



DATA FOR *PROGRESS*

THE JUSTICE  
COLLABORATIVE  
INSTITUTE

# HARM REDUCTION PRACTICE AND INNOVATION IN RESPONSE TO THE COVID-19 PANDEMIC IN SAN FRANCISCO

---

**Joshua Bamberger MD MPH** *Clinical Professor, Family and Community Medicine, UCSF*

**Nicky Mehtani MD MPH** *Associate Physician, Division of HIV, ID & Global Medicine, UCSF*

**Jessica Ristau, MD** *Assistant Professor, UCSF Department of Medicine, Division of General Internal Medicine and Division of Hospital Medicine*

**Barry Zevin, MD** *Medical Director of Street and Shelter Health, SFDPH*

**Phillip Coffin, MD MIA** *Director, Center on Substance Use and Health, SFDPH*

---

December 2020

# EXECUTIVE SUMMARY

---

Amid a significant spike in deaths among individuals experiencing homelessness in San Francisco, including a rise in overdose deaths, expanded harm reduction practices and substance use treatment during the COVID-19 pandemic have shown promising results in reducing death and harm from opioid use. The interventions include providing emergency shelters for higher-risk adults and families; lowering barriers to increase access to substance use treatment, including giving providers more flexibility in initiating and continuing care; and intensifying overdose prevention measures, including making naloxone more widely available. These measures have mitigated casualties, and should be continued even beyond the COVID-19 pandemic to address the opioid public health crisis.

Polling by Data for Progress and The Justice Collaborative Institute shows strong bipartisan support for these measures:

- ▶ 78% of likely voters, including 82% of Democrats and 80% of Republicans, support allowing temporarily housed individuals to see doctors, mental health professionals, and other treatment providers at the hotels where they are housed.
- ▶ 77% of respondents, including 82% of Democrats and 78% of Republicans, support the city government providing food to these individuals.
- ▶ 67% of respondents, including 74% of Democrats and 63% of Republicans, support the city government providing substance use treatment, including methadone, a non-narcotic that can help individuals with withdrawal.

## BACKGROUND

---

Since the beginning of April, there has been a significant year-on-year increase in the number of deaths (see Figure 1) among adults experiencing homelessness in San Francisco. The overall disruption in the homeostasis among people experiencing homelessness and people who use illicit substances and alcohol in San Francisco has been associated with an increase in both overdose and all deaths among the general homeless population. Data from the San Francisco Medical Examiner's Office shows that 468 individuals died of a drug overdose between January 1 and August 31 of this year, putting the city on track to lose over 700 people to drugs in 2020—nearly two a day.

While the majority of adults experiencing homelessness do not have an ongoing substance use disorder, and we do not have the exact percentages, we expect that a significant percentage of deaths among people experiencing homelessness is due to fentanyl overdose. Between May and August, 83% of the overall deaths among people experiencing homelessness occurred outside the Shelter in Place (SIP) hotels, which had implemented harm reduction practices for illicit substance use.

Due to the California Shelter in Place order earlier during the COVID-19 pandemic, many individuals who had been living in shelters or on the streets and used drugs and alcohol were now indoors and were being asked to restrict their movements. In response, city staff harnessed interventions with the goal of reducing harm from the effects of licit and illicit substances among people living

in Isolation and Quarantine (I+Q) units, Safe Sleeping Villages (SSV), and SIP hotels. As part of these efforts, they expanded traditional harm reduction practices, such as the distribution of clean needles and other injection paraphernalia at every I+Q, SSF, and SIP site. We also implemented significant innovations in substance use treatment and overdose prevention in response to the Covid-19 pandemic.

Importantly, we were able to achieve some of these innovations thanks to key public emergency exceptions to federal regulations on how and where practitioners may prescribe controlled substances. Relaxed requirements for in-person and telemedicine consults before initiating treatment have helped reduce burdens that would usually prevent some individuals from accessing treatment.

