



WORLDS AWAY IN A 7X7:

Perspectives on reaching diverse groups of people who use drugs to prevent fentanyl-related overdose in San Francisco



ABSTRACT

Harm Reduction Coalition conducted a community assessment with people who use drugs in San Francisco to understand perceptions and knowledge of fentanyl and access to naloxone and to solicit their recommendations for a city-wide educational campaign.

We engaged with people who use drugs across the divides of geographic location, race, gender, age, socioeconomic status and drug of choice to help inform an inclusive, far-reaching public awareness and marketing campaign that will engage all San Franciscans who use drugs.

We learned that different messages and styles of public education resonated in very different ways with four communities across San Francisco. We identified common themes to make recommendations for a future public education campaign that will connect with a variety of community groups to reduce overdose.

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ABOUT HARM REDUCTION COALITION

Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes health and justice for people and communities affected by drug use. Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies. Our efforts advance harm reduction policies, practices, and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. We work to uphold every person's right to health and well-being, and their competence to participate in the public policy dialogue

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Acronym	Term or Phrase
BART	Bay Area Rapid Transit
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
DOPE	Drug Overdose Prevention and Education
HRC	Harm Reduction Coalition
IMF	Illicitly Manufactured Fentanyl(s)
MUNI	San Francisco Municipal Transportation Agency
OCME	Office of the Chief Medical Examiner
PWUD	People Who Use Drugs
SAC	Syringe Access Collaborative
SAS	Syringe Access Services
SFAF	San Francisco AIDS Foundation
SFDPH	San Francisco Department of Public Health
SUD	Substance Use Disorder
SURU	Substance Use Research Unit (SFDPH)
ZSFGH	Zuckerberg San Francisco General Hospital

SUMMARY

Harm Reduction Coalition engaged with a diverse group of people who use drugs (PWUD) in San Francisco to gather their recommendations to inform the San Francisco Department of Public Health (SFDPH) as they plan a public messaging campaign to raise awareness about fentanyl and naloxone. This report includes a discussion of the context of overdose and fentanyl in San Francisco, a description of the findings from our focus groups and interviews with PWUD, concluding with a discussion and considerations for SFDPH as they launch a public messaging campaign. The recommendations provided by PWUD will serve as a guide to create a de-stigmatizing, informative and affirmative campaign that values the lives and survival of all San Franciscans who use drugs.

BACKGROUND

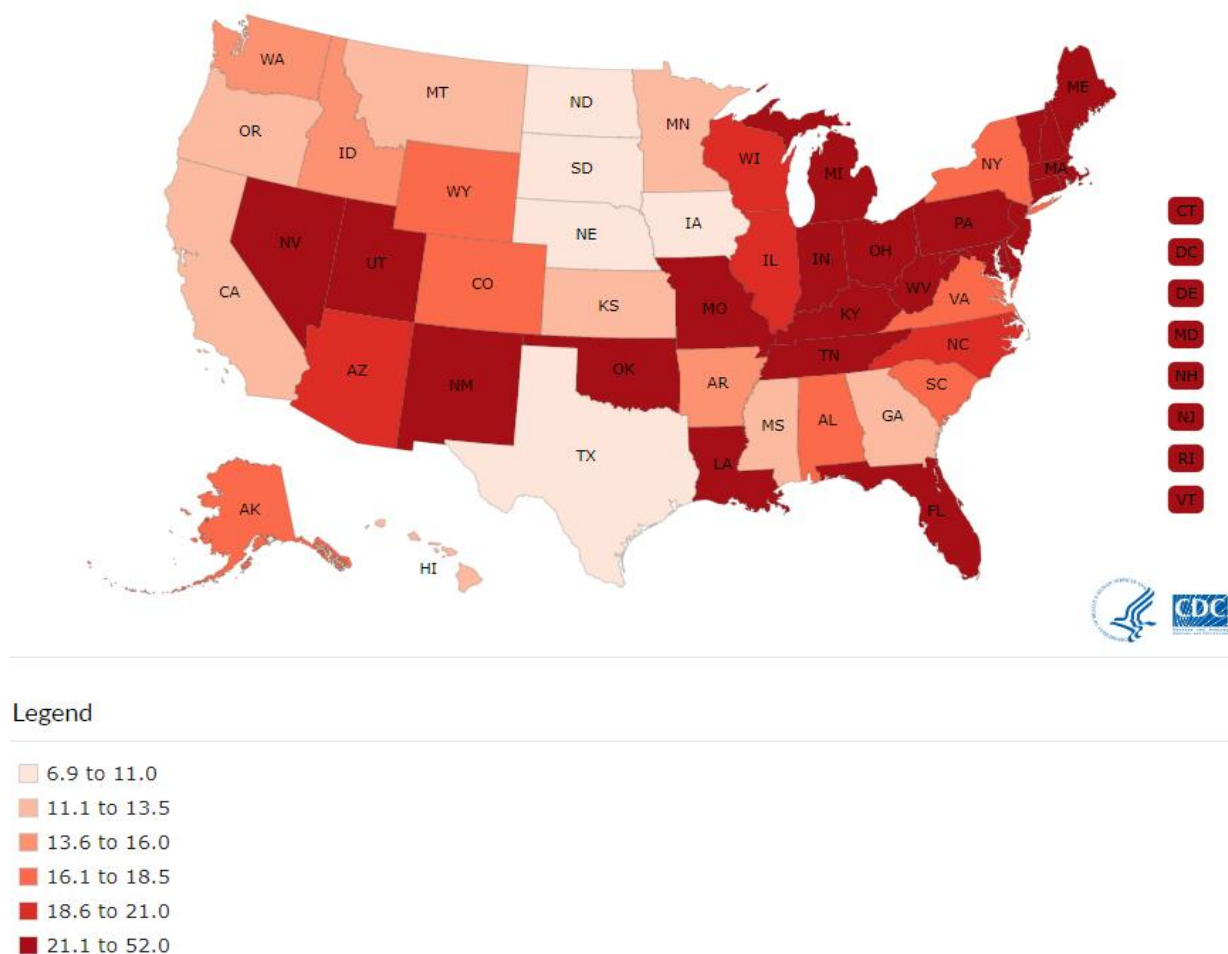
FENTANYL AND THE US OVERDOSE EPIDEMIC

According to the CDC's most recent data, overdoses from synthetic opioids increased by 100% from 2015 to 2016, driven by the increasing presence of illicitly manufactured fentanyl (IMF) in the United States (U.S.) drug supply.¹ In 2016, there were more than 19,000 deaths relating to synthetic opioids (other than methadone) in

¹ Seth P, Scholl L, Rudd RA, Bacon S. Increases and Geographic Variations in Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants with Abuse Potential – United States, 2015-2016. MMWR Morb Mortal Wkly Rep. ePub: 29 March 2018.

the United States, with all overdose deaths disproportionately impacting the North East and Appalachian regions, with New Hampshire, Massachusetts, West Virginia, Ohio and Pennsylvania representing the hardest hit states (see Figure 1).²

FIGURE 1: NUMBER AND AGE-ADJUSTED RATES OF DRUG OVERDOSE DEATHS BY STATE, US 2016³



OVERDOSE & FENTANYL IN SAN FRANCISCO

California has one of the lowest rates of overdose deaths in the nation, with the number of opioid-related overdose deaths hovering around 2,000 over the last few years. However, the California Department of Public Health (CDPH) reports 234 fentanyl-related deaths in 2016 and 373 in 2017, marking a 59% increase over a one year period.⁴ While California is not experiencing the dramatic increases in overdose deaths compared with the Eastern part of the U.S., harm reduction programs and public health departments in various parts of the state continue to be proactive in addressing overdose risk by implementing evidence-based interventions like naloxone distribution and access to medication-assisted treatment (MAT).

² Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>

³ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁴ <https://discovery.cdph.ca.gov/CDIC/ODdash/>

San Francisco experiences approximately 100 opioid-related deaths per year (see Table 1). San Francisco has been experiencing an influx of IMF products into the drug supply since early 2015. While the presence of IMF in the San Francisco drug supply remains limited and inconsistent (as opposed to other regions of the country)⁵ we experienced a doubling of overdose deaths related to fentanyl in a one-year period; 22 deaths in 2016 compared with 11 deaths in 2015.

TABLE 1: OPIOID OVERDOSE DEATHS, SAN FRANCISCO CA 2016 (N=104)⁶

	All Opioid Overdose Deaths		Heroin-Involved Deaths†		Fentanyl-Involved Deaths†		Non-Heroin/Non-Fentanyl-Involved Deaths	
	n	(%)	n	(%)	n	(%)	n	(%)
Total	104		35		22		47	
Gender*								
Male	71	(68)	27	(77)	19	(86)	25	(53)
Female	33	(32)	8	(23)	3	(14)	22	(47)
Age, mean (SD)*	14.8	(14.3)	40.7	(11.7)	41.3	(14.1)	51.8	(14.1)
Race/Ethnicity								
White	69	(66)	25	(71)	13	(59)	31	(66)
Black/African-American	21	(20)	5	(14)	6	(27)	10	(21)
Other	14	(13)	5	(14)	3	(14)	6	(13)
Other causal substances								
Alcohol	26	(25)	11	(31)	3	(14)	12	(26)
Methamphetamine	30	(29)	10	(29)	10	(45)	10	(21)
Cocaine	38	(37)	15	(43)	6	(27)	17	(36)
Location of Death								
Hospital/Medical Center	10	(10)	3	(9)	2	(9)	5	(11)
Private Residence/Hotel/Motel	70	(67)	21	(60)	13	(59)	36	(77)
Public Space	24	(23)	11	(31)	7	(32)	6	(13)
*p<0.05 using Fisher's exact test or Kruskal-Wallis analysis of variance test								
†Fentanyl-involved deaths include any death that causally involved fentanyl; heroin-involved deaths include any death that causally involved heroin but did not causally involve fentanyl.								

San Francisco has a well-coordinated monitoring and response system in place to ensure up-to-date information and access to naloxone is widespread. The Department of Public Health (SFPDH), the Office of the Chief Medical Examiner (OCME) and the Drug Overdose Prevention and Education (DOPE) Project, San Francisco's overdose prevention and naloxone distribution program operated by the Harm Reduction Coalition, work in tandem to prevent fatal overdose. OCME provides data to SFPDH and DOPE immediately when there are clusters of overdoses that appear to be fentanyl-related. SFPDH and DOPE then issue communications to harm reduction programs and other city departments and programs who provide services and care to PWUD (Appendix A).

⁵ <https://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html>

⁶ Data provided by OCME to SFPDH's Substance Use Research Unit (SURU) and analyzed by Chris Rowe and Dr. Phillip Coffin.

According to data obtained from OCME and analyzed by SFDPH's Substance Use Research Unit (SURU), we have some basic information about San Franciscans who have died from fentanyl-related overdose (see Table 2). Upon close review of the fentanyl-related deaths in San Francisco in 2016, we see that 14 of the 22 deaths had no evidence of injection, that 64% were discovered in a private residence or single room occupancy (SRO) hotel, and that 10 of the deaths also revealed the presence of methamphetamine, and 6 revealed the presence of cocaine. While this data does not tell us the whole story—for example, we do not know if the six individuals used fentanyl and cocaine separately and intentionally, or whether the cocaine contained fentanyl without their knowledge—it gives us a general picture of who is being affected by fentanyl-involved deaths in San Francisco.

This data shows us that, in addition to focusing on people experiencing homelessness and people who inject drugs, it is important to engage with individuals who are living in SROs and other congregate housing, and with individuals that are non-injectors, i.e. smoking or snorting fentanyl. Providing people who use multiple substances with information about fentanyl and overdose risk has always been a focus for SFDPH-funded programs like the DOPE Project, and is crucial based on a review of this data.

