

Overdose Deaths are Preventable: The San Francisco Overdose Prevention Plan Update

San Francisco Department of Public Health – December 2024



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Introduction

The national epidemic of overdose deaths affects us all and continues to challenge public health systems as never before, with far too many lives lost every year. We know overdose deaths are preventable, and that recovery is possible.

In San Francisco, we are national leaders in investing in the recovery of people with substance use disorders. We work aggressively to prevent overdose deaths and provide care for San Franciscans with substance use disorders through treatment, expanded care programs, outreach and engagement, and policy change.

New data show that overdose deaths are decreasing. Fatal drug overdoses in San Francisco decreased by more than 20% in the first ten months of 2024 compared to the same period in 2023. This decline represents 159 fewer lives lost to overdose. The downward trajectory in overdoses suggests that our collaborative and multipronged approach of increasing access to services, treatment, and care is working.

While the reduction in deaths is hopeful, far too many people are still dying from opioid addiction and profound inequities persist. Black/African Americans in San Francisco are disproportionately affected, with an opioid overdose death rate that is more than five times higher than the citywide rate.

Since the release of the 2022 Overdose Prevention Plan, the San Francisco Department of Public Health (SFDPH), in coordination with partners citywide, implemented key interventions to meet the increased challenges presented by fentanyl and methamphetamine through expanded, coordinated, and data-driven responses.

The work has included launching new treatment programs, expanding hours at outpatient treatment facilities, adding 400 residential treatment and care beds, and more than tripling the number of street care workers in the community. It has also included an expansion of innovative programs such as contingency management and telehealth visits for medication for opioid use disorder and investment in culturally congruent outreach and care to priority populations.



Our work has evolved to meet the needs of San Franciscans and the changing landscape of the overdose crisis. This update describes the expansion of successful work, incorporation of the best available evidence and policies, and piloting of new initiatives that are responsive to community needs.

The Overdose Prevention Plan has four strategic areas of focus:

- **Strategic Area 1:** Increase availability, accessibility, and effectiveness of substance use services, especially those providing life-saving medication treatment.
- **Strategic Area 2:** Strengthen community engagement and social support for people at high risk for overdose.
- **Strategic Area 3:** Implement a “whole city” approach to overdose prevention.
- **Strategic Area 4:** Track overdose trends and related drug use metrics to measure success and inform program development and change.

Many of the factors that contribute to overdose risk are longstanding and institutional, and include poverty, racism, lack of housing, and unaddressed trauma. Preventing overdose fatalities means changing the conditions that put people at risk. The complex work requires the collaboration of all City departments and partners, including engaging the most affected communities.



Guiding Principles

The key principles of the Overdose Prevention Plan are:

- Is informed by the experience of advocates, people in recovery, people who use drugs, and community organizations, whose partnership with the City is vital;
- Expands treatment and care to people who use drugs, from low-barrier, street-based services to residential care;
- Improves the health and wellness of people who use drugs and communities affected by drug use and overdose;
- Reduces racial disparities and advances equity; and
- Is driven by data and evidence-based approaches.

Overdose Prevention Plan Goals

- Reduce fatal overdoses citywide.
- Reduce disparities in fatal overdoses with a particular focus on the Black/African American community, people experiencing homelessness, and people living in supportive housing.
- Increase the number of people receiving medications for opioid use disorder (MOUD) and other high impact treatments.



Achieved and Exceeded 1-2 Year Goals from the 2022 Overdose Prevention Plan

- ☑ **Met goal** and opened 70 additional residential step-down beds.
- ☑ **Met goal** and opened 40 new beds for dual diagnosis transitional care for women in the Bayview.
- ☑ **Met goal** and opened a drop-in space with low-barrier therapy for people experiencing homelessness.
- ☑ **Met goal** and naloxone is now available in 50% of supportive housing facilities through Emergency Naloxone Stations.
- ★ **Exceeded goal** and increased the number of people initiating medications for opioid use disorder (MOUD) by 22% (goal was 20%).
- ★ **Exceeded goal** and increased the number of programs offering contingency management from three to ten (goal was five) with more planned for 2025.
- ★ **Exceeded goal** and increased citywide naloxone distribution from 47,000 doses to more than 135,000 doses in FY 22-23 and more than 158,000 doses in FY 23-24 (goal was 75,000 doses annually by 2024)

Progress Status on 3-4 Year Goals from the 2022 Overdose Prevention Plan

- ★ **Exceeded goal** and increased citywide naloxone distribution from 47,000 doses to more than 135,000 doses in FY 22-23 and more than 158,000 doses in FY 23-24 (goal was 100,000 doses annually by 2025).
- ★ **Exceeded goal** and trained 4,126 people in overdose recognition and naloxone use in high impact places such as drop-in centers, shelters, Permanent Supportive Housing, and other community groups (goal was 250).
- 🎯 **On target** to meet goal and increase the number of people initiating medications for opioid use disorder (MOUD) by 30%.
- 🎯 **On target** to meet goal and increase the number of people participating in contingency management by 25%.
- 🎯 **On target** to meet goal and increase naloxone availability in 100% of supportive housing facilities.