## HARM REDUCTION PRACTICES

---

In general, harm reduction refers to the suite of health policies and interventions designed to meet people where they are and minimize the harmful impacts of drug and alcohol use on individuals and communities. Harm reduction has been a component of San Francisco city policy for over 20 years and was codified with the passage of a [Harm Reduction Resolution](#) by the San Francisco Health Commission in September 2000. In San Francisco, distribution of clean needles to people injecting drugs and distribution of the opioid antagonist naloxone have been responsible for [markedly slowing the spread of HIV and reducing death from opioid overdose](#), respectively.

Other examples of harm reduction practices implemented during the COVID-19 pandemic included:

### Emergency Shelters

---

Beginning the second week in March 2020, San Francisco Health Department staff began outreach and screening for signs and symptoms of COVID-19 among adults and families residing on the street and in emergency shelters. At the time, [national experts predicted](#) that at least 4.5% of the approximately [8,500 adults experiencing homelessness in San Francisco](#) would be expected to need hospitalization following infection with the coronavirus that causes COVID-19. Best predictions were that between 50 and 160 adults experiencing homelessness would die from the direct pathologic effects of the illness.

To prevent the spread of COVID-19, individuals with signs and symptoms consistent with the disease as well as people who tested positive for the underlying virus were offered individual single-room units for isolation and quarantine. Beginning the second week of April, following a [widespread outbreak](#) of infection among guests of the city's largest emergency shelter and with support from both state and federal sources, adults over the age of 60 and those with at least one disabling condition were offered temporary housing in newly vacant tourist hotels. By the end of September, over 4,400 adults and families had moved from the streets and shelters into individual temporary housing including over 2,000 tourist hotel units, an [RV village](#), and sanctioned tent encampments (Safe Sleeping Villages).

## Substance use treatment

---

Medical professionals assessed all people entering I+Q and SIP sites for medical conditions and substance use disorders. Any individual who reported ongoing non-prescribed opioid use (e.g. heroin, prescription opioids, or fentanyl) was offered buprenorphine treatment on site. Protocols were adjusted to lower barriers to buprenorphine treatment, such as delivering the medication to site regardless of the individual's insurance status, micro-dosing of buprenorphine, and delaying the requirement for providing urine toxicology screens.

Under the Federal Ryan Haight Act, practitioners are usually forbidden from prescribing controlled substances before they have conducted an in-person exam. But the public emergency exception to the Act gives practitioners more flexibility in when and how they treat patients. Secretary of Health and Human Services Alex Azar declared such an emergency on January 31, 2020, due to the COVID-19 pandemic. Subsequently, in March, the Drug Enforcement Administration exercised its authority to allow doctors to prescribe buprenorphine on the basis of telephone evaluation, without requiring in-person or telemedicine appointments. This waiver will apply until the end of the public health emergency as declared by Azar ends, or until the DEA specifies another date.

Accordingly, we used telehealth technologies to initiate treatment if a licensed buprenorphine prescriber was not available during intake. At intake, we offered medications to reduce craving for alcohol, such as naltrexone, to people with alcohol use disorders. Some chronic alcohol users who were admitted to the city's medical respite and sobering center were offered a managed alcohol program. In three of the SIP sites and at two of the SSFs, staff from the Harm Reduction Therapy Center offered direct counseling to

individuals and groups to develop concrete steps to reduce the risk of overdose and other untoward effects of ongoing substance use.

## Overdose prevention

---

Since 2018, overdose deaths in San Francisco have been rising quickly. This shift is primarily due to the rapid increase in availability and use of fentanyl. Administering the opioid antagonist naloxone soon following an overdose from fentanyl or other opioids can reverse the effects of the opioid and prevent death. Within the first few weeks of moving adults experiencing homelessness into SIP sites, there was a spike in deaths due to opioid overdose in the SIP sites as well as across the city among people experiencing homelessness. In response, the health department, in collaboration with the Drug Overdose Prevention Education (DOPE) project and the San Francisco AIDS Foundation (SFAF), intensified harm reduction efforts including making naloxone more widely available in SIP and I+Q. DOPE and SFAF staff installed wall-mounted and publicly accessible nasal naloxone kits on each floor of every SIP site, and in central locations on main floors. By the end of August, there had been 150 naloxone stations set up across 27 sites. In addition to the nasal naloxone available on each floor, intra-muscular kits are available at the sites' supply stations (centrally located tables with harm reduction supplies available 24/7). A total of 5,520 doses of nasal naloxone have been distributed to SIP and I+Q sites.