TABLE 2: FENTANYL-INVOLVED DEATHS, SAN FRANCISCO CA, 2016 (N=22) *

	All Fentanyl-Involved Deaths			Fentanyl-Involved Deaths with Evidence of Injection			Fentanyl-Involved Deaths with No Evidence of Injection	
	n	(%)		n	(%)		n	(%)
Total	22			8			14	
Age, mean (SD)	41.3	(14.1)		46.5	(15.1)		38.4	(13.1)
Race/Ethnicity								
White	13	(59)		3	(38)		10	(71)
Other	9	(41)		5	(63)		4	(29)
Other causal substances								
Any other opioid	9	(41)		5	(63)		4	(29)
Heroin	7	(32)		4	(50)		3	(21)
Methadone	1	(5)		1	(13)		0	(0)
Oxycodone	1	(5)		0	(0)		1	(7)
Methamphetamine	10	(45)		5	(63)		5	(36)
Cocaine	6	(27)		3	(38)		3	(21)
Alcohol	3	(14)		1	(13)		2	(14)
Location Found								
Private Residence or SRO	14	(64)		4	(50)		10	(71)
Public Space	8	(36)		4	(50)		4	(29)
Who Found Victim								
Cohabitant	3	(14)		0	(0)		3	(21)
Non-cohabitant layperson	5	(23)		1	(13)		4	(29)
Residence staff/social worker/bldg manager	3	(14)		2	(25)		1	(7)
Passerby	6	(27)		2	(25)		4	(29)
Unknown	5	(23)		3	(38)		2	(14)

*There were no statistically significant differences between groups using Fisher's exact or Kruskal-Wallis tests.

The SFPDPH-funded Drug Overdose Prevention and Education (DOPE) Project has been managing the multi-sectoral, coordinated response to the gradually increasing presence of fentanyl in San Francisco since 2015⁷. The DOPE Project distributes materials through all collaborative partner programs has developed targeted messaging around fentanyl (Appendix B). Collaborative partner programs include; San Francisco AIDS Foundation Syringe Access Services, Glide Harm Reduction Services, Homeless Youth Alliance, SF Drug Users Union, St. James Infirmary, San Francisco County Jail Health Services, San Francisco Community Health Center, SF HOT, UCSF's UFO/VIP/Hero Studies, Mission Neighborhood Resource Center, Martin De Porres, Shanti HIV Services, At the Crossroads and SFPDPH Community Health Response Team and Substance Use Research Unit. In 2017, the DOPE Project distributed nearly 20,000 doses of naloxone primarily to people who use drugs and service providers in San Francisco, and documented 1,266 overdose reversals.

FIGURE 2: DOPE PROJECT INTERVENTIONS: NALOXONE, FENTANYL TEST STRIPS AND FENTANYL COMIC



Fentanyl Test Strips

Part of the DOPE Project's coordinated response has been to introduce point-of-use fentanyl drug testing for people who use drugs to identify whether fentanyl or a fentanyl analog is present in their drug supply. In early 2017, the DOPE Project partnered with the Syringe Access Collaborative (SAC) to pilot the distribution of fentanyl test strips. The SAC includes the San Francisco AIDS Foundation's Syringe Access Services, Glide Harm Reduction Services, St. James Infirmary, SF Drug Users Union and the Homeless Youth Alliance—all of which are DOPE Project naloxone distribution sites in addition to syringe access service providers. In August 2017, the strips became available to syringe access programs through the California Supply Clearinghouse, supported by the California Department of Public Health.

All five syringe access programs in San Francisco who are participating in this initiative (coordinated by DOPE and financially supported by the California Department of Public Health) are distributing the test strips to

⁷ Rowe C, Wheeler E, Stephen Jones T, Yeh C, Coffin PO. [Community-Based Response to Fentanyl Overdose Outbreak, San Francisco, 2015](#). Journal of urban health: bulletin of the New York Academy of Medicine. 2018;

people who use drugs and completing surveys that they return to the DOPE Project monthly. The DOPE Project analyzes the results of the surveys, and issues quarterly reports to all SAC programs (Appendix C).

SAC programs are reporting that a significant proportion of their drugs are testing positive for fentanyl, including white powders, black tar heroin, methamphetamine, crack and powder cocaine and some pills. Participants tend to report positive test results to SAC programs more frequently than negative results, so it is difficult to determine accurately what percentage of the San Francisco drug supply contains fentanyl from these surveys alone.

In response to the presence of fentanyl in the San Francisco drug supply, the DOPE Project's messaging has focused on *Universal Precautions*, and encouraging an overall change in the way that people are approaching using drugs in a market where fentanyl is inconsistently present. We have found that if we focus too heavily on intermittent alerts when there is a cluster of overdoses, people start to believe that during the "in between" times, there is less fentanyl. We want people to begin to cultivate an awareness about the constant possibility of fentanyl in their drugs, and to change the way they approach drug-taking in the era of fentanyl. We work with our collaborative partners in San Francisco to help PWUD develop strategies for identifying, anticipating and using fentanyl in the face of a drug supply that is inconsistent and constantly changing.

Harm reduction strategies developed by PWUD and disseminated by DOPE partners include:

- adjusting dosage,
- staggering use when in groups so someone is alert enough to react if there is an overdose,
- switching mode of administration (i.e. from injecting to smoking),
- learning how to anticipate and recognize fentanyl based on sensation, taste and appearance, and
- making sure that at least one person in any group has naloxone and understands that they need to use it immediately if people go into rapid respiratory depression.

STIMULANTS AND OTHER DRUGS CONTAINING FENTANYL

As San Francisco's experience with fentanyl has evolved over the last three years, we have seen changes in how it is sold and made available to PWUD in the drug supply. When fentanyl first arrived in San Francisco in 2015, it was sold as a white powder that PWUD referred to as "china white," or pressed into counterfeit Xanax and Norco pills (Appendix A). We continue to see intermittent waves of fentanyl sold in counterfeit pill form and showing up in stimulants and other drugs like methamphetamine, cocaine and ketamine. Since 2017, fentanyl has been available in powder and solid form, sold as fentanyl to individuals intentionally purchasing it (Figure 3).

FIGURE 3: PHOTOS OF POWDER AND SOLID FORM FENTANYL SOLD IN SAN FRANCISCO AS FENTANYL, OBTAINED BY DOPE PROJECT, 2017



Recent Fentanyl & Overdose Clusters in San Francisco

Since 2015 San Francisco has experienced several clusters of overdose related to fentanyl and an uptick in fentanyl contamination. The emergence of fentanyl in non-opioid drug supplies (cocaine, methamphetamine) and the intermittent presence of counterfeit pills that contain fentanyl has generated concern and questions about how to promote overdose prevention among non-opioid users, non-injectors and others who may not be accessing harm reduction services in San Francisco.

As discussed above, the first wave of fentanyl came to San Francisco in early spring of 2015 in the form of white powder sold as “china white,” and later in the fall of that year, pressed into counterfeit Xanax. San Francisco’s community response was swift and effective, driven largely by the DOPE Project and partner agencies serving PWUD.⁸ It was apparent however, that harm reduction programs had an easier time reaching PWUD who were purchasing and using the “china white”, who were largely injecting and accessing harm reduction services. When the counterfeit pills emerged in the fall, harm reduction programs expressed challenges reaching the pill-using population with information.

In April 2017, San Francisco experienced a wave of 9 non-fatal overdoses and one fatal overdose from crack cocaine contaminated with fentanyl (Appendix A). Toxicology on the one decedent from OCME and results of samples tested by the toxicology lab at Zuckerberg San Francisco General Hospital (ZSFGH) confirmed that the crack cocaine was contaminated by fentanyl. Upon receipt of toxicological confirmation, the DOPE Project and SDPH launched a coordinated response to the overdoses and there were no further incidents after the initial several days. The response included targeted outreach by DOPE partners with naloxone to people using crack and SFDPH alerts to all SUD treatment and public health programs. It is believed by DOPE Project and our partners that this was an accidental contamination, and that once the supplier and using community realized that it was causing overdoses, the situation was corrected.

In late 2017, the fentanyl test strip pilot began showing a high percentage of stimulants testing positive for fentanyl. Surveys collected from SAC partners between August and December 2017 showed 78 percent of the speed/crystal meth samples tested came back positive, as did 67 percent of the crack cocaine samples. However, aside from the contaminated crack in April, we have not seen significant numbers of deaths among non-opioid using methamphetamine and cocaine users. This indicates that those drugs were not necessarily cut with a substantial amount of fentanyl, but possibly contaminated, or containing small amounts of the drug that are posing minimal or insignificant risk to people using them.

In February 2018, there was a tragic incident in the Haight Ashbury district of San Francisco where three non-opioid using young people overdosed simultaneously overnight and were found deceased in a doorway in the morning. Samples of drugs and paraphernalia found at the scene were tested immediately by OCME, and data from these samples and from the decedents revealed methamphetamine, ketamine, fentanyl and acetyl fentanyl. From discussions with their peers in the Haight, it was determined that the three individuals ingested the drug thinking it was ketamine, and it caused the fatal overdoses (Appendix D).

⁸ Rowe, C. Ibid.

The DOPE Project and our community partners responded immediately, along with alerts issued by SFDPH and media coverage (Appendix A and D). The information disseminated about the three overdoses raised awareness about the possibility of contaminated stimulants city-wide, and throughout California. Despite the earlier outbreak of crack cocaine containing fentanyl in April 2017, this incident caused significantly more alarm and there was more media coverage. As a result, large numbers of PWUD who had not been accessing harm reduction services in San Francisco had more widespread awareness of the possibility of fentanyl in other drugs other than opioids.

In April 2018, DOPE was alerted by our partners at the ZSFGH toxicology lab that we were possibly receiving false positives with the fentanyl test strips when testing MDMA and methamphetamine. In collaboration with the lab, we developed a new testing procedure with the strips to include the proper dilution of drug residue to avoid false positives and communicated with all SAC partners distributing test strips. This indicates that while there are certainly drugs contaminated with fentanyl (evidenced by the fentanyl/crack overdoses and the three Haight methamphetamine/ketamine/fentanyl overdoses), the amount of methamphetamine that was contaminated with fentanyl was likely highly overestimated (Appendix E).

CURRENT EFFORTS TO ADDRESS STIMULANTS AND OTHER DRUGS CONTAMINATED WITH FENTANYL

In addition to the efforts described above including monitoring data, disseminating education materials, naloxone and fentanyl test strips, the DOPE Project and partner programs have also been conducting focused outreach to non-opioid users to increase awareness about fentanyl and naloxone. SFDPH has issued several alerts to Substance Use Disorder (SUD) programs and SFDPH safety net clinics in San Francisco to encourage them to include information about naloxone and overdose with anyone engaging in SUD programming. BAART Market and Turk, Fort Help, Bayview Hunter's Point Foundation, the Latino Commission, and Health Right 360's medical detox began distributing naloxone to opioid agonist and SUD treatment patients in spring 2018. The CBHS Pharmacy at 1380 Howard has been providing naloxone directly without prescription to individuals who are not accessing Syringe Access Services and other DOPE sites.

DOPE Project has been working with the Entertainment Commission to reach clubs, bars and entertainment venues in San Francisco with information about naloxone and possible fentanyl contamination of stimulants and other drugs and are equipping these businesses with a supply of naloxone for emergency use. To date, DOPE has conducted 18 separate trainings, reaching over 100 bartenders and entertainment services workers in San Francisco who can now respond to an overdose if one should occur in their establishment.

It was determined by SFDPH leadership in collaboration with the DOPE Project, that the next step towards reducing overdose death would be a city-wide campaign to raise awareness about the presence of fentanyl and the availability of naloxone. The DOPE Project, CBHS pharmacy and SFDPH co-prescription efforts have been effective at reaching large numbers of opioid users with information and naloxone, but there are communities of PWUD in San Francisco that do not have ready access to these resources and accurate information about fentanyl and overdose.

PURPOSE AND SCOPE OF PROJECT

In response to recent reports of fentanyl contaminated drugs and elevated risk of opioid overdose among people using stimulants, SFDPH contracted with the Harm Reduction Coalition to conduct an assessment project to determine (a) knowledge of fentanyl and naloxone among non-opioid users in San Francisco, (b) effective messages to highlight potential overdose risk due to fentanyl contaminated drugs among people who use non-opioids and (b) recommendations for how those messages are disseminated to best reach this population to later be carried out as a social media and marketing campaign by the San Francisco Department of Public Health.

