Spike in Opioid Overdose Cases in San Francisco

Opioid overdoses reported to the SF Drug Overdose Prevention & Education (DOPE) Project have recently spiked, with over 75 cases in July 2015 (vs. 25 in July 2014). Most have occurred in the Civic Center area and involved a fine white powder found to be pure fentanyl. Multiple doses of naloxone have often been required to reverse the overdose. There has not been a corresponding rise in overdose-related ambulance calls or deaths from opioid overdose, suggesting that programs designed to avert mortality by supplying naloxone to users and their close contacts have so far been effective. Health care providers should continue to promote appropriate provision of naloxone (see below).

Fentanyl is an extremely potent, short-acting opioid that is particularly dangerous when used illicitly as it is normally dosed in tiny (microgram) quantities. Fentanyl can be more difficult than other opiates to reverse with naloxone, often requiring extra doses.

Naloxone is a short-acting opioid antagonist that is sprayed intranasally or injected intramuscularly, intravenously, or subcutaneously to reverse an overdose. Naloxone is not a controlled substance, can be prescribed by any licensed healthcare provider, and can be administered by witnesses as a first aid measure.

Naloxone can be distributed and prescribed to lay persons in SF who may experience or witness an opioid overdose. It is covered by Medi-Cal, Healthy SF, and most health plans and can also be furnished by pharmacists registered to do so without a prescription. Naloxone is also available at no cost from the DOPE Project, targeting drug users and their friends and family via syringe exchange sites. These means of naloxone provision and use are protected by California law (AB635 and AB1535).

Actions requested of SF clinicians:
1. Refer patients with opioid use disorder to treatment. San Francisco has treatment-on-demand at BAART Turk Street and BAART Market Street methadone clinics close to Civic Center area.
2. Ensure patients with opioid use disorder have naloxone. Either direct patients to the DOPE Project or prescribe naloxone directly. Patients should be encouraged to keep the medication with them at all times.
3. Consider providing naloxone to others who use opioids or might witness an opioid overdose. Family and friends of persons who use opioids are often very concerned about overdose, and could be the right people to keep a naloxone supply handy and administer it if needed.

Resources for Substance Use Treatment and Naloxone:
- Treatment Referrals:
  - SFDPH triage center – Treatment Access Program (TAP) @ 1380 Howard St, 8am-4:30pm weekdays
  - BAART Clinic @ 433 Turk St, 7:30-Noon for same day methadone; Tel 415-928-7800 ask for intake counselor
  - List of physicians who provide buprenorphine: http://buprenorphine.samhsa.gov/bwns_locator/
- Naloxone from DOPE Project: Contact Eliza Wheeler at wheeler@harmreduction.org or Tel 510-285-2871
- Naloxone prescribing information (scroll down to Naloxone Prescribing, Education, and Awareness): http://www.sfhealthnetwork.org/employee-physicians/pain-management-resources/
- Information on prescribing naloxone autoinjector: www.evzio.com/hcp/resources/insurance-coverage.php