



For Immediate Release

August 27, 2015

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AUGUST 31 IS INTERNATIONAL OVERDOSE AWARENESS DAY

**SAN FRANCISCO SUCCESSFULLY REDUCING OVERDOSE DEATHS
NALOXONE PROGRAM SHOWS GREAT RESULTS
DOPE PROJECT REACHES AFFECTED COMMUNITY**

Available for phone interviews:

Judith Martin, MD, Medical Director Substance Abuse, SFDPH
Phillip Coffin, MD, Research Director, Substance Abuse, SFDPH
Eliza Wheeler, DOPE Project Manager

(San Francisco) --- In recognition of International Overdose Awareness Day, San Francisco's Health Department reports that heroin overdose fatalities in the city have declined substantially. This progress is associated with the wide distribution of naloxone, which helps to reverse the effects of opioid overdoses and reduce deaths.

The SF Department of Public Health was the first health department in the U.S. to address overdose by supporting naloxone distribution. Consequently, naloxone is in use throughout San Francisco, providing life-saving interventions. It is distributed by the Drug Overdose Prevention and Education (DOPE) Project to users, syringe access programs, community clinics, SROs and jails. It is also used by the SF Police Department as part of a two-year pilot program funded by the Department of Public Health through the DOPE Project. This pilot provides officers assigned to the Department's Central, Southern, Mission, Northern and Tenderloin Stations with training and naloxone kits.

"San Francisco has made tremendous strides in preventing overdose deaths," said **Barbara Garcia**, Director of Health. "By working directly with clients, we have learned a tremendous amount that helped inform our interventions, including other city agencies and first responders. Together, we have brought deaths from heroin overdoses down from 120 in 2000 to 10 each year between 2010 and 2012."

“Based on the estimated number of heroin users in San Francisco, we would expect about 150 heroin overdose deaths each year,” said **Dr. Phillip Coffin**, Director of Substance Use Research. “The striking contrast that we see is a testament to both the community that has taken the lead in saving lives and the power of public health interventions such as naloxone provision and on-demand access to methadone and buprenorphine.”

In the past six to eight weeks, syringe access program staff have observed a drastic increase in the use of naloxone to reverse overdoses. These overdoses, (treated with naloxone 75 times in July 2015 vs 25 in July 2014), are connected to the use of fentanyl, a synthetic opioid analgesic. Fentanyl is a short-acting opioid that is particularly dangerous when used illicitly as it is normally dosed in tiny (microgram) quantities.

“Even though we are seeing more overdoses due to fentanyl use, we are not seeing correspondingly more deaths. This is a strong indication that overdose prevention efforts are working effectively,” said **Dr. Judith Martin**, Medical Director of Substance Abuse.

The next frontier in preventing overdose deaths is the use of naloxone to combat deaths from overdoses of prescription opioids, which have replaced heroin as the leading cause of overdose in our city. Between 2010 and 2012, 300 people in San Francisco died from prescription opioid overdoses and 31 died from heroin overdoses. In an effort to address this, the **Substance Abuse Research Unit** has been actively involved in training prescribers at clinics across the city to increase co-prescribing of naloxone along with opioids.

The Drug Overdose Prevention and Education (DOPE) Project is a program of the Harm Reduction Coalition, and has been funded by the San Francisco Department of Public Health since 2001 to provide overdose prevention and education to drug users and their friends, family and service providers. They have been providing access to the drug naloxone since 2003.

“The DOPE Project works in collaboration with our community partners to distribute naloxone primarily to drug users in San Francisco, as they are the most likely witnesses to overdoses and in the best position to act rapidly to reverse the effects of opioid related respiratory depression. It is important to note that the majority of the reversals have been performed by drug users themselves,” said DOPE Project Manager, **Eliza Wheeler**. The DOPE Project distributes around 200 kits per month via syringe access programs and other service agencies that work directly with drug users, and track their use, which has been averaging about 30 overdose reversals monthly until the recent spike caused by fentanyl.

Each year, the DOPE Project, along with community partners, organizes an event for International Overdose Awareness Day, August 31st. This year the event will be held on Sunday, August 30th at the UN Plaza/Civic Center from 5:30 to 7:30pm. People will be gathering to celebrate the lives saved by drug users and their friends and community. They will offer naloxone trainings, food, live music, an opportunity for those affected by overdose to tell their stories, and will erect an altar to memorialize those we have lost to drug overdose.

Facts:

- San Francisco Department of Public Health was first health department in the U.S. to address overdose by supporting naloxone distribution.
- Deaths from heroin overdoses in San Francisco are down from 120 in 2000 to approximately 10 each year between 2010 and 2012.
- Between 13,000 and 16,000 people inject heroin in San Francisco.
- The majority of overdose deaths are from prescription opioids (300 people died from prescription opioids and 31 died from heroin between 2010 and 2012).
- While there has been a four to five fold increase in overdose reversal reports, deaths have not increased at that rate.
- Most prescription opioid deaths were among those 35 to 64 years of age (78 percent), male (67 percent), and non-Hispanic whites (71 percent). The most frequent causal opioids were methadone (49 percent), morphine (30 percent), oxycodone (24 percent), and hydrocodone (24 percent).

Naloxone Background:

Naloxone is a medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose. Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Naloxone is a nonscheduled (i.e., non-addictive), prescription medication. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypersons, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids. Naloxone has no potential for abuse. Naloxone may be injected in the muscle, vein or under the skin or sprayed into the nose. It is a temporary drug that wears off in 20 to 90 minutes.

Web references:

DOPE Project:

<http://harmreduction.org/our-work/overdose-prevention/bay-area-dope/>

Naloxone:

<http://www.csam-asam.org/naloxone-resources>