Substance Abuse Prevention
PROVIDERS' ANNUAL REPORT
Fiscal Year 2025-2026

Substance Use Prevention Services (SUPS)
December 2026

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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EXECUTIVE SUMMARY

The Los Angeles County Department of Public Health, Substance Abuse Prevention & Control (SAPC) Prevention Services Division (PSD) is responsible for the planning, development, implementation, and evaluation of effective, relevant, and culturally competent substance use prevention services and initiatives. SAPC aims to reduce the burden of substance abuse by reducing the individual and community level availability and accessibility of alcohol and other drugs through implementing effective, equitable, comprehensive, and culturally and linguistically competent evidence-based prevention programing countywide.

The 2024-25 Annual Prevention Progress Report highlights key prevention strategies and initiatives implemented in Los Angeles County (LAC) to reduce the burden of substance abuse, and includes accomplishments and adjustments made to regular programming to address post pandemic programmatic challenges, advances in technology, and lessons learned through evaluating prior years' efforts, countywide. Additionally, there are recommendations for next steps in accordance with Federal and State guidelines and the Los Angeles County's Strategic Prevention Plan[1] to reduce underage drinking and binge drinking among youth and young adults, decrease prescription drugs and over-the-counter medication misuse and abuse, reduce marijuana use by youth, and decrease availability of and access to methamphetamine and other illicit drugs by youth and young adults.

While the 6% decrease in drug overdose deaths from 2024 to 2025 marks the third consecutive year of improvement, there were still 2,298 LAC residents who lost their lives due to drug overdose, of which 49% involved fentanyl and 61% involved methamphetamine.[2] In 2024, on average, each alcohol or other drug (AOD) related hospitalization cost over $120,000.[3] Similarly, the cost of medical care for people with substance use disorders is 2-3 times higher on average, compared to individuals without AOD issues.[4] In LAC, AOD accounted for $17.1 billion in hospital spending alone in 2024.[5]

SAPC has continued investing in effective, localized and community-driven substance use primary prevention programs as both a cost-saving strategy and public health necessity. For every dollar invested in prevention, there is a cost savings of $7.40-$36 in future substance use-related health, social, and criminal costs.[6] SAPC remains committed to ensuring that LAC receives comprehensive, data-driven, and community-led primary prevention initiatives that reduce the overall burden and risk of addiction, while protecting and promoting individual health and the health of communities.

[1] http://publichealth.lacounty.gov/sapc/prevention/PP/Strategic_Prevention_Plan_072820.pdf
[2] http://ph.lacounty.gov/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf?v=25
[3] http://ph.lacounty.gov/sapc/MDU/MDBrief/Cost-Data-Brief.pdf
[4] ibid
[5] ibid
[6] ibid

Through a myriad of partnerships, SAPC continues to deliver relevant, evidence-based, and innovative substance use disorder (SUD) prevention services across the county. This fiscal year, approximately 130,000 youth and adults were served through community collaborations[7] with various community-based organizations, County agencies, and educational institutions.[8]

- Services are aimed at specific populations in multiple settings, such as schools, after-school programs, and faith-based organizations that match the needs, resources, and cultural requirements of community(ies) they serve.
- SAPC contracted SUD prevention providers offer prevention services through culturally competent coalition-building and network development to engage all community groups in policy advocacy solutions to minimize the risks and harms associated with substance use.
- Our prevention providers' civic engagement efforts include informing the community on the public health issues and local policies, providing testimonials, engaging elected officials, and encouraging communities to be involved in conversations with their local representatives to advocate on behalf of their communities.
- Strategic educational partnerships are built to ensure positive youth development, engaging middle and high school youth as active leaders, mentors, and advocates to reduce access to and availability of alcohol and other drugs.
- Positive youth development initiatives expand partnerships with public health community resource centers, public parks, local universities, and libraries to broaden the reach of substance use prevention education and positive youth development opportunities to at-risk youth, utilizing evidence-based curriculum that is both developmentally and culturally relevant. Youth voices are elevated to improve awareness, outreach, and education of substance use prevention issues affecting adolescents and communities-at-large.
- Large-scale media campaigns provide countywide awareness and education regarding priority substances that most affect local communities through data informed messaging that involve the most relevant forms of media and include a significant call to action.
- Evidence-based programs (EBPs) and local innovative strategies were used to address substance misuse through numerous interagency collaboratives countywide.

[7] Reported by prevention providers, obtained through annual progress report at the end of each fiscal year.
[8] http://publichealth.lacounty.gov/sapc/prevention/PV/PreventionStandardsManual.pdf

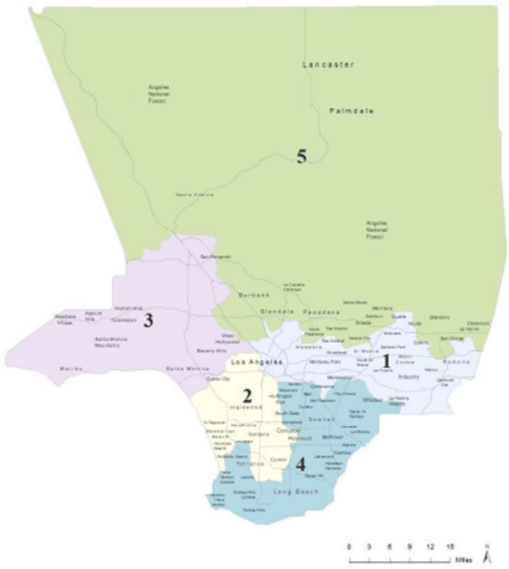
Service Planning Areas

Los Angeles County (LAC) has been divided into 8 Service Planning Areas (SPA) due to its large size. The Department of Public Health (DPH) develops and provides relevant public health and clinical services targeted to the specific health needs of the residents in these geographic areas.



Supervisorial Districts

Los Angeles County (LAC) is divided into 5 Supervisorial Districts (SD), with each County Supervisor representing a district of approximately 2 million people.



Population (12+), 2024

SPA 1: 352,679 SPA 4: 995,415 SPA 7: 1,101,449
SPA 2: 1,911,427 SPA 5: 585,846 SPA 8: 1,339,842
SPA 3: 1,543,250 SPA 6: 849,377

SD 1: 1,729,742 SD 4: 1,798,105
SD 2: 1,706,063 SD 5: 1,654,475
SD 3: 1,790,900

Population data citation: County of Los Angeles, Internal Services Department, Information Technology Service, Urban Research-GIS Section, July 1, 2022, Population Estimates (provisional) for Los Angeles County Tract-City and Countywi Area Splits by Age, Sex and Race/Ethnicity, Los Angeles, CA, March 2023. SPA and SD geographies integrated in by Population Health Assessment Team, Office of Health Assessment and Epidemiology. The population of 12 years and ab by GIS section, Health Outcomes and Data Analytics (HODA) at SAPC.

INTRODUCTION

The Los Angeles County (LAC) Department of Public Health (DPH) is committed to promoting health equity and ensuring optimal health and well-being for all our residents. Substance Abuse Prevention & Control (SAPC) is one of the five Bureaus within LAC DPH, funding over 150 prevention and treatment community-based organizations aimed at addressing alcohol and other drug-related problems in the county through prevention initiatives and community partnerships. Through the application of inclusive and equitable best practices, SAPC aspires to prevent and reduce the burden of substance use in LAC through collaboration with multiple public and private entities. Our community partners and agencies enhance substance use prevention by affecting the social norms and built environments that promote substance use in communities, especially at-risk populations.

SAPC administers the operation of a network of contracted community-based agencies and County-based initiatives, utilizing the Strategic Prevention Plan (SPP) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF). SAPC works collaboratively with a network of community and County partners to assess community needs and resources and develop effective and culturally responsive prevention strategies to promote community engagement and build capacity at the local level, enhancing the overall delivery of primary prevention services.



This report represents accomplishments, challenges, and opportunities encountered during the 2024-25 fiscal year. Service data were summarized based on community partner self-reports and entries into the state data reporting system. Effective interventions impacting substance use prevention have also been showcased. In general, substance use prevention services continue to address individual and community-level public health issues of drug access and availability, initiation of use, and positive and healthy activities that serve as alternatives to drug misuse and abuse among youth and adults.



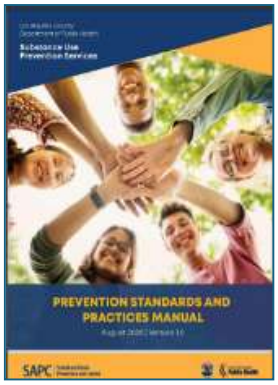
OUR VISION AND MISSION

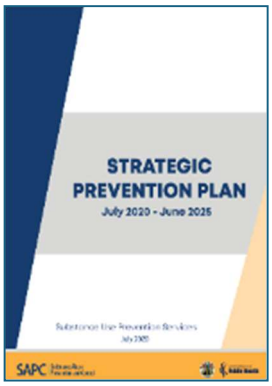
SAPC's Vision:

Healthy communities that are safe and free from substance use problems.

SAPC's Mission:

Implement effective prevention initiatives, guided by best practices and data in order to systematically reduce community substance use problems.





SAPC Strategic Prevention Plan
SAPC Prevention Provider Manual

LOS ANGELES COUNTY SUBSTANCE USE PREVENTION GOALS AND OBJECTIVES

SAPC addressed the following four priority area goals and objectives through collaboration with the local community and County partners to design and implement data-driven and community-based strategies, addressing priority AOD-related issues and their associated risk factors in target communities.

1. Decrease alcohol use among youth
2. Decrease cannabis use among youth
3. Decrease methamphetamine use among youth and adults
4. Decrease prescription drug misuse and abuse among youth and adults

DATA SNAPSHOT

Alcohol

According to the 2022 SAPC Community Needs Assessment (CNA)[9], an estimated 69.8% of LAC residents reported having used alcohol and 35.5% reported binge drinking[10,11], at least once in their lifetime. Current alcohol use was reported at 39.2% and current binge alcohol use was at 10.3%.[12] Among youth between the ages of 12 and 17, over 23.0% reported having tried alcohol and 8.2% reported current use of alcohol. Age of initiation was highest among Asians (19) and lowest among Native American/Alaska Natives (13).[13] Current alcohol use was highest in SPA 5 (48.7%), SPA 2 (42.7%), and SPA 3 (41.5%). Current binge drinking was reported by 10.3% of LAC respondents and was highest in SPA 4 (13.6%), SPA 3 (12.5%), and SPA 2 (11.9%).

