



CITY OF SEBASTOPOL CITY COUNCIL

AGENDA ITEM REPORT FOR MEETING OF: Date: March 3, 2026

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To: Honorable Mayor and City Councilmembers
From: Stephen Zollman, Councilmember
 Phill Carter, Councilmember
Responsible Department: Public Works Department
Subject: Consideration of Approval to Co-sponsor with Micah’s Hugs to install a Repurposed Newspaper Stand with Narcan Supplies.

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RECOMMENDATION:

That the City Council approve co-sponsorship with Micah’s Hugs for the installation of one repurposed newspaper stand to dispense free Narcan supplies, contingent upon approval of a selected location.

EXECUTIVE SUMMARY:

The City of Sebastopol supports nonprofit organizations that provide services and programs benefiting the health and well-being of residents. Micah’s Hugs is a nonprofit organization dedicated to preventing substance use disorder and fentanyl poisoning through education, awareness, stigma reduction, and harm-reduction strategies.

Under this proposal, Micah’s Hugs would supply Narcan and be responsible for the ongoing maintenance and appearance of the dispenser. If the selected location is within the City/Caltrans right-of-way, City staff would coordinate with Caltrans to determine whether an encroachment permit is required and, if so, take the lead in obtaining that permit.

The City’s annual maintenance permit indicates that the installation and maintenance of newspaper stands does not require an additional permit; however, Public Works will confirm whether a repurposed newspaper stand continues to qualify under those guidelines.

BACKGROUND:

At the council meeting on September 16th the founders of the organization, Micah Sawyer, Sr., and his wife, Michelle Sawyer, made a presentation about their history and purpose. Micha’s Hugs was started in the honor of their son, Micah Hamlow-Sawyer Jr., who was lost to fentanyl poisoning six years ago. Their purpose is dedicated to educating youth and the broader community about the dangers of substance abuse and fentanyl poisoning. This includes Narcan training, school-based education, and a partnership with the Press Democrat to convert newspaper stands into Narcan distribution centers.

The group has developed innovative community outreach programs, including Narcan training sessions on a large scale. Their work has expanded through partnerships with local schools and community organizations.

For that meeting, the City requested feedback from their risk pool, CIRA, to evaluate the risks associated with a Narcan box. They responded with the following statement:

“Barring any laws that prevent the distribution in this manner, we believe the risk can be transferred. We would recommend treating this situation similarly to a restaurant placing tables outside its



business in the City’s right of way, where the City would require indemnification and insurance as part of an encroachment/license agreement. While we understand that it’s difficult to overdose on Narcan, we would recommend requesting coverage limits as required by the City’s encroachment permit. This way, if an incident occurs, the non-profit would be potentially liable.

If the City opts to deploy Narcan itself, there is currently no exclusion to the CIRA or PRISM MOC. We have heard that some cities are making Narcan available within their facilities so they can monitor its use. We are unaware of any that has placed a dispenser outside that is always available to the public. If the City chooses this option, it may be liable in the event of an incident.”

Following the presentation and discussion of the agenda item, the City Council did not approve the proposed installation of a Narcan dispenser at that time. However, at the February 17, 2026 City Council meeting, Councilmember Zollman requested an agenda item and Councilmember Carter supported the request to bring forward an agenda item to reconsider City sponsorship of a Narcan distribution center.

DISCUSSION:

The item tonight is to consider the request to reconsider City sponsorship at alternate locations as provided by Micah’s hugs. In addition to those six locations, the area in between the City library and City Hall, as well as a location in front of City hall has also been proposed (see photo below).

