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San Francisco, CA
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[redacted]
(via email)

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Re: Accidental Drug Overdose Deaths

Dear Commissioners:

A recent and useful exchange of views with Commission Vice-President Carter-Oberstone on the merits of the 9 months of increased law enforcement efforts directed at the downtown drug markets prompted me to look into overdose death data from the the Office of the Chief Medical Examiner. Accordingly, on the next pages are four graphs as well as one "Inferences" slide. I had intended to present the data with overheads at a Commission meeting, such as last night, but on reflection it seemed to me that two minutes at Public Comment would be inadequate to explain the matter properly. Following my discussion with Commissioner Carter-Oberstone, the purpose in reviewing and sorting the data was to inquire into two subjects: (1) what if anything has changed regarding the *number* of monthly overdose deaths over the past 15 months; and (2) what can be inferred, if anything, from the *location* of the deaths.

The accompanying graphs are drawn from 15 months of the Medical Examiner's data, ending with March 2024.[1]

Number of Monthly Overdose Deaths. This is the first graph, and the easiest to interpret. The red line is a four month moving average, a statistical measure that smooths the data in order to more readily reveal a trend. There, you can see that contrary to a local media report as recently as Monday that deaths are "surging," in fact monthly deaths have declined materially from a summer 2023 peak and appear to have plateaued. (Obviously, the number of deaths is still unacceptably high.) Also, note the significant decline in monthly deaths in the wake of the enforcement efforts in

[1] https://www.sf.gov/sites/default/files/2024-04/2024 04_OCME Overdose Report.pdf

preparation for the APEC summit in November. (Deaths increased as those efforts waned.) This association between intensified APEC-related law enforcement and lower monthly overdose deaths has not been previously reported, at least to my knowledge. That said, is this merely correlation, not causation? I don't know.

Location of Deaths. The Medical Examiner reports the location of overdose deaths in one of five large areas of the City.[2] Candidly, as you know there is a school of thought, sometimes suggested by at least one Commissioner and perhaps two, that drug arrests, particularly of users, can lead to more deaths, not less.[3] So, using the Medical Examiner's data, the second graph tracks the percentage of overdose deaths in the Tenderloin, the locus of enforcement efforts. The third graph wides the lens to "Tenderloin + SOMA" while the fourth graph wides it further to "Tenderloin + SOMA + Polk/Russian Hill." The last, broad, category of locations accounts for about 70% of all accidental overdose deaths. You will see that the percentage of deaths in the Tenderloin has increased over time — although it plunged in the wake of the APEC clean-up efforts; a bit less so when the lens widened to include SOMA; and still less so when widened to include Polk/Russian Hill. The red line in all cases is the moving average.

What is one to make of these trend lines? A few things come to mind. First, I am not personally driven by ideology in making inferences; my hope is to find a way to have a healthier city. Second, as with all data one must be cautious if the data is "noisy" as some of this is; and of course *correlation* is not the same as *causation*. However, as my last, "Inferences," slide suggests, the most obvious proximate cause for such a high percentage of deaths being in this relatively small part of the City — Occam's Razor, if you will — is that this is precisely where the drug markets are. To be blunt: this is where you buy, this is where you could die. And, the use and addiction literature teaches that less than a handful of "conditions" are predicates for high use and abuse: easy availability, low price, high toxicity, and a social/street environment that encourages dealing and usage. That is precisely what we have in this relatively small locale.

There are no great revelations here but one hopes the facts are at least informative.

