

Unido/xs Contra la Sobredosis (United against Overdose)

A Needs Assessment Report from the San Francisco Harm Reduction
for Spanish and Maya Speaking Communities Project (2021-2022)



**NATIONAL
HARM REDUCTION
COALITION**

A project of San Francisco AIDS Foundation
and the National Harm Reduction Coalition
with support from the San Francisco
Department of Public Health



This report is the product of a joint effort between San Francisco AIDS Foundation and the National Harm Reduction Coalition, with funding provided by the San Francisco Department of Public Health.

About San Francisco AIDS Foundation

San Francisco AIDS Foundation (SFAF) is a 501(c)(3) non-profit community-based organization. The organization promotes health, wellness, and social justice for communities most impacted by HIV, through sexual health and substance use services, advocacy, and community partnerships.

About the National Harm Reduction Coalition

The National Harm Reduction Coalition (NHRC) is a 501(c)(3) organization. The National Harm Reduction Coalition's mission is to promote the health and dignity of individuals and communities affected by drug use. As a national advocacy and capacity building organization, we aim to shift power and resources to people most vulnerable to structural violence and racialized drug policies.

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Executive Summary

Overdose incidence and death rates among Latino/x communities in California have increased dramatically in recent years. In 2019, San Francisco County was among the three counties in California with the highest opioid-related death rates among Latino/xs. Recognizing these trends, San Francisco AIDS Foundation (SFAF) and the National Harm Reduction Coalition (NHRC) petitioned the San Francisco Department of Public Health (SFDPH) in 2021 to make funds available for conducting a needs assessment aimed at examining the conditions, challenges, and barriers impacting Latino/x people who use drugs (PWUD). This project is the first study of its kind in California using a harm reduction framework to prioritize the challenges faced by Latino/x substance users in accessing needed services. This report aims to fill existing gaps in knowledge about Latino/x PWUD in San Francisco and how best to serve them by pursuing the following three objectives:

- Investigate drug use practices among San Francisco's Latino/x communities
- Investigate overdose experiences among San Francisco's Latino/x communities and their knowledge of how to respond to overdose
- Identify the gaps and barriers to access culturally, linguistically, and structurally appropriate harm reduction-specific services targeting Latino/x communities

Our needs assessment reveals that Latino/x PWUD in San Francisco face multiple barriers to accessing critical harm reduction services and a significant portion of them lack knowledge regarding life-saving tools, such as naloxone. Moreover, our assessment indicates that Latino/x PWUD experience various social inequalities—including a lack of housing and employment, inadequate access to mental health services, and undocumented or precarious legal status—that make them more vulnerable to overdose and may alienate them from existing services. At the end of this report, we provide a series of immediate, medium-term, and broader policy and program interventions aimed at overcoming existing knowledge gaps and service barriers. California has the largest Latino/x population in the United States, making it an important site for innovating and implementing harm reduction practices targeting this community. Thus, the results and proposals put forward by this project are relevant not only for stemming the tide of overdose among Latino/x PWUD in San Francisco, but also for protecting Latino/xs across the country.

Background

The United States and the state of California are in the midst of an unprecedented crisis of drug-related overdose death. Nationally, drug overdose fatalities have increased consistently and exponentially over the past four decades (Jalal et al., 2018; Jalal et al., 2020). Over 107,000 people died of drug overdoses in the United States in 2021, the highest annual death toll ever recorded and a 15% increase from the prior year (Ahmad et al., 2022). Overdose deaths in the United States were already twenty times the global average, and the COVID-19 pandemic dramatically accelerated the rise in preventable overdose fatalities (Friedman & Hansen, 2022). In 2020, California experienced a 44% increase in drug overdose deaths compared to 2019 (Centers for Disease Control and Prevention, 2020; Kiang et al., 2022). Overdose fatality is now a leading cause of death in California, claiming twice as many lives as car accidents (Franco, 2022). A steep rise in the use of synthetic opioids, and the co-use of stimulants (such as cocaine and methamphetamine), are increasingly driving these rates (Ciccarone, 2021; Mattson et al., 2021). Fentanyl-involved overdose deaths increased 35-fold between 2013 and 2019 in California (Drug Policy Alliance, 2021). In 2017, there were 537 deaths related to synthetic opioids in California, compared to 4,831 deaths between June 2020 and June 2021, representing an increase of 800% (Franco, 2022). Approximately 90% of all overdose deaths in California now involve synthetic opioids like fentanyl and/or stimulants like methamphetamine (Franco, 2022).

Though overdose-related deaths have been on the rise for all racial, ethnic and socioeconomic groups, fatality rates have grown most dramatically among Black, American Indian/Alaska Native, and Latino/x people who use drugs since 2019 (Friedman & Hansen, 2022). While Black communities have had the sharpest absolute rise in overdose fatality rates during this period, Latino/x Californians experienced the highest relative increase in overdose mortality rates among all racial/ethnic groups—a 68.1% increase from 2019 to 2020 (Friedman et al., 2021). Opioid-related death rates nearly doubled among Latino/xs from 1999 to 2017 (Valdez et al., 2022). As with the general population, the rise in overdose-related deaths among Latino/xs is being driven by the increased consumption of synthetic opioids. By 2017, synthetic opioids accounted for 40.2% of all overdose deaths among Latino/xs nationally, followed by heroin and cocaine (Cano, 2020). Opioid-related visits to hospital emergency rooms among Latino/xs have also increased over the last 15 years, with rates more than doubling between 2006 and 2019 (Valdez et al., 2022).

San Francisco has been deeply impacted by this increase in overdose fatalities. Between 2018 and 2020, San Francisco experienced a 270% increase in opioid-related overdose deaths (Kral et al., 2021). Synthetic opioids have increasingly played a role in this rise, with rates of fentanyl-related deaths more than doubling each year since 2016 (West et al., 2021). Black and Latino/x residents in San Francisco have borne a disproportionate burden of this overdose crisis (Appa et al., 2021). In 2019, San Francisco was the county with the third highest opioid-related death rate among Latino/xs in California (Valdez et al., 2022). Reflecting state and national trends, overdose fatality rates in San Francisco were exacerbated by the COVID-19 pandemic, with a historic high of 699 overdose deaths recorded in 2020 (Kral et al., 2021). Emergency department visits for nonfatal opioid overdose nearly doubled in San Francisco, from 1.4 patients per day in January 2020 to 2.5 patients per day in April 2020 (Ochalek et al., 2020). Additionally, deaths among unhoused people in San Francisco more than doubled to 331 deaths during the first year of the pandemic, largely driven by an increase in overdose fatalities (Cawley et al., 2022).

Despite these alarming rates, San Francisco has been a national leader in successfully mitigating overdose fatalities (West et al., 2021). As documented by the San Francisco Department of Public Health (SFDPH), drug-related overdose fatalities can be successfully averted using harm reduction principles, which guide many of the city's treatment and prevention-based behavioral health care services. Rather than requiring sobriety for access to health services, the harm reduction model emphasizes "meeting people where they are" on their own terms and serving as a pathway to additional prevention, treatment, and recovery programs (Perera et al., 2022; SFDPH, 2017). Since 2003, SFDPH has worked with several community partners, including the National Harm Reduction Coalition's Drug Overdose Prevention and Education (DOPE) Project, to distribute naloxone to PWUD throughout San Francisco. Over 13,000 people have been trained in how to administer naloxone through the program (Kim et al., 2021). The DOPE Project estimates that over 4,300 overdoses were reversed in 2020 and over 8,200 in 2021 due to their naloxone distribution (Johnson, 2021; Johnson, 2022).