The order of preference from Micah’s Hugs is listed below:

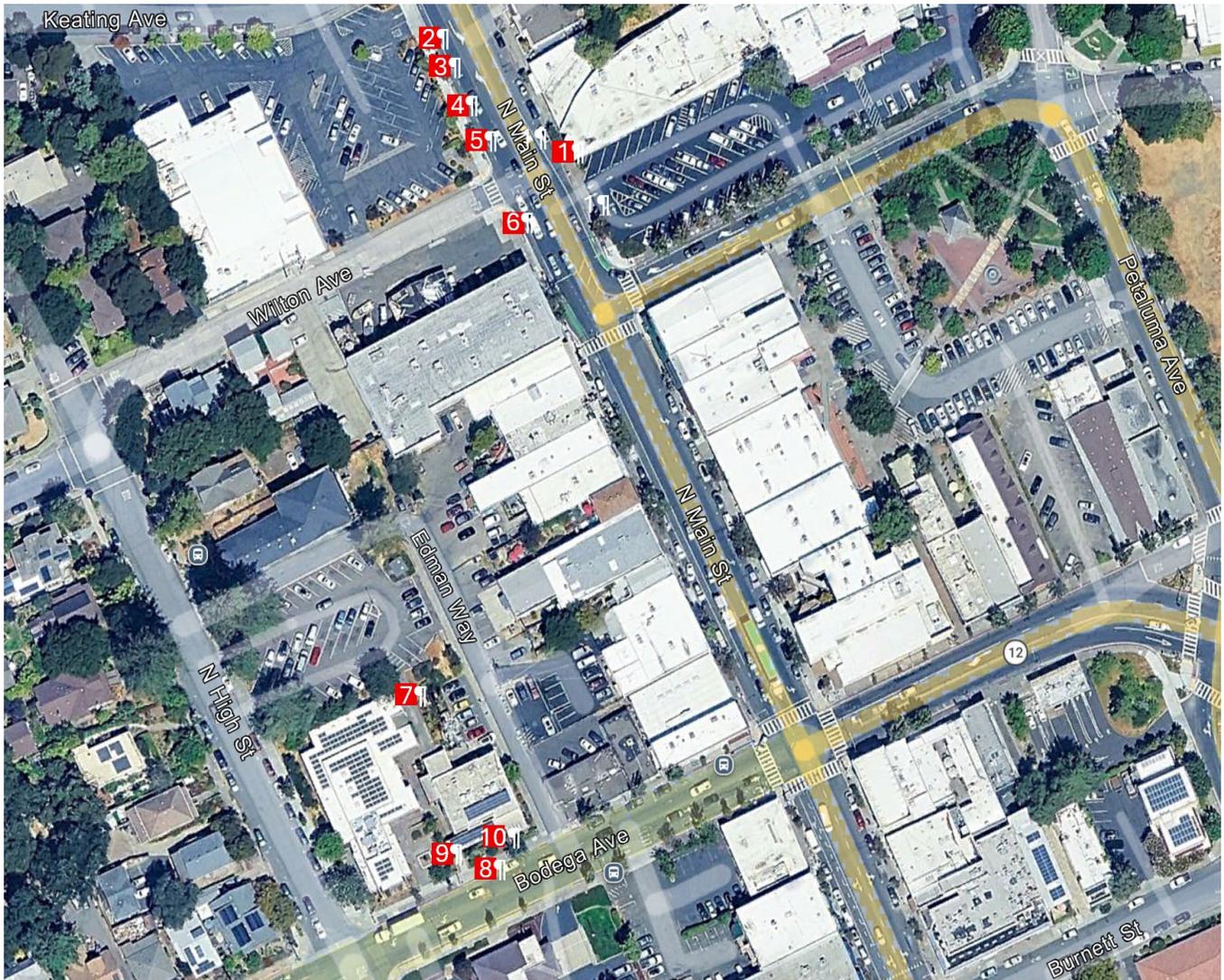
Order of Preferred Locations (based on Micah’s Hugs input and strategic visibility):

1. **Location 1:** At the north corner of N Main Street & McKinley St., with the box located on the bricks between the two trees. (Highly strategic due to high foot traffic, visibility to vehicles at the light, no direct proximity to storefronts, and strong potential for awareness-building.)
2. **Location 10:** Outside front of City Hall in landscaped area near bike repair rack. (Good visibility to passing cars, accessibility, and proximity to library visitors.)
3. **Locations 2–6:** Along N Main Street (e.g., west of Location 1 or between Keating Ave and Wilton Ave on Caltrans sidewalk). (Visibility from vehicles and pedestrians, including near the bus stop.)
4. **Locations 7–9:** Outside Sebastopol Library (between Library and City Hall near north wall) or City Hall (near battery recycling, front door/east of entrance, or other areas). (Less desirable per Micah’s Hugs due to lower passive visibility; better suited for those already aware of the program.)

