File No.	190984	,	Committee Item No.	4
			Board Item No	8

### COMMITTEE/BOARD OF SUPERVISORS

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	c Safety & Neighborhood Servic	es	Date: Dec. 12, 2019 Date: Jan. 7, 2020		
	otion esolution rdinance egislative Digest udget and Legislative Analyst outh Commission Report troduction Form epartment/Agency Cover Lett OU rant Information Form rant Budget ubcontract Budget ontract/Agreement orm 126 – Ethics Commission ward Letter pplication ublic Correspondence	er and/	· · · · · · · · · · · · · · · · · · ·		
OTHER	DPH Presentation – December	12, 201	9		
Prepared by: _ Prepared by: _		Date: Date:	Dec. 6, 2019 Dec. 13, 2019		

not take the lives of Californians because of officials could not trace it as the cause of WHEREAS, In San Francisco in 20

[Public Health Crisis on Drug Overdoses and Drug Use]

Resolution declaring a public health crisis on drug overdoses and drug use and urging the Department of Public Health to present a comprehensive plan on how to address this crisis.

WHEREAS, 70,237 drug overdose deaths occurred in the United States in 2017; and WHEREAS, Drug overdoses in San Francisco has claimed the lives of 259 people in 2018; and

WHEREAS, Fentanyl, a synthetic painkiller, is up to 100 times more potent than morphine and has surpassed prescription pills and heroin as the leading cause of opioid overdose deaths in the city; and

WHEREAS, Until recently Fentanyl was mainly concentrated in the East Coast and did not take the lives of Californians because it was used in such low levels that public health officials could not trace it as the cause of death in overdoses; and

WHEREAS, In San Francisco in 2015, multiple overdose deaths were attributed to one batch of white powder that users hadn't known contained fentanyl; and

WHEREAS, In 2016, multiple deaths in San Francisco were attributed to a single supply of Xanax tablets that contained fentanyl; that same year, higher amounts of fentanyl was found in crack cocaine and methamphetamine; and

WHEREAS, The San Francisco Department of Public Health ("DPH") released data showing that 89 people died of fentanyl overdoses in 2018--a 300% increase from 2016; and

WHEREAS, The same DPH report also found that 39 people overdosed on fentanyl within the first quarter of 2019 alone, putting 2019 on track to surpass even last year's numbers; and

WHEREAS According to a 2015 report on overdoses published by DPH, overdose related deaths were clustered largely within the Tenderloin/Civic Center (32.5 %) and South of Market (12.4 %) neighborhoods, both of which have a high proportion of residents living in poverty, single room occupancy hotels, and opioid-related drug arrests; and

WHEREAS, 44.9 % of opioid-related deaths occurred in these two neighborhoods while the remaining deaths were spread throughout the city, with each neighborhood recording at least one opioid overdose death; and

WHEREAS, Methamphetamine use, and associated morbidity and mortality, has been on the rise in San Francisco; and

WHEREAS, From 2011 to 2016, emergency room visits related to methamphetamine use increased by 600%, and hospital admissions rose by 400%; and

WHEREAS, According to data from Zuckerberg San Francisco General Hospital and Trauma Center's (ZSFG) of the 7,000 psychiatric emergency visits in 2018, nearly half were individuals who were under the influence of methamphetamine; and

WHEREAS, Substance use disorder treatment admissions for methamphetamine have been increasing, with methamphetamine accounting for 19% of total admissions (third behind heroin and alcohol); and

WHEREAS, Overdose deaths involving methamphetamine have also been increasing, with 87 overdose deaths involving methamphetamine in 2017; and

WHEREAS, Methamphetamine use is highly prevalent among people experiencing homelessness, with more than 50% of new clients for homeless services reporting methamphetamine use in 2015; and

WHEREAS, When a treatment bed is not available when someone is ready for care, the opportunity for engagement in treatment options is often lost; and

WHEREAS, In addition, if a stabilization bed is not available post-treatment, the benefits of treatment can decrease; and

WHEREAS, A recent study of our current substance use treatment and post-treatment options revealed that there is a demand for 1) mental health and co-occurring (mental health and substance use) residential treatment beds; 2) medical detox beds, including more flexible options for length of stay; 3) shorter-stay substance abuse treatment beds (offering 3, 5, or 7-day options); 4) extended observation beds for people leaving psychiatric emergency services; and