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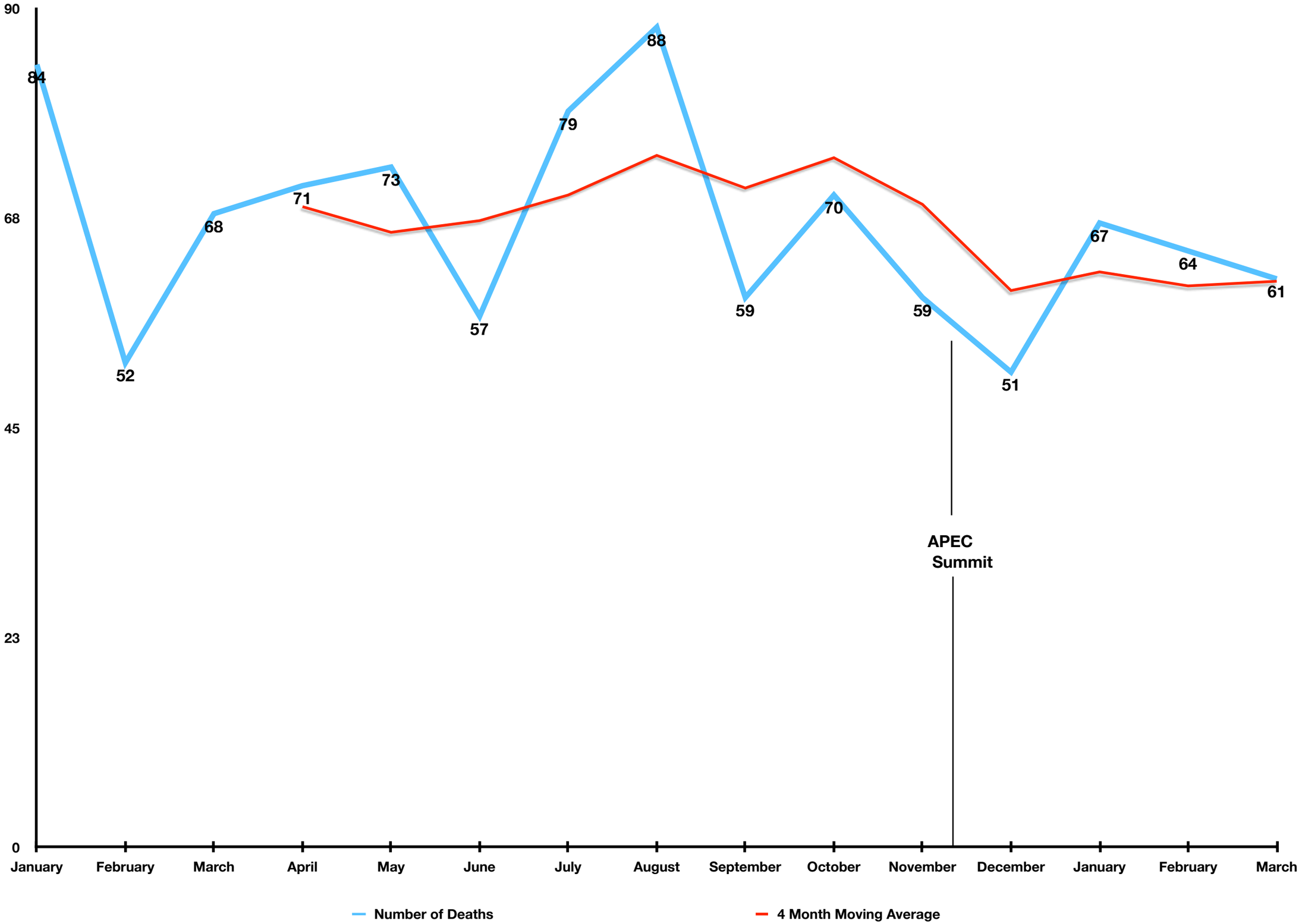
[2] Those five areas are: Tenderloin, SOMA, Polk/Russian Hill, Inner Mission, Others.