For the library location (option 7-9), the following was provided by Micah’s Hugs. “At other library locations, the staff will notify us when supplies are running low and Micah’s Hugs manages the restocking. For the Sebastopol library location, Micah’s Hugs would manage and maintain the box in the same way.”

Also, the City received the following response from Erika Thibault, Library Director, Sonoma County Library:

“The Library supports this request if the Council approves.”



STAFF ANALYSIS:

City staff also received information related to other library location. The County of Sonoma has a Memorandum of Understanding between the County of Sonoma and Sonoma County Library to “provide a location for the Health To Go project vending machine and outline the roles and responsibilities of the County and the Library in the Health To Go Project. The goal of this partnership is to expand low-barrier access to essential health and lifesaving supplies to members of the community through the conveniently accessible, anonymous, and free of charge essential health supplies.”

Dependent upon the location, a MOU may or may not be required. Because the proposed locations are all on City owned property or City right-of-way, no MOU with a property owner would be required. The property between the Sebastopol Library and City Hall is City property. A MOU would only be required if the machine is an electric machine and would require electricity from the Library building itself.



The City Attorney has indicated that this partnership will not create significant liability risk for City. California law includes “Good Samaritan” protections that prevent liability for entities that provide naloxone to those at risk of opioid overdose or to individuals in a position to respond during an opioid overdose. (Civil Code section 1714.22.) While this would protect the City from the most likely sources of potential liability, it would not protect from every conceivable situation. However, few things the City does are 100% risk free.

GOALS/ PRIORTIES STATEMENT:

Goal 2 Public Safety – Strengthen the public safety and improve the quality of life. Includes supporting our first responders (police, fire, public works), responding to emergencies, protecting people, property, and business and engaging in emergency preparedness, community outreach, public education and prevention activities.

FISCAL IMPACT:

No fiscal impact other than staff time to install the dispenser or if in Caltrans right of way to work with Caltrans on approvals (if needed).

COMMUNITY OUTREACH:

This item has been noticed in accordance with the Ralph M. Brown Act and was made available for public review at least 72 hours prior to the scheduled meeting date. The City has also promoted the Council meeting and agenda items through its social media platforms.

As of the writing of this report, the City has not received any public comments. If comments are received after publication, they will be provided to the City Council as supplemental materials prior to or at the meeting.

RESTATED RECOMMENDATION:

That the City Council approve to co-sponsor with Micah’s Hugs on the installation of a repurposed newspaper stand to dispense free Narcan supplies and select one of the following locations:

Order of Preferred Locations (based on Micah’s Hugs input and strategic visibility):

1. **Location 1:** At the north corner of N Main Street & McKinley St., with the box located on the bricks between the two trees. (Highly strategic due to high foot traffic, visibility to vehicles at the light, no direct proximity to storefronts, and strong potential for awareness-building.)
2. **Location 10:** Outside front of City Hall in landscaped area near bike repair rack. (Good visibility to passing cars, accessibility, and proximity to library visitors.)
3. **Locations 2–6:** Along N Main Street (e.g., west of Location 1 or between Keating Ave and Wilton Ave on Caltrans sidewalk). (Visibility from vehicles and pedestrians, including near the bus stop.)
4. **Locations 7–9:** Outside Sebastopol Library (between Library and City Hall near north wall) or City Hall (near battery recycling, front door/east of entrance, or other areas). (Less desirable per Micah’s Hugs due to lower passive visibility; better suited for those already aware of the program.)