The City and County of San Francisco and SFDPH have launched several other initiatives in recent years aimed at mitigating and preventing overdose fatalities, including a low barrier buprenorphine program directed by the San Francisco Street Medicine team in 2016 (Carter et al., 2019), Project FRIEND in 2019 (SFDPH, 2020), the Street Overdose Response Team, and the SRO Overdose Prevention Program launched in collaboration with the DOPE Project in 2021 (SFDPH, 2022). As a result of these various efforts, overdose deaths in 2021 were 7% lower than in 2020—the first decline in rates since 2018 (San Francisco Office of the Chief Medical Examiner, 2022).

Nonetheless, inequalities and barriers continue to permeate existing harm reduction efforts in San Francisco and elsewhere. As revealed by Kim et al. (2021) in a recent study, significantly fewer non-white PWUD receive naloxone training compared to white PWUD in San Francisco. Also, PWUD who do not access syringe exchange programs are less likely to receive overdose response training. Kinnard et al. (2021) also recently found that Latino/x and Black PWUD in Los Angeles and San Francisco were least likely to have ever received naloxone. These local findings are reflected in studies across the U.S. revealing racial inequities in overdose prevention efforts (Barboza & Angulski, 2020; Dayton et al., 2020; Goedel et al., 2020; Lagisetty et al., 2019).

As indicated by this needs assessment, Latino/x PWUD are often unable or unwilling to access drug-related services for a range of reasons, including language inaccessibility of the services, discomfort with service providers, or fear of interaction with police or immigration authorities. In order to effectively address the overdose crisis in San Francisco, it is essential to ensure that harm reduction and overdose prevention programs are accessible to the Latino/x community and that the services they access are culturally and structurally competent (Bagchi, 2020; Dayton et al., 2020; Hughes et al., 2022). As Hughes et al. argue, overdose prevention must be understood as an “urgent racial justice issue” that will require a community-based movement aimed at addressing broader social inequalities (2022, p. S136).

Methods

This study recruited a total of 105 participants. Participants were recruited by SFAF with support from community partners, including Dolores Street Community Services, Instituto Familiar de La Raza, Mission Neighborhood Resource Center, the Central American Resource Center of Northern California, and El/La Para TransLatinas. Study participants were Latino/x individuals who primarily speak Spanish or Mayan languages and have engaged in regular drug use during the six months preceding the interview. Participants included unhoused individuals, people living in Shelter-in-Place (SIP) sites, and supportive housing residents. Participants were required to be over the age of 18 and live in San Francisco.

Study participants were asked to participate in an in-person one-time interview with the project’s lead researcher in a private office space provided by SFAF or another community partner. Participants were compensated with \$100 cash incentives along with food and hygiene supplies. This needs assessment used a mixed-methods study design. All participants were asked to respond to a quantitative questionnaire with 58 items. The questionnaire was verbally deployed by the lead researcher. The interviewer recorded the participant’s answers using the Qualtrics application. A smaller subset of participants was additionally asked a series of 11 open-ended qualitative questions to better understand the experiences and perspectives of Latino/x PWUD. Qualitative responses were collected using a digital audio recorder.

Both quantitative and qualitative data analyses were conducted. The Qualtrics data was imported into the R application to conduct quantitative analysis. R was used to generate univariate and bivariate analyses that examine the drug use practices, access and barriers to drug treatment services, and knowledge of harm reduction concepts and practices among San Francisco’s Latino/x drug-using communities. Selected interviews were additionally transcribed from the audio recordings and translated into English to conduct qualitative data analysis. Transcriptions were imported into ATLAS.ti software where coding was conducted to identify emergent themes.

The study also deployed an additional questionnaire to 30 providers that serve Spanish and Mayan speaking communities in San Francisco to further assess Latino/x PWUD’s needs and existing barriers. The questionnaire included 12 open-ended qualitative questions and 7 quantitative questions. The questionnaires were constructed using the Qualtrics application and emailed to service providers.

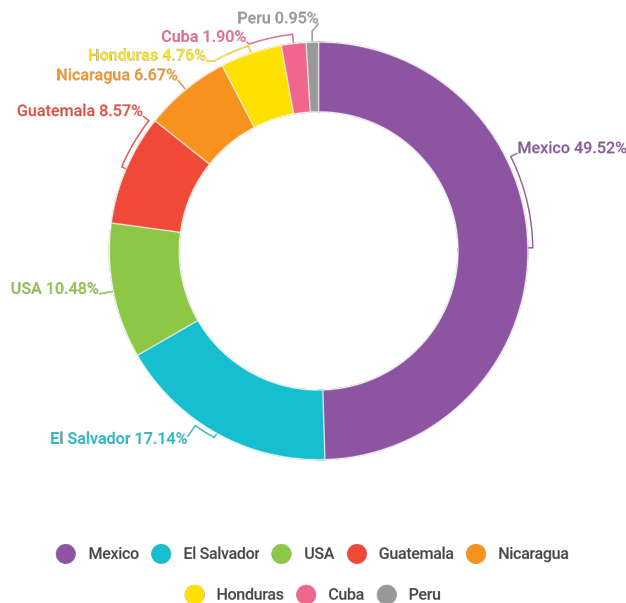
Needs Assessment Results

Demographic characteristics

The study participants were interviewed at a variety of sites that provide services to Latino/x PWUD in San Francisco. Most participants (39.05%) were interviewed at the offices of SFAF. The remainder were interviewed at the Mission Neighborhood Resource Center (27.60%), the San Francisco Day Labor Program (20.00%), Casa Quezada (8.57%), and SFAF’s mobile syringe access site (4.76%). We found that participants were primarily foreign-born, with nearly half (49.52%) from Mexico, 37.14% born in a Central American country, and 10.5% born

in the United States (Figure 1). Additionally, 20.19% of participants identified as being members of an indigenous community.

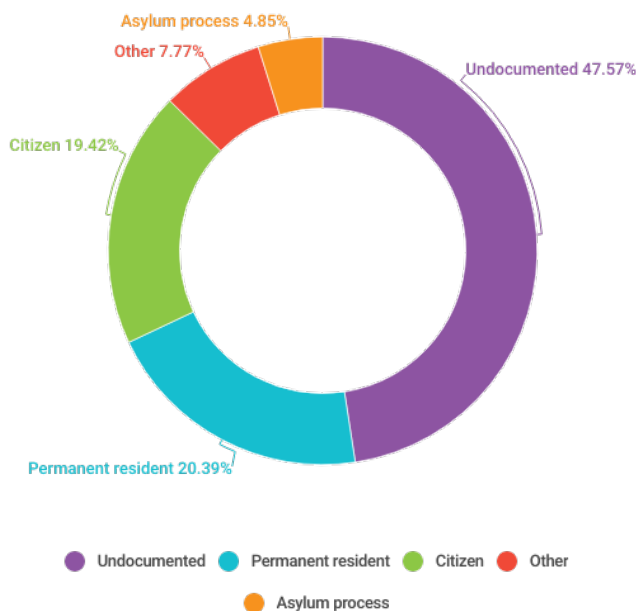
Figure 1: Country of origin



The majority of participants (84.76%) identified as male, while 6.67% identified as female and 7.62% as transgender. Around 66.35% of respondents identified as heterosexual, while 15.38% identified as homosexual and another 15.38% as bisexual. Participants ranged in age from 23 to 74 years old, with a mean age of 46 years.

Participants were asked to describe their citizenship status (Figure 2). A reported 47.57% of respondents were undocumented, 20.39% had permanent resident status, and 19.42% were U.S. citizens. A smaller portion of participants (4.85%) were seeking asylum, while 7.77% of respondents described their citizenship as other, citing their status as temporary visa possessors, Temporary Protected Status (TPS) holders, or Deferred Action for Childhood Arrivals (DACA) recipients. The mean number of years respondents have lived in the United States is 25.29 years, while the mean number of years respondents have lived in San Francisco is 18.55 years.

