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*** PRESS RELEASE ***
MAYOR MARK FARRELL ANNOUNCES INNOVATIVE PROGRAM TO FIGHT OPIOID CRISIS ON SAN FRANCISCO STREETS

San Francisco’s first-in-the-nation program provides direct treatment to opioid users, helping to reduce cravings and withdrawal symptoms

San Francisco, CA— Mayor Mark Farrell announced today that he will invest $6 million to create a dedicated drug addiction street team and bring opioid treatment directly to people experiencing addiction on San Francisco streets. The program will be a first-in-the-nation initiative to address the national drug and opioid crisis on our streets.

The investment will add 10 new clinicians to the Department of Public Health’s Street Medicine Team, which provides the opioid treatment medicine buprenorphine directly to people suffering on the streets from heroin addiction.

Buprenorphine is a daily pill, or strip that dissolves in the mouth that reduces the cravings for opioids and the sickness that comes from withdrawal. It is effective in combatting addiction to heroin and other opioids, and reduces risk of overdose.

“The opioid crisis plaguing our country is alive and visible on the streets of San Francisco,” said Mayor Farrell. “The status quo is simply unacceptable. I am creating this program to directly address drug addiction on our streets—to meet these individuals where they are and get them the help they need, and to ensure that our streets remain safe for all our residents.”

With Mayor’s Farrell $6 million investment, more than 250 patients will have access to buprenorphine, which is offered through the Low Barrier to Medications for Addiction Treatment (LBMAT) Program. LBMAT completed a successful one-year pilot in November 2017 of the distribution of buprenorphine.

Through the buprenorphine pilot program, homeless patients with opioid use disorders were engaged by peer outreach workers and offered assessment, education and same-day prescription for buprenorphine by the medical team. The patients received these services in a variety of locations, including at syringe access sites, navigation centers, or in streets and parks.

Mayor Farrell’s budget investments double the size of the Street Medicine Team, which provides outreach, assessment, care and connections to services to homeless people with medical, psychiatric and substance use conditions, who have difficulty accessing health care services.
San Francisco has an estimated 22,500 active injection drug users, half of whom report using heroin. The Street Medicine LBMAT program is one part of the City’s comprehensive response to the opioid epidemic. San Francisco’s Health Department also provides methadone treatment on demand and citywide substance use services, including expanded access to buprenorphine for patients of the San Francisco Health Network. The LBMAT program’s innovation puts outreach first, instead of waiting for people with addiction to seek care.

“The Street Medicine buprenorphine program is another important step to address the heroin, methamphetamine and fentanyl crisis afflicting drug users in our community,” said Barbara Garcia, San Francisco Health Director. “Homeless people who use drugs are especially vulnerable, and our system of care needs to adapt. By going directly to them with compassionate outreach and expertise, we are able to help a group that we were missing by relying on a more traditional structure of clinic visits that does not work for everyone.”

In addition to treatment options, harm reduction has been a long-standing and successful strategy in San Francisco to improve health and save lives. The City provides syringe access to clean needles to prevent the spread of HIV and Hepatitis C, reducing new infections and transmissions. The naloxone (Narcan) program has kept overdose fatalities low for years by putting the power to reverse overdoses into the hands of people who use drugs and their friends and families, as well as first responders and physicians.

“We need to meet people where they are and make it easier for them to get care,” said Dr. Barry Zevin, medical director of Street Medicine and Shelter Health. “These vulnerable and complex patients care about their health, but they have suffered from stigma that makes it difficult for them to access the health care system.”

An important aspect of the LBMAT program is to involve patients in their own care. Once a patient is assessed and chooses to begin treatment, the provider works with the patient to develop a care plan that takes into account the patient’s previous barriers to care and treatment. In addition to starting buprenorphine, treatment options may include transitioning to a methadone program, entering residential treatment and addressing other health needs to help the patient stabilize and remain in care.

The Street Medicine Team’s LBMAT program fits into an overall strategy to expand access to buprenorphine for heroin and opioid users in San Francisco. That medication can now be started in the emergency room or as an inpatient at Zuckerberg San Francisco General Hospital, or at a primary care clinic in the San Francisco Health Network, a system of top-rated clinics, hospitals and programs operated by the Health Department.

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