While most deaths from opioid overdose occur among people who use opioids, some people who primarily use stimulants, such as amphetamine and cocaine, have died from opioid overdose when they were inadvertently exposed to fentanyl. To prevent harm for people who use stimulants, fentanyl test strips and instructions

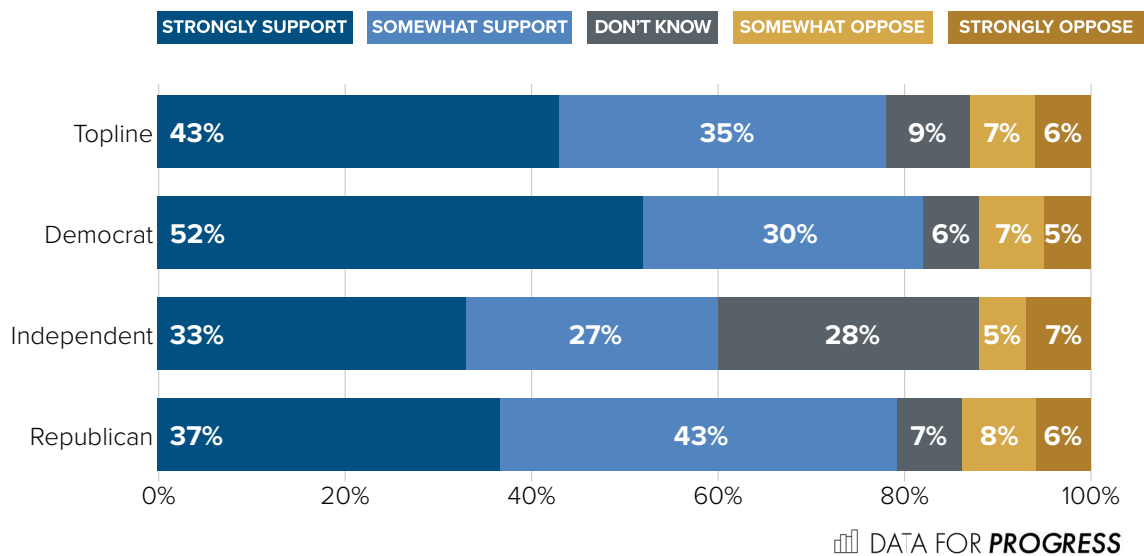
in their use were provided as part of the harm reduction supplies available in SIP sites allowing people to check for the presence of fentanyl. Lastly, many of the organizations contracted to provide direct service in SIP hotels and I+Q were unfamiliar with harm reduction practices. Health department, DOPE, SFAF, and the Harm Reduction Therapy Center staff provided structured training to on-site staff to provide skill building for overdose prevention and other harm reduction strategies.

## PUBLIC SUPPORT FOR THESE INTERVENTIONS

Polling by Data for Progress and The Justice Collaborative Institute shows widespread public support for San Francisco’s approach.