Overdose Prevention Plan Strategic Areas

With input from agency stakeholders, advocates, and community members, San Francisco's four-point plan is evidence-based, community-responsive, and equity-driven.

1. Increase availability, accessibility, and effectiveness of substance use services, especially those providing life-saving medication treatment.
2. Strengthen community engagement and social support for people at high risk for overdose.
3. Implement a “whole city” approach to overdose prevention.
4. Track overdose trends and related drug use metrics to measure success and inform program development and change.

Strategic Area 1: Increase availability, accessibility, and effectiveness of substance use services, especially those providing life-saving medications.

The City has a continuum of services from harm reduction to residential treatment to meet the varied needs of individuals who use drugs and continues to increase availability, accessibility, and effectiveness of treatment and recovery services.

Treatment is accessible in SFDPH hospitals and 14 primary care clinics, more than 55 specialty clinics, Permanent Supportive Housing, shelters and navigation centers, street-based settings, and the Jail Health program.

SFDPH is making methadone and buprenorphine more available. These two FDA-approved medications have been shown to reduce mortality by up to 50%.



Residential treatment and care are also important components of the continuum of care, as are residential step-down programs that address the needs of people who are experiencing homelessness or who are unstably housed and transitioning out of residential care programs.

To promote the health of individuals who decline or are not ready for treatment, SFDPH offers a range of low-threshold and harm reduction services to build rapport with individuals and motivate them to enter treatment, and to mitigate harm from their substance use. SFDPH provides a small proportion of funding for safe supplies with the majority of funding coming from the State of California.

Finally, there are no approved medications to help people recover from stimulant use disorder. However, behavioral therapies for stimulant use disorder are effective. Contingency management, which uses incentives to reinforce positive changes and a reduction in substance use, is the most effective behavioral therapy for stimulant use disorders.

NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 1:

- Expanded, streamlined, and improved access and retention of medication for opioid use disorder (MOUD).
 - › Increased buprenorphine prescriptions through the buprenorphine telehealth and navigation program now available through SFDPH's Behavioral Health Access Line. This program provides on-demand telehealth from 8am to midnight to connect people with buprenorphine prescriptions immediately or a referral to a methadone program, with next day follow-up support.
 - › Expanded medication for opioid use access by expanding Bridge Clinic hours and patient capacity to two half days in-person and four days via telehealth and launching 72-hour methadone to support individuals who are beginning treatment.

Treatment Increases

*Jan -July 2023 compared to
Jan -July 2024*

- 32% increase in methadone treatment admissions
- 48% increase in new clients receiving buprenorphine
- 15% increase in residential treatment admissions



- › Expanded the OTOP Clinic at Zuckerberg San Francisco General to include Saturday intakes, increasing the number of patients enrolled.
- › Implemented and expanded MOUD for people living in Permanent Supportive Housing, including developing treatment plans, initiating and adjusting medications for psychiatric and substance use disorders, delivering and administering medications, and providing counseling.
- › Launched a program that provides temporary stabilization units for unhoused people initiating treatment. The program began with 9 beds and will expand to as many as 70 beds before the end of fiscal year 2024-25.
- › Secured take-home approval from the California Department of Health Care Services (DHCS) for all San Francisco methadone clinics in alignment with SF Department of Homelessness and Supportive Housing guidelines. Take-home approval allows methadone to be taken unsupervised and at-home as opposed to exclusively at the clinic.
- › Launched a San Francisco Fire Department training module with approximately 100 medics receiving training. SFFD medics are often the first on the scene in response to a 911 call. The training focuses on decreasing stigma to better connect individuals to care and treatment, including starting buprenorphine.
- Expanded availability and participation in contingency management (CM) programs. Increased contingency management programs from five to 10 since 2022. Three of the programs are reimbursed by Medi-Cal.
 - › Funded three additional organizations to provide contingency management, including one focused on the Black/African American population. Programs to launch in early 2025.
 - › Developed and began collecting standard metrics from all San Francisco contingency management programs to assess effectiveness and improve programming.