Binge Alcohol Use by Demographics, Los Angeles County, 2022

Ever binged alcohol (%Yes)

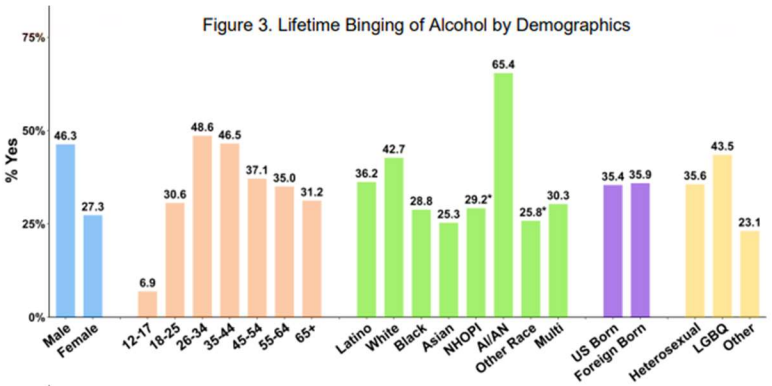
35.5%
Lifetime Binge

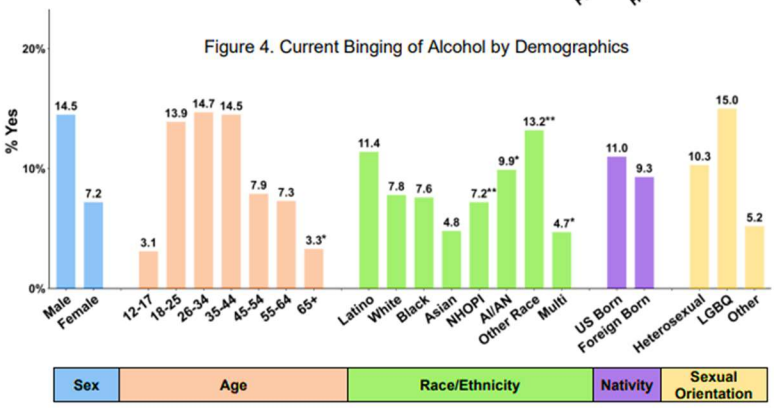
Binged alcohol in the **past 30 days** (%Yes)

10.3%
Current Binge

Area	% Lifetime Binge	% Current Binge
Service Planning Area (SPA)		
SPA 1	32.2	9.4
SPA 2	36.7	11.9
SPA 3	38.2	12.5
SPA 4	32.9	13.6
SPA 5	43.4	3.8
SPA 6	33.1	10.0
SPA 7	37.9	7.9
SPA 8	32.3	8.4
Supervisorial District (SD)		
SD 1	37.9	14.2
SD 2	32.5	9.1
SD 3	38.4	11.0
SD 4	34.6	7.4
SD 5	34.7	10.8

Notes: "Binging" was defined for participants as drinking 4 or more alcoholic drinks (for females) or 5 or more alcoholic drinks (for males) at the same time or within a couple of hours of each other (SAMHSA).
* The estimate is for planning and policy purposes (RSE is between 30% and 50%);
** The estimate is statistically unstable (RSE > 50%);
Interpret with caution.





[9] http://www.publichealth.lacounty.gov/sapc/MDU/SpecialReport/Alcohol-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf

[10] ibid

[11] Binge drinking—Four or more drinks for women, or five or more drinks for men during an occasion as reported by CDC at https://www.cdc.gov/alcohol/about-alcohol-use/index.html#:~:text=Binge%20drinking%E2%80%94Four%20or%20more,by%20people%20younger%20than%2021.

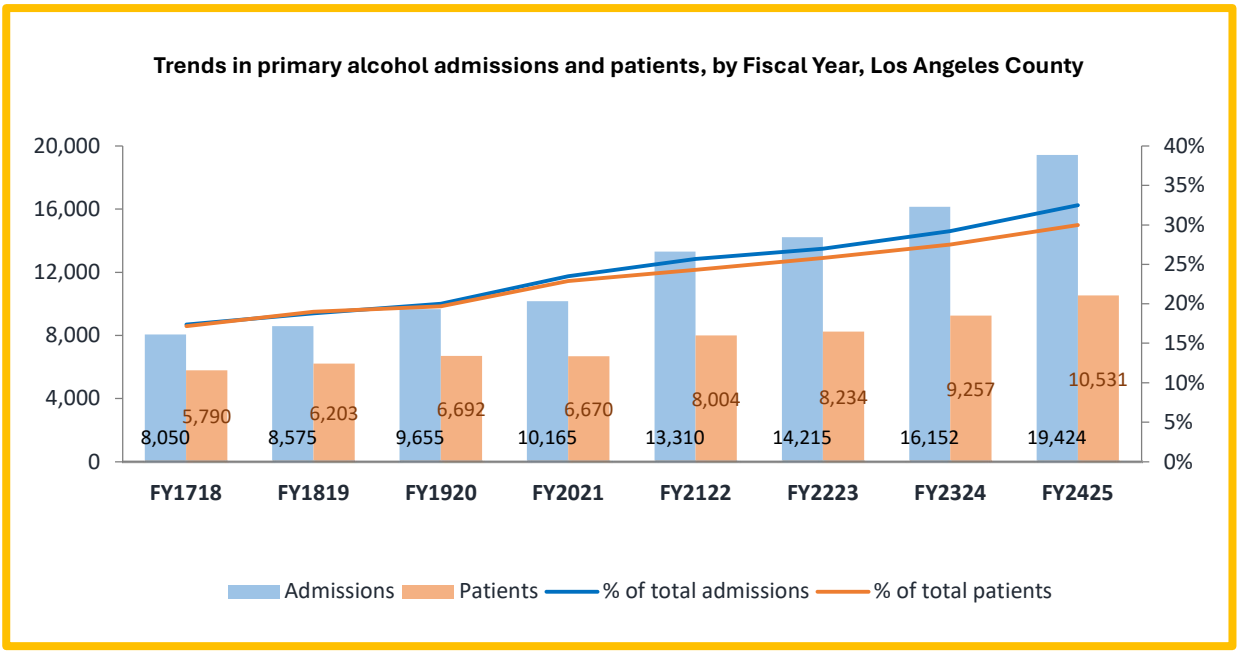
[12] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Alcohol-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf

[13] ibid

The perceived risk of harm to youth from regular alcohol use and binge drinking was lowest among youth, ages 12-17 34.6% and 50.1% respectively. Over 75% of all survey respondents reported easy access to alcohol and 8.6% reported using delivery services to purchase alcohol. Of those using alcohol delivery services, about 70% reported age verification by the drivers.[14]

High availability of alcohol and low perception of risk of harm has been associated with increased alcohol use,[15] driving communities to develop public health policies and interventions to change risk perception and curb alcohol use.

Alcohol related treatment admissions at LAC's publicly funded treatment centers have been steadily rising since 2017.[16] In FY2425, alcohol was reportedly the primary substance for 32.5% of admissions.



[14] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Alcohol-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf
[15] https://www.samhsa.gov/data/sites/default/files/NSDUH099a/NSDUH099a/sr099a-risk-perception-trends.pdf
[16] http://ph.lacounty.gov/sapc/MDU/SpecialReport/Annual-Tx-Report-FY2425.pdf

Cannabis

Cannabis use has been consistently increasing[17], since the legalization of cannabis in California. According to the 2022 CNA[18], 36.5% of residents reported having tried cannabis at least once in their lifetime, and 13.8% reported current cannabis use.[19] Current cannabis use was reported highest among those between the ages of 21-29 at 27.5%, followed by young adults between the ages of 18-20, at 18.8%.[20]

Among youth (Ages 12-17), 9.2% reported current cannabis use. Across LAC, the highest current cannabis use was reported in SPA 5 (25.9%), followed by SPAs 7 (14.5%), SPA 6 and SPA 1 at 14.4% each. Mean age of initiation was 17 and over 93% reported easy access to cannabis.[21]

Ever used marijuana (%Yes)

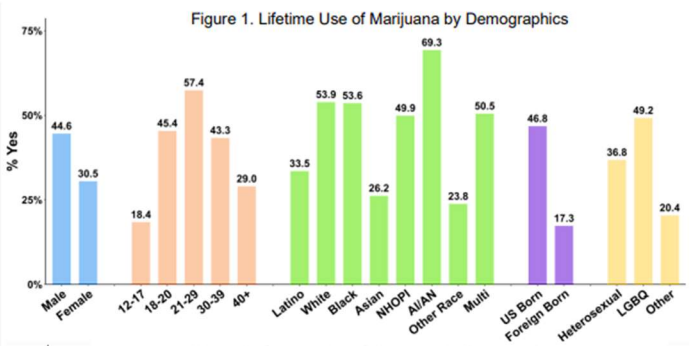
36.5%
Lifetime Use

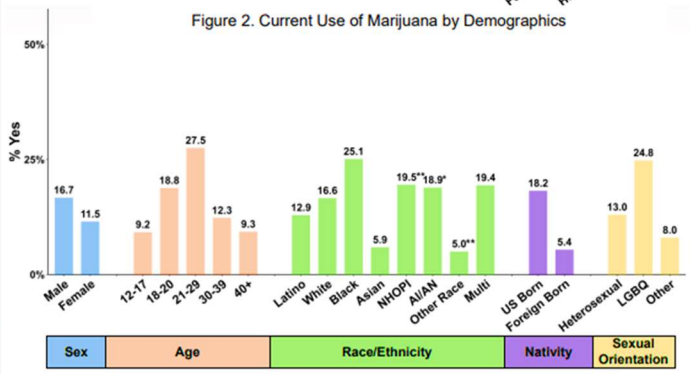
Used marijuana in the **past 30 days** (%Yes)

13.8%
Current Use

Area	% Lifetime Use	% Current Use
Service Planning Area (SPA)		
SPA 1	38.5	14.4
SPA 2	36.4	13.5
SPA 3	37.4	13.5
SPA 4	32.2	13.7
SPA 5	60.5	25.9
SPA 6	34.0	14.4
SPA 7	39.8	14.5
SPA 8	32.4	9.6
Supervisorial District (SD)		
SD 1	37.9	15.3
SD 2	33.9	13.1
SD 3	37.4	15.6
SD 4	35.2	12.3
SD 5	41.3	12.7

Notes: Data for Native Hawaiian and other Pacific Islanders (NHOPI) and "Other" are reported here but are subsequently excluded for all other variables due to small sample size of those indicating lifetime use of marijuana (N < 15).
"Other" sexual orientation includes "other" and "prefer not to answer".
"AI/AN" indicates "American Indian/Alaska Natives".
* The estimate is for planning and policy purposes (RSE is between 30% and 50%);
** The estimate is statistically unstable (RSE >50%);
Interpret with caution.





Over 28% of respondents reported having gone to school or work under the influence of cannabis.[22] This was highest among youth ages 12-17 (48.4%), and geographically in SPA 1, 6, and 5 at 34.6%, 33.7%, and 31.0% respectively.

[17] https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf
[18] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Marijuana-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf
[19] ibid
[20] ibid
[21] ibid
[22] ibid

Perception of risk of harm is a protective factor against substance use.[23] Perceived risk of harm associated with marijuana use increased, while the perceived availability of marijuana declined significantly from 2023 to 2024..[24] The increased perception of harm, coupled with the decreased perception of availability has been associated with reductions in marijuana use among this age group.[25] Additionally, positive youth development programs have the potential to reduce vulnerability to cannabis use.[26]

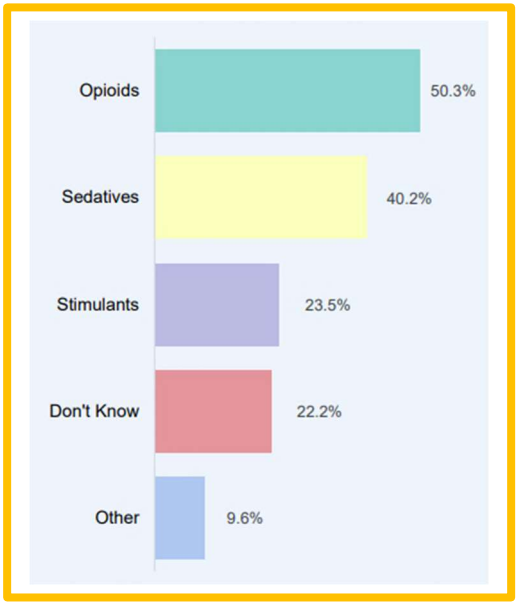
Prescription (Rx) Drugs

Results from the 2022 CNA[27] indicate that 12.7% of LAC residents misused prescription (Rx) drugs at least once in their lifetime and 2.1% reported current Rx misuse. Average age of initiation in LAC was 21 where 38.1% of survey respondents reported initiation Rx misuse before age 18.