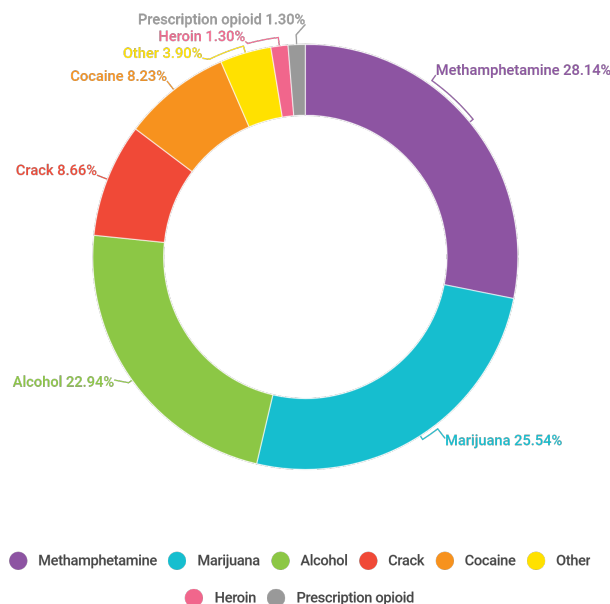
Figure 2: Citizenship Status



Participants were also asked about their housing status. We found that 37.38% of participants reside in single room occupancy (SRO) housing, Section 8 housing, or other assisted housing. About a quarter of participants (25.23%) reported living on the street, in parks or in temporary encampments, while 22.43% of participants lived in houses, apartments, or rooms that they own or rent without assistance. Among participants experiencing homelessness, 19 reported living without a house or apartment for over 10 years. As our participants' demographic data reveals, many Latino/x PWUD in San Francisco are in structurally vulnerable social positions (Quesada et al., 2011) defined by insecure housing, precarious citizenship status, and marginalized economic status.

Drug use practices and history

Figure 3: Drugs used regularly



Participants were asked a series of questions regarding their substance use, such as the type(s) of drugs they regularly use (Figure 3), history of drug use, and methods of ingestion. Most participants engaged in regular polydrug use. The most consumed drug was methamphetamine, regularly used by 27.90% of participants, while 22.75% of participants reported regular alcohol ingestion, 8.58% reported regular crack use, and 8.15% reported regular cocaine ingestion. Three participants reported regular use of heroin, two reported regular use of fentanyl, and three participants reported regular ingestion of prescription opioids. Our finding of a high rate of methamphetamine use is supported by statewide data. In California, methamphetamine-involved overdoses are increasing and may overtake heroin in coming years (Drug Policy Alliance, 2021). The mean duration of drug use among participants was 13.43 years.

We asked participants to rank their knowledge of the effects and potential risks associated with consuming their preferred substances. While 22.33% of

participants responded having either little or no knowledge, nearly half (48.54%) affirmed that they have some or a lot of knowledge about the effects and potential risks of using the drugs they consume.

Fentanyl use

Given the central role played by synthetic opioids in contributing to current overdose rates, we asked participants about their knowledge regarding fentanyl and whether they had ever used it. When asked about their knowledge of fentanyl, 63.95% of participants said they knew what it was and 74.55% of participants reported knowing someone who uses fentanyl. Over a quarter of participants (25.93%) reported using fentanyl at least once, either knowingly or unknowingly, while 11.11% were unsure as to whether they had ingested fentanyl before. Participants who had used fentanyl were asked to describe its impact and many cited experiencing feelings of dizziness, sickness, and a lack of consciousness (Figure 4).



One time I took it by accident. They said it was something else. I got dizzy and really hot. [My friend] gave me Narcan and took me to the hospital.

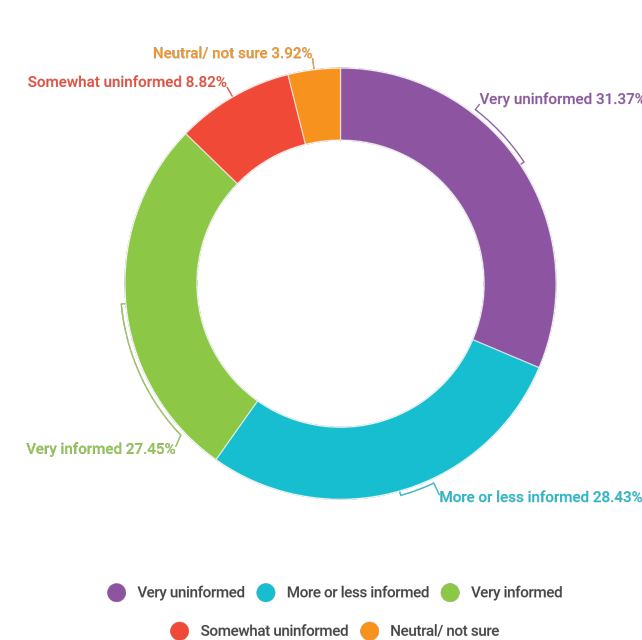


TRANSGENDER MEXICAN PARTICIPANT

Overdose experiences and overdose prevention knowledge

Over a quarter (n=29) of study participants reported experiencing an overdose at least once, with a mean quantity of 2.44 overdose experiences. Most of these participants (n=11) reported that their overdose was associated with methamphetamine use, followed by fentanyl (n=8), alcohol (n=4), cocaine (n=3), heroin (n=1), ecstasy (n=1), and other unknown substances (n=1). Two participants reported that their overdose occurred after engaging in polysubstance use. One participant reported that their overdose occurred after co-using fentanyl and Alprazolam, a benzodiazepine. Two participants reported that their overdose occurred after using a drug adulterated with fentanyl without their knowledge. This finding reflects research demonstrating that the adulteration of cocaine and methamphetamine with fentanyl is contributing to the rise in overdose rates (Armenian et al., 2017; LaForge et al., 2022; LaRue et al., 2019).

Figure 5: Knowledge of signs of overdose



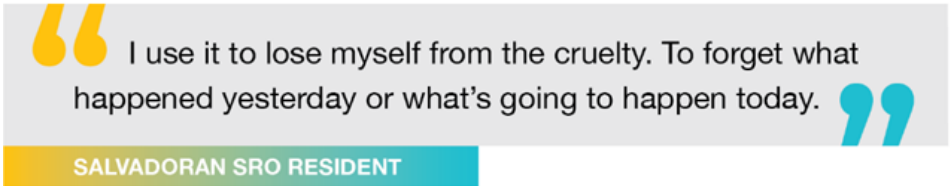
Participants were asked if they could identify someone experiencing an overdose (Figure 5) and if they felt capable of effectively responding to an overdose. A reported 40.19% responded that they were either somewhat or very unfamiliar with the signs of an overdose, while 36.27% reported feeling either somewhat or very incapable of providing effective support for someone experiencing an overdose. When a subset of participants was asked what they would do in the scenario that they were with someone experiencing an overdose, most responded that they would call 911 and were unable to provide more details on how they would respond.

Participants were also asked if they knew what Narcan or Naloxone is. Over half of the participants (53.33%) were unfamiliar with Narcan/Naloxone. Of the respondents who were familiar with Narcan/Naloxone, 22.92% did not know where to obtain it.

Reasons for drug use

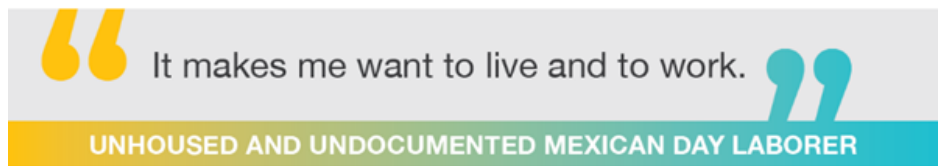
Participants reported a variety of reasons for using drugs. Many reported that substance use provided them with a means to cope with emotional distress, mental health issues, and economic challenges (Figure 6).