RESOLVED, That our City is currently suffering from a public health crisis caused by rampant substance use and overdose deaths; and, be it

FURTHER RESOLVED, That the Board of Supervisors requests the Department of Public Health to present a comprehensive plan on how to address this public health crisis including but not limited to: 1) improve street level crisis response to address people who are using drugs, in psychosis, or overdosing; 2) provide regular reporting of overdoses and overdose deaths; 3) additional support for front line emergency responders and public safety personnel; 4) identify existing models of detox and drop-in centers and how to best expand those services; 5) stopping the flow of deadly drugs into San Francisco, and

FURTHER RESOLVED, That the Board of Supervisors urges the Mayor of San Francisco to join the Board of Supervisors in declaring a public health crisis; and

FURTHER RESOLVED, That the Board of Supervisors urges the Governor and the State of California to take emergency actions to respond to this crisis; and, be it

FURTHER RESOLVED, That the Board of Supervisors urges the Mayor and our state representatives to prioritize moving forward policies that strongly support reducing the amount of overdose deaths in San Francisco; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby directs the Clerk of the Board to transmit copies of this Resolution to San Francisco's State Legislative Delegation and the Office of the Governor of California accordingly.

Supervisors Haney; Walton BOARD OF SUPERVISORS

### oard of Supervisors, Public Safety and Neighborhood Services December 12, 2019 Overdoses esolution: Public



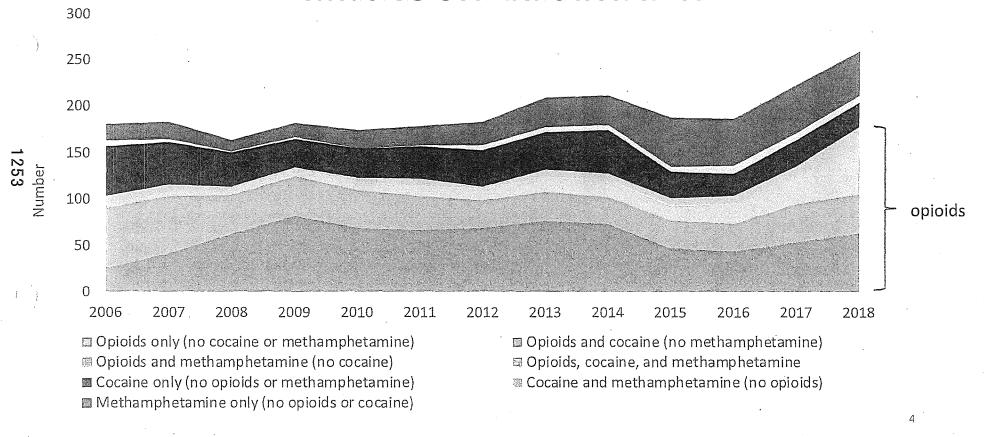
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

### **Presentation Overview**

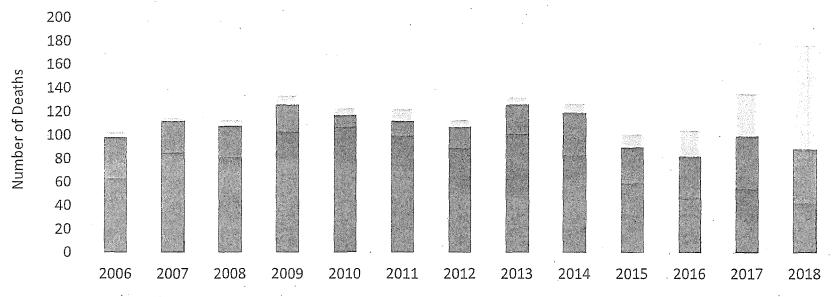
- Data on overdoses and overdose reversals
- SFDPH and City overdose prevention and harm reduction efforts
  - including work with first responders and health alerts
- Treatment options
- Immediate and future action plans