PROJECT ACTIVITIES

1. Review of existing data and patterns of fentanyl-related overdose in San Francisco, with a focus on understanding fentanyl overdose among non-opioid users;
2. Identify organizations and stakeholders to participate in a series of focus groups and key informant interviews;
3. Develop focus group facilitator guides and interview guides focused on (a) awareness of fentanyl contamination of non-opioid drugs, (b) current impact among non-opioid users, (c) key concerns and motivators to carry naloxone to inform messaging, and (d) preferred methods of dissemination to inform a media campaign;
4. Conduct focus groups and key informant interviews among an estimated 20 individuals (15 via focus groups, 5 follow up key informant interviews for message testing and refinement after submission of report to SFDPH and development of campaign);
5. Compilation of findings into a report for San Francisco Department of Public Health including the data review, methodology, participant recruitment, themes from focus groups and key informant interviews, and recommended messaging strategies.

METHODOLOGY AND PARTICIPANT RECRUITMENT

Eliza Wheeler, Overdose Response Strategist for the Harm Reduction Coalition and Kristen Marshall, the DOPE Project Manager, developed an interview/facilitator guide based on the above-mentioned project goals and objectives (Appendix F). As a team, we gave feedback on the guide and discussed it back and forth, deciding to incorporate visuals from other messaging campaigns about fentanyl, naloxone and overdose. To provide participants with visual examples other campaigns, we sourced samples from New York, Canada, and from the US Attorney's office (Appendix G).

We developed a list of potential sites to hold focus groups and one-on-one interviews with non-opioid using PWUD based on our extensive experience working with PWUD in San Francisco. Each site was chosen because they target a different group of PWUD in San Francisco and allowed us to obtain diverse perspectives based on race, gender, age, socioeconomic and housing status, access to services, drug of choice and geographic location.

Interviews and focus groups were conducted at the following sites:

1. **Bayview Syringe Access Site:** operated by SFAF's Syringe Access Services: this site serves large population of crack/speed users of color who are not injecting, but access syringe access services for crack smoking supplies. PWUD in the Bayview are often isolated and do not have access to information commonly disseminated in the Tenderloin, SOMA and Mission where the largest concentration of service providers are located.
2. **Strut:** a sexual health clinic, part of the SFAF: Strut serves men who have sex with men who use methamphetamine who are primarily Castro-based but come from other areas of the city to access services.
3. **Ladies Night at Mission Neighborhood Resource Center:** Ladies Night is a two-hour per week multi-service drop-in space for women/female identified people in San Francisco, largely serving people who are stably or unhoused, using drugs and engaging in sex work, including female identified speed and cocaine users.
4. **Homeless Youth Alliance/San Francisco Needle Exchange:** The only harm reduction provider in the Haight Ashbury district serving young people who use drugs in the Haight where the three deaths occurred earlier in 2018.

We arranged to visit sites during a two-week period (June 1st to June 22nd, 2018). Recruitment for the groups was done at each site. Interviews were done in groups and individually depending on the participants and the nature of the site during our visits. For example, at Ladies Night, all three interviews were conducted individually because we could not organize a group to meet at one time. Each interview and group took approximately 45 minutes. Refreshments and an honorarium of \$50 in cash were provided to all participants.

The interview guide was used for both group and individual interviews (Appendix F). We printed out the sample campaigns and presented to interviewees for review and feedback (Appendix G and Figure 4). Kristen and Eliza took notes during each session.

FIGURE 4: FENTANYL AND OVERDOSE AWARENESS CAMPAIGNS

Sample #1
Referenced in report as “NYC Text-only”
New York City Department of Health

PREVENT OVERDOSE DEATHS

ABOUT 3 NEW YORKERS DIE FROM DRUG OVERDOSE EVERY DAY

SAVE A LIFE CARRY NALOXONE

YOU CAN SAVE A LIFE WITH NALOXONE
An emergency medicine that prevents overdose death from prescription painkillers and heroin.

AVAILABLE WITHOUT PRESCRIPTION

To find a pharmacy that provides naloxone without prescription, call 311 or visit nyc.gov/health/naloxone
If you need help, support, or referral to treatment, call 888-NYC-Well

Thrive NYC **NYC** Department of Health & Mental Hygiene

Sample #2
Referenced in report as “NYC Storytelling”
New York City Department of Health
Full series included in Appendix G

“I SAVED MY NEIGHBOR’S LIFE”

“My neighbor’s boyfriend knocked on my door at 2am and told me she was overdosing. I got to the apartment and found her passed out. I gave her naloxone and in a few minutes she started coming through. It was lucky I was home and had naloxone to save her.”
~Billy, Manhattan

NALOXONE is an emergency medicine that prevents overdose death from prescription painkillers and heroin.

To find out more about naloxone and where to get it, call 311 or visit nyc.gov/health/naloxone
If you need help or referral to treatment call, 888-NYC-Well.

Thrive NYC **NYC** Department of Health & Mental Hygiene

Sample #3
Referenced in report as “BE AWARE”
Fraser Health, British Columbia, Canada

BE AWARE

FENTANYL CAN BE DEADLY
IN ANY AMOUNT, EVEN A FEW GRAINS
HOW DEADLY ARE YOUR DRUGS?

ANY DRUG CAN BE CONTAMINATED **BRING A SOBER BUDDY** **CARRY A NALOXONE KIT**

FRASERHEALTH.CA/OVERDOSE #STOPOVERDOSE

Sample #4

Referenced in report as “US Attorney/Gravestones”

US Attorney



FINDINGS

The following section summarizes the experience and themes from each of the focus groups and individual interviews. For each group, we provide an overview of the context and setting where the group took place and a brief description of the participants. The interviews covered three major topics; (1) understanding of, and experience with fentanyl, (2) access to naloxone in San Francisco, and (3) health information and communication.

GROUP 1: BAYVIEW SYRINGE ACCESS SITE

OVERVIEW OF SOCIAL CONTEXT AND SETTING:

Black San Franciscans make up about six percent of the city’s population, and 20 percent of people who died of overdose in San Francisco in 2016. San Francisco’s Bayview district is a historically black neighborhood, located in the southeast of the city, geographically and culturally isolated from most harm reduction services which are concentrated downtown.

Though there are several organizations providing services to people experiencing poverty and homelessness in the Bayview, the only service specifically for PWUD is a mobile syringe access site that operates for two hours per week on Monday evenings. The site is located on an industrial stretch of Innes, between the main neighborhood thoroughfare of Third Street, and the quieter Phelps, and removed from where folks tend to gather socially. The site is slow and typically sees around 15 visitors a week, many of whom pick up food and safer crack smoking supplies like Brillo, push sticks, and pipe covers—but rarely injection supplies. SAS staff report that participants who do pick up injection supplies typically do so for multiple people, including family members, friends who have mobility issues, or friends who don’t want to be seen at a syringe access site. Staff did some outreach for the focus group prior to the site, but because recruited participants dropped in separately and had plans after they picked up supplies, individual interviews took place instead.

Four participants were selected for these interviews, they identified as a black woman, and three black men, all between the ages of 40 and 65. One of the men was homeless and living in a nearby encampment, while the other three participants had lived in the Bayview their entire lives, and shared living arrangements with family. Only one of the men injected methamphetamine, and the other three smoked crack cocaine

exclusively. None of them identified as opioid users, though all of them indicated they were frequently around people who used opioids.

UNDERSTANDING OF & EXPERIENCE WITH FENTANYL IN SAN FRANCISCO

Each participant had slightly different understanding of what fentanyl was, having heard rumors of it being “poison” and maybe in other drugs. None of them thought they had ever used it, though weren’t sure once it was explained that it can sometimes be in other drugs. The woman shared a story of falling asleep after smoking crack recently, and then waking up and vomiting and feeling sick. The man who injects had seen the flyer warning meth/speed users about fentanyl in the supply once at this site and had started to exercise more caution when using - using slower, less - but said it was hard to remember exactly what the flyer had said. The two other men asked if it was the same drug in “the patches,” and after hearing an explanation for the powdered fentanyl we’re now seeing in the supply and being sold as-is, both indicated that they would never want to go anywhere near it and hoped nobody they knew was doing it.

ACCESS TO NALOXONE/NARCAN IN SAN FRANCISCO

When asked what harm reduction strategies they knew about how to stay safe from fentanyl, they applied what they’d been taught about overdose from people who use drugs in their lives: drink milk; inject milk; drink coffee; ice bath; *“throw him outside and call 911.”* None of the participants carried naloxone/Narcan on them regularly, and when asked, none of them could articulate what it was or did. Once explained, each of them indicated they wanted a kit and would either carry it themselves or give it to their friends who were more at-risk, though only two of them took a kit because they didn’t want to have the syringes around them (site distributes injectable naloxone). Only two of them knew they could pick up naloxone at the Bayview site where we were gathered. As for suggestions on where else naloxone should be distributed, they all said the people they knew who used opioids would get it at the hospital, clinics, and needle exchange sites which they indicated there should be more of.

HEALTH INFORMATION & COMMUNICATION

When it came to receiving information and marketing that caught their eyes, all four of them articulated that billboards, Muni ads, and word-of-mouth communication tended to be the best way they heard about things. The woman said she watched television a lot but hated commercials, *“so anything but a commercial!”* When asked about where they receive health-related information, three participants indicated the majority of their information came from their mothers and aunts and the man who injects said he got his health information from other people who use drugs and from jail staff whenever he’s there.

When asked what they’d want in an overdose prevention and naloxone advertisement campaign, they unanimously (and separately) indicated they wanted something educational, with lots of information, and each one of them chose the yellow and red NYC Text-Only Ad as their favorite example of an overdose prevention advertisement. The NYC Storytelling advertisements with portraits and stories were not appealing, as they seemed like they were trying to sell them something, *“like an antidepressant or something,”* one of the men said. While the woman liked the campaigns that tended to use scare tactics (Gravestones), she said, *“People should know how sad their families would be if they died, and if they had the right information to keep*

themselves safe, they'd know that" indicating, still, that information was key in the type of ads they wanted to see. *"Information over emotion is better,"* one man said. *"I don't care about this person. I care about where I can get it, how to use it, what an overdose looks like in the first place, that kind of thing."*

When asked where these advertisements could be most effective, they all indicated in different ways that they needed to be where people who use drugs are: MUNI bus, stop, and station ads; flyers on light poles and in churches; and billboards.

GROUP 2: STRUT

OVERVIEW OF SOCIAL CONTEXT AND SETTING:

Amongst communities of men who have sex with men, drugs are often used in the context of socializing and sex. Drugs like alcohol, GHB, ketamine, methamphetamine, and powdered cocaine are popular, and because using these drugs is considered more social and occasional, it tends to carry less stigma. People who use drugs to party are often not engaged with syringe access services, and therefore not directly connected to education around opioid overdose and naloxone. Healthy Works Castro is a syringe access site operated out of Strut, the San Francisco AIDS Foundation's sexual health clinic in the Castro, the city's queer male social and activist epicenter. Strut serves primarily men who have sex with men who use drugs, who tend to be white, and ranging in age from early-20's to late-60's. The night of the planned focus group also happened to be the same night the Frameline Film Festival was running its box office out of the room Healthy Works is usually in every Wednesday night, from 5:30 - 7:30pm, forcing the site to drastically limit its operations. Instead of a focus group, participants were recruited individually off the street and from within the sexual health clinic.

Four people were recruited for these interviews: Three men (one black man, two white men), and one person who identifies as genderqueer (also white). All four of them have sex with men, and three of them indicated they participated in what they described as casual drug use, using drugs for partying and sex on the weekends. The fourth used to use drugs in this way, before his use became "problematic," and now he abstains but still spends time with people who use drugs in this way. All four preferred stimulants like cocaine and MDMA, as well as dissociative drugs like GHB and ketamine, and alcohol, and all four of them have regular contact with the staff at Strut.

