

1 **RESOLUTION NO.**

2 **WHEREAS**, the use of opioids, such as hydrocodone, oxycodone, Fentanyl,  
3 carfentanil, tramadol, methadone, and heroin can be fatal or cause severe side  
4 effects; and

5 **WHEREAS**, from April 2020 to April 2021 the U.S. Centers of Disease for  
6 Control and Prevention reported 100,000 Americans have died of opioid- related  
7 causes, resulting in a 28 percent increase from the year before; and

8 **WHEREAS**, Travis County has experienced an upward trend of drug  
9 overdose deaths, particularly those resulting from opioids and in March of this year  
10 overdoses in Austin doubled from 60 to 120; and

11 **WHEREAS**, Travis County ranked fourth among Texas counties for  
12 accidental opioid fatalities in 2019 and a report from the Texas Harm Reduction  
13 Alliance revealed 262 people died of a drug overdose in Travis County the  
14 following year, a 36 percent increase; and

15 **WHEREAS**, this year the Travis County Medical Examiner released the  
16 “Travis County Medical Examiner Annual Report 2021,” which shows that drug  
17 toxicity is now the number one cause of accidental deaths in Travis County, ahead  
18 of both falls and motor vehicle fatalities; and

19 **WHEREAS**, the 2021 Report shows that overdose deaths in which Fentanyl  
20 was detected rose by 237 percent —from 35 in 2020 to 118 in 2021; and

21 **WHEREAS**, drugs, including but not limited to, heroin, cocaine, opioids,  
22 and Xanax are being laced with Fentanyl, and while pharmaceutical Fentanyl is 50-  
23 100 times more potent than morphine, illicitly manufactured Fentanyl can contain

24 even higher concentrations, increasing the danger of overdose, with two out of  
25 every five pills laced with Fentanyl containing a potentially lethal dose; and

26 **WHEREAS**, since 2019, the increase of counterfeit pills containing  
27 Fentanyl seized by the DEA has increased by 430 percent; and

28 **WHEREAS**, in 2018, Texas paid \$20 billion for non-fatal overdose care in  
29 emergency rooms and intensive care units; and

30 **WHEREAS**, previous studies indicate that it is possible to effectively  
31 reduce the impact of opioid use disorder through various approaches, including  
32 improved syndromic and disease surveillance, community-based outreach and  
33 linguistically accessible public education, expanded access to medically assisted  
34 treatment, prescription drug take-back and disposal, use of Fentanyl testing strips,  
35 and the increased availability and training on the use of Naloxone; and

36 **WHEREAS**, lack of access to safe stable housing for people experiencing  
37 homelessness risks the health and safety of residents and makes it harder to access  
38 life-saving services; and

39 **WHEREAS**, Naloxone, a treatment that reverses the effects of a drug  
40 overdose, is not widely accessible for use by community members and social  
41 service agencies; and

42 **WHEREAS**, drug recovery programs often have long waitlists in our  
43 community; and

44 **WHEREAS**, in 2018, City Council adopted Resolution No. 20180534-038  
45 that recognized the growing opioid epidemic as an emerging public health and  
46 safety crisis; and

47           **WHEREAS**, in 2018, the Community Health Paramedic Team within  
48 Austin-Travis County Emergency Medical Services (ATCEMS), created an Opioid  
49 Use Disorder Support program which responds directly to 911 calls for apparent  
50 opioid overdoses, and/or follows up with overdose patients and their support  
51 networks to offer support services and treatment; and

52           **WHEREAS**, the ATCEMS Community Health Paramedic (CHP) team  
53 identified a gap in the availability of Medication-Assisted Treatment (MAT) for  
54 patients with opioid use disorder (OUD); and

55           **WHEREAS**, patients often experienced a seven-to-ten day delay between  
56 choosing to seek treatment and being able to begin treatment in a MAT program;  
57 and

58           **WHEREAS**, with the delay, comes the guarantee of withdrawal symptoms,  
59 which can be a deterrent for those trying to get help and an increased risk of  
60 overdose and death; and