Figure 6:



Some described drug use as helpful with managing emotionally-taxing relationships. Many felt that consuming drugs functioned as a mood-stabilizer and energy-enhancer, which allowed them to continue working at their jobs (Figure 7).

Figure 7:



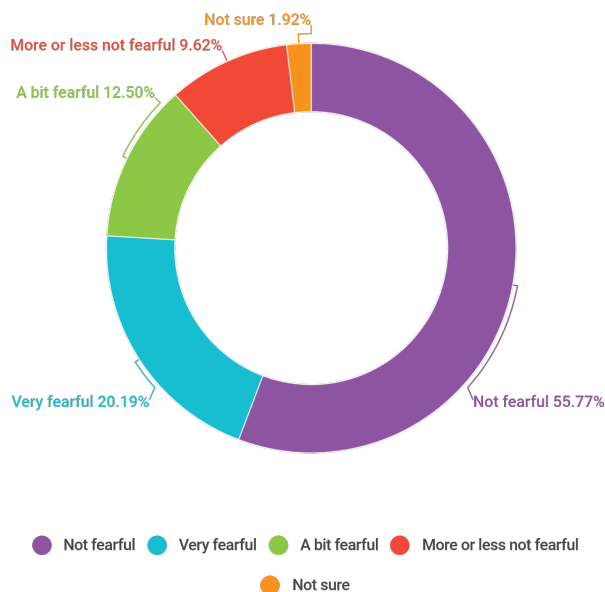
Some participants described the importance of experiencing euphoria and relaxation while consuming drugs. In addition, familial history with drugs was reported as a reason for initiating or continuing drug use. Our results indicate that many participants may be relying on drugs in lieu of accessing formal mental health services or medications. Previous research has shown that Latino/xs underutilize mental health services, with lower rates of use than both whites and African Americans (Barrera & Longoria, 2018; SAMHSA, 2010). Latino/xs are more likely to rely on informal sources of care, such as family or friends, for depression treatment (Cabassa & Zayas, 2007) and less likely to seek out formal care for psychiatric disorders (Keyes et al., 2012). This underutilization is attributable to several factors that disproportionately impact Latino/xs, including lack of health insurance (Chang & Biegel, 2018), medical distrust due to past experiences of discrimination in healthcare settings (Cabassa et al., 2014; Rivera-Segarra et al., 2019), and cultural stigmas towards mental health problems and treatment (Barrera & Longoria, 2018; Pinedo et al., 2018).

Police and Incarceration History

Over half (55.24%) of study participants reported being incarcerated at least once in San Francisco, with a majority of these respondents spending less than a month in the city jail. This finding reflects state-wide data indicating that Latino/xs are overrepresented in California incarceration rates. As of 2019, Latino/xs in California were imprisoned at twice the rate as whites (The Sentencing Project, 2019). Approximately a third (32.69%) of respondents expressed feeling somewhat or very fearful of police, while 27.18% reported feeling somewhat or very fearful of being detained by immigration authorities (Figure 8). Many respondents cited the threat of deportation as the cause of their fear.

Nearly 1 in 10 of our participants (9.62%) had been placed into custody by immigration authorities in San Francisco at least once. This finding is unsurprising given that a large portion of study participants were undocumented or had a precarious citizenship status. Fear of police and immigration authorities may prevent drug users, and particularly undocumented Latino/xs, from accessing harm reduction programs or carrying harm reduction supplies, such as unused syringes and naloxone (Cooper et al., 2005; Small et al., 2006; Moya & Shedlin, 2008; Vargas Bustamante et al., 2012; Pagano, 2014; Weisenthal et al., 2022).

Figure 8: How fearful are you of police?



Several studies have shown that immigrant policing and fear of deportation among undocumented immigrants strongly influence health seeking behaviors in Latino/x communities (Asad, 2020; Cabral & Cuevas, 2021; Cavazos-Rehg et al., 2007; Friedman & Venkataramani, 2021; Kline, 2019; Maldonado et al., 2013).

Fear of arrest may prevent witnesses of drug overdose from seeking medical help and may be a determinant of drug overdose mortality (Bohnert et al., 2011). Additionally, the threat of deportation may increase risk of substance use. As found by Pinedo (2020), Latino/x people who know a detained or deported migrant are significantly more likely to report alcohol or drug use than their white counterparts. Moreover, Latino/xs with family members who have been deported or detained are nearly four times as likely to report drug use as white participants (Pinedo, 2020).

Additionally, 28.57% of our study participants reported that they have experienced mistreatment from police. Descriptions of these encounters ranged from police hitting them with a baton to calling them racial slurs. The Mission District was the most frequently reported area where police perpetrated these abuses, with others mentioning the Tenderloin and SOMA neighborhoods. An emerging scientific literature is shedding light on how stressors produced by social inequalities and harms, such as experiences of police abuse and other forms of violence, may increase risks to mental health and create vulnerability to harmful substance use (Amaro et al., 2021; DeVlyder et al., 2018). The impact of feeling unsafe and unprotected by authorities was described by a Mexican TransLatina participant (Figure 9). Indeed, traditional policing responses to drug use, typically involving prosecution and arrest for drug use-related minor crime, are associated with an increased risk of future fatal overdose (Zhang et al., 2022).

Figure 9:

“ I feel unprotected. Trans girls suffer more discrimination. We are supposed to be in a sanctuary city that protects us but at the same time we feel unprotected. One feels that they are going to hit you, they are going to do something to you. And that is what is affecting me. I have no other option but to take refuge in drugs. ”

MEXICAN TRANS LATINA PARTICIPANT

Experiences with Harm Reduction Services

Among study participants, 31.73% had heard of the term “harm reduction,” while a large majority (67.31%) were unfamiliar with it. While these participants may have received services from harm reduction organizations, they had no knowledge of the term or its meaning. Meanwhile, 53% of respondents reported having previously participated in abstinence-based programs. The most common of these programs were Alcoholics Anonymous, Narcotics Anonymous, and Mission Council. When asked how effective they believed these programs were in supporting their goals and needs, approximately a quarter (25.92%) of respondents reported that they were either

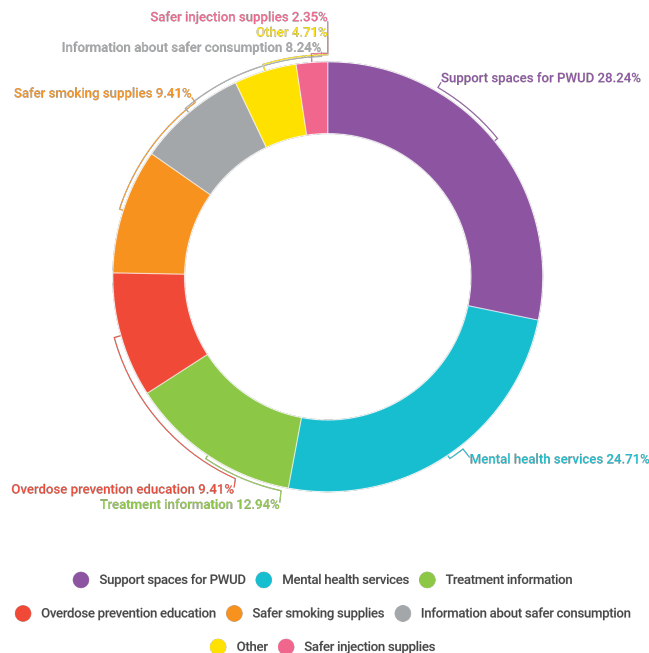
somewhat or completely ineffective. As a transgender Guatemalan participant explained, such programs may not be experienced as safe spaces for non-cisgender PWUD (Figure 10).