UNDERSTANDING OF & EXPERIENCE WITH FENTANYL IN SAN FRANCISCO

All four participants articulated that fentanyl was a very strong drug (two of them knew it was an opiate, with one describing it as "heroin on steroids"), that it was causing a lot of overdoses across the country, and that it was in a lot of the drugs in San Francisco. When asked where they first heard this information, answers included word-of-mouth, alert flyers posted at Strut, online news, and social media. All four of them had heard or read stories of fentanyl showing up in other drugs, with the most recent rumor being that people had recently died from using powdered cocaine. In fact, one of the men had come to Strut that night to visit Healthy Works Castro for the first time to pick up fentanyl test strips for his friends, having been scared enough by this rumor to ensure his friends had what they needed to stay safe. The genderqueer person said,

“I’d been hearing a bit about it [fentanyl] for a while, but I’d say in the last two months or so, it’s being talked about everywhere, by everybody, but it’s hard to tell what’s the truth.”

ACCESS TO NALOXONE/NARCAN IN SAN FRANCISCO

All four participants had heard of naloxone, knew what it was, and knew where to get it if they needed it. When asked where they learned about it and where to get it, all four answered that staff at Strut had been the ones to tell them, or they’d seen signs for it there. One man carried naloxone with him wherever he went, one man kept it at home (though after the interview, he said he was going to start carrying it on him), and one man said he had just heard he could get a free nasal kit at the CBHS Pharmacy and was going to go the next week. The man who came to Strut for fentanyl test strips had never carried it on him, but left with test strips and an injectable kit in hand. They all knew people could get naloxone at syringe access services and pharmacies. When asked where else naloxone should be offered, they suggested gay bars, any public health clinic, Pride events, and sex clubs.

HEALTH INFORMATION & COMMUNICATION

When asked what type of marketing and advertisements catch their attention, each participant said television and radio were the least effective, and that social media, posted flyers, Muni ads, party promotion materials, and *“gay rags”* (small, independent publications with content geared towards gay men, promoting parties, sex-positive events, and products).

All four participants said they rely on their doctor or Strut clinic staff if they have health-related questions, and the man practicing abstinence from drugs at this time said he still gets information regarding the drug supply and drug-related health issues from his friends who use drugs, as well as Glide Harm Reduction Services, where he used to volunteer. When asked what they’d like to see in an overdose prevention and naloxone advertisement campaign, all four participants said ads should describe what naloxone is, what an overdose looks like, how to reverse one, and where to get naloxone for free.

The yellow and red NYC Text-only ad, along with the NYC Storytelling series, were the two favorite examples across all four participants. The NYC Text-only ad because it has the information (though the design was described as *“tacky”* by two of the male participants), and the storytelling series because it *“humanizes and personalizes the issue without demonizing users or scaring people.”* All four participants had strong reactions against the ads that utilized scare tactics, such as the Gravestone ad from the US Attorney’s office and the BE AWARE ad from Canada: *“It reminds me of DARE, or that old campaign, ‘this is your brain on drugs.’ And it’s just stupid because it’s obvious somebody who doesn’t use drugs made that campaign, because all of us who use drugs are like, ‘This is not what my brain looks like!’”* Though each of them did say the picture of drugs on the BE AWARE ad was eye-catching, it was obvious to three of them that those were not actual drugs, and that, combined with the fear-mongering messaging, caused them to disengage from it quickly.

When asked where the ads should be featured, participants said they look at Muni bus, stop, and station ads and social media. One man and the genderqueer person said they walk everywhere they go in the city they’re always paying attention to flyers posted on light poles and on community boards. One man said putting advertisements for naloxone on the back of event promotion cards or in the actual event spaces would catch

people's attention: *"You gotta have something to read between dancing and...the other stuff we do in those spaces."*

GROUP 3: LADIES NIGHT AT MISSION NEIGHBORHOOD RESOURCE CENTER

OVERVIEW OF SOCIAL CONTEXT AND SETTING:

"Ladies Night" has been a Mission institution for nearly 15 years, providing drop-in harm reduction services to female-identified people from 6-8pm every Thursday night on Capp Street at the Mission Neighborhood Resource Center (MNRC). Located in the heart of the Mission around the corner from 16th and Mission BART station, this block of Capp Street has been a place where people who use drugs, people who engage in sex work and who have experienced or are currently experiencing homelessness have congregated and received services for several decades. Ladies Night was started because during the daytime service hours, MNRC serves a largely male population, and women and female identified people felt uncomfortable or unsafe accessing services there. Through a collaboration between the Women's Community Clinic, MNRC, Homeless Youth Alliance and the DOPE Project, Ladies Night provides syringe access, naloxone distribution, case management, massage, activities like bingo and karaoke, sexual violence counseling and peer support, tenant rights services, clothing, arts and crafts, beauty night, and a hot meal every week to between 80-100 women. Ladies Night provides a true harm reduction-based, "come as you are" space for women who use drugs and engage in sex work, and is crucial part of the harm reduction services landscape of San Francisco.

To understand the unique experience of women and female-identified people who use drugs and get their perspectives on fentanyl, naloxone and health messaging, we recruited three women at Ladies Night and conducted individual interviews. The three participants included A. who identified as a 51-year-old Latina/African American woman who uses methamphetamine, with a 20-year history of drug use in San Francisco. A is currently unhoused and was recently released from incarceration. G. identified as a 32-year-old Latina female, SF/Mission native, professional, housed, person who uses recreational cocaine and other drugs. S. identified as a 30-year-old white female, sex worker, professional, queer-identified and recreational cocaine user, housed, Mission resident. Both G. and S. requested one-on-one interviews because they work professionally and were concerned about disclosing information about their drug use in a group. A. has been a long-standing member of the Ladies Night community and came in on the final day we were conducting interviews and had valuable recommendations and insight into the needs of people who use methamphetamine.

UNDERSTANDING OF & EXPERIENCE WITH FENTANYL IN SAN FRANCISCO

All three interview participants were aware of fentanyl in San Francisco and had a basic understanding of what it was. All three stated that they knew it was a powerful opioid that used to be available by patch, and that it had now found its way into the drug supply. All three mentioned hearing about fentanyl in speed, pills and cocaine and one person mentioned hearing about it in ketamine. A. stated that she had personal experience with some methamphetamine that may have contained fentanyl, and described the experience, *"it made me kind of nod off. It wasn't enough to make me overdose, but I threw up and it felt similar to opiates, which I have used in the past."* The other two participants did not have personal experience using drugs that

contained fentanyl that they knew of. All three mentioned that they had heard of people overdosing on stimulants or pills that contained fentanyl, and A. told a story of a friend who used crack being given naloxone. All three women stated that there was a lot of information circulating among people who use drugs that they associate with, and they first heard about fentanyl via word of mouth and from syringe access sites.

ACCESS TO NALOXONE/NARCAN IN SAN FRANCISCO

All three women stated that they carry naloxone all the time. All three stated that they had used it in the past and get it from syringe access sites. Most interestingly, the two “professional” women stated that they carry naloxone in case they witness an overdose on the street, and that they had used it before on “random strangers” but noted that they did not think about needing for their own peer group. G. stated the following, *“I have worked with homeless people for the last decade so I always carry it, but I actually don’t carry it with me when I go out with my friends and we are using. We use at home and have the Narcan there...but I’m realizing I actually don’t carry it when I go out socially because maybe I assume we aren’t at risk and it’s just for other people.”* All three were knowledgeable about access to naloxone at syringe access sites and two participants mentioned that they thought you could get it from a doctor or pharmacy but none had ever obtained naloxone that way and were unclear about the process.

They had several suggestions for where to expand access to naloxone to reach other people who use drugs, including; the Library, Hospitality House, clubs and bars (DNA Lounge, End UP!, Steamworks were mentioned by name), pharmacies, a stand-alone naloxone distribution site (not a pharmacy), hotels and motels. S., who is a long-time member of the queer community in SF gave several suggestions about how to reach queer people who use drugs including head shops/smoke shops, sex clubs and parties, sex shops—especially places where poppers are sold, *“people head to the sex shops or head shops before a weekend of partying to buy their poppers and pipes, so if you were going to a sex party to tweak and fuck for days, or about to have a crazy weekend, you would stop there first. They should have Narcan and test strips and education there.”*

G. mentioned that she did not think pharmacies would be a viable option for her friends, and suggested more options for peer distribution, stating, *“I would go [to a pharmacy] because I am familiar but I don’t think my friends would. But I have trained and given it to my friends so peer to peer might work better for people who use drugs more secretly.”*

HEALTH INFORMATION & COMMUNICATION

Similar to what we heard in the other interviews, the three women interviewed did not express much enthusiasm or interest in any of the written materials/brochures they have come across. G. stated *“that there wasn’t a single one she could think of”* and A. said she *“can’t think of one...I don’t really pick those up. I like lists of groups and flyers about when things are open but not brochures.”* Instead, they relied on friends, peers, harm reduction workers, and the internet when they had a health question. A. stated that she had a trusted doctor at Tom Waddell health center but also noted that most people don’t trust their doctors. Peer group knowledge sharing was by far the most commonly mentioned way that these women said they asked and learned about health-related issues. A. stated, *“peers are my most consistent source of information especially*

older users that are still going hard but they're alive. They're alive for a reason, they're doing something right. They're my heroes."

When asked what kinds of media and messaging they consume, and where would be the best places to target an awareness campaign about fentanyl and overdose, they all mentioned billboards, MUNI and BART ads, and the free local newspapers like the Bay Area Reporter and the Examiner. None mentioned social media. Two of the participants said that flyers or posters in bars and club bathrooms, especially in the Castro, SOMA, North Beach, Mission and Marina where there is heavy cocaine use would be extremely helpful, along with Universities like Hastings and State where there is a lot of drug use and very little information. A. mentioned certain areas that should be targeted in San Francisco to reach people who use drugs that don't get a lot of information, including; the Sunset, Ocean Beach, Ingleside, along the K line, Bayview, Sunnysdale and out by the end of Bayshore.

Information that they wanted included varied, from emotional storytelling to facts and statistics. G. stated, *"tell us that there's no liability to carry Narcan, and it saves lives. Also information about someone who overdosed who is relatable, and not just folks who are homeless. I don't mean to sound like a jerk, but my peer group tend to think it will never happen to us and that we are different. Make the stories not about you, but about saving your friend."* A. stressed that the campaign should raise awareness about fentanyl in other drugs, *"they need to know what drugs it's showing up in, especially ones they don't expect. People don't think this applies to them. Needs to be a campaign that is less stigmatizing about Narcan, anyone can carry it."*

When shown the examples of other campaigns, the three women had different perspectives, but there was some alignment in their distaste for the campaigns they saw as stigmatizing (Gravestones) or using scare tactics. Overall, the BE AWARE poster was well-received but with the caveat (mentioned in all interviews) that the drugs were fake and not believable and that if this strategy was used, to photograph real drugs being used in settings and ways other than on the street, and injected—G. stated *"if there are drugs shown, there should be settings and scenarios that show more casual and public drug use or at home like people doing lines on a table or in a bar bathroom. Don't show needles all the time. People do drugs in lots of ways."*

Participants tended to like the humanizing stories from the NYC Storytelling campaign but suggested including the person who was saved by the naloxone to further make it relatable. A. stated, *"my favorite is the stories, these would be good on the bus or BART, gives you something to read, they seem like real people and don't seem different from people that you see every day. Shows that drugs cross all segments of the population. I would add a trans person because no one here presents as trans. I like stories of people saving people. If you wanted to add one more thing to this one, add more info about the drugs."* The other NYC Text-only ad was well liked for its comprehensive and useful information, but criticized for being too wordy, graphically displeasing (*"this one looks like an allergy pill label"*) and that it wasn't clear who it was targeting.