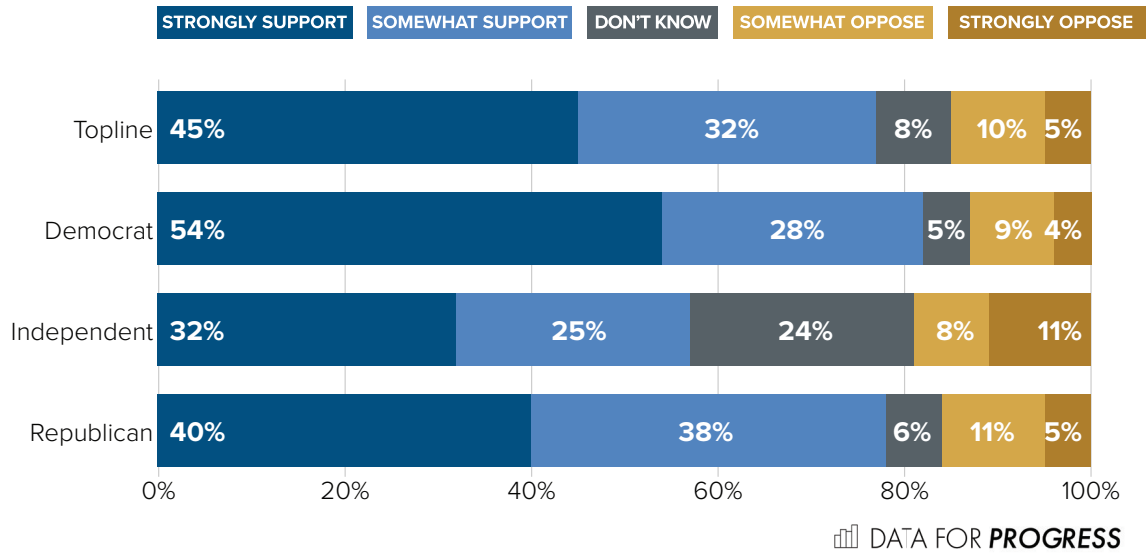
- ▶ 78% of likely voters, including 82% of Democrats and 80% of Republicans, support allowing temporarily housed individuals to see doctors, mental health professionals, and other treatment providers at the hotels where they are housed.

**Do you support or oppose each of the policies described below: Allowing temporarily housed individuals to see doctors, mental health counselors and other treatments at the hotels where they are housed.**



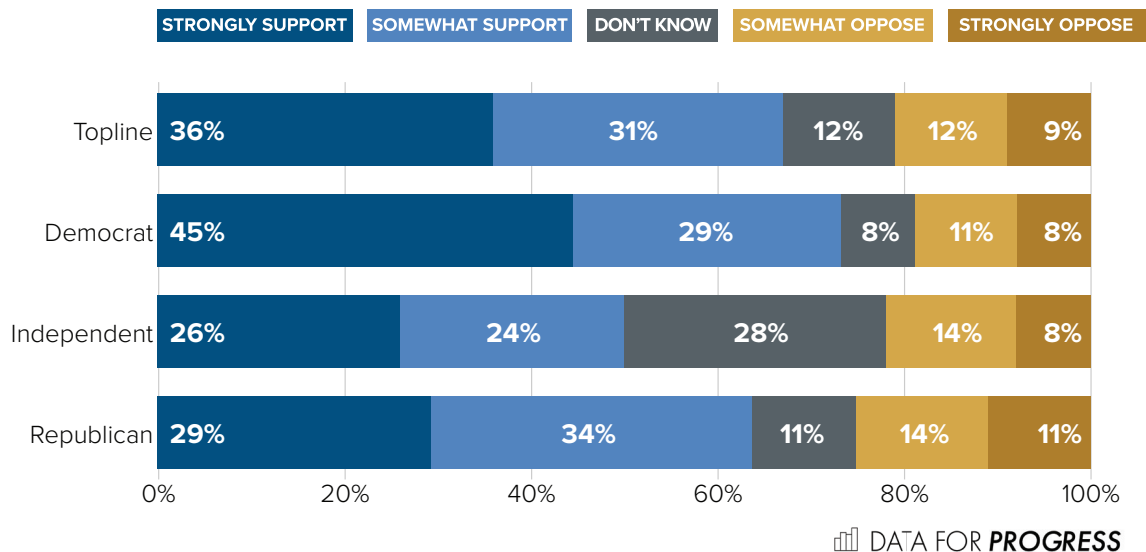
- ▶ 77% of respondents, including 82% of Democrats and 78% of Republicans, support the city government providing food to these individuals.

**Do you support or oppose the following policy: Provide food for temporarily housed individuals.**



- ▶ 67% of respondents, including 74% of Democrats and 63% of Republicans, support the city government providing substance use treatment, including methadone, a non-narcotic that can help individuals with withdrawal.