“ I’ve been to AA [Alcoholics Anonymous] three times, but I didn’t feel very comfortable...I feel like those of us with different gender identities aren’t made to feel very welcome. Sometimes they make a lot of jokes and someone in that moment is looking for peace and understanding. ”

TRANSGENDER GUATEMALAN PARTICIPANT

Figure 10:

Figure 11: Non-abstinence-based services received



Close to half (43.69%) of the sample group had received services from non-abstinence-based programs in the past six months. Nearly a quarter of participants (24.71%) had recently received mental health services specifically for PWUD, while only 9.41% had received overdose prevention education (Figure 11). A significant percentage of participants found these programs to be either extremely effective (57.50%) or somewhat effective (22.50%), while only 15% said they were ineffective in meeting their needs. When asked how effective they thought the providers were in serving the needs of the Latino/x and indigenous community, 64.10% of participants thought the providers were extremely effective.

Descriptions of their experiences accessing these services were both positive and negative. One respondent called the program a “safe space,” while another said they access harm reduction services only when they feel like they might relapse. Some participants specifically cited their relationships with

service providers as being what made their experiences helpful. Several participants identified the non-judgmental nature of harm reduction services as their most important aspect (Figure 12).

Figure 12:

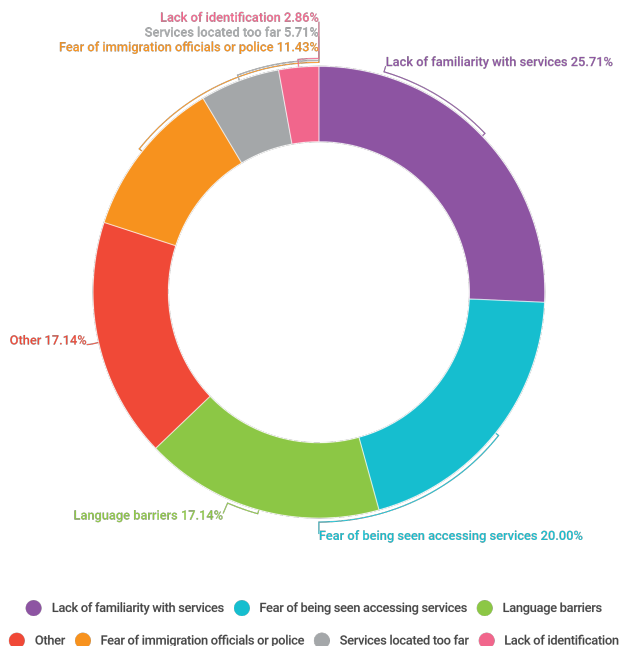
“ I think it's really important to emphasize that [drug users] don't have to stop if they don't want to...being non-judgmental is really important. Also, educating the families of the people who are using. The support shouldn't be only for the person who is using, but for the whole family. Part of that is creating consciousness of what [addiction] really is...it's all about education. ”

MEXICAN DACA RECIPIENT

Figure 13: Barriers to accessing harm reduction services

Barriers to Accessing Services

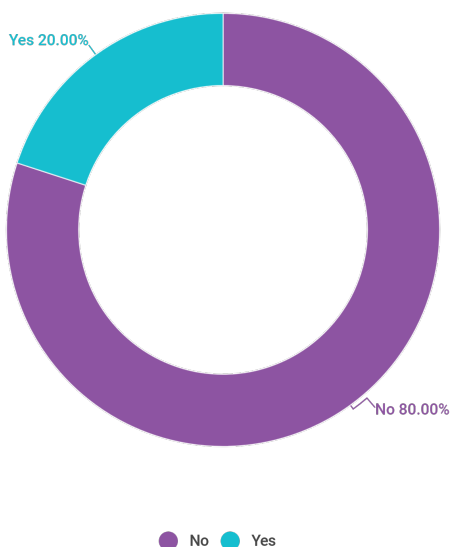
Study participants were asked what, if any, barriers they have experienced in accessing harm reduction services (Figure 13). We found that a lack of familiarity or discomfort with approaching service providers was the most cited reason (24.29%) for not having accessed harm reduction services in the prior six months. This was followed by fear of being seen accessing services (20.00%), the language inaccessibility of programs (17.14%), and fear of being intercepted by police officers or immigration authorities when accessing services (11.43%). The importance of these factors in preventing Latino/xs from accessing harm reduction and drug treatment services has been discussed in several previous studies (Barrera & Longoria, 2018; Pagano, 2014; Pinedo et al., 2018).



Service Provider Perspectives

The service providers we surveyed emphasized the centrality of harm reduction values and practices for their work. Several providers described the importance of supporting their clients' own substance use goals, rather than attempting to impose a goal or outcome upon them. As some providers explained, this requires recognizing that "drugs may have a useful impact in people's lives" and treating the client as "the expert of their own situation." As another provider stated, harm reduction is grounded in the values of "compassion, empathy, connection, and love." While 95% of surveyed service providers stated that they were concerned about overdose incidents among Spanish and Mayan speaking clients, the majority also expressed that the current service landscape in San Francisco does not sufficiently meet the needs of these communities.

Figure 14: Are there sufficient overdose prevention services for Latinxs in SF?



Indeed, 80% of providers believe that we do not have sufficient overdose prevention services for Latinx communities in San Francisco (Figure 14), while 70% stated that they do not know any residential SUD treatment facility with the cultural and linguistic capacity to assist Spanish and Mayan speaking clients. In particular, some providers emphasized a lack of sufficient mental health clinicians and substance abuse counselors trained to be culturally responsive to Spanish and Mayan speaking PWUD. Paralleling our own findings, some providers discussed the barriers in their organizations that prevent Latinx PWUD from accessing their services, such as a lack of multilingual front desk staff and outreach. In addition to providing linguistically and culturally appropriate services, some also emphasized the necessity of making access to services easier and more attractive through providing clients with food, transportation support, and referrals to other needed services.

Implications & the Cost of Inaction

Overdose deaths are on the rise among Latino/xs in California and as our needs assessment reveals, Latino/x PWUD face multiple and compounding barriers to accessing critical harm reduction and substance use treatment programs. Moreover, our assessment indicates that Latino/x PWUD experience various forms of social marginalization, including inadequate housing and employment, inadequate access to mental health services, and undocumented or precarious citizenship status. In the short-term, an increase in culturally appropriate and language-accessible services will be imperative for effectively supporting Latino/x PWUD amidst the ongoing overdose crisis. In the medium and long-term, a number of local, state, and national policy changes are necessary for overcoming the social inequalities underlying rising overdose rates among Black and Latino/x communities.

As evidenced by our findings, a significant portion of Latino/x PWUD rely on abstinence-based drug treatment programs. In many cases, these are the only programs that are accessible for Latinx undocumented PWUD in Northern California (Pagano, 2014). While abstinence-based programming is helpful for some in achieving their goals, studies show that relapse rates for alcohol-dependent subjects may be as high as 70% (Anton et al., 2006; Dawson et al., 2005, as cited in Kadam et al., 2017), with similar rates for those who are opioid-dependent (Anton et al., 2006; McKay, et al., 1999, as cited in Kadam et al., 2017). The harm reduction framework, aside from not requiring abstinence for the provision of services, seeks to destigmatize and reduce the risk of reinitiating drug use. The efficacy of harm reduction programming can partially be linked to the participation of PWUD in the goal-setting process, which correlates strongly with retention and success (Rogers & Ruefli, 2004; Sobell et al., 1992).