OPTIONS:

1. Not approve and give staff further directions.



ATTACHMENTS:

1. Information from Micah's Hugs
2. MOU between County of Sonoma and Sonoma County Library
3. City Lease between City of Sebastopol and Sebastopol Library

APPROVALS:

Department Head Approval: Approval Date: 02/24/2026

CEQA Determination (Planning): Approval Date: N/A

The proposed action is not a project under the California Environmental Quality Act (CEQA).

General Plan Goal (Planning): Approval Date: N/A

Administrative Services (Financial) Approval Date: N/A

Costs authorized in City Approved Budget: Yes No N/A

Account Code (if applicable)

City Attorney Approval: Approval Date: 02/24/2026

City Manager Approval: Approval Date: 02/24/2026

Pictures of a dispenser





Micah's Hugs: Community-Based Harm Reduction & Public Health Tools

Evidence-Based Information on Narcan, Naloxone, and Fentanyl Test Strips

**Prepared By: Breanna Christenson – BC Therapeutics
&
Micah's Hugs**

February 3, 2026

Executive Summary

Communities across California and the United States continue to experience the impacts of opioid-related overdoses, increasingly driven by the presence of fentanyl in the unregulated drug supply. Public health agencies at the local, state, and national levels recognize overdose as a preventable cause of death and emphasize the importance of evidence-based prevention strategies that preserve life and reduce harm.

This informational packet, prepared by **Micah's Hugs**, provides an overview of established public health tools used in overdose prevention, including naloxone (commonly known by the brand name Narcan) and fentanyl test strips. This packet summarizes peer-reviewed research, medical history, and public health guidance related to these tools and describes how they support community health and safety.

Naloxone is a safe, non-addictive medication with decades of medical use that reverses opioid overdoses by restoring breathing. Fentanyl test strips allow individuals to identify the presence of fentanyl in substances, supporting informed decision-making and reducing overdose risk. Extensive research demonstrates that access to these tools reduces overdose deaths and does not increase substance use or risk-taking behavior.

This packet also highlights how overdose prevention strategies are already integrated into **Sonoma County and California public health infrastructure**, including county-supported harm reduction initiatives, state-administered naloxone distribution programs, and legislation such as Melanie's Law (SB-10). These existing efforts reflect a broader commitment to evidence-based public health approaches that prioritize safety, prevention, and community wellbeing.

Executive Summary (cont.)

Research summarized in this packet shows that community-based overdose prevention:

- Reduces preventable overdose deaths
- Improves emergency response efficiency
- Increases engagement with healthcare and support services
- Protects youth and individuals at risk of accidental exposure
- Represents a cost-effective use of public health resources

Local governments play a vital role in shaping public health environments by supporting informed discussion and evaluation of proven strategies. This packet is intended to serve as an educational resource to support thoughtful consideration of overdose prevention tools within the context of existing community and public health systems.

By grounding discussion in medical evidence, public health best practices, and local context, this packet aims to support informed dialogue about approaches that protect life, strengthen community health, and align with established public health goals.

Definitions & Key Terms

- > **Naloxone** – an opioid antagonist developed in the 1960’s. Utilized by attaching to opioid receptors and blocking the effects of other opioids causing withdrawal symptoms for 30 – 90 minutes. (1, 2)
- > **Narcan (Brand Name)** - an over-the-counter naloxone nasal spray drug that is used to treat known or possible opioid overdose. (5)
- > **Opioid** – a class of natural, semi-synthetic, and synthetic drugs that include both prescribed medications (Vicodin) and illegal drugs (Heroin). (7)
- > **Opioid Receptor** – a protein located in a cells membrane that acts as a communication link between inside and outside the cell with either drugs or neurotransmitters (nerve communication). There are 3 distinct types of opioid receptors that interact with opiates. (3)
- > **Fentanyl** – a legal synthetic prescription opioid developed in the 1960’s. It is used to treat severe pain, such as breakthrough cancer pain in patients who are opioid-tolerant. (6)
- > **Fentanyl Test Strips** – strips designed to determine if drugs have been mixed or cut with fentanyl. (6)
- > **Harm Reduction** – a set of practical strategies, ideas, and policies designed to reflect individual, and community needs while reducing negative consequences associated with drug use. (8)
- > **Drug Withdrawal** – a physiological response to the sudden quitting or slowing of use of a substance to which the body has grown dependent on. (9)
- > **Melanie’s Law** – SB 10 mandates that every public school in California (specifically 7 – 12 grades) provide training to school employees on opioid prevention and life-saving response, set up the framework to ensure that all students and adults understand the growing risk of youth fentanyl exposure, and have access to the resources needed to prevent and/or respond to fentanyl poisoning and overdoses. This bill was named in honor of 15-year-old Melanie Ramos who unknowingly consumed and overdosed on fentanyl and died in the bathroom of her high school in Hollywood. (10)
- > **Overdose Prevention Initiative** – a California Department of Public Health branch that works on the complex and changing nature of the drug overdose epidemic through prevention and research activities. (11)