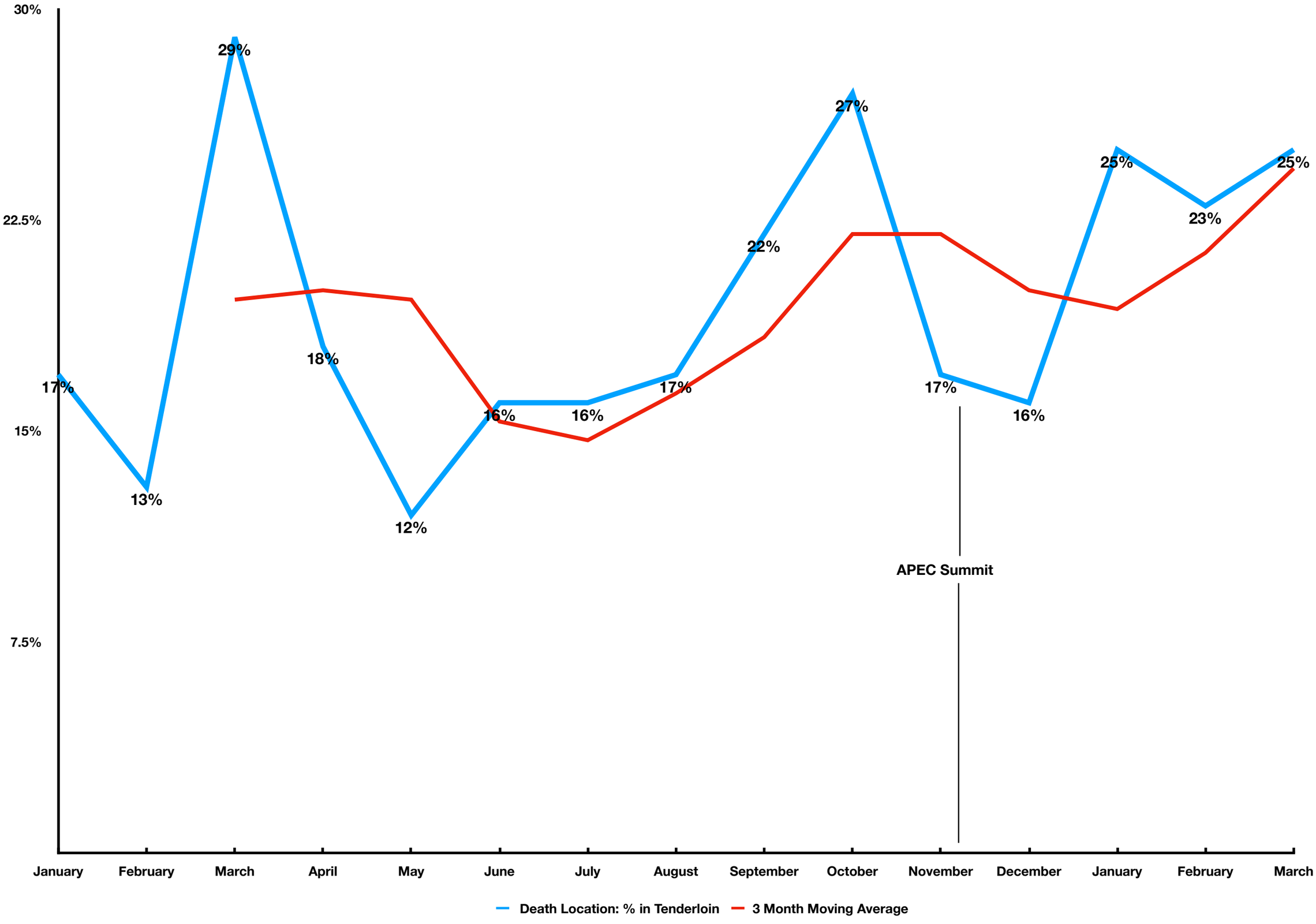
[3] My purpose here is only to share data, but I will note in passing that the studies sometimes noted for such conclusions (but never identified at Commission meetings) do not seem relevant here because they typically involved users who were withdrawn for months, then returned to a street milieu where drug toxicity had increased in the interim. By contrast, users in San Francisco — indeed, usually dealers as well — are typically released after citation.