While harm reduction programs have been shown to effectively reduce overdose rates and disease transmission, these services can only be effective to the extent that they are known by and accessible to the communities that need them. The lack of knowledge regarding life-saving tools, such as naloxone, among participants of this needs assessment illustrates the need for increased overdose prevention education in San Francisco's Latino/x communities. Additionally, more efforts must be made to reduce barriers to access for Spanish and Mayan speaking PWUD in existing harm reduction efforts. This finding corresponds with national data indicating that Spanish speakers are at a higher risk of underutilizing life-saving drug-related services (SAMHSA, 2020). Harm reduction programming that is language-accessible and culturally appropriate can help fill this gap in services by collaborating with community organizations that have built trust within Latino/x communities. As previous research indicates, the socioeconomic inequalities experienced by Black and Latino/x PWUD also account for their lower rates of completion in drug treatment programs when compared to whites (Saloner & Lê Cook, 2013). In order to ensure that Latino/x PWUD are able to successfully participate in harm reduction and overdose prevention programs, efforts must also be made to alleviate their socioeconomic marginalization.

Failure to act would undoubtedly result in increasingly higher rates of overdose and a growing racial gap in overdose deaths, disproportionately impacting Black and Latino/x communities. Aside from the preventable excess fatalities that would result from inaction, the overdose crisis is also economically costly. A recent national report from the Commission on Combating Synthetic Opioid Trafficking (2022) found that overdose deaths cost the U.S. economy approximately \$1 trillion each year in reduced productivity, health expenses, and other losses. In San Francisco, the cost of inaction will manifest in the continued loss and deterioration of life for Latino/x PWUD, negative mental health and social impacts for the friends and families of those impacted by overdose, and the ongoing overburdening of emergency departments and other public resources. Expanding accessible harm reduction services that work for these communities is essential to mitigate this crisis.

Proposed Policy Actions & Interventions

Below we provide several proposed short-term, medium-term, and long-term actions that San Francisco City and County and SFPDPH can take to stem the tide of overdose impacting the city's Spanish and Mayan speaking Latino/x communities.

Short-term actions

- Increase the allocation of resources to support the sustainability of existing community-based harm reduction programs in San Francisco that provide overdose prevention and naloxone response training.
- Increase the allocation of resources to support the hiring, retention and training of Latino/x bilingual harm reduction workers.
- Expand funding to develop culturally appropriate overdose prevention, Narcan response, and fentanyl and other harm reduction training and educational materials in Spanish and Mayan languages in consultation with Latino/x PWUD, using incentives to pay for their expertise.
- Provide resources for the development and implementation of a harm reduction training program in Spanish targeting Latino/x PWUD for staff of community-based organizations and syringe service programs that are already serving the Latino/x community.
- Provide resources for existing harm reduction and drug treatment facilities to strengthen their competencies for engaging with Spanish and Mayan speaking communities. This training should discuss both the structural and cultural barriers that may prevent Latino/x PWUD from accessing services, such as fear of deportation and stigma.
- Support tenant-led overdose prevention programming to train and distribute naloxone to Latino/x PWUD who live in single room occupancy (SRO) housing, Section 8 housing, or other assisted housing.
- Ensure SFPDPH's existing programs, such as the Street Overdose Response Team and Street Crisis Response Team, recruit Latino/x emergency responders who have bilingual or multilingual proficiency in English, Spanish, and/or Mayan languages, consistent with racial/ethnic equity in hiring practices.

Medium-term actions

- Provide resources for continued research on the particular needs and barriers impacting Latino/x PWUD. Conduct evaluations of new harm reduction efforts targeting Latino/x PWUD to improve their effectiveness and disseminate findings to agencies throughout California and the U.S.
- Reduce administrative barriers that might deter undocumented PWUD from accessing harm reduction and drug treatment services. Ensure that social security numbers and state-issued identification cards are not required for participation in programs. Provide on-site support at programs for PWUD to easily obtain any documents required for accessing drug treatment services, such as proof of Medi-Cal enrollment and determination of medical necessity.
- As recommended by the San Francisco Street-Level Drug Dealing Task Force (2021), the hours of operations for low barrier substance use treatment services, such as buprenorphine and methadone access, should be increased and co-located at programs that already serve PWUD and Latino/x communities.

- Provide resources to develop a new community-based mobile support unit staffed by Spanish and Mayan speaking emergency responders and social service staff who can distribute harm reduction supplies, respond to overdose incidents, and assist Latino/x individuals with accessing harm reduction and drug treatment services.
- Launch a Spanish and Mayan language public media campaign aimed at destigmatizing drug use, harm reduction, and drug treatment among Latino/x PWUD and aimed at integrating them into the city's services.

Long-term actions

- Increase access to supportive housing for Latino/x PWUD by increasing long-term rental subsidies to house undocumented individuals who are often unable to benefit from federal housing assistance programs.
- Advocate for access to safe consumption sites in San Francisco.
- Collaborate with the San Francisco Public Defender's Office and other organizations to advocate against the disproportionate arrest and incarceration of Latino/x PWUD.
- Advocate for the continued decriminalization of drugs in California to shift critical resources away from punitive and unsuccessful law enforcement practices towards evidence-based harm reduction efforts.
- Support the proposals put forth by Hughes et al. (2022) to expand institutional support for Black and Latino/x leadership in substance use treatment programs and to create a national network of Black and Latino/x harm reduction leaders. This will require multi-stakeholder investments in educational pipeline programs, research grants, and fellowships aimed at training Black and Latino/x students from a wide variety of fields in harm reduction theories and practices.

Limitations

While this needs assessment contributes to examining the conditions and barriers impacting Spanish and Mayan speaking Latino/x PWUD in San Francisco, further research is needed to better understand how to protect members of these communities from overdose. There is tremendous variance within the Latino/x community, and this needs assessment has merely provided a snapshot of a subset of Latino/x PWUDs. The time constraints of the project and the highly stigmatized nature of substance use in the Latino/x community undoubtedly affected our recruitment efforts. For example, our study participants predominantly identified as male. Future studies must include a wider range of Latino/x women, transgender and non-binary individuals. Moreover, future studies must engage in more targeted recruitment of Latino/x PWUD who regularly use fentanyl and heroin to understand the particular challenges and barriers they face. Additionally, our survey questionnaire was only able to provide us with our participant's self-reported knowledge of harm reduction practices. Future research should use other means to assess knowledge of harm reduction and overdose prevention practices in these communities.

