited interventions and treatments available to prevent death and support recovery. Expanding prevention efforts with additional emphasis on stimulant overdoses, including education on how to recognize and respond to stimulant overdose symptoms that may differ from those of opioid overdoses, might reduce deaths. Wider support for effective treatments for stimulant use disorder such as evidence-based contingency management may help treatment-seekers.

The persistent health disparities in accidental drug overdose deaths, particularly among marginalized communities, warrant urgent attention. Data analysis reveals that accidental drug overdose death rates are disproportionately higher among Black individuals and in high-poverty neighborhoods. For example, although Black residents make up only 7% of LAC's population, they accounted for 22% of accidental drug overdose deaths in 2024. These disparities underscore the importance of adjusting frequency assessments for population size to avoid masking inequities.

Drug overdose is preventable through a continuum of evidence-based strategies. As the exposures to different social experiences can shape behaviors and outcomes, the effect of different interventions implemented varies by people of different ages, race/ethnicity, and area poverty levels, additional efforts in tailoring prevention, harm reduction, treatment, and recovery strategies are essential to overcoming structural barriers and promoting health equity throughout LAC.¹⁰ Ultimately, a comprehensive approach is needed, one that identifies and enables individuals to receive necessary support to overcome the economic, structural, and cultural factors that heighten overdose risk and impede access to care, especially in underserved populations. By continuing to adapt strategies and investments in response to emerging trends and persistent disparities, Los Angeles County can strengthen its response to the overdose crisis and drive sustained, equitable progress.

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