Public Health Context

Overdose as a Public Health Issue

Substance use and overdose are widely recognized by public health authorities as complex health issues influenced by medical, social, and environmental factors. Overdose deaths are often shown to be reduced, particularly when communities implement evidence-based interventions focused on early response, risk reduction, and access to lifesaving tools. (13) Public health approaches prioritize reducing preventable harm, preserving life, and creating pathways to care. These approaches do not require abstinence as a prerequisite for support; instead, they aim to keep individuals alive and connected to health services so that recovery and treatment remain possible. (8)

Overdose Prevention as Early Intervention

Overdose prevention tools such as naloxone and fentanyl test strips function as early intervention measures. Much like seatbelts, smoke detectors, or EpiPens, these tools reduce the risk of fatal outcomes during high-risk situations without addressing the underlying condition directly.

Naloxone reverses opioid overdoses by restoring breathing and consciousness, while fentanyl test strips allow individuals to identify the presence of fentanyl in substances, enabling safer decision-making. Both tools are designed to reduce fatalities, not to promote or encourage substance use.

Community Health & System-Level Benefits

Communities that support access to overdose prevention tools consistently demonstrate improved public health outcomes. (14) Research indicates that widespread naloxone availability is associated with reductions in overdose deaths and increased engagement with emergency and healthcare services.

From a systems perspective, overdose prevention:

- Reduces strain on emergency responders and hospitals
- Increases opportunities for referral to treatment and support services
- Improves survival rates, allowing individuals to seek care later
- Supports broader community safety and wellbeing

By preventing fatal outcomes, communities preserve the opportunity for recovery, stabilization, and long-term health improvement.

Alignment With Public Health Best Practices

National and California public health agencies, including the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), identify harm reduction strategies

as essential components of comprehensive overdose prevention efforts. These strategies are most effective when integrated into existing community health infrastructure and delivered in a nonjudgmental, accessible manner. Providing accurate information and access to proven prevention tools align with established public health principles and reflects a commitment to evidence-based decision-making.

Why This Context Matters for Local Communities

Local governments play a critical role in shaping public health environments. Understanding overdose prevention through a public health lens allows communities to evaluate resources based on effectiveness, safety, and measurable outcomes rather than stigma or misconception. This section provides context for the research and data presented in subsequent sections, supporting informed discussion around community-based harm reduction resources.

Evidence & Research Summary

The studies presented below reflect findings across a diverse geographic, demographic, and programmatic settings; however, all are examining the effectiveness, safety, and community impacts of opioid-related overdose prevention tools, including naloxone and fentanyl testing strips.

Effectiveness of Naloxone Distribution in Community Settings

Multiple large-scale studies demonstrate that distributing naloxone in community settings significantly reduces opioid overdose deaths.

A 2025 systematic review and meta-analysis published in *BMC Public Health* analyzed naloxone distribution programs across multiple countries and community models. The authors found a consistent association between increased naloxone availability and reduced overdose mortality among people who use drugs, particularly when naloxone is distributed outside of clinical settings (Fischer et al., 2025).

Long-term program data from Pittsburgh, Pennsylvania, spanning 17 years, further supports these findings. Researchers documented sustained reductions in fatal overdoses alongside increased overdose reversals performed by community members rather than emergency responders. Importantly, the study noted increased engagement with health and social services over time (Dasgupta et al., 2025).