Men reported higher current misuse of Rx drugs at 3.1% vs. women at 1.4%. Among LGBQ, Rx misuse was reported at 4.7% and highest among young adults, ages 18-25, at 3.4%.[28]

The SPAs with highest proportion of residents with current Rx misuse were SPA 6 at 3.3%, followed by SPA 1 at 2.9%, at SPA 5 at 2.6% and SPA 4 at 2.5%.

Perception of harm to youth from regular Rx misuse was lowest among youth ages 12-17, with 53.6% and young adults ages 18-25, with 59.6%. Perception of harm to youth from regular Rx misuse was lowest among LGBQ compared to heterosexuals at 70.3%.



Median age of initiation was 19 for men and 22 for women. An estimated 40% of men and 35.7% of women first misused Rx drugs before age 18. About 52.8% of men and 41.7% of women reported easy access to Rx medications without a prescription.

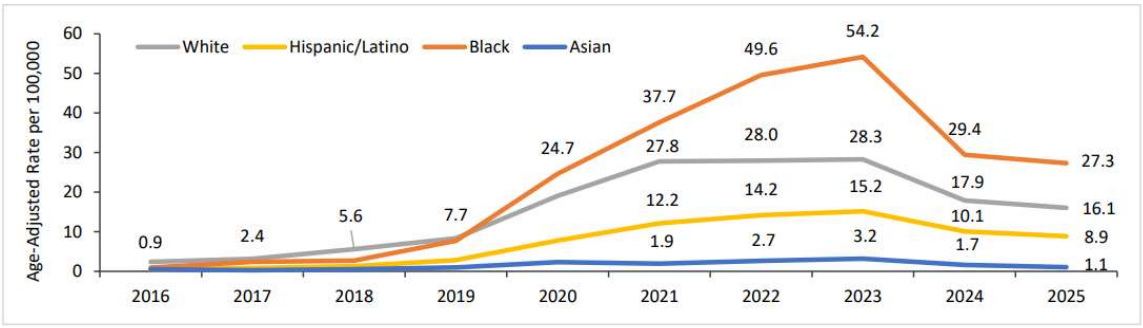
Easy access to Rx drugs without a prescription was reported higher among Black/African American, at 57.7%, followed by Asians 51.9%, and Latinos by 49.5%. Within LAC, 58.9% of SPA 6, 54.7% of SPA 5 and 54.3% of SPA 1 residents reported an easy access to Rx drugs.[29] The most frequently misused Rx drugs include opioids at 50.3%, followed by sedatives at 40.2%, and stimulants at 23.5%.

[23] https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect3pe.htm#tab3.1a
[24] ibid
[25] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11906-2
[26] https://www.cdc.gov/healthy-youth/what-works-in-schools/index.html
[27] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Prescription-Misuse-and-Public-Perceptions-in-Los-Angeles-County.pdf
[28] ibid
[29] http://ph.lacounty.gov/sapc/MDU/SpecialReport/Prescription-Misuse-and-Public-Perceptions-in-Los-Angeles-County.pdf

Fentanyl

Opioid-related overdose deaths, especially those involving fentanyl have experienced sharp increases since the start of the pandemic. In 2023, fentanyl accounted for 64% of all alcohol and other drug overdose deaths, surpassing methamphetamine for the 2nd consecutive year.[30]

Rate of Fentanyl Overdose Deaths by Race/Ethnicity per 100,000 Population, LAC, 2016-2025



Due to the unique risks associated with fentanyl exposure, overdose prevention education and naloxone distribution became a vital part of our prevention practices. In 2024, fentanyl overdose deaths declined sharply by 37%, dropping to 1,263 deaths. In 2024, fentanyl overdose deaths remained highest for Black/African Americans (29.0), followed by Whites (17.4), Latinos (10.5), and Asians (1.7). In 2025, Hispanics/Latinos (n=450, 40%) continued to account for the largest proportion of fentanyl overdose deaths, followed by Whites (n=420, 37%), Blacks (n=222, 20%), Asians (n=17, 2%), Multiple-races and American Indian/Alaskan Natives (both n=5, 0.4%), and Native Hawaiian/Pacific Islanders (n=3, 0.3%).[31]

Methamphetamine

Methamphetamine (meth) has continued to be a major public health concern in LAC and the most seized drug by law enforcement agencies.[32] Over 36% of violent crimes and 32% of property crimes have been attributed to meth.[33]

According to the 2022 LAC CNA, 8% of LAC residents 12 or older reported having used meth in their lifetimes and 1.6% reported using meth within 30 days. Average age of meth initiation was 20 and about 48% first used meth before age 18.[34] The most common reasons reported for meth use were for fun (48%), enhanced mood

[30] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf
[31] http://ph.lacounty.gov/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf?v=25
[32] https://lacountydphsapc.inzatastories.com/meth-availability
[33] https://www.dea.gov/sites/default/files/2018-07/DIR-040-17_2017-NDTA.pdf
[34] http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/Methamphetamine-Use-and-Public-Perceptions-in-Los-Angeles-County.pdf

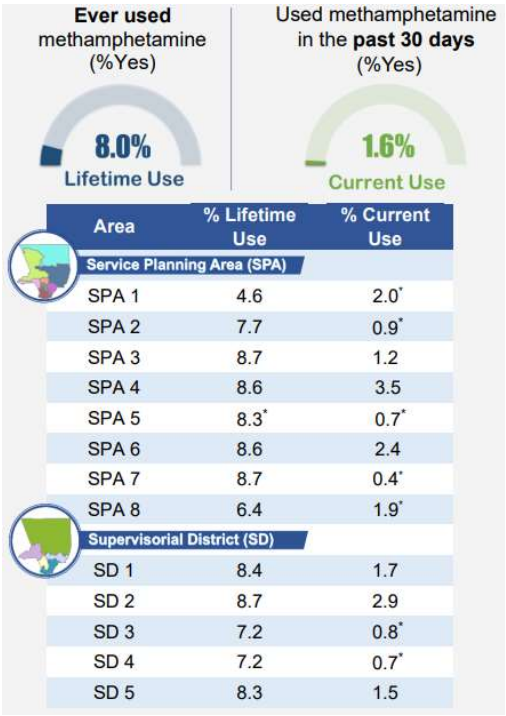
(44%), increased energy (42%), and getting more done (35%). About 77% reported easy access to meth and 46.7% reported obtaining meth from friends and 31.9% reported getting meth from dealers.[35]

Within the 8 SPAs, the highest current meth use was reported in SPA 4 (3.5%), SPA 6 (2.4%), and SPA 1 (2.0%). The 2nd supervisorial district reported the highest current use of meth at 2.9%.[36]

In 2022, there were 20,429 meth-related ED visits, including 4,982 primary meth visits in LAC. This included meth abuse, dependence, use, and poisoning.[37] The highest rates of meth ED visits were seen in SPA 1 (351.8 per 100,000 persons), followed by SPA 6 (290.9) and SPA 4 (283.9).[38]

The highest number of meth-involved fatal crashes occurred in SPA 2 (129), followed by SPA 3 (126), and SPA 1 (90).[39]

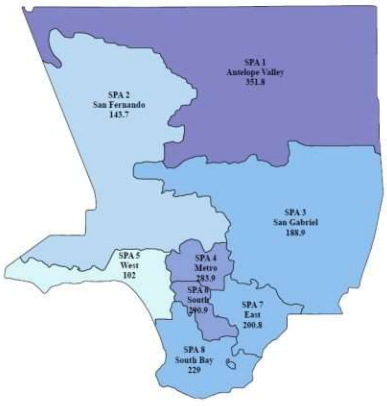
An analysis of 2012-2022 drug overdose death rates per 100,000 by Service Planning Area revealed highest meth related deaths occurred in SPA 4 (50), SPA 1 (21.7), SPA 6 (18.5), and SPA 5 (18) respectively.[40]



Area	% Lifetime Use	% Current Use
Service Planning Area (SPA)		
SPA 1	4.6	2.0*
SPA 2	7.7	0.9*
SPA 3	8.7	1.2
SPA 4	8.6	3.5
SPA 5	8.3*	0.7*
SPA 6	8.6	2.4
SPA 7	8.7	0.4*
SPA 8	6.4	1.9*
Supervisorial District (SD)		
SD 1	8.4	1.7
SD 2	8.7	2.9
SD 3	7.2	0.8*
SD 4	7.2	0.7*
SD 5	8.3	1.5

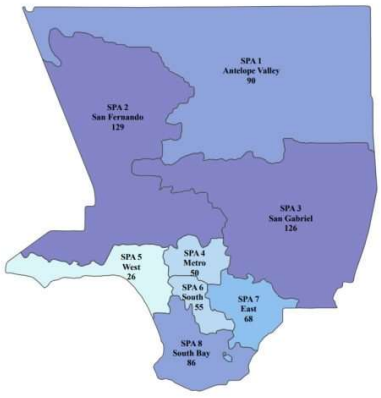
Methamphetamine-related ED Visits, DUI Fatalities, and Overdose Deaths by SPA, LAC

ED Visits (2022)



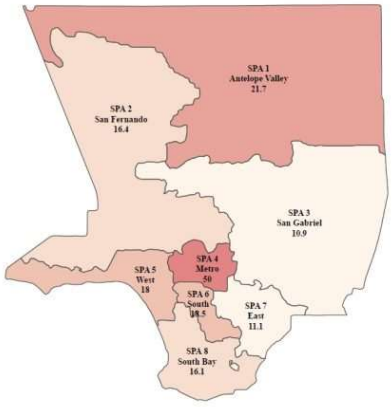
(Source: HCAI)

DUI Fatalities (2001-2022)



(Source: FARS)

Overdose Deaths (2023)



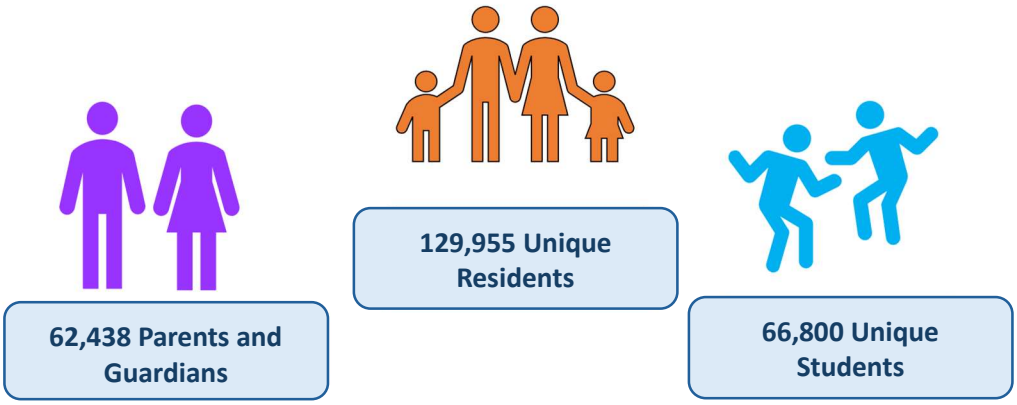
(Source: LAC Coroner)

https://lacountydphsapc.inzatastories.com/meth-spa

[35] ibid
[36] ibid
[37] https://lacountydphsapc.inzatastories.com/meth-availability/
[38] https://lacountydphsapc.inzatastories.com/meth-spa/
[39] ibid
[40] https://lacountydphsapc.inzatastories.com/meth-spa