Number of City-Wide Overdose Deaths Per Month, January 2023-March 2024



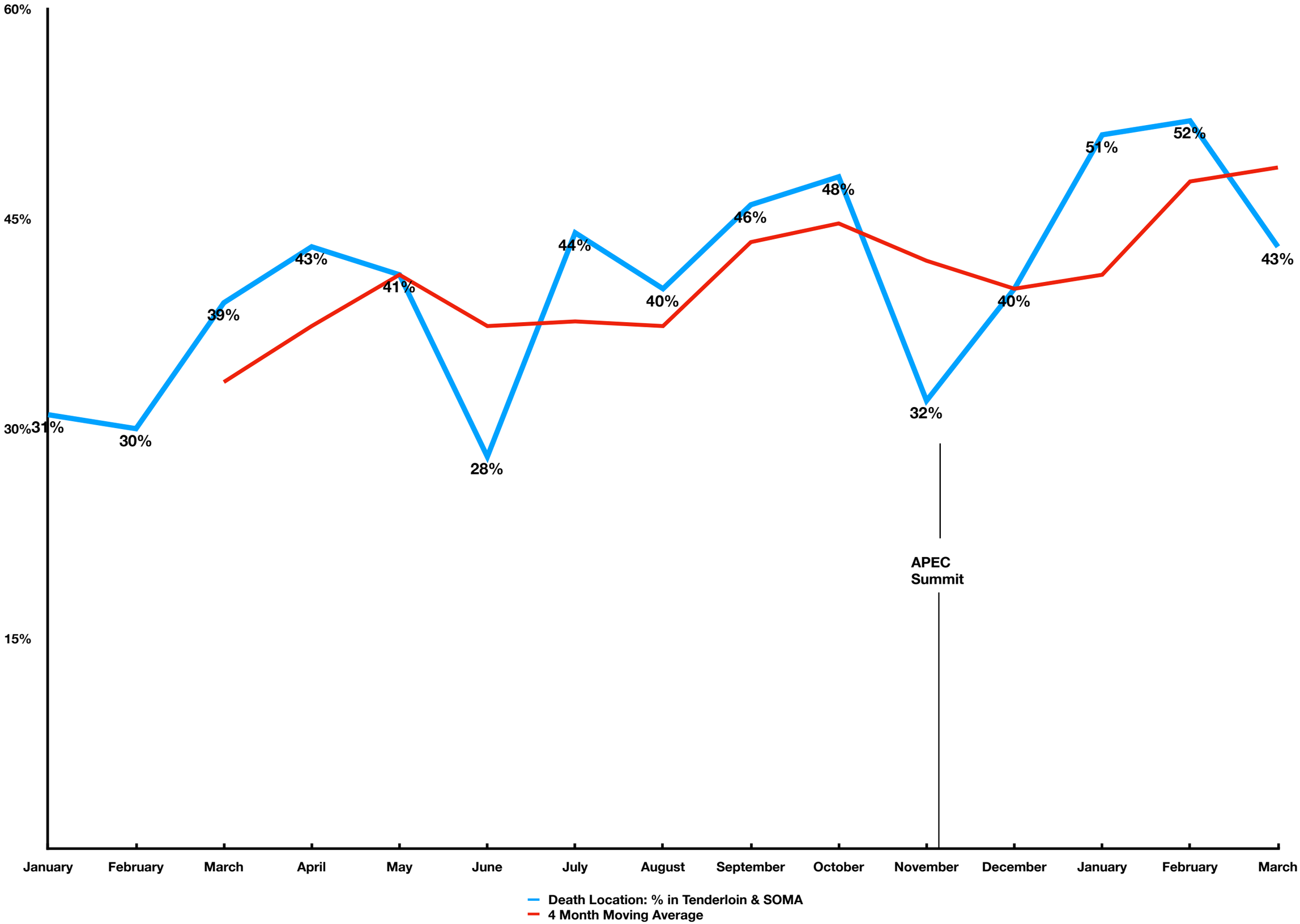
Source: SF Medical Examiner Reports.