Final thoughts from A., *"Whatever you do, keep it real and keep out the fake shit. We spot it right away and question the source. Use real people and not actors and don't have actors recreating overdoses and using drugs and use real drugs in the photos."*

OVERVIEW OF SOCIAL CONTEXT AND SETTING:

Homeless Youth Alliance (HYA) operates the only syringe access site in the Haight Ashbury neighborhood of San Francisco. They operate three times a week for two hours, Monday, Wednesdays and Friday evenings in the front waiting room of the Haight Ashbury Free Clinic. The first syringe access program in the city of San Francisco began in the Haight in 1988, serving young people who injected drugs and providing them with naloxone by the late 1990s. HYA has carried on this legacy of harm reduction activism by continuing to provide services to the unhoused young people of the neighborhood despite community opposition, eviction (they were evicted from their drop-in of 12 years with 60 days' notice so the landlord could lease the space to a souvenir shop), and the inability to lease a new space for over 5 years. They provide a crucial service to young people in the Haight who do not often access services elsewhere in the city.

Since the incident that sparked much of the interest in this issue occurred in the Haight (the three individuals who overdosed on methamphetamine/fentanyl in February 2018), we wanted to ensure that we captured the perspectives of young people using drugs in this area of the city, where they are likely to be isolated from other sources of information and services.

We had three participants in the focus group (and two dogs) all regular users of HYA services including A., who identified as a 26-year-old white female, J. a 32-year-old white male, and C. a 28-year-old white male. All were unhoused and injecting, smoking and snorting drugs including heroin, fentanyl, methamphetamine, crack and pills. This group was different from the others, in that the participants were also using opioids, but we found it difficult to recruit young people in the Haight that were solely using stimulants and pills and not other opioids.

UNDERSTANDING OF & EXPERIENCE WITH FENTANYL IN SAN FRANCISCO

Of all groups interviewed, these participants had some of the most unique perspectives on fentanyl and where it came from. All knew what it was, but they mentioned that they believed that *"it all comes from the dark web," "in San Francisco, it's all Carfentanyl, we don't have regular fentanyl," "the Illuminati brought it here to depopulate the US,"* and that the *"SFPD are putting it into the drugs to kill us."* They believed that fentanyl is present in *"all the drugs,"* including crack, methamphetamine, pills and in the heroin and that dealers were putting it in other drugs so that people developed a habit (dependence) and had to *"chase the high more."*

All three had personal experience with fentanyl by choice, and believed that they had also sensed its presence in other drugs, and understood how it felt. C. stated, *"I used a Xanax that had fentanyl in it. I knew because I kind of hate fentanyl, the nod is different than heroin, it's very specific and I can tell the difference. It creeps up the back of your neck. It definitely wasn't Xanax."* They had heard many stories from fellow users and through word of mouth about fentanyl in methamphetamine, crack and pills, and that it had been causing overdoses and people to nod off when using non-opioid drugs. One participant had a dissenting opinion however, stating, *"I think everyone's full of shit. They think fentanyl is in everything. It's just that the speed sucks. There's not as much fentanyl in it that they think. They say it's making them sleepy, but that could be bullshit."*

As the most regular users of fentanyl, this group had the most nuanced harm reduction strategies for using it safely, including all three who discussed smoking it instead of injecting it. A. stated *“if you can’t hit veins anymore, it’s great to switch to fentanyl because you can get a rush from just smoking it that is the same as injecting heroin.”* C. chimed in, adding, *“the only time I do fentanyl is when I can’t find good black [tar heroin], unless someone gives it to me socially. You just use less or smoke it instead.”* J. said, *“I take a tenth of a gram and split it into fourths, it’s too hard to gauge the dose otherwise and I’m not playing Russian Roulette.”*

In terms of where they initially learned about fentanyl, they stated that they heard about it from the syringe access programs (HYA and 6th street were named) and from peers. A. said she had a urine test come up positive for fentanyl when she thought she had only used methamphetamine and that’s how she found out. C. stated, *“I heard from other users and the dealers. At first the dealers would tell you there wasn’t fentanyl in it, but now they tell you. I also heard about those black guys in the TL who died from fentanyl in their crack.”*

ACCESS TO NALOXONE/NARCAN IN SAN FRANCISCO

All three participants were long time users of naloxone and knew that it could be obtained any time at syringe access. All three obtained it from HYA or 6th Street and A. mentioned that you could also get it at the 1380 Howard Pharmacy. However, they stated that they don’t often carry it themselves, but rely on others (a girlfriend, fellow users) who always have it. They expressed some frustration with what they believed was *“too many people carrying Narcan in San Francisco.”* They said they did not feel that non-opioid users should have it, because *“they don’t understand when to Narcan people,”* and that *“people use Narcan too much, they all want to be heroes.”* C. said he did not believe people were going to OD on the methamphetamine, that there’s not enough fentanyl in it.

HEALTH INFORMATION & COMMUNICATION

Similar to others interviewed, these three participants had no examples of written brochures or pamphlets that they liked or read, but mentioned peers, family (*“my grandpa is a pharmacist, I call him and ask questions about drugs”*), syringe access workers (Mary Howe, Kristen Marshall were mentioned by name) and trusted *“harm reduction doctors”* (Dr. Ryan from HYA and Dr. Borne were mentioned by name) as the people they got health information from.

All three indicated that they read billboards and bus stop ads regularly, but rarely read free newspapers or obtain information any other way. They emphasized that a campaign should include MUNI and BART ads, billboards, pharmacies and on fliers in the libraries.

The HYA participants had interesting reactions to the different ad campaigns from other cities. They disliked the NYC Storytelling series because they were *“not believable, and didn’t look like users, they’re squares.”* They wanted to see people who were more identifiable as users so that they could relate to them, but when pressed, said that they didn’t want people shown with needles, *“because that makes us look bad. Maybe people with more tattoos.”* They also disliked the NYC Text-only ad, saying it was too wordy and looked like *“Nazi propaganda.”* They liked the BE AWARE ad the most, but as all others stated, they didn’t like that the drugs were fake and unrealistic.

Overall, their feedback was inconsistent—they vacillated between wanting ads with *“statistics and information, like the fact that more people have died from overdoses than in the Vietnam war”* and saying that the text-heavy ads were too wordy and they wouldn’t read them. They disliked the story-telling/pictorials, yet later stated that the ads should include active users *“showing people that we are responsible, no actors, nobody who looks clean,”* or that they should show a *“mix of people, not just users because other peoples might want this info, like moms and stuff.”* They said that they didn’t like the scare tactic ads (the Gravestone ad was “stupid”) but also said that the ads should show people *od’ing*, lying on the ground dying, sheets covering people. Despite their conflicting ideas and recommendations, they were excited and enthusiastic about being asked for their feedback, and at one point, C. noted that they were *“all over the place. Nobody ever asks us stuff like this so sorry we’re not making any sense.”*

DISCUSSION

San Francisco, whose population of 870,000 people coexist with one another in just seven-by-seven square miles, has myriad different communities of people who use drugs. While these communities sometimes overlap, they are often worlds away from one another separated by boundaries of geography and micro-neighborhood, race, socioeconomic status, gender, age, drug(s) of choice and social settings in which they use drugs. As we seek to address overdose risk and prevent overdose death in San Francisco, we must be flexible and creative in our strategies to reach across and through these complex intersections to reach all people who use drugs with a meaningful message that resonates with them.

For nearly twenty years, the DOPE Project and San Francisco’s harm reduction community has been aggressively addressing overdose, yet primarily reaches opioid users who are engaged with syringe access services with a focus on high impact areas like the Tenderloin, SOMA, Mission and Haight Ashbury districts of the city. As drug use has evolved and changed over the years, and there are new risks related to a changing drug supply, it is imperative to reach people who are using crack cocaine, methamphetamine, club drugs and pills, non-injectors, and those living in other neighborhoods throughout the city with information about overdose, fentanyl, and naloxone.

The fatalities associated with three distinct fentanyl “outbreaks” in San Francisco (counterfeit pills containing fentanyl in 2015, crack cocaine/fentanyl in 2017 and methamphetamine/fentanyl in 2018) show us that when fentanyl is introduced to communities that are not accessing naloxone and/or harm reduction services regularly there is a greater likelihood of overdoses being fatal and use of naloxone limited. This project attempted to engage those very groups of people who use drugs to gauge their knowledge of fentanyl, overdose, naloxone and their ideas for a successful campaign to better inform all people who use drugs and those who care for them in San Francisco.

What’s Naloxone? There’s Still Work to Be Done in San Francisco

We observed a dishearteningly low awareness of naloxone and fentanyl among black crack users in the Bayview, a community of people who use drugs that is highly isolated and marginalized in San Francisco. Other

groups seemed to have a decent amount of information already about fentanyl, overdose and naloxone, but this may reflect the recruitment bias inherent in conducting interviews at harm reduction programs.

Health Information Comes from Community and Family

There was a strong emphasis on peer knowledge-sharing among all interviewed participants. PWUD who participated in this project stated repeatedly that they obtain most information from their community, family, other PWUD, and trusted harm reduction workers. Very few mentioned obtaining health information from doctors or health care services, and even when they did, they named specific harm reduction-practicing doctors in San Francisco. As the city rolls out an awareness campaign concerning overdose, naloxone and fentanyl, it will be extremely important to capitalize on the way information is shared amongst peers and community when designing the campaign.

Different Strokes for Different Folks: Suggestions for A Public Awareness Campaign

Participants' feedback suggests a multi-pronged campaign with three primary foci would reach the largest number of people. First, a series of ads that contain information only, with no visuals or emotional content, including; what fentanyl is, who is at risk for overdose, what naloxone is, where to get it. Participants suggested that they would prefer ads be less "emotional," and more factual for those who are lacking information about any of these issues and need something informative. These ads should be simple, visually appealing (no red and yellow color scheme!) and informative.

The second theme centered on an ad that contained pictures of drugs, or pictures of people in the act of using drugs, with some information about what drugs fentanyl could be found in, and how to stay safe. Participants were adamant that pictures not look staged, and that pictures of drugs be "real." They repeatedly stated that the ads showing drugs caught their eye more than others, but it was easy to disregard them if they looked fake, or if the drugs pictured were not drugs they used, or they focused too much on injection and syringes. For the non-opioid users and non-injectors who were interviewed, it was important for them to see people and drugs that reflected their experience (i.e. groups of people socially doing cocaine or smoking crack or methamphetamine) otherwise they would assume the ads were just for people who injected drugs.

Finally, there was a strong indication from all groups interviewed that there is an important place for a campaign that features storytelling and visual representation of different people who use drugs, people who have used naloxone, and people who have been revived with naloxone. While some people disliked the emotional tone of these ads, the overwhelming feedback on this type of ad was positive. Participants indicated that ads that show people and tell stories can humanize drug use and people who use drugs, and can be de-stigmatizing. They suggested that photos not be too staged or too "professional" looking, and that people be "real people" and not actors and that there be concrete information about naloxone, fentanyl and where to obtain naloxone on these types of ads.

Mediums for A Public Awareness Campaign

All participants from all groups indicated that ads should be located at MUNI bus stops and BART stations, along with billboards. There were some creative neighborhood/community specific suggestions such as

libraries, churches, bar/club bathrooms, sex shops/head shops, sex clubs/sex parties, flyer poles where events and parties are advertised. Very few participants mentioned social media (either don't use it, or feel "inundated" with ads) or health care settings and pharmacies (either don't access regularly or don't pay attention to info there).

Finally, it is imperative to launch a campaign that transcends the typical scope of information-sharing in San Francisco outside the borders of the Tenderloin, SOMA, Mission and the Haight into different social and geographical locations where people who use drugs get limited access to information. Getting information to the Bayview, Sunnysdale, Ocean Beach, Sunset, Western Addition/Fillmore, North Beach, the Marina, and other neighborhoods throughout our 7x7 city is crucial. A city-wide campaign should focus on reaching queer-identified people using drugs, men who have sex with men who are partying and using drugs, people of color who are using crack and methamphetamine, young people, "professional" people who are housed and socially using drugs like cocaine, ketamine and pills and are generally not injecting drugs and other micro-communities of people who use drugs who do not get their naloxone and health information at harm reduction programs.