- › Increased awareness of contingency management through webinars and the development of a referral guide and facts for distribution to providers.
- › Planned upcoming work to expand contingency management offerings at primary care clinics and SFDPH primary and urgent care clinics.
- Improved and built capacity for post-overdose response interventions to target people who experience a non-fatal overdose and who are at a much higher risk for a fatal overdose.

Innovative Approaches to Connect People to Treatment

- The DPH Behavioral Health Services Pharmacy makes deliveries to Permanent Supportive Housing sites in the Tenderloin and SOMA. Last fiscal year, the team delivered medication for opioid use disorder directly to nearly 100 people across 32 different housing sites. In the next fiscal year, the program will expand to reach more people and further increase access to care.
- In 2023, a local ordinance passed that requires pharmacies to stock the opioid reversal medication naloxone.
- In 2024, a local ordinance passed that requires all San Francisco pharmacies to stock buprenorphine, an effective FDA-approved medication for opioid use disorder.
- SFDPH and the City and County of San Francisco sponsored and successfully supported the passage of State Assembly Bill 2115, which aligns California law with federal regulations to reduce barriers for methadone treatment by permitting physicians outside of methadone clinics to provide three days of medications.



- › Strengthened programs that connect and follow-up with people who overdose to increase opportunities for success.
- › Adapted the Alcohol Sobering Center to include sobering beds for people experiencing homelessness to begin treatment following a drug overdose. Previously the Alcohol Sobering Center provided services exclusively to people sobering from alcohol.
- › Implemented focused intervention with individuals with three or more overdoses in a year who are among those at greatest risk of a fatal overdose.
- › Trained nearly 500 paramedics and EMTs with the San Francisco Fire Department to increase buprenorphine starts for overdose survivors. The trainings use Centers for Disease Control and Prevention materials and emphasize an anti-stigma approach.



Strategic Area 2: Strengthen community engagement and social support for people at high risk for overdose.

People who use drugs experience profound stigma and face barriers to receiving services. Increasing community engagement and social support are essential to saving lives, reducing stigma, and improving outcomes.

Such efforts must be citywide, yet also tailored culturally and linguistically to support the populations who have higher rates of fatal overdoses including the Black/African American community, the Indigenous and Latine/X community, people experiencing homelessness, and people living in supportive housing (PSH).

NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 2:

- Scale up public overdose response education, trainings, and naloxone distribution using a citywide, data-driven approach in settings with people at highest risk of overdose. These venues include substance use disorder (SUD) treatment programs, mental health clinics, Single Room Occupancy buildings (SRO), entertainment venues, and community settings. It also includes making naloxone available at key points of contact for people who use drugs, including health access sites, the BHS pharmacy, pre-release at SF County Jail, Shelter Health, and street outreach.
- Expand the availability of care coordination services offered to individuals released from the San Francisco Jail, under CalAIM. People leaving incarceration are at heightened risk for overdose. Under CalAIM, SFDPH has expanded the Office of Coordinated Care to accept referrals and provide care coordination for people who are released from the San Francisco Jail.
- Support overdose champions at priority sites to promote culture change within organizations, and to manage overdose education and the distribution of naloxone.
- Reduce overdose disparities in the Black/African American community.



- › Implementing peer navigation in the Bayview Hunters Points neighborhood and developing capacity for provider staff to lead substance use disorder services and access to MOUD.
 - › Partnering with the Homeless Children’s Network to implement Black/African American culturally congruent services for substance use disorder and overdose prevention and provide ongoing training.
 - › Co-developing community-led monthly convenings with Black-led and Black-serving organizations to share best practices, network, discuss challenges, and plan upcoming events. This has led to the planning of a community-led 2025 Overdose Prevention/Education Summit, for which DPH is providing staffing and funding.
 - › Funding tailored educational materials to reduce overdose prevention for the Black/African American community.
- Reduce overdose disparities in the Latine/X and Indigenous communities.
 - › Coordinating with the Latino Taskforce and convening planning meetings with SFDPH and UCSF to strengthen overdose prevention work with the Indigenous and Latine/X community.
 - › Increasing overdose prevention education via newly translated materials in Spanish and Mayan languages.
 - › Leading upcoming train-the-trainer program for Indigenous speakers and enhanced translation process for overdose materials. Recently translated materials include the Recommended Language Guide for Communicating About Substance Use Disorders as well as overdose prevention education in four Mayan languages.
- Reduce overdose disparities in supportive housing (PSH).