References

- Ahmad F. B., Cisewski J. A., Rossen, L. M., Sutton, P. (2022). Provisional drug overdose death counts. National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- Amaro, H., Sanchez, M., Bautista, T., & Cox, R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, 108518.
- Anton R.F., O'Malley S.S., Ciraulo D.A., Cisler R.A., Couper D., Donovan D.M., Gastfriend, D.R., Hosking, J.D., Johnson, B.A., LoCastro, J.S., Longabaugh, R., Mason, B.J., Mattson, M.E., Miller, W.R., Pettinati, H.M., Randall, C.L., Swift, R., Weiss, R.D., Williams, L.D., & Zweben, A. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study: A randomized controlled trial. *JAMA: the Journal of the American Medical Association*, 295(17), 2003-2017.
- Appa, A., Rodda, L. N., Cawley, C., Zevin, B., Coffin, P. O., Gandhi, M., & Imbert, E. (2021). Drug overdose deaths before and after shelter-in-place orders during the COVID-19 pandemic in San Francisco. *JAMA Network Open*, 4(5), e2110452.
- Armenian, P., Olson, A., Anaya, A., Kurtz, A., Ruegner, R., & Gerona, R. R. (2017). Fentanyl and a novel synthetic opioid u-47700 masquerading as street “norco” in Central California: A Case Report. *Annals of Emergency Medicine*, 69(1), 87–90.
- Asad, A. L. (2020). Latinos' deportation fears by citizenship and legal status, 2007 to 2018. *Proceedings of the National Academy of Sciences*, 117(16), 8836–8844.
- Bagchi, A. D. (2020). A structural competency curriculum for primary care providers to address the opioid use disorder, HIV, and Hepatitis C syndemic. *Frontiers in Public Health*, 8.
- Barboza, G. E., & Angulski, K. (2020). A descriptive study of racial and ethnic differences of drug overdoses and naloxone administration in Pennsylvania. *International Journal of Drug Policy*, 78, 102718.
- Barrera, I., & Longoria, D. (2018). Examining Cultural Mental Health Care Barriers Among Latinos. *Journal for Leadership, Equity, and Research*, 4(1), Article 1.
- Bohnert, A. S. B., Nandi, A., Tracy, M., Cerdá, M., Tardiff, K. J., Vlahov, D., & Galea, S. (2011). Policing and risk of overdose mortality in urban neighborhoods. *Drug and Alcohol Dependence*, 113(1), 62–68.
- Cabassa, L. J., & Zayas, L. H. (2007). Latino Immigrants' Intentions to Seek Depression Care. *The American Journal of Orthopsychiatry*, 77(2), 231–242.
- Cabassa, L. J., Gomes, A. P., Meyreles, Q., Capitelli, L., Younge, R., Dragatsi, D., Alvarez, J., Nicasio, A., Druss, B., & Lewis-Fernández, R. (2014). Primary health care experiences of hispanics with serious mental illness: A mixed-methods study. *Administration and Policy in Mental Health*, 41(6), 724–736.
- Cabral, J., & Cuevas, A. G. (2020). Health inequities among Latinos/Hispanics: Documentation status as a determinant of health. *Journal of Racial and Ethnic Health Disparities*, 7(5), 874–879.
- Cano, M. (2020). Drug overdose deaths among US Hispanics: Trends (2000-2017) and recent patterns. *Substance Use & Misuse*, 55(13), 2138–2147.
- Carter, J., Zevin, B., & Lum, P. J. (2019). Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco. *Addiction Science & Clinical Practice*, 14(1), 20.

- Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association*, 99(10), 1126–1131.
- Cawley, C., Kanzaria, H. K., Zevin, B., Doran, K. M., Kushel, M., & Raven, M. C. (2022). Mortality among people experiencing homelessness in San Francisco during the COVID-19 pandemic. *JAMA Network Open*, 5(3), e221870.
- Centers for Disease Control and Prevention. (2020). Drug overdose mortality by state. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm
- Chang, C.-W., & Biegel, D. E. (2018). Factors affecting mental health service utilization among Latino Americans with mental health issues. *Journal of Mental Health*, 27(6), 552–559.
- Ciccarone, D. (2021). The rise of illicit fentanyl, stimulants and the fourth wave of the opioid overdose crisis. *Current Opinion in Psychiatry*, 34(4), 344–350.
- Cooper, H., Moore, L., Gruskin, S., & Krieger, N. (2005). The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study. *Social Science & Medicine*, 61(3), 673–684.
- Dayton, L., Tobin, K., Falade-Nwulia, O., Davey-Rothwell, M., Al-Tayyib, A., Saleem, H., & Latkin, C. (2020). Racial Disparities in Overdose Prevention among People Who Inject Drugs. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 97(6), 823–830.
- DeVylder, J. E., Jun, H.-J., Fedina, L., Coleman, D., Anglin, D., Cogburn, C., Link, B., & Barth, R. P. (2018). Association of exposure to police violence with prevalence of mental health symptoms among urban residents in the United States. *JAMA Network Open*, 1(7), e184945.
- Drug Policy Alliance (2021). *The Impact of Overdose Crisis on the Latino Community in California*. Retrieved at <https://drugpolicy.org/sites/default/files/overdose-crisis-latino-population.pdf>
- Franco, K. (2022). *The Overdose Crisis in California: 2017-2021* (Policy brief by the Department of Health Care Service, the Health Management Associates, and the California Health Policy Strategies, L.L.C.) Retrieved at <https://www.cdcr.ca.gov/ccjbh/2022/01/31/policy-brief-the-overdose-crisis-in-california-2017-2021/>
- Friedman, A. S., & Venkataramani, A. S. (2021). Chilling effects: US immigration enforcement and health care seeking among Hispanic adults. *Health Affairs*.
- Friedman, J., Hansen, H., Bluthenthal, R. N., Harawa, N., Jordan, A., & Beletsky, L. (2021). Growing racial/ethnic disparities in overdose mortality before and during the COVID-19 pandemic in California. *Preventive medicine*, 153, 106845.
- Friedman, J., & Hansen, H. (2022). Far From a “White Problem”: Responding to the Overdose Crisis as a Racial Justice Issue. *American Journal of Public Health*, 112(S1), S30–S32.
- Goedel, W. C., Shapiro, A., Cerdá, M., Tsai, J. W., Hadland, S. E., & Marshall, B. D. L. (2020). Association of racial/ethnic segregation with treatment capacity for opioid use disorder in counties in the United States. *JAMA Network Open*, 3(4), Article e203711
- Hughes, M., Suhail-Sindhu, S., Namirembe, S., Jordan, A., Medlock, M., Tookes, H.E., Turner, J., & Gonzalez-Zuniga, P. (2022). The crucial role of Black, Latino/x, and indigenous leadership in harm reduction and addiction treatment. *American Journal of Public Health*, 112(S2), S136-S139.

- Jalal, H., Buchanich, J. M., Roberts, M. S., Balmert, L. C., Zhang, K., & Burke, D. S. (2018). Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. *Science (New York, N.Y.)*, 361(6408), eaau1184.
- Jalal, H., Buchanich, J. M., Sinclair, D. R., Roberts, M. S., & Burke, D. S. (2020). Age and generational patterns of overdose death risk from opioids and other drugs. *Nature Medicine*, 26(5), 699–704. Johnson, (2021, December 17). Second-chance city: San Francisco's plan to reduce overdose crisis. *San Francisco Examiner*.
- Johnson, S. (2022, February 1). Are The City's overdose treatments working? It's impossible to tell. *San Francisco Examiner*.
- Kadam, M., Sinha, A., Nimkar, S., Matcheswalla, Y., & De Sousa, A. (2017). A comparative study of factors associated with relapse in alcohol dependence and opioid dependence. *Indian Journal of Psychological Medicine*, 39(5), 627-633.
- Keyes, K. M., Martins, S. S., Hatzenbuehler, M. L., Blanco, C., Bates, L. M., & Hasin, D. S. (2012). Mental health service utilization for psychiatric disorders among Latinos living in the United States: The role of ethnic subgroup, ethnic identity, and language/social preferences. *Social Psychiatry and Psychiatric Epidemiology*, 47(3), 383–394.
- Kiang, M. V., Acosta, R. J., Chen, Y.-H., Matthey, E. C., Tsai, A. C., Basu, S., Glymour, M. M., Bibbins-Domingo, K., Humphreys, K., & Arthur, K. N. (2022). Sociodemographic and geographic disparities in excess fatal drug overdoses during the COVID-19 pandemic in California: A population-based study. *Lancet Regional Health. Americas*, 11, 100237.
- Kim, K., Oh, H., Miller, D., Veloso, D., Lin, J., & McFarland, W. (2021). Prevalence and disparities in opioid overdose response training among people who inject drugs, San Francisco: Naloxone training among injectors in San Francisco. *International Journal of Drug Policy*, 90, 102778.
- Kinnard, E. N., Bluthenthal, R. N., Kral, A. H., Wenger, L. D., & Lambdin, B. H. (2021). The naloxone delivery cascade: Identifying disparities in access to naloxone among people who inject drugs in Los Angeles and San Francisco, CA. *Drug and Alcohol Dependence*, 225, 108759.
- Kline, N. (2019). *Pathogenic policing: Immigration enforcement and health in the U.S. South*. Rutgers University Press
- Kral, A. H., Lambdin, B. H., Browne, E. N., Wenger, L. D., Bluthenthal, R. N., Zibbell, J. E., & Davidson, P. J. (2021). Transition from injecting opioids to smoking fentanyl in San Francisco, California. *Drug and Alcohol Dependence*, 227, 109003.
- Lagisetty, P. A., Ross, R., Bohnert, A., Clay, M., & Maust, D. T. (2019). Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry*, 76(9), 979–981.
- LaForge, K., Stack, E., Shin, S., Pope, J., Larsen, J. E., Leichtling, G., Leahy, J. M., Seaman, A., Hoover, D., Byers, M., Barrie, C., Chisholm, L., & Korthuis, P. T. (2022). Knowledge, attitudes, and behaviors related to the fentanyl-adulterated drug supply among people who use drugs in Oregon. *Journal of Substance Abuse Treatment*, 141, 108849.
- LaRue, L., Twillman, R. K., Dawson, E., Whitley, P., Frasco, M. A., Huskey, A., & Guevara, M. G. (2019). Rate of fentanyl positivity among urine drug test results positive for cocaine or methamphetamine. *JAMA Network Open*, 2(4), e192851.