A thoughtful and responsive awareness campaign that considers these recommendations from people with lived experience will be a powerful way for San Francisco to express a commitment to the lives and well-being of *all* San Franciscans who use drugs.

CONSIDERATIONS

1. SFPD should develop campaign with three separate messaging styles: (a) information only, (b) photos of drugs/drug use with information (no people) and (c) storytelling/humanizing featuring people who use drugs, people who have used naloxone or people who have been revived with naloxone with information.
2. Photos of drugs and drug use should be realistic, not seem staged or acted, and photos of people should not be actors but real people who reflect diversity of people who use drugs and/or people who could use naloxone to save someone.
3. Information included on any campaign should include a brief description of what fentanyl is, what drugs it could be found in, what naloxone is, and where to get it.
4. Information should be simple, easy to understand, realistic, harm reduction-based and not employ scare tactics or hysterical tone.
5. SFPD should work closely with DOPE Project and CBHS Pharmacy to determine what resources will be listed for obtaining naloxone, and how to plan for an increase in volume of naloxone distributed at either program.
6. Campaign should primarily be focused on MUNI and BART stations and bus stops, along with billboards and bar/club bathroom posters. Other target locations include; event poles in neighborhoods like the Castro and Mission where parties are advertised by flyer, sex shops/head shops, sex clubs and parties, free newspapers and "gay rags," libraries, pharmacies, churches, universities and health centers.

APPENDIX A: SFPDP, DOPE PROJECT AND PARTNER ORGANIZATION FENTANYL ALERTS 2015-2018

**HEALTH ADVISORY**

AUGUST 13, 2015

Spike in Opioid Overdose Cases in San Francisco

Since mid-June of this year, the number of opioid overdoses reported to San Francisco's Drug Overdose Prevention and Education (DOPE) Project has more than tripled (from about 25 in July 2014 to >75 in July 2015). Most of these events have occurred in the Civic Center area and most have involved a fine white powder that has been found to be pure Fentanyl. Witnesses have often had to use multiple doses of naloxone to reverse the overdose. So far, the San Francisco Fire Department (SFFD) and Office of the Chief Medical Examiner (OCME) do not report increased ambulance calls or deaths from opioid overdose.

Fentanyl is a highly potent and relatively short-acting opioid that is particularly dangerous for layperson use as it is dosed in micrograms. Naloxone is a short-acting opioid reversal agent that can be injected or sprayed into the nose to reverse an overdose. Fentanyl may be more difficult to reverse with naloxone, possibly requiring extra doses.

Naloxone is distributed and prescribed to lay persons in San Francisco who may experience or witness an opioid overdose. Naloxone is NOT a controlled substance, can be prescribed by any licensed healthcare provider, and can be administered by witnesses akin to first aid. Naloxone is covered by Medi-Cal 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/family via syringe exchange sites (contact Eliza Wheeler for more information at wheeler@harmreduction.org or 510-285-2871). These means of naloxone provision and use are protected by California State Laws AB635 & 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 a resource for naloxone or prescribe naloxone directly. Patients should be encouraged to have a robust supply of the medication.
3. Consider providing naloxone to others who use opioids or might witness an opioid overdose. Family members and friends of persons who use opioids are often very concerned, and could be the right person to keep a naloxone supply handy.

Additional Resources, and prescribing information for naloxone:

- Information on prescribing naloxone (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

**HEALTH ADVISORY**

MAY 08, 2017

Opioid Overdoses in San Francisco Due to Fentanyl-Containing "Crack" Cocaine

On April 23-24, three adults from one housing location presented to an SF hospital with symptoms of opioid overdose after smoking what they thought was "crack" cocaine. A fourth adult from that location was found deceased on April 25. Fentanyl was detected in the decedent's blood as well as in a drug specimen found in the decedent's possession.

Fentanyl is an extremely potent, short-acting opioid that is particularly dangerous when used illicitly, as it is medically dosed in tiny (microgram) quantities. Users with little or no opioid tolerance are at high risk of fentanyl overdose. Fentanyl can be challenging to reverse with naloxone, often requiring extra doses. Street drugs may be laced with fentanyl, or can consist entirely of fentanyl while being sold as another drug.

Persons who may be exposed to opioids should be encouraged to have access to naloxone. Naloxone is a short-acting opioid antagonist that is sprayed intranasally or injected to reverse an overdose. Per California law (AB635 and AB1535) 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. 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. It is also available at no cost from the DOPE Project, targeting drug users and their friends and family via syringe access sites.

ACTIONS REQUESTED OF SF CLINICIANS:

1. Counsel patients to avoid purchasing drugs on the street.
2. Consider testing for fentanyl in patients presenting with symptoms of opioid overdose, particularly if they did not intend to take an opioid. Note: request fentanyl specifically as it is not detected with routine toxicology testing.
3. Ensure that patients who use street drugs (any drug, not just opioids) have naloxone. Direct patients to the DOPE Project or prescribe naloxone directly. The CBHS pharmacy (1380 Howard St, Tel. 415-255-3659; 9:00a-4:30p M-F) is also a walk-in source of naloxone without a prescription.
4. Refer patients who need addiction treatment. See below for treatment referrals.
5. Treat synthetic opioids such as fentanyl or carfentanyl as hazardous materials. Handling should be only by trained professionals with appropriate personal protective equipment due to extremely high toxicity. See: <http://www.dhs.gov/divisions/ba/2016/09/22/16-092216.shtml>

Resources:

- CA Poison Control (800-222-1222) will answer public and provider questions regarding overdoses or symptoms
- Treatment Referrals:
 - SFPDP triage center – Treatment Access Program (TAP) @ 1380 Howard St, Sam-4:30pm weekdays; also 24/7 Access Helpline (415-255-3737 or 888-246-3333; TDD 888-484-7200)
 - BAART Turk Street and Market Street Clinics; Tel 415-928-7800; ask for intake counselor
 - Buprenorphine Treatment Physician Locator: <http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- Naloxone from DOPE Project: Contact Eliza Wheeler at wheeler@harmreduction.org or Tel 510-285-2871
- Naloxone prescribing information: go to <http://www.sfhealthnetwork.org/employee-physicians/pain-management-resources/> and scroll down to Naloxone Prescribing, Education, and Awareness.

**HEALTH ADVISORY**

OCTOBER 22, 2015

Severe Opioid Overdoses in San Francisco Caused by Fentanyl-Containing "Xanax" Pill

From October 15 to 17, 2015, three individuals between the ages 20-40 years were seen at the San Francisco General Hospital after ingesting a pill inscribed and sold as "XANAX" purchased off the street. All three patients suffered complications of opioid overdose, including peripheral neuropathy, rhabdomyolysis, and pulmonary edema, with one requiring intubation and intensive care. A fourth individual was found deceased with the same pill on his person; there may be additional deaths. Analysis of pills demonstrated fentanyl; one also had etizolam. The source of the pills is unknown.

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 may be more difficult than other opiates to reverse with naloxone, possibly requiring extra doses. Etizolam is a short-acting benzodiazepine analog that produces central nervous system depression. These two agents can be synergistic, resulting in marked respiratory and central nervous system depression. Pills purchased on the street may contain contaminants or may be replaced with other substances entirely, yet be indistinguishable from pharmaceutical products.

The San Francisco Department of Public Health encourages persons who may be exposed to opioids to have access to naloxone. Naloxone is a short-acting opioid antagonist that is sprayed intranasally or injected 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 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. Discourage patients from purchasing pills on the street.
2. 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.
3. Ensure patients who may access opioids from the street have naloxone. Either direct patients to the DOPE Project or prescribe naloxone directly.

Resources:

- Providers or public can contact the California Poison Control Center at 800-222-1222 with any questions regarding overdose or symptoms after ingesting a pill.
- Treatment Referrals:
 - SFPDP triage center – Treatment Access Program (TAP) @ 1380 Howard St, Sam-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/>

**HEALTH ADVISORY**

FEBRUARY 23, 2018

Possible fentanyl overdose deaths due to stimulant use in San Francisco

Three men were found dead on Page Street on February 22, 2018. Although the cause of death is not yet determined, fentanyl poisoning is suspected. Glass pipes found at the scene, typically used for smoking cocaine or methamphetamine, were found to contain cocaine, methamphetamine, fentanyl, and a possible fentanyl analogue.

Fentanyl has been increasingly present in street-purchased drugs (including methamphetamine, cocaine, heroin, and counterfeit benzodiazepines and prescription opioids) in San Francisco. Fentanyl test strips provided by syringe access programs identified the presence of fentanyl in the majority of street-purchased drugs tested in 2017, although the test is qualitative and results may represent trace contamination in some cases. In 2016, 22 of 105 opioid overdose deaths were caused by fentanyl, double the number from 2015. Of these 22 cases, 45% also involved methamphetamine, 27% cocaine, and 41% another opioid. Death from fentanyl toxicity can be more rapid than from other opioids, thus prompt peer response is essential.

We recommend that anyone using street-purchased drugs carry naloxone, the short-acting opioid antagonist. Naloxone can be administered by witnesses as a first aid measure, is covered by Medi-Cal, Healthy SF, and most health plans, and can be furnished without a prescription by pharmacists registered to do so. Naloxone can be obtained from the Community Behavioral Health Services (CBHS) Pharmacy at 1380 Howard Street at a walk-in basis (see below). Naloxone is also available at no cost from the DOPE Project for people who use drugs via syringe access sites and other community-based programs. Additional measures include advising anyone who uses street-purchased drugs to test their drugs for fentanyl (test strips available at syringe access sites), use "tester" doses to ensure there are no unexpected effects, and if using in a group, stagger drug use so that someone is alert to help others if needed.

Actions requested of SF clinicians:

1. Refer patients with opioid use disorder to treatment. San Francisco has treatment available on demand, which can be accessed at methadone programs or through the triage center at 1380 Howard St.
2. Ensure patients who access ANY street-purchased drugs have naloxone. Either prescribe naloxone directly or direct people to the pharmacy at 1380 Howard Street or to syringe access sites. Patients should be encouraged to keep the medication with them at all times.
3. Advise patients who use drugs to test their drugs, use "tester" doses, and stagger drug use.

Resources for Substance Use Treatment and Naloxone:

- Treatment Referrals:
 - SFPDP triage center – Treatment Access Program (TAP) @ 1380 Howard Street, 8 a.m.-4:30 p.m. weekdays
 - BAART Clinic @ 433 Turk St, 7:30 a.m.-Noon for same day methadone; Call 415-928-7800 and ask for intake counselor
 - List of physicians who provide buprenorphine: http://buprenorphine.samhsa.gov/bwns_locator/
- Naloxone from the CBHS Pharmacy at 1380 Howard Street, Monday-Friday walk-in 9:30 a.m.-4 p.m. (no prescription required).
- Naloxone from the DOPE Project: Contact Kristen Marshall at marshallwheeler@harmreduction.org or call 919-637-8652 for the distribution schedule
- Naloxone prescribing information (scroll down to Naloxone Prescribing, Education, and Awareness): <http://www.sfhealthnetwork.org/employee-physicians/pain-management-resources/>

Page 1 of 1

DRUG SAFETY ALERT

Recently in the TL/SOMA area of San Francisco, there have been several reported incidents of people who thought they were smoking crack suffering from an overdose - due to the crack being cut with Fentanyl (a powerful opiate).

We have seen these Fentanyl cuts happen with pills, cocaine and other drugs. Be careful, take care of yourself and your community!

Naloxone is the best way to reverse an overdose. We can train you and provide Naloxone to you so that you can reverse an overdose.