% of Total Overdose Deaths Per Month in Tenderloin, January 2023-March 2024

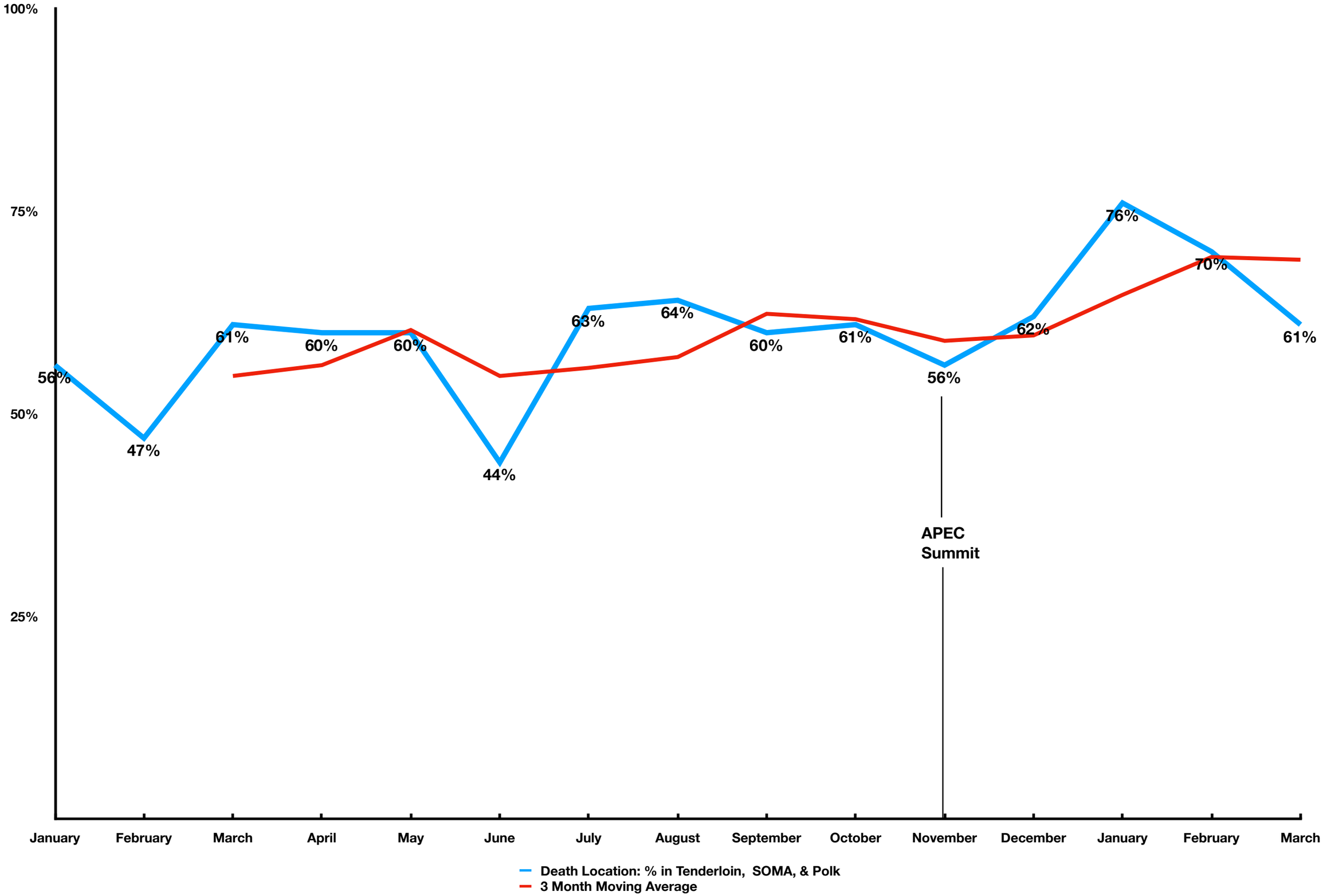


Source: SF Medical Examiner Reports.

% of Total Overdose Deaths Per Month in Tenderloin & SOMA, January 2023-March 2024



% of Total Overdose Deaths Per Month in Tenderloin, SOMA and Polk/Russian Hill January 2023-March 2024



Source: SF Medical Examiner Reports.

Inferences

- Monthly overdose deaths have declined from a January and August 2023 peak, and seem to have plateaued. (Lowest in wake of APEC preparation.)
- % of deaths in Tenderloin, and Tenderloin + SOMA combined, continue to rise. (Temporarily blunted in wake of APEC preparation.)
- Overall, unsurprising that Largest % of Deaths are where the most active drug markets are — Tenderloin, SOMA, Polk/Russian Hill (60-70% of deaths).
- Proximate Causes of high and increasing % of deaths in these 3 areas are likely the same conditions that foster drug use and addiction generally:
    - Easy Availability
    - Low Price
    - High Toxicity
    - No street/social stigma for use & dealing; indeed, street-level valorization of same.