



Getting to Zero Preventable Deaths in San Francisco: A Call to Action for Innovative Mental & Behavioral Health Policies to Address Drug Overdose Deaths

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Overview

San Francisco is in the midst of a public health emergency. Last year, as the city marshalled its resources to combat COVID-19 with outstanding success, the number of accidental drug overdose deaths skyrocketed. In 2020, the number of unintentional drug overdose deaths nearly tripled that of COVID-19 deaths: 261 San Franciscans lost their lives to COVID-19 while 712 died from unintentional drug overdoses.^{1,2} Deaths from accidental drug overdose are preventable and it is time to act. Substance use, especially problematic substance use, is a driver of new HIV transmissions and a leading cause of death among people living with HIV.³

Since 2018, the synthetic opioid fentanyl has emerged as a significant driver of fatal overdose in San Francisco. In 2020, San Francisco Medical Examiner's office data show 516 out of 712 total overdose deaths, or 72%, involved fentanyl.⁴ Fentanyl has significantly increased the overdose risk environment: its potency, the narrow range between an effective dose and a lethal dose, the rapid onset of respiratory failure and fatal overdose, and the significant shortening of "response time" for a life-saving intervention.

To immediately address accidental drug overdose and to meet Getting to Zero's goal of eliminating HIV and preventable deaths in San Francisco, we are calling on the city to:

1. Implement innovative new services, such as opening supervised consumption spaces and providing low barrier access to medications for opioid use disorder to meet currently unmet needs.
2. Improve the coordination of existing services and collaboration across city agencies so that individuals can move seamlessly through the continuum of care. Add 200-400 more "aftercare" beds after the 90 days allotted timeframe.
3. Reduce stigma and discrimination attached to substance use, especially for those who are also experiencing homelessness, to ensure that people have access to a system of care that is coordinated, cohesive, comprehensive, non-punitive and non-stigmatizing.

Background

Our city has led the way to funding more humane measures to support drug users before. In 1992, San Francisco Mayor Frank Jordan declared a public health emergency and provided \$138,000 in the city budget for a needle exchange program called "Prevention Point." Access to unused syringes was a crucial component of preventing



transmission of HIV. By sponsoring needle exchange, the city of San Francisco gave legal protection to non-profit agencies already engaged in syringe access programs, despite having been under the threat of potential legal action against them.⁵

The percentage of deaths due to drug overdoses increased from 9.7% in 2008-2011 to 12.1% in 2016-2019.⁶ Black/African-Americans in San Francisco are dying of unintentional drug overdoses at disproportionately higher rates than those of other races. In 2019, opioid overdose deaths among Black/African-Americans occurred at a rate of approximately 190 per 100,000 versus 25 overdose deaths per 100,000 in White San Franciscans.⁷ At a time when the United States is reckoning with a long history of inequity for its Black, Indigenous, People of Color (BIPOC) residents, San Francisco must focus on the health and welfare of its BIPOC population and factors that contribute to overdose deaths such as income inequity, lack of affordable housing, health disparities, and racism.

Policy Recommendations

Getting to Zero implores the City of San Francisco and the San Francisco Department of Public Health to address our current public health emergency by funding and implementing the following life-saving measures for San Franciscans who use substances:

- Adopt and enact citywide policies that set a standard for non-stigmatizing, clinically accurate and person-first language about substance use in all its communications – recognizing that **addiction is a treatable chronic disease, which requires treatment and support just as other diseases do.**
- **Open Overdose Prevention Centers** (also known as Safer Consumption Spaces) which provide safer drug use supply kits containing clean syringes and substance use pipes; supplies for abscess care; and space to use substances with other people, who may administer naloxone in the event of an overdose. These centers provide essential services and they are needed in neighborhoods throughout SF. The evidence on the life-saving capability of these programs is very clear; there are approximately 120 Safer Consumption Spaces operating in ten countries around the world and there has never been a single overdose death at any of these facilities.⁸
- **Provide low barrier access to medications for opioid use disorder.** Require all Department of Health prescribers to get X waivers for buprenorphine, thereby increasing access to this life-saving medication. Maintain pandemic-initiated rules for Methadone Dispensing Clinics, which allow patients to meet with their providers remotely.



- **Educate widely about how to use naloxone.** Naloxone availability is now greatly expanded thanks to city efforts. The next step is to promote a positive attitude about helping people who unintentionally overdose, and to teach people how to administer naloxone effectively. Educate in faith communities, community centers, hair salons & barber shops, youth programs, and other venues about preventing overdoses - by administering naloxone, providing rescue breathing, and calling 911. Require all city employees to participate in naloxone use education. Provide grants for the acquisition of naloxone vending machines to be placed in community centers, transportation hubs, and other public places.
- **Add 200-400 more “aftercare” beds** for people leaving residential substance use programs after the allotted 90 days. Being cut off from support for sobriety after 90 days (and losing a place to stay for people experiencing homelessness) is detrimental to the continuity not only of sobriety, but of the overall improved health outcomes associated with addiction treatment. For substance users who prefer an abstinence-based model of treatment, the provision of sober living environments is essential.
- **Create a public service campaign to reduce stigma about substance use.** The SFDPH has been very successful in posting public health guidelines about wearing masks and maintaining social distancing during the COVID-19 pandemic. Posters in multiple languages were placed throughout the neighborhoods of San Francisco for education and guidance about protection from and testing for COVID-19. Such a campaign is needed for the education of our populace on life-saving measures for drug users such as guidelines stating “always use in the presence of someone who can administer naloxone and get help in the event of overdose,” and reminders that substance users are people and addiction is a disease that needs treatment. Many if not most people know someone with a substance use disorder.

Consulted/Recommended Sources

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^{3,6}San Francisco Department of Public Health. HIV epidemiology annual report 2020. Available at: https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/AnnualReport2020-Purple_20210817Web.pdf



⁴San Francisco Office of the Chief Medical Examiner. Report on Accidental Overdose Deaths. February 17, 2021. Accessed September 24, 2021. <https://www.womenshealth.gov/a-z-topics/autoimmune-diseases>.
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⁵"Resource: History of HEALTH: Needle Exchange in San Francisco." San Francisco AIDS Foundation Harm Reduction, San Francisco AIDS Foundation, 2 May 2019, www.sfaf.org/resource-library/needle-exchange-in-san-francisco/.

⁷Coffin, Phillip O., Christopher Rowe, et al. " National Drug Early Warning System (NDEWS) San Francisco Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2020." August 2020. Available at: <https://ndews.org/wordpress/files/2020/08/SCS-Report-2020-San-Francisco-FINAL.pdf>

⁸*Supervised Consumption Services*. Drug Policy Alliance. (n.d.). Retrieved September 23, 2021, from <https://drugpolicy.org/issues/supervised-consumption-services>.

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