PREVENTION SERVICES

Residents Served, Los Angeles County, FY 24-25



Source: FY24-25 Year-end Prevention Progress Report

Individual* Prevention Services, Los Angeles County, FY2425



- Includes educational, alternative, and screening services only

Source: ECCO, CA Prevention data collection for Los Angeles County

Prevention Activities, Los Angeles County, FY 24-25

772
Prevention
Screenings

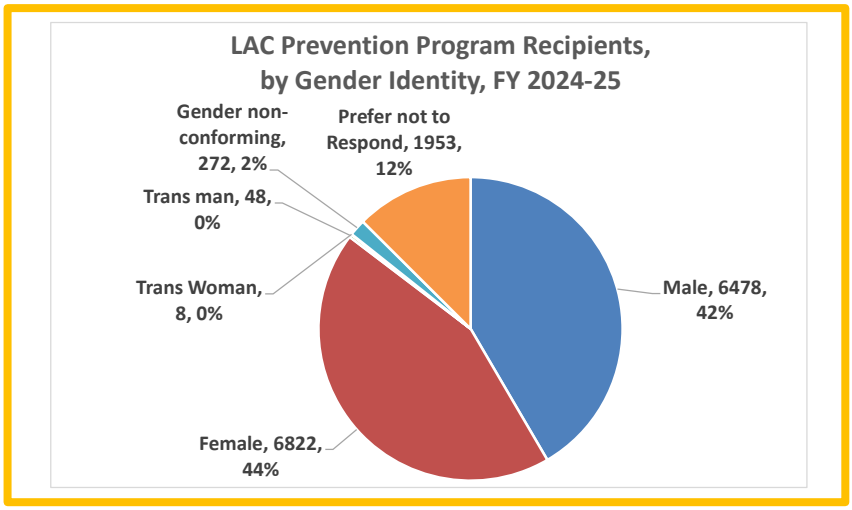
258 Referrals

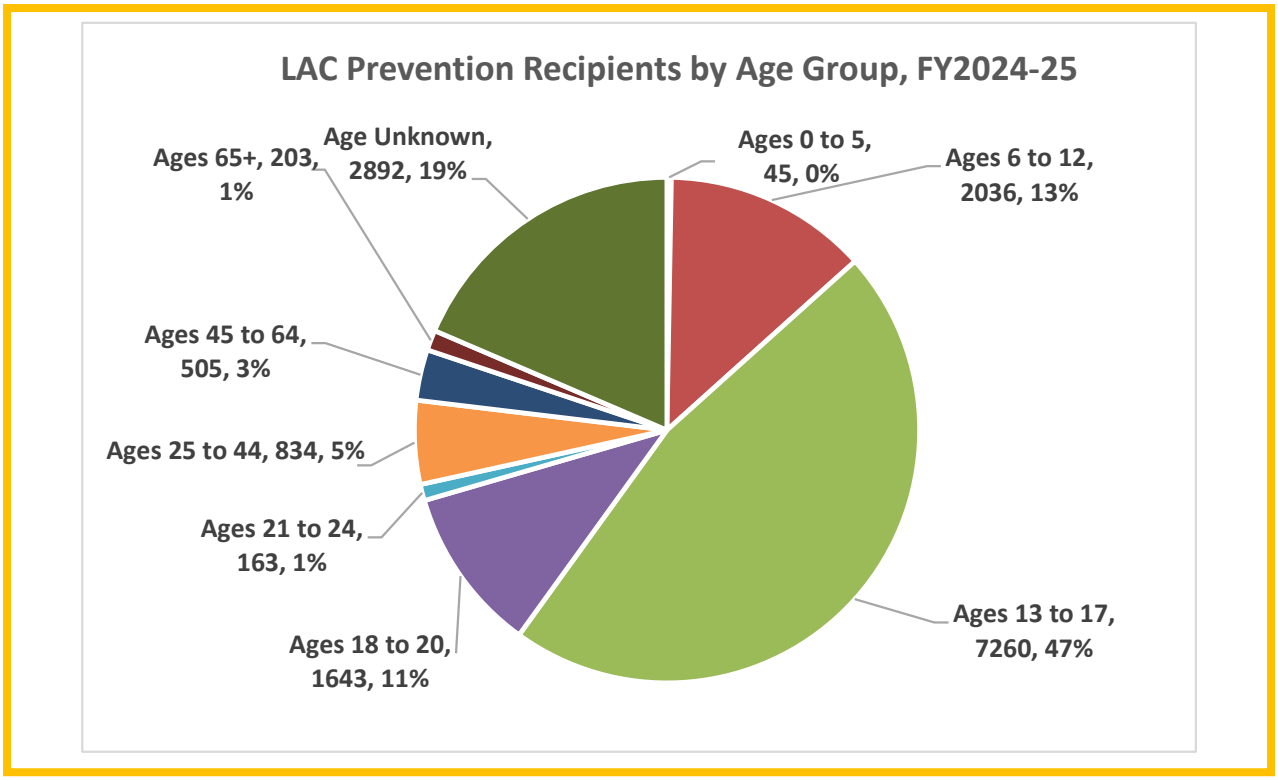
- 952 Community Presentations
- 1,572 Outreach Events
- 1,238 Environmental Scans
- 2,707 student education sessions
- 301 parent education sessions
- Provided programming in over 473 schools

Source: FY24-25 Year-end Prevention Progress Report

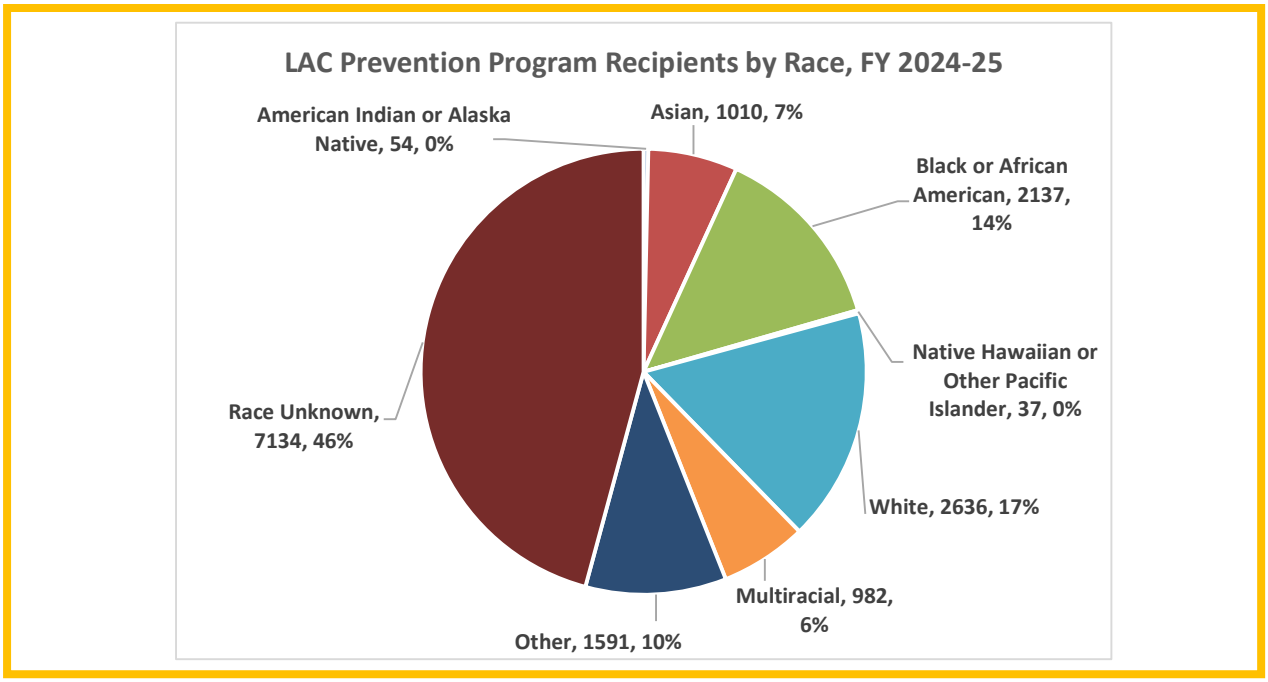
DEMOGRAPHIC DATA

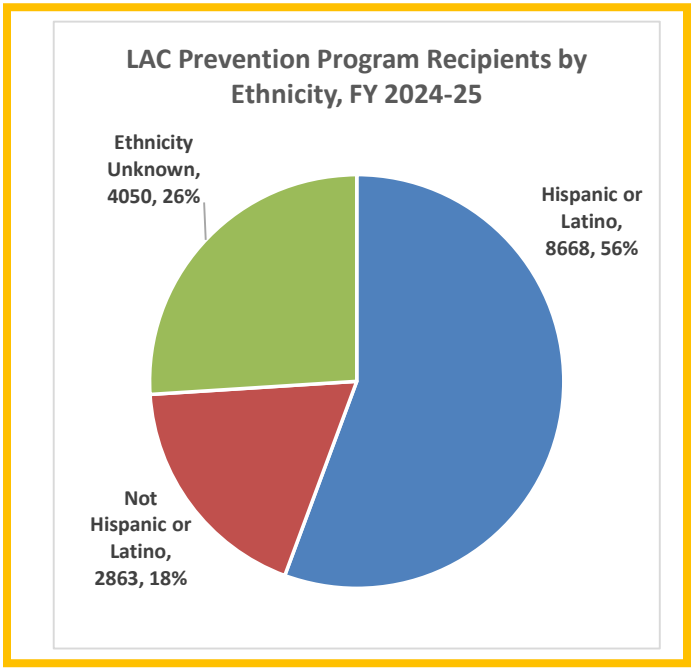
During FY2024-25, SAPC-contracted prevention providers offered individualized services (i.e. educational sessions, alternative activities, and screening & referral services) to 15,581 Los Angeles County residents, including 9,341 youth. Overall, there were 6,478 males, 6,822 females, and 328 who self-identified as gender non-binary, transgender, or 'something else'. Gender was unknown for 1,953 residents served during this fiscal year.





Most of the participants (71%) were under 21; 13% were ages 6-12, 47% were youth ages 13-17, and 11% were ages 18-20





An estimated 56% of residents served, were reported to be of Latino/Hispanic ancestry. Participants[41] included 17% White, 14% Black/African American[35], 7% Asian[27] less than 1% for both American Indian/Alaska Native, Native Hawaiians/Other Pacific Islander. 6% were identified as Multi-racial.

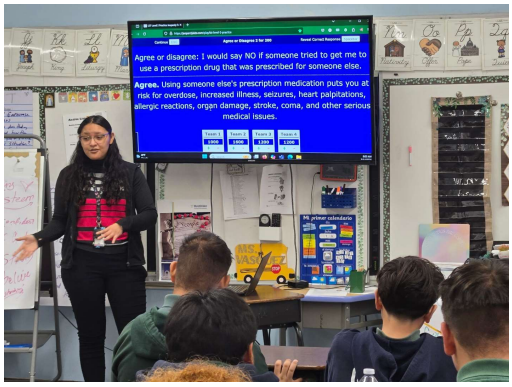
The 42% of services provided during the fiscal year were community-based strategies, followed by information dissemination (38%), alternative activities (10%), educational (9%), environmental (1%), and problem identification & referral. 41% of our educational interventions were evidence-based strategies.