Data

### Number of Drug Overdose Deaths by Mutually Exclusive Combination in SF

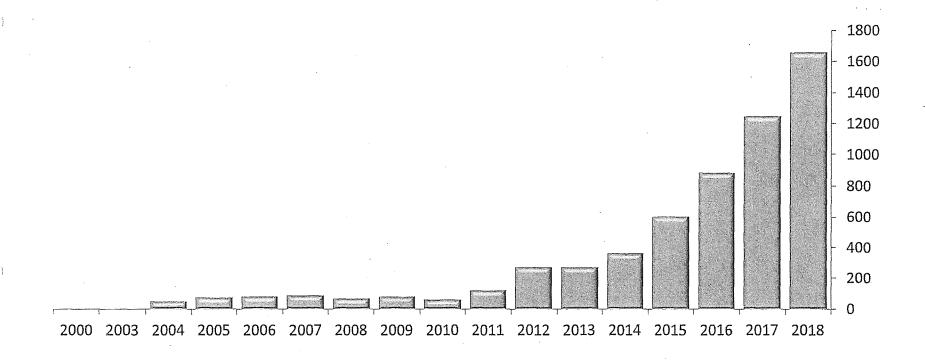


### Number of Opioid Overdose Deaths by Mutually Exclusive Opioid Type in SF



■ Prescription Opioids (excluding heroin or fentanyl)
■ Heroin (excluding fentanyl)
■ Fentanyl and Fentanyl Analogues

### Naloxone Reversals by the DOPE Project in SF



## Overdose Prevention & Harm Reduction Efforts

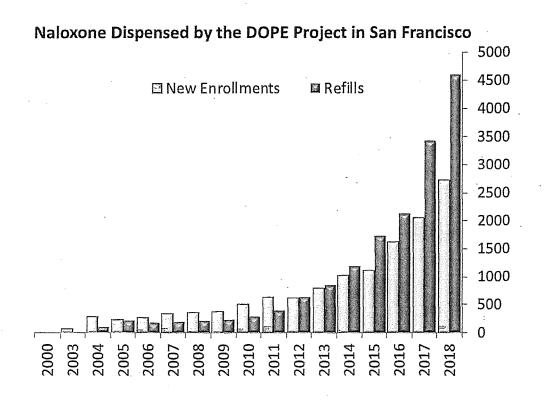
### **Harm Reduction**

- SFDPH policy
- Promotes methods of reducing the physical, social, emotional, and economic harms associated with harmful behaviors that impact individuals and their community
- Free of judgment, clients are directly involved in setting their own health goals

### **Examples in San Francisco**

- Syringe access and disposal
- Naloxone
- Medication-Assisted Treatment (e.g. methadone, buprenorphine)
- Sobering Center

### **Naloxone Distribution and Overdose Prevention Initiatives**



- SFHN co-prescribing in Primary Care, hospital, Emergency Department
- Jail pre-release naloxone dispensing
- Project FRIEND training for first responders and take-home naloxone kits dispensed by EMS

### **Street-Based Engagement to Address Health Needs**

- "Encampment" health fairs
- Low-barrier medical services at syringe access sites
- Increased mobile outreach with medical teams
- Mobile health access points
- Mobile methadone van
- Harm Reduction Therapy Center van













### **Overdose Alerts and Notices**

- Alerts and notices about overdoses
  - Community response from funded provider DOPE Project
  - o Medical advisory from Health Department
  - Advisory and community messaging sent to treatment programs, shelters, navigation centers, schools, etc.
- Flyers and messaging to community members
  - Facilitates engagement in conversations with participants
- Alliance for Collaborative Drug Checking (ACDC)
  - Lab testing of drugs associated with overdose or toxic reactions; alerts about results

AGDC is a collaboration between the GDPE Project, Hamelene Youth Alliance, Glide Harm Reduction and the SF Drug Usera Union to collect amples from San Francisco's drug supply that people who use drugs are concerned allow, and have them tested using LCMS technology.

### ALLIANCE FOR COLLABORATIVE DRUG CHECKING (ACDC)

SAN FRANCISCO
Results for April 2019

ACDC is supported by SEOPH and the Clinical Toxicology lab at Zuckerben San Francisco General Hospital.