Come get Naloxone at Glide, 330 Ellis St, 5th Floor 9.00am - 5.00pm Monday to Friday. And, Glide Lobby Monday and Tuesday Evenings from 7.00pm to 9.00pm

Or at:

SFAF 6th Street Harm Reduction Center, 117 6th St. Monday - Friday 9.00am to 5.00pm Saturday - 7.00pm to 11.00pm



OVERDOSE ALERT: Meth & Speed Users

We received reports of three deaths in San Francisco, all from apparent opioid overdoses. No injection equipment was found on-scene, but paraphernalia used to smoke crystal meth/speed was found, leading us to believe that they were possibly smoking meth and did not know their product contained opioids - most likely fentanyl.

People who use drugs in San Francisco should be advised that the drug supply is inconsistent and unpredictable. Use caution, regardless of the type of drug or how it's used. Tests have shown consistent positive results for fentanyl in black tar heroin, powdered heroin, crystal meth/speed, and crack cocaine throughout the city. Dealers are often unaware of their products containing fentanyl, and users are heavily encouraged to test each purchase before using.

Symptoms of an opioid overdose include:

- Respiratory distress/not breathing
- Unresponsiveness
- Snoring/gurgling sound
- Skin turning blue or gray
- Rigid chest and limbs/limb-locking

Should you witness someone experiencing these symptoms, immediately call for help, administer Narcan/naloxone, and provide rescue breathing.

Narcan/naloxone works on fentanyl-related overdoses.

Need Narcan/naloxone, overdose prevention training, and fentanyl test strips?

These harm reduction programs will hook you up!

6th Street Harm Reduction Center, 117 6th Street (@ Minna): M - F, 9am - 7pm (except Wed, 9am - 2pm & 4pm - 9pm) & Saturdays, 7 - 11pm

Glide Harm Reduction Services, 330 Ellis, 5th Floor, (b/w Jones & Taylor): Mon & Tues, 7 - 9pm

San Francisco Drug User's Union, 149 Turk Street (b/w Jones & Taylor): M - Th, Noon - 4:30pm & Sun Noon - 6pm

St. James Infirmary, 234 Eddy St (between Jones & Taylor): Thursday 5 - 8pm & Friday 6 - 8pm

Homeless Youth Alliance, 558 Clayton St (@Haight), in the Free Clinic: MWF, 5:30 - 7:30pm



ATTENTION EVERYONE ATTENTION RESIDENTS

RECENTLY THERE HAVE BEEN SEVERAL REPORTED OPIATE OVERDOSES OF PEOPLE WHO THOUGHT THEY WERE USING CRACK.

THE DRUGS IN SF ARE VERY INCONSISTENT AND ARE OFTEN MIXED WITH OTHER DRUGS.

SOMETIMES THEY ARE NOT AT ALL WHAT PEOPLE THINK THEY ARE EVEN IF IT LOOKS CONSISTENT WITH WHAT PEOPLE ARE USED TO.

THIS IS TRUE WITH HEROIN, PILLS AND COCAINE, THAT HAVE BEEN TESTED FROM THIS AREA IN A LAB.

YOU NEVER ACTUALLY KNOW WHAT YOU ARE GETTING WHEN YOU BUY ANY KIND OF DRUGS

SO TO BE SAFE YOU SHOULD HAVE NARCAN ANY ONE CAN GET IT

IT'S ONLY 1 MINUTE AWAY, WALKING, LITERALLY AROUND THE CORNER

117 6TH STREET

AT SFAF'S HARM REDUCTION CENTER BETWEEN MISSION AND HOWARD

MONDAY - FRIDAY 9AM - 5PM

SATURDAY 7PM - 11PM

CALL 911 AND GET HELP IF SOMEONE IS UNRESPONSIVE.

TAKE CARE OF EACH OTHER

ATTENTION PILL USERS



Examples of real Xanax bars and Roxicodone (oxycodone hydrochloride) pills. Fake pills may look identical, or may show signs of wear around the edges, the stamp is crooked, or it flakes easy.

Counterfeit pills containing fentanyl are still around and causing overdoses!

You can test your pills with fentanyl test strips

Ask staff to show you how!

**Remember to protect yourself and your community:
Know the signs of an overdose, carry Narcan, and know how to use it!**



Fentanyl Overdose Tips

GIVE NALOXONE (NARCAN) IMMEDIATELY!

How to give naloxone:

There are 2 common ways to give it. Follow the instructions for the spray you have.

Nasal spray



Nasal spray with assembly



Auto-injector



Injectable naloxone



CALL 911

DO RESCUE BREATHING!

Tilt chin, open mouth, plug nose, breathe.



SO WHAT DO WE DO??? HOW DO WE STAY SAFE?

ASSUME FENTANYL. The drug supply is inconsistent and unpredictable. Fentanyl has popped up everywhere, in all different forms. If your drugs look weird or different, taste, smell or seem off in any way, go slow, be careful, do less at first.

Have naloxone (Narcan): that means everyone! Whether you don't normally use opioids carry it anyway because you never know when fentanyl might be in your drugs or your friends drugs.

Give Naloxone immediately: The key to surviving a fentanyl overdose is administering naloxone right away to the person experiencing respiratory depression. **DO NOT WAIT.**

REMEMBER:

- Don't use alone, and if you're in a group, stagger your use with each other so you can be alert if someone needs help
- If your drugs look, smell, taste, dissolve, or in any way seem different than usual, **BE CAREFUL**, use caution and smarts.
- Use less if you suspect fentanyl
- Hydrate
- Get naloxone, replace it as soon as you lose it or use it or give it away

Works Cited:
Control, C. f. (2014, November). www.cdc.gov. Retrieved from http://www.cdc.gov/niosh/ershdb/EmergencyResponseCard_29750022.html.
Don Hunjazi - EMT, K. B.-R.-P. (2008). Meet Narcan: The amazing drug that helps save overdose patients. *Journal of*

Fentanyl

Overdose Prevention Tips



A little baggie of fentanyl residue (confirmed in lab) from San Francisco, 2015



Some Xanax that were actually fentanyl among other things. (confirmed in lab) from San Francisco, 2015



The DRUG OVERDOSE PREVENTION AND EDUCATION (DOPE) PROJECT is a program of the Harm Reduction Coalition and funded by the SFPDPH to coordinate San Francisco's response to drug overdose.

Please contact with any questions or to find out where to get naloxone in San Francisco:
510-265-2871 or whyceler@harmreduction.org

Created by the DOPE Project and the SF Syringe Access Collaborative.



Brochure adapted but blatantly stolen from our friends at Healthy Streets Outreach Program
Lynn, MA



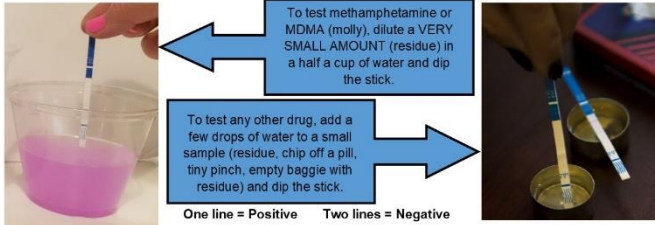
TEST YOUR DRUGS

The "street" drug (anything not obtained directly from a pharmacy/drug store) supply has always been and will always be inconsistent and unpredictable.

Testing your drugs allows you to make the most educated decisions possible!

Fentanyl, a powerful synthetic opiate, has been finding its way into our street drug supply since at least 2015. This does not impact just opiate users, but ALL people who use drugs, including people who use club drugs like powdered cocaine, MDMA, methamphetamine, unmarked or counterfeit pills, and ketamine.

Fentanyl test strips will tell you if your drug is positive or negative for the presence of fentanyl, and they are available online through DanceSafe or at syringe access sites throughout the city.



CARRY NARCAN & KNOW HOW TO USE IT

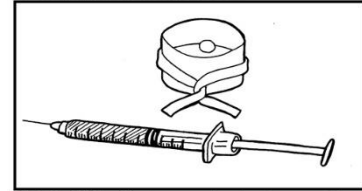
Know the signs of an opiate overdose: Barely breathing/not breathing, blue/gray skin, unresponsive. Narcan will safely reverse these symptoms in two-to-three minutes, and that, combined with rescue breathing, will get the person breathing again. You can pick up a free nasal kit at the CBHS Pharmacy at 1380 Howard in SF, or you can get a free injectable kit at syringe access sites (only if you're a syringe access participant!).

Look out for each other & party safe!

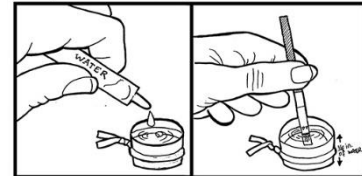


Directions

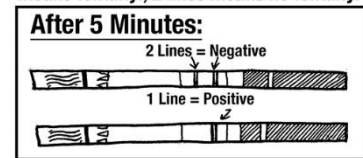
1. Prepare drugs in a fresh, clean cooker
2. Set prepared drugs aside:



3. Add 1/4 inch clean water to drug residue
4. Dip end of test strip in water for 15 seconds



5. Check the strip after 5 minutes. One line means fentanyl, 2 lines means no fentanyl



*Test may also be used with baggie residue.

*Check any street drug, benzos, crack, meth, etc, as well as all opioids.

*If test doesn't result in 1 or 2 lines it's invalid

California Fentanyl Test Questionnaire: SF PILOT

PLEASE RETURN THIS SURVEY TO: The DOPE Project

Fentanyl test strip instructions:

1. If testing methamphetamine or MDMA: Put small amount of residue in about half a cup of water. Sample MUST be heavily diluted for most accurate results!
2. If testing heroin/anything else you inject: Prepare shot as normal in UNUSED cooker, draw up into your syringe, and then add ¼ inch of clean water to the residue in the cooker
3. If testing pills or anything you snort: Put a small chip of the pill or a very small pinch of powder into an UNUSED cooker and add ¼ inch of clean water.
4. Dip the end of the test strip into the residue and water for **15 seconds**, remove, and lay on a clean flat surface
5. You can confirm results in about 30 seconds, but it's best to wait at least one minute for final results:
One line means fentanyl (positive)
Two lines means no fentanyl (negative)
* If the strip does not either have one or two lines, the test is not valid.

(1) Date (Month/Day/Year): _____

Where did you get/buy the drugs? (just city/neighborhood or nearest cross streets, i.e. Tenderloin, Jones & Ellis St)

(2) What kind of drugs did you test?

(3) What was the result of the test? (Circle One)

positive (=1 line)

negative (=2 lines)

didn't work (no lines)

(4) When did you use the test strip? (Circle one)

Before using the drug

After using the drug

(5) What did you do following the test results? (Select all that apply)

- ☐ Used the same as I had planned to
- ☐ Used less than I had planned to
- ☐ Pushed plunger more slowly than usual
- ☐ Pushed plunger partway and waited to feel how potent the drug was
- ☐ Sniffed instead of shooting
- ☐ Threw away the drugs
- ☐ Got someone to monitor me
- ☐ I shared the test results with people in my community

Other: _____

(6) What method did you use to ingest your drugs? (Circle One)

inject

snort/sniff

smoke

didn't use

other _____

(7) Did you have any problems using the test? If so, please explain...

(8) Is there any other info that you want to give us?

Fentanyl Found in 3 Men Who Died on San Francisco Street

A San Francisco health official says initial tests found methamphetamine, cocaine and fentanyl in the bodies of the three men found dead outside a high school.

Feb. 23, 2018, at 7:00 p.m.



File - In this Feb. 22, 2018 file photo, The Urban School, where a security guard found three dead bodies is shown in San Francisco. A San Francisco health official says initial tests found methamphetamine, cocaine and fentanyl in the bodies of three men found dead outside the high school. Department of Public Health spokeswoman Rachael Kagan said Friday, Feb. 23, 2018, that a glass pipe found at the scene had traces of the drugs. (AP Photo/Janie Har, File) The Associated Press

SAN FRANCISCO (AP) — The bodies of three men found dead outside a high school in a historic San Francisco neighborhood this week showed the presence of methamphetamine, cocaine and fentanyl, a city public health official said Friday.