Session-based Educational Programs

Botvin Life Skills Training (LST) is an evidence-based program that has proven to be effective in increasing protective factors against substance use for middle-school and high-school students. This year, 2,300 persons completed LST in their schools, after school programs, or through community centers. LST has accounted for over 89% of evidence-based educational hours countywide. Over 20% of interventions revolved around "Peer Advocates" which is an innovative program that trains and guides students to provide important SUD prevention information and support on key health and wellness topics while helping to promote positive behaviors within their school communities. They are selected through an application process, commit to ongoing training, and gain valuable experience that strengthens their confidence and helps improve overall school connectedness.

Over 13% of education hours included "Winners Sankofa", 7% included "Youth Power", 6% "Resilience", Program intended to increase protective factors and reduce the risk factors that lead to substance use.





Courtesy of Pacific Clinics and Community Coalition

[41] We estimate a large proportion of those reporting as 'Other' or 'Unknown' for Race, reported Latino/Hispanic for Ethnicity.

Local Innovative Program Highlight: Our SPOT (Social Places and Opportunities for Teens)

LA County OUR SPOT is a joint venture between DPH and the LAC Department of Parks and Recreation (DPR), providing positive youth development to teens in grades 7-12, through free recreational programs, in a safe space at 13 local and regional county parks in the unincorporated areas of LAC with higher levels of poverty. Through trauma informed care, social-emotional learning, mindfulness, and self-care, youth gain the opportunity for self-exploration, self-empowerment, and healthy development. They participate in leadership building activities, career pathway exploration, educational and recreational field trips, gain skills to improve their emotional health and resiliency, and lead heathier lives free from substance abuse and violence.

During the FY 24-25, OUR SPOT served 1,048 youth and registered over 21,964 youth visits. Latino/Hispanic youth represented the largest ethnic group at over 86%. Attendance by racial distribution (may include Latino/Hispanic) included 52% White, 9% African American, and 1% Asian. Over half of youth (63%) were logged as make and 37% as female. The average age of young people who attend is 15 years old.

Program evaluation results indicated significantly higher scores, based on a pre and post survey, in all six of youth asset domains which indicates positive change. There were improvements in self-worth, their sense of empathy, connecting with mentors, and interest in their future. They felt more effective in school and social settings, and the capacity to make the right choices and be more accountable to themselves and others.



Local Innovative Program Highlight: LAC Media Campaigns and Social Media Activities

Fentanyl Frontline Campaign with Media Partner – Rescue Agency (Year 2)

End Overdose Partnership & Festival Activations

As part of its continued effort to address the fentanyl crisis in Los Angeles County, SAPC and Resue Agency partnered with End Overdose through the Fentanyl Frontline campaign, to extend its reach into high-risk settings through in-person activations. This collaboration enabled the campaign to meet its core audiences where they were most vulnerable, at large-scale cultural and music festivals, delivering critical education and naloxone training.

By leveraging End Overdose's credibility, infrastructure, and access within the festival community, the campaign was able to deploy public health interventions directly in environments where substance use and risk of fentanyl exposure are elevated. This strategy focused on two priority segments:

- High-Risk Users: Regular users of substances that may be adulterated with fentanyl, often using alone.
- At-Risk Experimenters: Social users who may unknowingly consume substances laced with fentanyl.

From January - June 2025, the campaign was activated at 14 festivals and events, including Coachella, Head in the Clouds, Cali Vibes, university-based initiatives and more. These activations

- Reached over 407,000 people
- Trained 6,676 individuals
- Distributed 12,530 doses of naloxone.

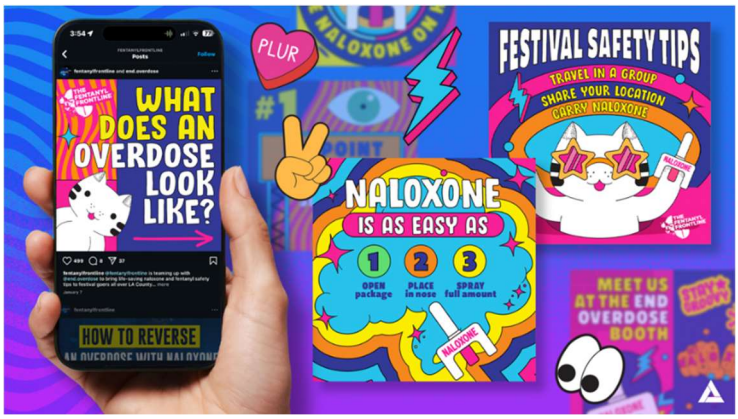
Thousands more engaged through prize wheel interactions and campaign-branded giveaways, which served as reminders of overdose prevention tools and behaviors.

Conclusion of the two-year campaign:

Since the inception of the fentanyl crisis, LA County experienced its largest reduction of fentanyl-related overdose deaths in 2024.[42] Through efforts such as the Fentanyl Frontline media campaign launched in July 2023, LA County experienced a 37% decline in overdose deaths related to fentanyl. Final results of the campaign included:

- Campaign awareness rose to 86%, again exceeding expectations and reflecting expanded media reach.
- Brand-aware individuals were 2.2 to 2.5 times more likely than unaware individuals to report:
  - High perceived risk of using pills or powders.
  - Confidence in administering naloxone.
  - Intentions to carry naloxone or seek treatment.
  - Actual carriage or ownership of naloxone.
  - Reduced use of pills or powders in the past year (among At-Risk Experimenters).
- Odds ratios for intentions and naloxone carriage continued to surpass benchmarks, indicating strong campaign influence on protective behaviors.

The Fentanyl Frontline campaign successfully addressed a critical and escalating public health crisis in Los Angeles County. Through a comprehensive strategy that combined high-reach media, targeted messaging, culturally responsive audience segmentation, and real-world activation, the campaign advanced its central goal: to contribute to reducing fentanyl-related emergency department visits, hospitalizations, and deaths.





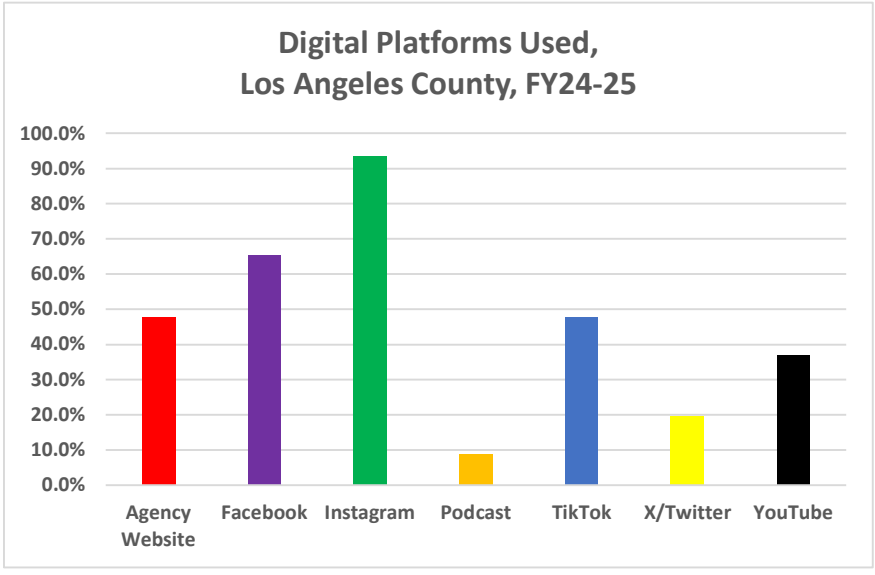
Courtesy of Rescue Agency

[42] http://lapublichealth.org/sapc/MDU/SpecialReport/Fentanyl-Overdoses-in-Los-Angeles-County.pdf



Courtesy of Korean American Family Services

The most frequently used platform to reach out to LAC residents was Instagram (93.2%), followed by Facebook (70.5%), YouTube (50.0%), Twitter (31.8%), and TikTok (15.9%). Collectively, community partners shared over 2,880 posts, with 13,798 followers on Instagram, over 2,470 posts and 30,742 followers on Facebook, and over 1,500 tweets and 16,600 followers on Twitter.



PREVENTION EFFORTS BY PRIORITY SUBSTANCE

ALCOHOL

LAC prevention providers addressed alcohol access and availability to youth through a variety of strategies. Youth and family education programs helped communities build resiliency and experience healthy alternative activities free from substance use.

Community engagement efforts aimed at educating families to raise community awareness about alcohol-related harms, discuss the social and economic factors that contribute to substance misuse, and encourage civic participation and advocacy efforts to support alcohol use prevention.

Environmental prevention strategies, such as Merchant Committed, Project Sticker Shock, Alcohol social host liability, and nuisance abatement were implemented to decrease the negative impact of alcohol on public health and safety.

To increase healthy social connection, our providers planned various activities to bring community members together to learn about the negative impacts of excessive alcohol use, while celebrating local and national events – including Red Ribbon Week, Alcohol Awareness Month, and National Impaired Driving Prevention Month, and holidays during which alcohol use is increased.

Local prevention providers addressed alcohol access and availability to youth through a variety of strategies that included youth and family education programs and community engagement efforts to raise awareness about alcohol-related harms and help communities build resiliency and engage in healthy alternative activities free from substance use.

The Responsible Alcohol Delivery Project (RADP)

RADP aims to document and address youth access to alcohol via third-party delivery services originating at off-sale retail outlets to prevent youth access to alcohol and reduce citations for sales to minors. The project aims to increase transparency and accountability to document identification verification by third-party delivery service providers at participating off-sale retail outlets, to increase universal compliance. The efforts are focused on educating retailers to demand identification checks from their delivery service partners to reduce Alcohol Beverage Control (ABC) citations, and make recommendations for alcohol delivery, and address 3rd party delivery service provider policies.

San Fernando Valley Partnership provided support for this project through training and evaluation of countywide efforts by SPA. Overall, our providers engaged 110 alcohol retailers, organized 141 follow up visits, and disseminated about 3,500 information stickers to alarm the public about alcohol sales to minors.



Courtesy of Koreatown Youth Community Center

Targeted messaging was sent to communities to empower them to advocate for healthier, more protective alcohol-related regulations, and stand against permissive alcohol policies and increases in alcohol outlet concentration, especially in areas where greater numbers of vulnerable populations tend to reside.

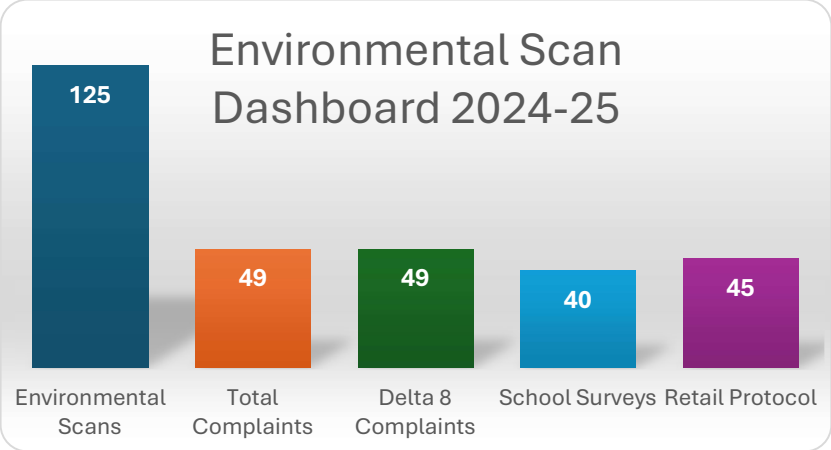
CANNABIS

In Fiscal Year 2024- 2025, prevention agencies continued to identify gaps related to the implementation of AB 45. Under AB 45, California prohibited the sale of intoxicating industrial hemp products containing more than 0.3% THC or over 3 mg of THC, including derivatives such as delta-8. Due to regulatory gaps, many edible hemp products did not include suggested serving sizes on their labels, increasing the risk of poisoning, particularly among youth. While cannabis products were required to limit THC to 10 mg per serving, industrial hemp products were not held to the same standards. Stronger policies, public education, and enforcement strategies were needed to protect youth from delta-8 and other intoxicating hemp-derived cannabinoids. Additional oversight was critical to ensure products remained below legal THC limits and that packaging did not appeal to youth.