> or more information contact Eliza Wiceler sticcler@hormreduction.org

### DOPE42

Sample collected 4/26/19 at Homeless Youth Alliance

### SAMPLE PROFILE

Purchased in the Tenderloin

Sold as black tar heroin

Caused itohy rash, burning in feet, neck, back, swollen lips, had no legs

### WHAT WAS IT?

तिवरोग्ड (स्वास्त्रीय) स्वासी (इंग्लास) विविध्यक्षीति वासी (अस्त्री) होत्राम् (स्वासी)

### SO WHAT

Even though this sample has some trace amounts of stimulants in it, the altergy like reaction was most likely because of the poorly processed heroin. The majority of the sample was 6 acctylcodeine, an impurity from incomplete processing of heroin which could cause these reactions.

### DOPE43

Sample collected 4/19/19 at Homeless Youth Alliance

### SAMPLE PROFILE

Purchased in the Tenderloin

Sold as fentanyl

Caused a speedy sensation, anxiety, antsy, twitchy

### WHAT WAS IT?

Major component: fentanyl

Minor components: heroin, methamphetamine

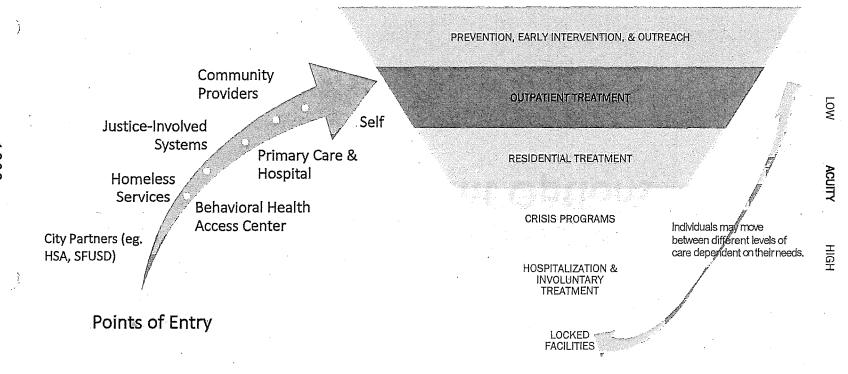
Trace components: cocaine

### SO WHAT?

This sample was perment, for control of the control

## **Treatment Options**

### **SFDPH Behavioral Health Services**



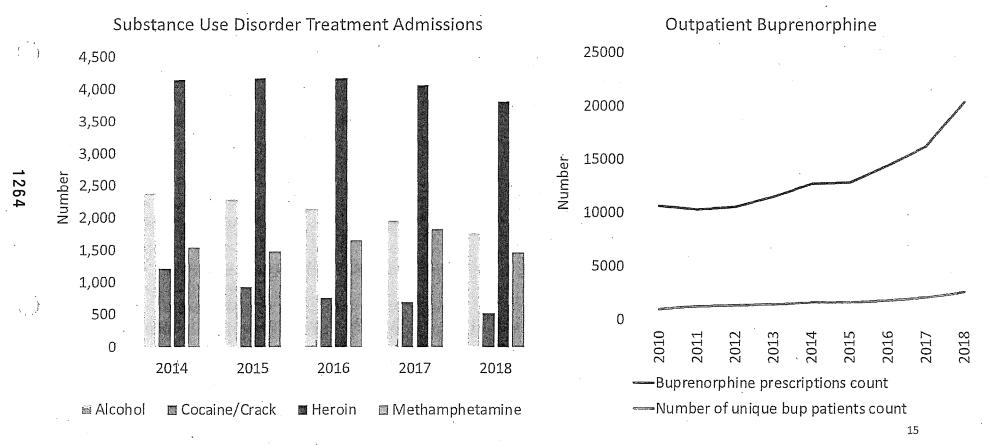
### **Substance Use Treatment Options**

- Seven opioid treatment programs contract with SFDPH
  - Buprenorphine
  - Methadone
  - Jail Health continuéd and new treatment
- Residential treatment 491 beds
  - Withdrawal management
  - Residential treatment, up to 90 days
  - · Residential step-down programs
- Low-threshold buprenorphine
  - Street Medicine pilot program
  - BHS Pharmacy expansion of services
  - Buprenorphine prescriptions are up 55% since 2010
- Two targeted programs including contingency management
- Pharmacotherapy research (e.g. mirtazapine)