- › Installing naloxone public access boxes across PSH sites. Already completed 561 naloxone public access boxes across 52 PSH sites.
 - › Training residents in overdose response and substance use treatment education. Already trained more than 960 PSH residents.
 - › Funding a housing organization to provide a peer-led overdose prevention and education program in PSH sites.
 - › Increasing awareness of MOUD through training and communication campaigns, including SFDPH teams in PSH sites to develop protocols to support telehealth follow-up.
 - › Trained an initial cohort of 20 peer first-responders to serve as overdose prevention experts in their Permanent Supportive Housing sites.
- Increase public awareness of substance use services and reduce stigma related to seeking help.
 - › Conducting multi-lingual social media messaging campaigns to raise awareness and show how to access treatment and recovery programs in San Francisco.
 - › Implementing the multi-lingual, multi-modal campaign, “I am Living Proof,” in Fall 2024 to promote the availability and effectiveness of substance use treatment services featuring real San Franciscans in recovery.
 - › Conducting annual Overdose Week and Recovery Month campaigns with digital components, media placements, and participation in a variety of community activities.
 - › Providing standardized training materials, developing train-the-trainer programs, and, creating education videos in multiple languages.



Strategic Area 3: Implement a “whole city” approach to overdose prevention.

The breadth and magnitude of today’s overdose crisis requires a “whole city” approach. SFDPH is collaborating with all City departments that serve people at risk of overdose.

NEW AND ENHANCED INITIATIVES IN SUPPORT OF STRATEGIC AREA 3:

- Continuing implementation of the Departmental Overdose Prevention Policy legislation of 2021, which requires SFDPH, the Department of Homelessness and Supportive Housing (HSH), the Human Services Agency (HSA), and the Department of Emergency Management (DEM) and their contractors to establish their own overdose prevention policies and to have all staff who regularly work with people who use drugs trained in overdose recognition and response. These City agencies continue to partner to review lessons learned in policy implementation and track progress toward shared goals.
- Collaborating with the SF Port to develop a comprehensive overdose prevention strategy that covers their sites across 7.5 miles of the Bay shoreline. This included developing an overdose prevention policy, identifying locations for onsite emergency naloxone response boxes, and providing in-person training on overdose recognition and response, including how to make connections to treatment.
- Continuing our commitment to a citywide culture of overdose prevention through the development of trainings that are available to all City staff and partners.
- Ensuring overdose response trainings and naloxone are increasingly available in all types of City-supported housing, in partnership with the Department of Homelessness and Supportive Housing (HSH). SFDPH completed 148 Overdose Response and Recognition Trainings in Permanent Supportive Housing sites, training 1,614 people in total.



- Ensuring low-threshold buprenorphine and contingency management are increasingly available in housing sites including HOPE SF, Shelter-in-Place (SIP) Hotels, Single Room Occupancy buildings (SRO), and Permanent Supportive Housing (PSH), in partnership with the Department of Homelessness and Supportive Housing (HSH).
- Training approximately 100 medics with the San Francisco Fire Department (SFFD) on decreasing stigma to better connect individuals to care and treatment, including starting buprenorphine.

Life-Saving in the Nightclub: Drag Artists and SFDPH Lead Overdose Awareness and Prevention

Partnership with San Francisco Entertainment Commission to host overdose prevention trainings at nightlife venues, and to produce educational materials, including an award-winning video, on how to access and administer naloxone, as well how to use fentanyl testing strips. This partnership was recognized by the White House Office of National Drug Control Policy. During 2024 Overdose Awareness Month, the partnership resulted in almost 900 people being trained to recognize and respond to an overdose at four nightlife events.



Strategic Area 4: Track overdose trends and related drug use metrics to measure success and inform program development and change.

Data are key to monitoring the overdose crisis and measuring the impact of interventions. It is critical to understand the trends and how successful programs can be adapted to meet evolving patterns of drug use and their consequences.

To improve the City's ability to monitor trends and impact, SFDPH launched public data dashboards to track key indicators. The public dashboards – accessible at www.sf.gov/data/substance-use-services – include regularly updated information on treatment (methadone and buprenorphine clients), substance use disorder residential treatment, and naloxone distribution.

Next Steps

Overdose deaths remain an epidemic in San Francisco and nationally. We are encouraged by the decline in 2024 overdose deaths but know there is more work to do to prevent further loss of life. In the coming year, we will continue to scale the interventions already underway, which are beginning to show success. We will continue to assess the impact of these interventions, monitor the course of the overdose epidemic using data, work with community partners, and follow the science to adjust and adapt our responses.