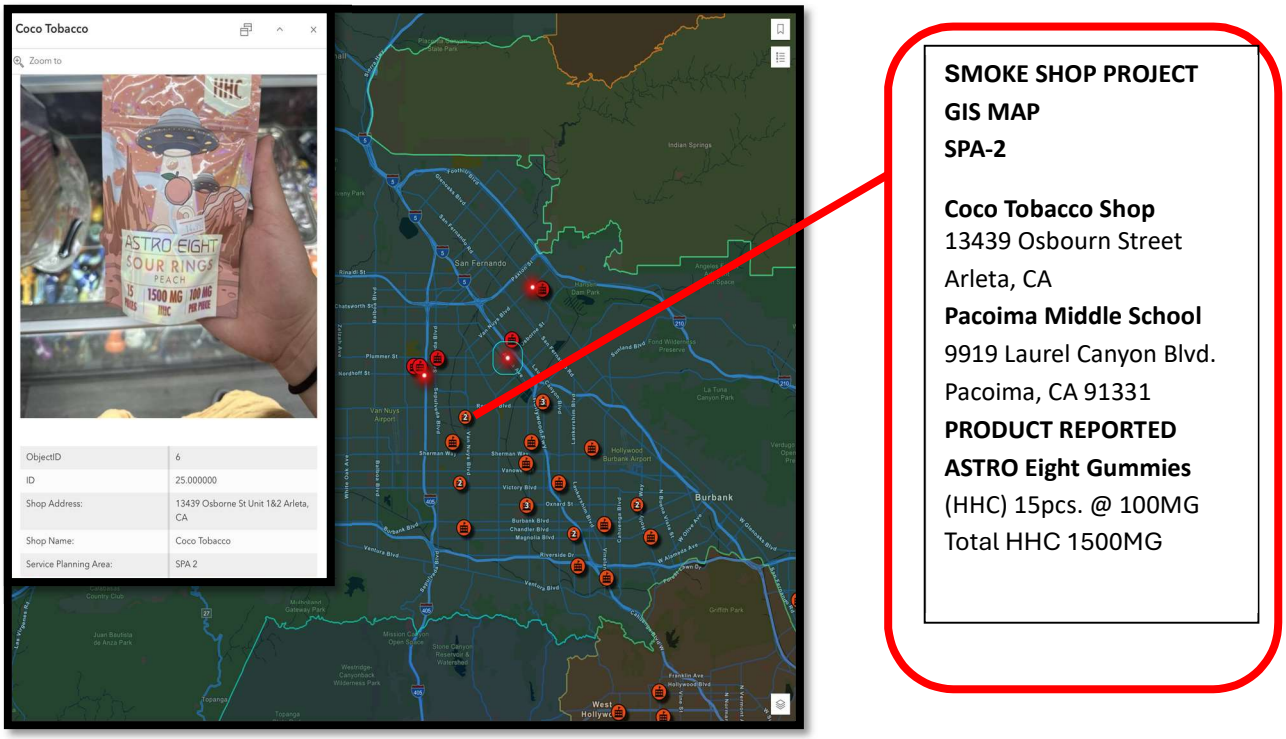


During FY 2024–2025, the Smoke Shop Environmental Scan Program was implemented for its second year, supporting efforts to reduce retail availability of illicit cannabis and delta-8 while strengthening partnerships with local schools and enforcement agencies. A total of **125 environmental scans** were completed, resulting in **49 complaints** submitted to local enforcement partners. SAPC-contracted agencies continued building relationships with schools and focused on completing environmental scans and retail protocol assessments to identify compliance related to ID checks, product display, and other retail practices.

Through school engagement efforts, agencies conducted **40 school surveys**, which highlighted products commonly found in nearby smoke shops, including delta-9 items, cannabis edibles, delta-8 products, and other unregulated items. These findings aligned with the most frequently confiscated items reported by school administrators.



To enhance community engagement and policy advocacy, a GIS map was developed to visually represent smoke shop locations, the sale of illicit cannabis, banned hemp-derived products, and additional non-compliance concerns. This tool supported community advocacy by clearly illustrating environmental risk areas and enforcement gaps.

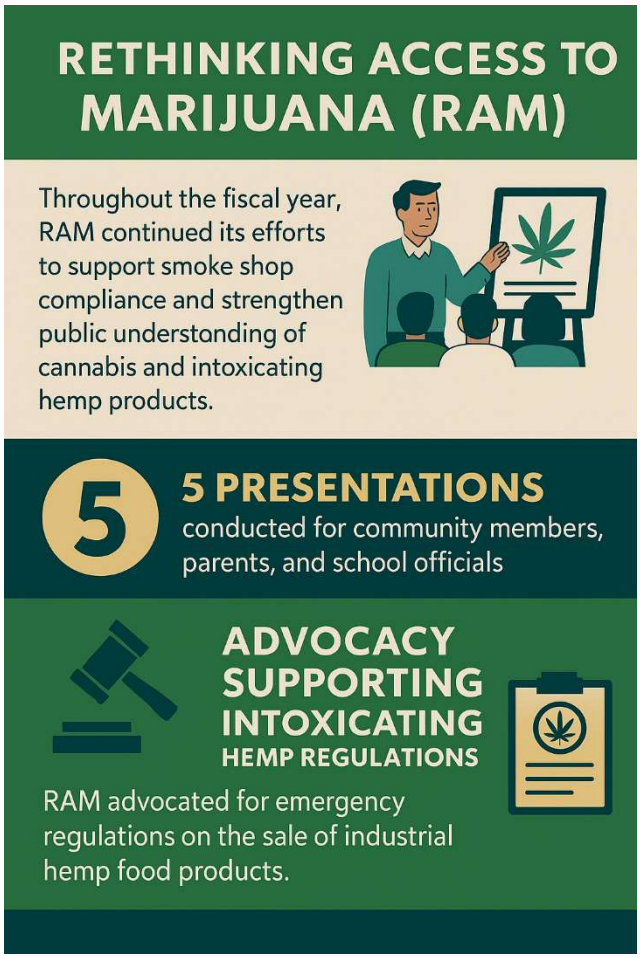


On September 6, 2024, Governor Newsom announced emergency regulations designed to protect Californians—especially youth—from harmful hemp products. These regulations prohibited marketing, offering for sale, or selling industrial hemp food, beverage, and dietary supplement products containing THC or other intoxicating cannabinoids. The initial 180-day order was set to expire in March 2025, prompting widespread advocacy from SAPC-contracted agencies who submitted public comments requesting an extension. The emergency order was subsequently readopted for another six months, keeping the regulations active for a full year, through September 23, 2025.

In addition to implementing the Smoke Shop Project (SSP), SAPC funded prevention providers to actively participate in Rethinking Access to Marijuana (RAM) coalition. The RAM coalition continued its ongoing work to support smoke shop compliance efforts in close collaboration with partner prevention providers and community stakeholders. Throughout the fiscal year, RAM remained committed to strengthening public understanding of cannabis and intoxicating hemp products, particularly their potential risks and the regulatory landscape surrounding their sale and distribution. As part of this effort, RAM conducted a total of five presentations targeted at community members, parents, school administrators, and other school officials. These presentations provided up-to-date information.

In addition to outreach and education, the Policy Committee played a significant role in guiding and informing discussions on statewide regulatory actions. The committee developed a synopsis of the proposed Intoxicating Hemp Regulations, outlining key provisions. This synopsis supported advocacy efforts and helped equip partners, leadership, and the public with a clearer understanding of the policy direction. This temporary ban was ultimately finalized as a permanent regulation, marking a critical step in the state's efforts to protect consumers, particularly youth, from unregulated and potentially harmful hemp-derived intoxicants.

Overall, RAM's outreach activities and the Policy Committee's advocacy together strengthened public awareness and contributed to shaping a safer environment regarding cannabis and intoxicating hemp products throughout the fiscal year.



OPIOIDS - PRESCRIPTION DRUGS & FENTANYL

For the past several years, our local coalitions have partnered with local law enforcement agencies, the Drug Enforcement Agency (DEA), community clinics, and contracted providers to support the bi-annual National Take Back Day (NTBD) campaigns. These events promote safe medication practices and collect unused or expired prescription drugs all to help prevent prescription drug misuse.

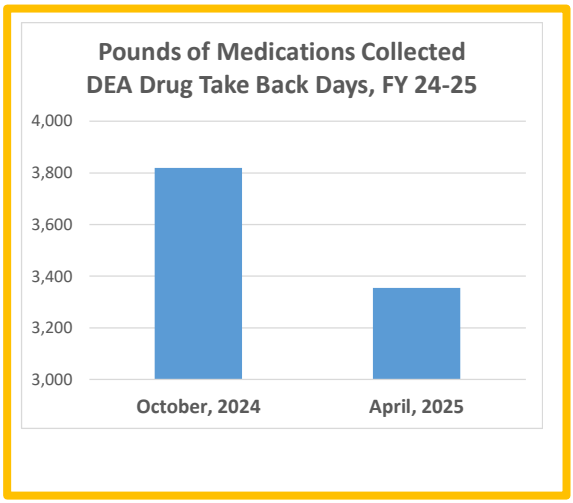
Providers conducted extensive community outreach to plan and implement county-wide drug take-back events occurring on the last Saturdays in April and October. Many providers developed prescription drug kits including educational brochures that encouraged safe dispensing, storage, and disposal practices, pill boxes, and deactivation pouches.

Local coalitions launched campaigns to raise awareness of the risks and harms associated with opioid misuse and abuse, worked with schools and colleges/universities to increase access to naloxone, trained school staff on opioid prevention and lifesaving measures, and informed community members about the availability of naloxone and the Sharps Disposal Program and expanded the prevention network of take-back day collection sites.

Through a local innovative project, “Let’s Make a Difference” (LMD), developed and supported by the San Fernando Valley Partnership, our contracted providers engaged 163 pharmacies, organized 83 pop-up events and collected 52,729 pounds of Rx/OTC medications at safe drop off locations. According to the Drug Enforcement Agency (DEA), during FY24-25, LAC partners collected 3,819 pounds of medication during Drug Take Back Events across the county.



National Council on Alcoholism and Drug Dependence of East San Gabriel Valley and Pomona



METHAMPHETAMINE

To address increases in meth related Emergency Department (ED) visits and overdose deaths, SAPC continues to provide a broad range of prevention services targeting youth, general population, and persons who are at risk for methamphetamine abuse. The SAPC contracted prevention network has been providing evidence-based programs and interventions for high-risk individuals, including those using and at-risk for meth use.