- Maldonado, C.Z., Rodriguez, R.M., Torres, J.R., Flores, Y.S., Lovato, L.M., & Goldstein, J.N. (2013). Fear of discovery among Latino immigrants presenting to the emergency department. *Academic Emergency Medicine*, 20(2), 155-161.
- Mattson, C. L. (2021). Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths—United States, 2013–2019. *MMWR. Morbidity and Mortality Weekly Report*, 70.
- McKay, J.R., Alterman, A.I., Mulvaney, F.D., & Koppenhaver, J.M. (1999). Predicting proximal factors in cocaine relapse and near miss episodes: Clinical and theoretical implications. *Drug Alcohol Depend*, 56(1), 67-78.
- Moya, E., & Shedlin, M. (2008). Policies and laws affecting Mexican-origin immigrant access and utilization of substance abuse treatment: Obstacles to recovery and immigrant health. *Substance Use & Misuse*, 43, 1747-1769.
- Ochalek, T. A., Cumpston, K. L., Wills, B. K., Gal, T. S., & Moeller, F. G. (2020). Nonfatal Opioid Overdoses at an Urban Emergency Department During the COVID-19 Pandemic. *JAMA*, 324(16), 1673–1674.
- Pagano, A. (2014). Barriers to drug abuse treatment for latino migrants: treatment providers' perspectives. *Journal of Ethnicity in Substance Abuse*, 13(3), 273-287.
- Perera, R., Stephan, L., Appa, A., Giuliano, R., Hoffman, R., Lum, P., & Martin, M. (2022). Meeting people where they are: Implementing hospital-based substance use harm reduction. *Harm Reduction Journal*, 19(1), 1–7.
- Pinedo, M., Zemore, S., & Rogers, S. (2018). Understanding barriers to specialty substance abuse treatment among Latinos. *Journal of Substance Abuse Treatment*, 94, 1–8.
- Pinedo, M. (2020). The impact of deportation policies on the substance using behaviors of U.S.-citizen Latinos. *International Journal of Drug Policy*, 75.
- Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. *Medical Anthropology*, 30(4), 339–362.
- Rivera-Segarra, E., Varas-Díaz, N., & Santos-Figueroa, A. (2019). “That’s all Fake”: Health professionals stigma and physical healthcare of people living with Serious Mental Illness. *PloS One*, 14(12), e0226401.
- Rogers, S., & Ruefli, T. (2004). Does harm reduction programming make a difference in the lives of highly marginalized, at-risk drug users? *Harm Reduction Journal*, 1.
- Saloner, B., & Lê Cook, B. (2013). Blacks and Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. *Health Affairs*, 32(1), 135-145.
- San Francisco Department of Public Health. (2017). *Harm Reduction Services in San Francisco*. Retrieved at <https://www.sfdph.org/dph/files/SISTaskforce/IssueBrief-06202017.pdf>
- San Francisco Department of Public Health. (2020). *Overdose Deaths on the Rise in San Francisco, Mostly Due to Fentanyl*. Retrieved at <https://www.sfdph.org/dph/files/newsMediadocs/2020PR/PressReleaseSFOverdoseDataJan-Jun2019-02182020.pdf>
- San Francisco Department of Public Health. (2022). *Director’s Report for Health Commission Meeting of February 1, 2022*. Retrieved at <https://sf.gov/sites/default/files/2022-01/DR%2002-01-22%20-%20final.cleaned.pdf>

- San Francisco Office of the Chief Medical Examiner. (2022). *Preliminary Accidental Drug Overdose Data Report for January 2021 through December 2021*. Retrieved from <https://sf.gov/resource/2020/ocme-accidental-overdose-reports>
- San Francisco Street-Level Drug Dealing Task Force. (2021). *A Report from the San Francisco Street-Level Drug Dealing Task Force*. Retrieved at [https://oewd.org/sites/default/files/SF%20Street-Level%20Drug%20Dealing%20Task%20Force%20Report%20\(June%2030%202021\).pdf](https://oewd.org/sites/default/files/SF%20Street-Level%20Drug%20Dealing%20Task%20Force%20Report%20(June%2030%202021).pdf)
- Small, W., Kerr, T., Charette, J., Schechter, M. T., & Spittal, P. M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, 17(2), 85–95.
- Sobell, M. B., Sobell, L. C., Bogardis, J., Leo, G. I., & Skinner, W. (1992). Problem drinkers' perceptions of whether treatment goals should be self-selected or therapist-selected. *Behavior Therapy*, 23(1), 43-52.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings* (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD: Office of Applied Studies.
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2020). *The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue*. Retrieved from https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-002-compressed.pdf
- Tosh, S. (2021). Drug prohibition and the criminalization of immigrants: The compounding of drug war disparities in the United States deportation regime. *International Journal of Drug Policy*, 87, 102846.
- Valdez, A., Cepeda, A., Frankeberger, J., & Nowotny, K. M. (2022). The opioid epidemic among the Latino population in California. *Drug and Alcohol Dependence Reports*, 2, 100029.
- Vargas Bustamante, A., Fang, H., Garza, J., Carter-Pokras, O., Wallace, S., Rizzo, J., & Ortega, A. (2012). Variations in healthcare access and utilization among Mexican immigrants: The role of documentation status. *Journal of Immigrant and Minority Health*, 14, 146-155.
- Zhang, A., Balles, J.A., Nyland, J.E., Nguyen, T.H., White, V.M., & Zgierska, A.E. (2022). The relationship between police contacts for drug use-related crime and future arrests, incarceration, and overdoses: a retrospective observational study highlighting the need to break the vicious cycle. *Harm Reduction Journal*, 19.
- The Sentencing Project (2020). *State-by-State Data*. Retrieved from <https://www.sentencingproject.org/the-facts/#detail?state1Option=U.S.%20Total&state2Option=0>
- U.S. Census Bureau (2021). Quick Facts California. Retrieved from <https://www.census.gov/quickfacts/fact/table/CA/PST045221>
- Weisenthal, K., Kimmel, S. D., Kehoe, J., Larochelle, M. R., Walley, A. Y., & Taylor, J. L. (2022). Effect of police action on low-barrier substance use disorder service utilization. *Harm Reduction Journal*, 19(1), 86.
- West, K. L., Lindquist, K., & Rodda, L. N. (2021). Fentanyl epidemic hits the U.S. West Coast: Opioid-related deaths in San Francisco from 2009–2019. *International Journal of Drug Policy*, 95, 103402.