**Do you support or oppose the following policy: Provide substance misuse disorder treatment services, including methadone, a non-narcotic substitute for illegal drugs that help people with their withdrawals.**



## IMPACT AND RECOMMENDATIONS

---

An initial spike in overdose deaths at a SIP site abated significantly after intensification of harm reduction activities, including naloxone distribution, buprenorphine prescription, counseling, and staff training. While we believe that the harm reduction strategies employed across all the SIP sites and I+Q have mitigated death and harm overall, it will be difficult to disaggregate the benefit of these interventions from the harm caused by the concurrent disruption in daily routine among people experiencing homelessness due to the COVID-19 pandemic and coronavirus prevention strategies.

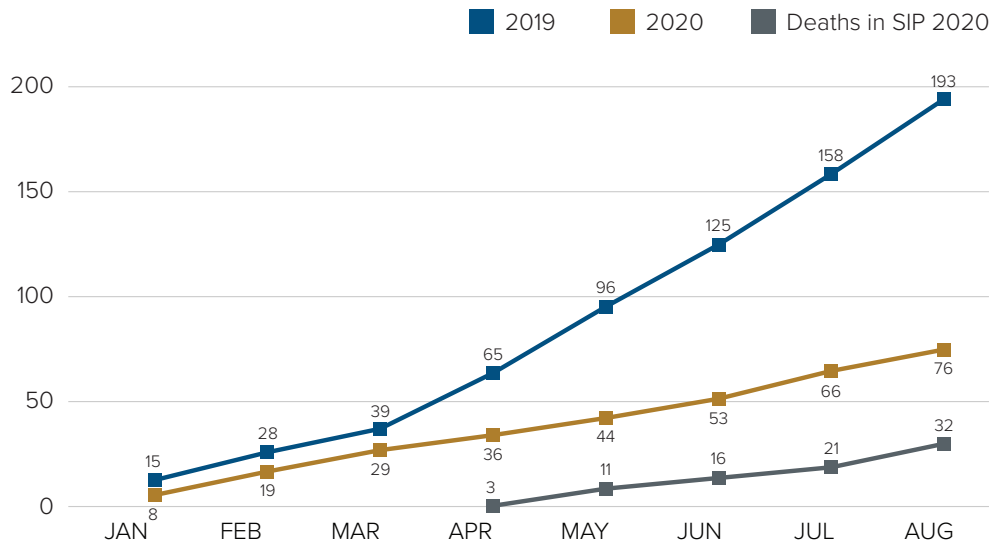
The public health emergency waivers to the Ryan Haight Act are a core component of our ability to treat and prevent overdoses. We believe that these waivers should remain in place even after the COVID-19 pandemic has passed, as the opioid crisis must be considered a public health emergency. These practitioner-friendly exceptions are critical for us to ensure that life-saving treatment is accessible as possible.

## CONCLUSION:

---

Since the beginning of the COVID-19 pandemic, the public sector and the San Francisco government acted quickly and have made extraordinary investments to protect people experiencing homelessness and prioritize public health. More people have been moved indoors to individual housing in a shorter period of time than at any time in the city's history. Innovative strategies such as planned encampments and RV villages have been developed. Fewer people experiencing homelessness than predicted have been infected with the coronavirus and only one person in the city who experienced homelessness to-date is known to have died after being infected by the virus. The crisis created by the pandemic has provided opportunity for innovation in harm reduction practice and has encouraged expansion of evidence-based practices such as naloxone distribution. The continued increase in deaths among people experiencing homelessness is of great concern. Further study is necessary to determine how to reverse this trend. Offering more housing options, particularly permanent supportive housing, the expansion and wider implementation of managed alcohol programs, or the development of safe consumption sites (both in the community and in housing facilities) are some of the interventions with a strong evidence base that could reduce mortality and improve the health and wellbeing of people living with homelessness and on-going substance use, making communities safer overall.

## Cumulative Homeless Deaths (SF) 2019-20



SOURCE: San Francisco Medical Examiner

COVER PHOTO  
Photographer/SOURCE