Starting in 2021, DPH SAPC conducted a landscape analysis on meth to better understand the issue and assess the County's ability to respond to the epidemic using upstream prevention strategies. This analysis included collecting existing data on meth related health indicators, creating a meth prevention resource inventory, collecting community-level data as part of the LA County Community Needs Assessment, and subsequently providing recommendations. Informed by this analysis, DPH SAPC also led efforts to identify effective prevention strategies and interventions to prevent meth use and prioritize vulnerable and under-resourced populations. Using the available data, the network has focused on gauging our ability to respond to the epidemic using upstream prevention strategies, informed by meth-related indicators and community level data, the network created a meth prevention resource inventory and has provided recommendations on best practices to prevent meth use and its negative outcomes.

The network supported a SAPC led effective education and awareness media campaign, to prioritize target populations at highest risk for meth use. The Meth Free LA County media campaign focused on at-risk populations through strategic placement of media and promotional events in highly impacted neighborhoods.[43,44] Examples included extensive work with the cities of West Hollywood and Los Angeles to promote healthier social norms, especially in bars and clubs, as well as adopting a motion requiring that Los Angeles City Recreation and Parks staff make naloxone available in Skid Row area parks.

[43] http://publichealth.lacounty.gov/sapc/public/meth2020
[44] www.methfreelacounty.org

EVENTS

Prevention providers across the county either hosted or participated in over 1500 community events, distributing over 270,000 printed materials, to engage their communities and bring awareness to unhealthy cultural norms as well as identify individual and environmental practices that lead to increased alcohol and drug use.

These included Drug Take Back events, National Prevention Week, Red Ribbon Week, Recovery Month, and Drug Overdose Prevention Day, collaborating with local parks, schools, faith-based agencies, pharmacies, and community medical providers to enhance prevention goals across the county.

Forty percent of our providers offered youth leadership or peer support programs to provide opportunities for youth to become SUD prevention ambassadors in their community and schools.



Courtesy of Helpline Youth Counseling, Parents Anonymous, and Los Angeles County Office of Education

Through resource fairs and cultural celebrations, social media messaging, and advocacy efforts, our providers continued to engage and mobilize their communities to increase awareness of substance use and its negative impact on the community. To address the fentanyl overdose crisis, providers continued to inform youth and families, collaborated with local law enforcement, government, schools, and health care providers to inform residents about this issue.

CHALLENGES AND OPPORTUNITIES

Across prevention providers, a central challenge involved engaging parents, youth, and community members in prevention programming in new spaces. Because of the LA County fires, political uncertainty, and other challenges during the year, there was lower turnout at town halls, limited parent participation in workshops, and inconsistent youth engagement often worsened by scheduling conflicts and competing school priorities. Providers responded by adjusting event times, offering hybrid options, creating incentives, strengthening school outreach through lunchtime activities, and developing community surveys to better understand when and how families prefer to participate. Many providers also expanded partnerships with local organizations, added culturally relevant elements, and diversified engagement strategies to maintain visibility and continue to build trust.

A second major theme involved barriers in implementing evidence-based programming, especially Botvin LifeSkills Training (LST). Schools struggled to accommodate multi-week curricula, administrators were hesitant to disrupt academic schedules, and students sometimes demonstrated low retention, or misunderstanding of content. Providers addressed these issues by breaking classes into smaller groups, offering translation support, offering sessions during elective periods, integrating art or culturally relevant examples, and shifting implementation from school sites to community spaces when necessary.

Many providers also faced structural and environmental challenges, including staff turnover, limited capacity, barriers during smoke shop visits, and significant community crises such as the Countywide fires, fear among immigrant populations, and shifting political landscapes. To overcome these obstacles, organizations leaned on coalition support, relied on interns or temporary staff, requested guidance from SAPC, sought technical assistance, and collaborated closely with liaisons to refine communication and reestablish partnerships that were lost during COVID. Providers also pivoted their programming to meet emergent community needs—such as hosting fire relief hubs and increasing mental health-related support, while providing SUD prevention information.

Through the challenges, providers achieved substantial progress in community engagement, prevention education, coalition building, and policy advocacy. Programs collectively reached thousands of youth, parents, and community members through evidence-based curricula, large-scale outreach events, culturally responsive workshops, and youth-led initiatives. Environmental prevention efforts also resulted in meaningful change, including Smoke Shop compliance, Responsible Delivery actions, city-level regulatory commitments, and expanded naloxone distribution. Youth engagement flourished through leadership councils, student-driven research projects, talent shows, summits, and interactive activities that deepened communication skills, built self-confidence, and fostered healthier decision-making.

These successes were driven by strong community partnerships, consistent staff presence, culturally relevant programming, and collaborative coalition work. Providers credited relationship-building with schools, community organizations, businesses, and local government as essential to achieving measurable impact. Youth participation and leadership played a critical role in strengthening program relevance, shaping event content, and advancing prevention goals. Staff adaptability, multilingual facilitation, and integration of engaging tools (sports, art, and skits) kept students involved and improved learning outcomes. Above all, teamwork—across agencies, coalitions, and community networks—was the foundation that enabled sustained outreach, effective advocacy, and the expansion of prevention programming throughout the region.

RECOMMENDATIONS

This report presents a snapshot of providers' key prevention strategies and initiatives implemented, the challenges encountered, and the adjustments made to address substance use issues exacerbated by post pandemic economic and societal stressors, as well as new less limiting alcohol regulations expected to boost the state economy.

Environmental prevention approaches, including policy initiatives, remain as one of the most effective prevention strategies used to reduce access and availability of alcohol and other substances. Community and County partners can continue to inform and mobilize residents to advocate for more protective regulations that reduce the availability of alcohol and other substances, empowers communities to improve their local conditions, enabling them to live healthier and more productive lives.

Recommended next steps include continuing to engage local populations, promoting social connection and community pride, increasing parent involvement and education, addressing negative health and societal impacts of substance misuse, and increasing access to supportive services for youth and families to enhance resiliency and improve overall health. Offering youth opportunities to engage and access healthier alternatives to substance misuse can continue to inspire them to tap into their own creativity and resiliency to rise above substance use.



Courtesy of Community Coalition and Institute for Public Strategies

Thank you, prevention providers for your hard work, vision, passion, and expertise.

APPENDICES

APPENDIX A

PREVENTION FRAMEWORK

To achieve comprehensive, effective, and culturally competent AOD prevention services, SAPC uses a combination of the following three frameworks:

1. Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) planning process.
2. SAMHSA's Center for Substance Abuse Prevention (CSAP) prevention strategies.
3. Institute of Medicine (IOM) classification system.

The use of these frameworks is required by the California Department of Health Care Services (DHCS) and is part of the mandatory reporting requirements for primary prevention services electronic data system.

SAMHSA'S Strategic Prevention Framework (SPF)[45]

The SPF is a five-step planning process that systematically guides the development of prevention services and includes two guiding principles to ensure cultural competency and sustainability:

Step 1: Assess Needs - What is the problem, and how can I learn more?
Step 2: Build Capacity - What do I have to work with and how can I make it stronger?
Step 3: Plan - What should I do and how should I do it?
Step 4: Implement - How can I put my plan into action?
Step 5: Evaluate - Is my plan going as intended and is it succeeding?



By addressing each step, prevention services would address the needs of their target communities and populations by reducing risk factors and enhancing protective factors, build community capacity and collaboration, develop goals and measurable objectives, and evaluate their efforts to ensure the prevention program achieves the intended outcomes.

45 Strategic Prevention Framework. (n.d.). Retrieved from: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Center for Substance Abuse Prevention (CSAP) Strategies and Activities[46]

The SAMHSA Center for Substance Abuse Prevention (CSAP) has classified prevention strategies into six major categories. An effective prevention program utilizes these strategies and activities to comprehensively address the needs of the target communities through evidence-based interventions and services.

1. **Environmental Strategy** – establishes and/or changes community standards, codes, and attitudes, thereby influencing the prevalence of alcohol and other drug use within the community through engaging a broad base of community partners, interventions, and policies.

2. **Community-Based Process Strategy** – enhances the community's capacity to address AOD issues through organizing, planning, collaboration, coalition-building, and networking.

3. **Information Dissemination Strategy** – improves awareness and knowledge of the effects of AOD issues on communities and families through "one-way" communication with the audience, such as speaking engagements, health fairs, and distribution of print materials.

4. **Problem Identification and Referral Strategy** – identifies individuals who have infrequently used or experimented with AOD who could change their behavior through education. The intention of the screening is to determine the need for indicated prevention services, not treatment services.

5. **Education Strategy** – encourages "two-way" communication between the facilitator and participants. This strategy aims to improve life and social skills, such as decision-making, refusal skills, and critical analysis.

6. **Alternative Strategy** – redirects individuals from potentially problematic situations and AOD use by providing constructive and healthy events/activities.

Institute of Medicine (IOM) Classification System[47]

The prevention classifications are subdivided into universal, selective, and indicated categories. The IOM category is assigned by looking at the risk-level of the individual, or group, receiving the service. Federal prevention funding allows for the delivery of services for universal, selective, and indicated populations. The funding is not intended for those who need or receive AOD (ab)use treatment or recovery services.

Universal

Universal prevention targets the entire population (national, local community, school, and/or neighborhood) with messages and programs aimed at preventing or delaying the (ab)use of AOD. All members of the population share the same general risk for substance (ab)use, although the risk may vary among individuals.

[46] Center for Substance Abuse Prevention Strategies and CSAP Activities Definitions (Approved July 24, 2017, Updated August 17, 2017). Retrieved from: http://www.ca-cpi.org/wp-content/uploads/2017/08/CSAP-Strategies.pdf

[47] Center for Applied Research Solution | Fred Springer, J., & Phillips, J. (n.d.). The Institute of Medicine Framework and its Implication for the Advancement of Prevention Policy, Programs, and Practice. Retrieved from: http://ca-sdfc.org/docs/resources/SDFC_IOM_Policy.pdf

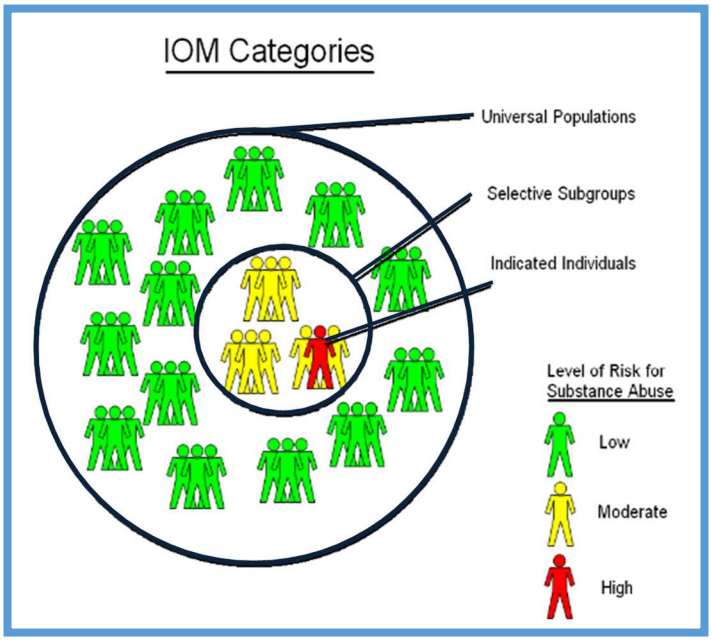
Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk.

- **Universal Direct**
  Interventions directly serve an identifiable group of participants but who have not been identified based on individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving ongoing or repeated contact (e.g., coalitions).

- **Universal Indirect**
  Interventions supporting population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This may include programs and policies implemented by coalitions.

Selective
Selective prevention targets subsets of the total population at risk for substance abuse by virtue of their membership in a particular population segment. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.