61           **WHEREAS**, in 2020, ATCEMS and OCMO expanded the Opioid  
62 Emergency Response program to create a Buprenorphine Bridge Program for  
63 short-term treatment that brings immediate relief to patients who are seeking  
64 treatment for their OUD; and

65           **WHEREAS**, 92 percent of the patients treated through this program have  
66 been successfully placed in treatment programs, and 86 percent were still active  
67 and successful in their recovery seven days later; and

68           **WHEREAS**, in 2020, APD affirmed that it intends to utilize a portion of its  
69 funding to supply Naloxone to all sworn officers and to provide training on its use  
70 to treat opioid overdoses; and

71           **WHEREAS**, additionally, APD continues to work with other partners  
72 including EMCOT, Austin Public Health, and the Office of Police Oversight  
73 toward fulfilling the requirements of Resolution No. 20200611-096 which directs  
74 the City Manager to include funding for the expansion of programs to reduce or  
75 eliminate arrests for low-level, nonviolent offenses by substituting alternatives to  
76 arrest and incarceration, including harm reduction strategies, when the underlying  
77 issues can be better addressed with services and health care; and

78           **WHEREAS**, in 2021, City Council adopted Resolution No. 20210930-108  
79 directing the City Manager to engage with Travis County on the creation of a joint  
80 Austin/Travis County Public Health Commission and to return to Council with a  
81 formal recommendation regarding implementation of the commission; and

82           **WHEREAS**, in 2021, City Council adopted Resolution No. 20211209-047  
83 supporting the City's participation in both the Johnson & Johnson and Distributor  
84 Settlements to allow the City to receive its allocation of settlement funds for use in  
85 opioid mitigation measures and to participate in other opioid litigation settlements;  
86 and

87           **WHEREAS**, the City is set to receive the first settlement payment  
88 allocations next month totaling approximately \$1.5 million amongst four  
89 settlements; and

90           **WHEREAS**, the settlement with Johnson and Johnson, Teva, and the  
91 Distributors will have recurring payments over a nine, fifteen, and eighteen years  
92 timespan; and

93           **WHEREAS**, Travis County declared the opioid epidemic a public health  
94 crisis in May 2022 and passed a resolution to dedicate \$350,000 to initiate  
95 overdose prevention measures; and

96           **WHEREAS**, the Imagine Austin Comprehensive Plan established a priority  
97 of creating a Healthy Austin Program that would increase healthy behaviors and  
98 improve coordination between the Austin Public Health Department, other  
99 departments within the City and counties, non-profit organizations, and the  
100 community; and

101           **WHEREAS**, City Council adopted a strategic direction setting a key  
102 outcome experienced by the Austin community of enjoying a sustainable  
103 environment and a healthy life, both physically and mentally; **NOW**,  
104 **THEREFORE**,

105 **BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:**

106           City Council supports the City Manager in current efforts to address the  
107 escalating public health crisis caused by drug overdoses and addiction and  
108 encourages greater interdepartmental coordination and regional coordination with  
109 public safety, healthcare, and service providers to equitably implement harm  
110 reduction strategies and promote community health and wellness.

111 **BE IT FURTHER RESOLVED:**

112           City Council declares a Public Health Crisis in Austin related to drug  
113 overdoses.

114 **BE IT FURTHER RESOLVED:**

115           The City Manager is directed to invest in harm reduction strategies utilizing the  
116 Opioid settlement payments to address the overdose crisis, including the following  
117 immediate harm reduction strategies:

118

- 119 • Ensure an adequate supply of Naloxone kits are available on all first  
120 responder vehicles.
- 121 • Increased access to Naloxone and training through City channels other than  
122 EMS or Austin Police Department, including but not limited to, Austin  
123 Public Health, Austin Public Libraries, and Austin Parks and Recreation  
124 Department.
- 125 • Increase access to Medication-Assisted Treatment (MAT), Naloxone, and  
126 support services and operations for community partners focused on harm  
127 reduction strategies.
- 128 • Expansion of interlocal agreements, including, but not limited to, the  
129 Sobering Center, Central Health, and Integral Care.
- 130 • Enhance previously established partnerships between ATCEMS CHP and  
131 local resources, including Austin Public Health, Downtown Austin  
132 Community Court, and others, to facilitate rapid assessment, screening and  
133 referral to harm reduction services, medication-assisted therapy, and  
134 behavioral health providers.