98% of residential treatment clients are experiencing homelessness

Source: Avatar data FY18-19

### **Substance Use Disorder Treatment**



### Immediate Actions – 2019/2020

### Reform the Behavioral Health System

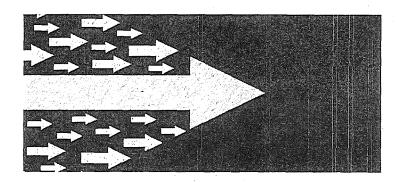
- Using residential treatment bed availability website to address vacancies
- Creating a new drug sobering center
- Expanding Hummingbird model to community
- · Adding residential treatment beds

### **Strengthen Overdose Prevention**

- Launching SRO Overdose Prevention Project
- Project FRIEND: empowering first responders
- REBOOT 2.0: behavioral intervention research

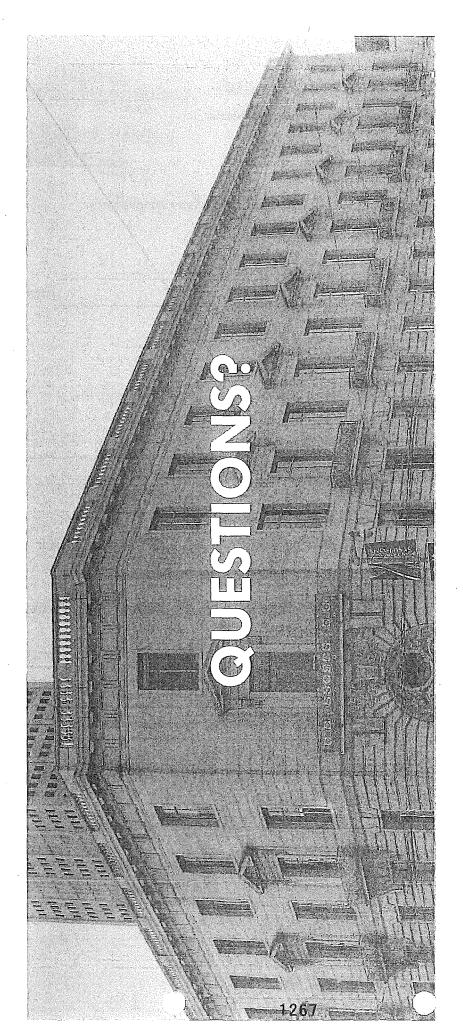
### **Lower Barriers to Treatment**

- Extending intake hours and shortening intake process
- Expansion of tele-buprenorphine at syringe sites and other points of contact
- Addiction Medicine Consult Service at ZSFG



### **Future Initiatives**

- Mental Health SF
  - Expansion of case management
  - Street Crisis Intervention Team
  - 24/7 Mental Health Service Center (BHS Pharmacy and BHAC expansion)
- Mental Health Reform
  - Managed alcohol program
  - Addressing inequity in overdose reversal
- Overdose Prevention Sites





# SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Print Form

### **Introduction Form**

By a Member of the Board of Supervisors or Mayor

I hereby submit the following item for introduction (select only one):

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO

2019 SEP 24mPstamp 17

1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).	n sa nagalifa de la
2. Request for next printed agenda Without Reference to Committee.	,
3. Request for hearing on a subject matter at Committee.	•
4. Request for letter beginning:"Supervisor	inquiries"
5. City Attorney Request.	
6. Call File No. from Committee.	
7. Budget Analyst request (attached written motion).	
8. Substitute Legislation File No.	
9. Reactivate File No.	
10. Topic submitted for Mayoral Appearance before the BOS on	
Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperativ	e Form.
Sponsor(s):	
Haney	
Subject:	
Resolution Declaring Public Health Crisis on Drug Overdoses and Drug Use	
The text is listed:	
Resolution declaring a public health crisis on drug overdoses and drug use and urging the Departi Health to present a comprehensive plan on how to address this crisis.	nent of Public
Signature of Sponsoring Supervisor:	)
For Clerk's Use Only	