Indicated
Indicated prevention is designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) criteria for abuse or dependence, but who are showing early danger signs, such as failing grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting potential early signs of substance abuse and other problem behaviors associated with substance abuse, and to target them with special programs.



APPENDIX B

FY2023-2024 PREVENTION PROVIDER NETWORK
SUBSTANCE USE PREVENTION SERVICES CONTRACTED PROVIDERS

SPA	Contracted Substance Use Prevention Services Providers
8	Asian American Drug Abuse Program
6	Avalon Carver Community Center
8	Behavioral Health Services, Inc. (Gardena)
4	Behavioral Health Services, Inc. (Hollywood)
8	Cambodian Association of America
1	Change Lanes
1	Child and Family Center (almdale)
2	Child and Family Center (Santa Clarita)
4	Children's Hospital of Los Angeles
6	Community Coalition for Substance Abuse
3	Day One, Inc.
3	HealthRight 360 - Prototypes
7	Helpline Youth Counseling, Inc.
4	Institute for Public Strategies
5	Institute for Public Strategies
4	Korean American Family Services, Inc.
4	Koreatown Youth & Community Center
7	Los Angeles County Office of Education
3	NCADD of East San Gabriel and Pomona
2	NCADD of San Fernando, Inc.
3	Pacific Clinics
1	Parents Anonymous
3	Parents Anonymous
6	People Coordinated Services of Southern
2	Phoenix House of Los Angeles
3	Prototypes a Center for Innovation
1	Pueblo Y Salud, Inc. (Palmdale)
2	Pueblo Y Salud, Inc. (San Fernando)
	Rescue Agency
	San Fernando Valley Partnership, Inc.
6	Shields for Families, Inc.
4	Social Model Recovery Systems, Inc.
6	South Central Prevention Coalition
6	Special Services for Groups
1	Tarzana Treatment Center
2	Tarzana Treatment Center
4	The Wall Las Memorias Project
7	The Wall Las Memorias Project
6	Watts Health Foundation, Inc.

APPENDIX C

FY2024-2025 PREVENTION PROVIDER NETWORK SPA COALITIONS

There were many community coalitions at work, including Service Planning Area (SPA) Coalitions, neighborhood councils, and youth coalitions. Other collaboratives including youth and adult leadership groups, the Los Angeles Drug and Alcohol Policy Alliance (LA DAPA), community prevention councils, "Manos Unidos con la Esperanza para la Comunidad" (MUEC), Marijuana Public Smoking Initiative (MPSI), and Rethinking Access to Marijuana (RAM), to name a few.

SPA 1: Antelope Valley Marijuana, Alcohol, & Pharmaceutical Prevention Coalition (AVMAPP)
SPA 2: Communities in Action
SPA 3: Rethinking Alcohol and Other Drugs (RAD)
SPA 4: Coalition to Prevent Alcohol-Related Harms in LA Metro (COPALM)
SPA 5: Westside Impact Project
SPA 6: South LA Movement Prevention Coalition (SLAM)
SPA 7: South-East Community Alliance (SECA)
SPA 8: South Bay Communities Creating Change (SBC 3)

APPENDIX D

ENVIRONMENTAL PREVENTION STRATEGIES

Alcohol Restricted Use Sub-Districts (ARUS)
City motion (Council File 17-0117) instructs the Planning Department, in consultation with the LA City Attorney, to prepare a report on the feasibility of establishing a process to create Alcohol Restricted Use Sub-districts (ARUS). ARUS would allow communities and their representatives to identify vulnerable areas in city council districts where restrictions could be applied on the future issuances of off-sale or on-sale alcohol licenses. ARUS zones will protect communities and families while encouraging healthier retail options to open in the area.

Civil Social Host Liability Laws
Civil liability ordinances are designed to deter underage drinking parties. Through civil social host liability laws, adults can be held responsible for underage drinking parties held on their property, regardless of whether they directly provided alcohol to minors. To date, more than 150 cities or counties have social host liability ordinances in place. The research on this strategy is still emerging, but findings currently show that social host liability reduces alcohol-related motor vehicle crashes as well as other alcohol-related problems.[48]

Community Events Policies on the Promotion, Sales and Service of Alcohol
Alcohol restrictions at community events include policies that control the availability and use of alcohol at public venues, such as concerts, street fairs and sporting events. These policies may reduce youth access and the occurrence of alcohol-related problems such as binge drinking, sales to minors, traffic crashes, vandalism, fighting, and other public disturbances.

Conditional Use Permit (CUP) Ordinances
CUPs can be used to effectively address problems of crime and violence by structuring land use to allow less density of outlets and by holding merchants accountable for operating conditions in and around their premises. The CUP is a powerful tool in regulating the availability of alcohol by requiring spacing or distance requirement between outlets, regulating proximity to sensitive land uses such as schools, churches, parks, and residential neighborhoods, and allowing outlets only in specific areas of the city or county.

Deemed Approved Ordinance (DAO)
DAO is a nuisance abatement tool designed to address public health and safety problems created by alcohol outlets, both on-sale (bars, restaurants) and off-sale (markets, supermarkets, drugstores, etc.). It changes the legal status of existing alcohol beverage establishments, granting them "Deemed Approved" status, permitting them to operate as usual as long as they do not create a public nuisance or violate any state or local laws.

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48 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4211332/#:~:text=One%20study%20examined%20effects%20of,the%20presence%20of%20SH%20laws.

Let's Make a Difference (LMD)
The overall purpose of the LMD program is to reduce the impact of prescription drug misuse. The program highlights how access contributes to use, the dangers of Rx misuse, the harms associated with sharing medications and how to communicate 3-core messages/behaviors. Activities include engaging pharmacies (large and small scale) and other strategic partners (medical groups, LAUSD schools/parent centers, childcare centers, and other strategic partners) to "Let's Make a Difference" through the distribution of "safe home pledge cards" and promotion of the overall campaign to their constituents/target communities. Measuring impact/reach is done by documenting the number of participating pharmacies, organizations, schools, and potential partners, number of pledge cards collected at each location, number of Rx medications collected at DEA take back events within the geographic area of the campaign and documenting increase in disposal boxes at smaller pharmacies, along with increased utilization of LAC Safe Centers within the initiative implementation areas.

Merchant Committed
The Merchant Committed campaign encourages retailers to fully adopt preventive practices as part of their business operations and encourages the city to improve its oversight of off-sale outlets through community policing and CUP administration. The goal of this strategy is to reduce underage drinking and youth access to alcohol by increasing alcoholic beverage establishment compliance.

Minor Decoy Operations
The Decoy Program allows local law enforcement agencies to use persons under 21 years of age as decoys to purchase alcoholic beverages from licensed premises. As of 10/01/04, the Department of Alcoholic Beverage Control (ABC) has used decoys to regulate businesses selling alcohol to underage individuals. The Decoy Program has been recognized as a method to attack the problems associated with the unlawful purchase and consumption of alcoholic beverages by young people.

Preventing Prescription Drug Misuse (Safe Med LA)
Safe Med LA addresses the prescription drug misuse/abuse epidemic in the county, guided by its five-year strategic plan. Safe Med LA employs a "9-6-10" approach organized into 9 Action Teams focusing on 6 priority areas with 10 objectives. SUPS are members of the Community Education Action Team they provide community education and awareness of the risk of prescription drug misuse, safe use/storage, and available resources for help with disposing their medications.

Project Sticker Shock (PSS)
PSS capitalizes on community activism, cooperative efforts, and collective responsibilities to combat underage drinking and its related problems. The project not only educates citizens, businesses, educational institutions, health organizations, law enforcement and governmental authorities on the problems of underage drinking but also ensures a consistent message about the law exists, increasing efforts to bring about change.

Responsible Alcohol Delivery Project (RADP)
The emergence of alcohol delivery services has raised concerns about the increased accessibility and availability of alcohol to underage youth. The ease of ordering alcohol online and having it delivered to one's doorstep has created new opportunities for youth to obtain and consume alcohol, bypassing traditional age verification methods. The Responsible Alcohol Delivery Project aims to document and address youth access to alcohol via third-party delivery services originating at off-sale retail outlets and minimize citations issued to

alcohol retailers by the California Department of Alcoholic Beverage Control (ABC) for selling alcohol to minors via third party delivery services (alcohol delivery apps). The project is shaped by three key elements, including retailer engagement, in-store signage, and documenting compliance for retail alcohol deliveries, combined to prevent youth access to alcohol and reduce citations for sales to minors. Clerk training will increase delivery driver engagement to ensure identification verification via QR code on all alcohol deliveries.

Responsible Beverage Server (RBS)
RBS training is a community-based approach to promote public safety and to reduce risks associated with the retail alcohol environment. RBS has three essential elements: the adoption of alcohol-service policy for ABC-licensed establishments; the providing of server education and guidance; and the development of partnerships between law enforcement, local government, and community groups.

Restaurant Beverage Program (RBP)
The Restaurant Beverage Program (RBP)[49] offers qualifying sit-down restaurants, within LA City Council designated RBP-Eligible geographic areas[50], special provisions to serve alcoholic beverages, assuming they comply with 50 community friendly standards which includes limited hours of operation, outdoor seating limitations, and other noise and security requirements. RBP approval is also based on robust enforcement requirements to provide community protections, such as mandatory inspections and enforcement, to ensure that after three violations are issued within two years a restaurant would be disqualified from the program for a period of five years. The RBP eliminates the need to obtain a Conditional Use Permit (CUP), reducing cost and required processing time to obtain which significantly shortens the processing time and lowers the cost of obtaining the City's approval.

Retail Framework
The Retail Framework provides a gradual, eight stepwise approach that methodically documents problems at the outlets, recruits' retailers to participate directly in prevention actions, mobilizes concerned community groups to act, and approaches city agencies to carry out their oversight responsibilities for off-sale alcohol outlets.

Rethinking Access to Marijuana (RAM)
The RAM Coalition was formed in 2015. The RAM Coalition educates elected officials, parents and other caregivers as well as those with relationships with young people such as teachers, coaches, and others about marijuana's effects on the developing brain of youth between the ages of 12-26.

Smoke Shop Project (SSP)
The Smoke Shop Project was developed to address the growing availability of illicit cannabis, Delta-8 THC, and other intoxicating products being sold at smoke shops, particularly near schools and in underserved communities. Through this project, a comprehensive assessment of access points and availability of illegal and quasi-legal cannabis products across targeted communities is conducted. The results of these environmental scans will be utilized to submit violations to the appropriate governmental agencies, draft retailer notification letters, community trainings, and school-based meetings, as well as mobilize coalitions to advocate for increased enforcement requirements and prompt policy decisionmakers to take greater action. Data findings

[49] Restaurant Beverage Program (RBP) | Los Angeles City Planning (lacity.org)
[50] https://planning.lacity.org/odocument/777a537e-bb22-4571-ae8f-e01f2ce838f6/RBP_City_Wide_SP.pdf

will further launch an implementation plan to explore local control solutions through land-use planning and zoning ordinances, engaging smoke shop operators to adopt safe operations and responsible sales practices and establishing local requirements that prohibit an industrial hemp food and beverage product from being labeled, marketed, or advertised as a product intended to create an intoxicating effect.

Social Host Ordinance (SHO)

Preventing Underage Drinking Parties- Social Host Ordinances (SHO) prevent underage drinking parties by holding the host (e.g., parents or other adults) accountable for the negative alcohol related issues resulting from these parties. A social host ordinance sends the clear message to parents and other adults that it is not acceptable to give alcohol to teens.

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