135 **BE IT FURTHER RESOLVED:**

136 The City Manager shall provide a directive to the Public Health Commission  
137 with the objective to develop a comprehensive local plan of action that develops  
138 and prioritizes strategies related to prevention, treatment, and support services for  
139 substance use disorders. The Public Health Commission should provide quarterly  
140 reports to the Council’s Public Health Committee and to the Travis County  
141 Commissioners Court and include collaboration with harm reduction organizations  
142 to identify strategies and action around the following topics:

- 143 • Increasing staff capacity at community and non-profit organizations, to  
144 provide, but not limited to, street intervention counselors, mobile drug  
145 treatment services, community health workers and peer support services.
- 146 • Align housing policies to coincide with drug treatment.
- 147 • Creation of Criminal Justice Diversion Programs.
- 148 • Assess mental and behavioral health access to treatment gaps.
- 149 • Assess state and federal grant opportunities for additional funding.
- 150 • Evaluate harm reduction strategies and research national best practices.

151 **BE IT FURTHER RESOLVED:**

152 The City Manager is directed to create a data dashboard to provide  
153 continuous sharing of overdose high-level data with other City departments and  
154 community partners and to improve data collection, integration, and dissemination  
155 of information, and tracking inpatient and outpatient treatment availability to  
156 ensure clients are linked to necessary services. This should incorporate system-  
157 wide public health data, including, but not limited to, the database currently used to  
158 track overdoses by Austin-Travis County EMS, Travis County Medical  
159 Examiner’s Office, hospital partners and other relevant software data and provide  
160 additional internal or contracted staffing support to implement within one-year.  
161 Data metrics should include, but not limited to, the following:

- 162 • behavioral health treatment rate for patients with a primary diagnosis of  
163 opioid use disorder;
- 164 • doses of Naloxone distributed;
- 165 • doses of Naloxone administered by first responders;

- 166 • fatal overdoses; and
- 167 • nonfatal overdoses.

168 **BE IT FURTHER RESOLVED:**

169 The City Manager is directed to create a public education campaign within  
170 the next year to warn about the dangers of Fentanyl, mental health stigma, and  
171 youth education, including:

- 172 • The development and implementation of a public awareness campaign  
173 including educational materials that focus on the prevention of drug use,  
174 risks of substance use and misuse, and community resources available in  
175 treatment, recovery, harm reduction, and safe disposal of unused  
176 prescription drugs.
- 177 • The development and implementation of an educational campaign for health  
178 care providers about up-to-date and safe prescribing practices for the  
179 treatment of pain and pain management and finding other non-opioid pain  
180 management options.
- 181 • The development and implementation of an initiative to encourage  
182 physicians to refer patients to MAT treatment when an opiate use disorder is  
183 suspected or identified.
- 184 • Support expansion of street-level interventions, educational outreach, and  
185 linking clients to the appropriate prevention, treatment, harm reduction, or  
186 recovery programs.

187 **BE IT FURTHER RESOLVED:**



188 The City Manager is directed to collaborate with Travis County on hosting a  
189 series of workshops within the next six months to provide input for the  
190 comprehensive local plan of action and public education campaign. Workshops  
191 should serve to hear from people’s lived experiences, provide evidence-based  
192 training to community providers on safe prescribing practices, and work with  
193 pharmacists on patient counseling and prescribing Naloxone.

194 **BE IT FURTHER RESOLVED:**

195 The City Manager is directed to amend the City's Legislative Program for  
196 the 88th Texas Legislative Session to support the legalization and access to  
197 Fentanyl test strips, and expansion of Good Samaritan laws and be in opposition to  
198 bills that increase arrest and severity of criminal punishment related to an  
199 individual experiencing an overdose and impact the likelihood of bystanders  
200 calling 911 related to overdoses.

201

202 ADOPTED: \_\_\_\_\_, 2022

ATTEST: \_\_\_\_\_

203

Myrna Rios  
City Clerk

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