Department of Public Health spokeswoman Rachael Kagan said that a glass pipe found at the death scene also had traces of the drugs. Preliminary test results suggest the methamphetamine was likely laced with fentanyl and acetyl fentanyl, Kagan said.

A security guard found the men outside an elite private high school in San Francisco's Haight-Ashbury neighborhood on Thursday, prompting health officials to alert the public of the dangers of buying street drugs potentially spiked with fentanyl.

Fentanyl is a cheap and potent synthetic opioid that is stronger than heroin.

Kagan said more toxicology tests will be done to confirm the results.

Fentanyl link confirmed in Haight-Ashbury deaths

[The San Francisco Examiner](#)

By [Sara Gaiser](#) on February 23, 2018 4:00 pm

Three men who died of suspected drug overdoses in San Francisco's Haight-Ashbury neighborhood early Thursday appear to have been smoking cocaine and methamphetamine laced with fentanyl, a powerful synthetic opioid that has been blamed for an increase in overdose deaths in some parts of the country, city health officials said today.

The men, who were all in their 30s, were found unresponsive in the 1500 block of Page Street around 4:30 a.m. and pronounced dead at the scene by paramedics a short time later, according to police. There were no signs of foul play and the deaths did not appear to be weather related, police said.

An analysis of a glass pipe found at the scene found traces of cocaine and methamphetamine as well as fentanyl and acetyl fentanyl, according to the Department of Public Health.

Preliminary screening for all three men show the presence of methamphetamine, cocaine and fentanyl in their bodies, which suggests that the methamphetamine was probably laced with the fentanyl and acetyl fentanyl.

Those results are preliminary and the medical examiner has not yet reached an official determination on the men's cause of death.

SEE RELATED: [Deaths of 3 men in Haight-Ashbury due to possible drug overdoses](#)

Fentanyl, a fast-acting synthetic opioid prescribed as a pain reliever, has become increasingly common as a street drug and is blamed for a rise in overdose deaths in many communities. It is often used to cut other drugs and drug users may not realize what they are taking, putting them at risk of overdose, officials said.

Public health officials say that in San Francisco, 22 people died of fentanyl overdoses in 2016, twice as many as in 2015. Of those cases, 45 percent also involved methamphetamine, 27 percent cocaine and 41 percent another opioid.

Fentanyl was found in counterfeit Xanax pills in San Francisco in October 2015 that led to three overdoses requiring hospitalization and one death. In May 2017, it was found in crack cocaine that caused three overdoses causing hospitalization and one death.

Public health officials are urging drug users and others to carry Narcan, a drug that can reverse overdoses when given in time. It is available without a prescription from the CBHS Pharmacy at 1380 Howard St. and from the Drug Overdose Prevention and Education project, as well as at syringe access sites.

Those using drugs are encouraged to try a small "tester" dose first to make sure they work as expected, to avoid using alone and make sure someone in a group is always alert to help others if needed.

Fentanyl test strips are also available from syringe access sites and from Glide Harm Reduction Services and the 6th Street Harm Reduction Center.

There were a total of 105 opioid overdose deaths in San Francisco in 2016, including the fentanyl-related deaths.

The City is working to open safe injection sites that would provide medical supervision and clean needles to injecting drug users in an effort to prevent overdose deaths and the spread of blood-borne diseases, as well as reduce resident complaints about discarded syringes and open drug use on city streets. The sites would also provide access to counseling and drug treatment options.

Board of Supervisors President London Breed, who represents the district that includes the Haight-Ashbury, plans to hold a community meeting at Saturday to discuss Thursday's deaths as well as a shooting at Oak and Stanyan streets last Saturday that killed one man and injured another. The meeting will take place at 11:00 a.m. at the Park Station Community Room at 1899 Waller St.

ATTENTION METH USERS

There is a new way to test your methamphetamine with fentanyl test strips that will produce the most accurate results!

The composition of methamphetamine (and MDMA!) can trigger a positive on the strips if too high of a concentration of the drug is tested.

Don't test full shards, or even pieces of shards. ONLY test residue, and heavily dilute it in about HALF A CUP of water for the most accurate results.



Examples of how much water is needed to properly dilute methamphetamine and MDMA in different size cups, with a quarter for scale

Remember: The street drug supply is inconsistent and unpredictable. Test your drugs when you're able, and if that's not an option, assume fentanyl and safety plan. Know the signs of an opioid overdose.

Look out for each other. Carry naloxone. Know how to use it.



Promoting Overdose Prevention Education Among People Who Use Non-Opioids

Focus Group/Interview Guide

Facilitator Intro (5 minutes):

Thank you for joining us today, we are excited to hear what you have to say about fentanyl and overdose prevention in San Francisco over the next hour.

Here in San Francisco, we are experiencing a rise in overdose deaths from fentanyl. In 2016 and 2017 we had between 20-30 people die each year who had fentanyl in their system, up from only 11 in 2015. We are seeing folks who are overdosing with other substances mixed with fentanyl, including cocaine and methamphetamine. Fentanyl is a powerful opioid that is 50x stronger than heroin and 80-100x stronger than morphine. We are working hard to get information out to anyone who uses drugs in San Francisco about the risk of fentanyl overdose and the importance of having naloxone. The SFPD has asked us to meet with folks who use drugs here in SF to get your opinions about the best way to communicate this important information.

There are no right or wrong answers, give your honest opinions. If there are questions you are uncomfortable answering, you are welcome to not answer them.

Throughout this discussion, I will be using the term “opioid.” Opioids include heroin, fentanyl, methadone, and prescription pain killers like morphine, Roxies, Dilaudid, Vicodin, Percocet, etc.

By keeping the groups small we hope that everyone will have a chance to speak. Please be respectful of the opinion of others. We like to encourage the use of “one mic,” meaning one person talks at a time, and step up/step back, meaning, if you tend to have a lot to say, step back a little to let others who are more shy have a change to speak. If you tend to be quieter and more shy, please take this opportunity to step up and let your voice be heard.

We will keep the things that you say here anonymous. That means your name won’t be connected to what you said. When we report the results of this group, names will not be used. We will be taking notes during the focus group but your names will not be associated with your responses in any way.

This group will last one hour, and you will receive an incentive at the end for your participation. Please stay for the whole group in order to receive the incentive.

Does anyone have any questions before we begin?

Section 1 (15 mins): Understanding of and Experience with Fentanyl in San Francisco

We are going to start our conversation with some questions about fentanyl and what you know about it.

1. Please tell us a little about your understanding of what fentanyl is.

2. Please tell us what you have heard about fentanyl in drugs other than heroin? *(If need a prompt, list methamphetamine, crack, pills).*
3. Have you had firsthand experience with using drugs that had fentanyl in them? How did you know?
4. Have you heard of fentanyl in drugs like crack or methamphetamine or pills affecting people? How?
5. What harm reduction strategies do you know about to stay safe if there is fentanyl in your drugs?
6. How did you first hear that there was fentanyl in other drugs?

Section 2 (10 minutes): Access to naloxone/Narcan in San Francisco

Now we are going to shift gears and talk a bit about naloxone/Narcan.

7. Do you regularly carry naloxone? Why or why not?
8. Tell us about your knowledge of naloxone/Narcan and where to get it in San Francisco?
9. Do you think non-opioid users should carry naloxone? Why or why not?
10. What places should be providing access to naloxone to reach non-opioid users that are not already?

Section 3 (25 minutes): Health information and communication

This next section is going to focus on health information and your thoughts on what kinds of messages are the most effective.

11. What was the last pamphlet or brochure that you read that was helpful?
12. When you have a health question, who/where do you ask? *(Neighbor, friend, health center, outreach worker, etc.)*
13. What do you pay attention to the most: television, radio, billboards, newspapers? Which ones? *(ex: mainstream-Chronicle, alternative-Guardian, grassroots-Street Sheet).*
14. If there was a public media campaign for people in San Francisco, what information about fentanyl and carrying naloxone do people need to know?
15. What sort of imagery or text do you think would be most powerful? *(if need prompt: pictures of people, pictures of drugs, images of overdose, quotes, statistics, etc.)*
16. What format do you think would make the most impact? *(posters, flyers, billboards, newspaper ads, internet ads, etc.)*
17. Where should this campaign be focused, in order to reach people who might not be going to syringe access or harm reduction programs?

18. Now that we've heard what you think would work best, let's take a look at some other campaigns from a few other cities. What do you like or not like about each of these examples? Please rate them best to worst and tell us why.
19. Do you have any other suggestions for a campaign to reach people who might be at risk for overdose here in San Francisco?

Section 4 (5 minutes): Wrap-up, thank you and distribution of incentives

Thank you for your time and wisdom!

Your feedback will be written up in a report for the SFPD to help inform their development of a public education campaign about fentanyl and overdose prevention here in San Francisco.

NYC Text-Only

**PREVENT
OVERDOSE
DEATHS**

ABOUT **3** NEW YORKERS DIE FROM DRUG **OVERDOSE** EVERY DAY

SAVE A LIFE CARRY NALOXONE



YOU CAN SAVE A LIFE WITH NALOXONE

An emergency medicine that prevents overdose death from prescription painkillers and heroin.

AVAILABLE WITHOUT PRESCRIPTION

To find a pharmacy that provides naloxone without prescription, call **311** or visit **nyc.gov/health/naloxone**

If you need help, support, or referral to treatment, call **888-NYC-Well**

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Office of the Mayor
Mary T. Bassett, MD, MPH
Commissioner



“I SAVED MY NEIGHBOR’S LIFE”

“My neighbor’s boyfriend knocked on my door at 2am and told me she was overdosing. I got to the apartment and found her passed out. I gave her naloxone and in a few minutes she started coming through. It was lucky I was home and had naloxone to save her.”

~Billy, Manhattan

NALOXONE is an emergency medicine that prevents overdose death from prescription painkillers and heroin.

To find out more about naloxone and where to get it, call **311** or visit nyc.gov/health/naloxone.
If you need help or referral to treatment call, **888-NYC-Well**.





“I SAVED MY FATHER’S LIFE”

“I got trained in overdose prevention after I spent four years in the army. One night at home, my dad fell out of bed. He wasn’t breathing and he had turned blue. I knew he had used heroin before, I grabbed my naloxone and gave it to him. After a few minutes, he started breathing again. He came out of it. That was a life-changing moment for both of us.”

~Brian, Queens

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“I SAVED MY NEIGHBOR’S LIFE”

“I took a different way home from work one night and found my neighbor on the ground. He was blue and not breathing. I gave him naloxone, which I always carry, and in 2 minutes he was breathing again. As we waited for the ambulance, it hit me that if I hadn’t come home this way, his family would be getting a very different phone call that night.”

~Evelyn, Manhattan

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“I SAVED MY BEST FRIEND’S LIFE”

“I’ve had one best friend I could always rely on. A few years ago, we were hanging out. He looked like he was falling asleep. I shook him to wake him up but couldn’t. He was overdosing. I gave him a dose of naloxone and he came back. Today, I still have my best friend.”

—Shontae, Bronx

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“I SAVED MY FIANCÉ’S LIFE”

“My fiancé was addicted to heroin and prescription pills. One night I came home from holiday shopping, and found him lying on the bathroom floor. His lips were blue, his skin was gray. I called 911, grabbed my naloxone, and gave him a dose. If I didn’t have naloxone, he would have died that night.”

—Theresa, Manhattan

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"I SAVED MY FRIEND'S LIFE"

"I found my friend slumped on her bed turning blue. She couldn't breathe. I ran to get my naloxone and gave it to her. I thought she was dead. When she came to, she didn't know what had happened or why I was crying. I'm glad I had naloxone. It gave her a second chance."

~ Will, Brooklyn

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BE AWARE



FENTANYL CAN BE DEADLY
IN ANY AMOUNT, EVEN A FEW GRAINS
HOW DEADLY ARE YOUR DRUGS?



ANY DRUG CAN BE
CONTAMINATED



BRING A SOBER BUDDY



CARRY A NALOXONE KIT

FRASERHEALTH.CA/OVERDOSE #STOPOVERDOSE