- **Key takeaway:** Naloxone distribution in community settings saves lives and is effective over both short- and long-term implementation.

Safety Profile and Medical Reliability of Naloxone

Naloxone's safety and effectiveness are well established in medical literature. As an opioid antagonist, naloxone has no pharmacological effect unless opioids are present and carries no risk of dependency or misuse (Martin, 1976; Kolbe, Laura, & Fins, 2021).

Modern intranasal formulations have expanded access by allowing rapid administration by non-medical individuals, including bystanders and family members. Public-facing medical reviews consistently confirm that naloxone is safe for use across age groups and does not cause overdose or long-term harm (NIDA, 2022; Bebout, 2021).

- **Key takeaway:** Naloxone is a safe, non-addictive medication with a long history of medical use and compelling evidence supporting layperson administration.

Fentanyl Test Strips and Risk Reduction

Fentanyl test strips have emerged as a critical harm reduction tool in response to the unpredictable drug supply. Research shows that fentanyl contamination is common across substances, including those not traditionally associated with opioids.

Public health reviews indicate that individuals who use fentanyl test strips are more likely to adopt safer behaviors, such as using smaller amounts, not using alone, or ensuring naloxone is available (Anderson, 2024; National Harm Reduction Coalition, 2020). Importantly, studies find no evidence that access to test strips increases drug consumption.

- **Key takeaway:** Fentanyl test strips support informed decision-making and reduce overdose risk without increasing substance use.

Community Acceptance and Public Health Infrastructure

Studies examining community-based harm reduction delivery models show high acceptability when programs are framed as public health interventions.

A qualitative study published in *Harm Reduction Journal* found that vending machines distributing naloxone and harm reduction supplies were viewed by public health officials and service providers as effective, low-barrier tools with “no downside,” aside from occasional community opposition rooted in misunderstanding (Stewart et al., 2023).

Additional research on door-to-door and community-led naloxone distribution demonstrates increased reach to individuals who may not engage with traditional healthcare systems, including rural populations and those experiencing housing instability (Mason et al., 2024; Starbird et al., 2024).

- **Key takeaway:** Community-based distribution models expand access to lifesaving tools and are generally well-accepted by public health professionals.

Organizational and System-Level Impacts

From an administrative perspective, scaling up overdose education and naloxone distribution has been shown to strengthen public health systems rather than strain them.

A 2025 study examining organizational perspectives in Kentucky found that expanded naloxone programs improved cross-agency collaboration, reduced emergency response burden, and enhanced staff confidence in overdose response protocols (Knudsen et al., 2025).

These findings align with broader public health evaluations showing that overdose prevention programs are cost-effective and support continuity of care.

- **Key takeaway:** Overdose prevention programs support system efficiency and coordination while improving health outcomes.

Summary of Evidence

Across decades of medical research and recent large-scale public health studies, the evidence consistently demonstrates that:

- Naloxone distribution reduces overdose deaths
- Naloxone is safe, effective, and appropriate for community use
- Fentanyl test strips reduce overdose risk through informed decision-making
- Community-based harm reduction programs improve public health outcomes without increasing substance use

This body of evidence supports the inclusion of overdose prevention tools as a standard component of community health infrastructure.

Community Benefits & Outcomes

Improved Community Safety and Survival Outcomes

Access to overdose prevention tools such as naloxone directly reduces preventable overdose deaths. Survival is the most immediate and measurable outcome of naloxone availability and is the foundation upon which all other health interventions depend.

In Sonoma County, public health agencies already recognize overdose prevention as a community safety priority. County-supported initiatives, including naloxone distribution programs and publicly accessible harm reduction resources, reflect a regional commitment to reducing overdose fatalities and improving rapid response capacity (Sonoma County, 2022; CDPH, 2025).

By expanding community awareness and access to these tools, local communities increase the likelihood that overdoses are reversed before emergency responders arrive.

Reduced Strain on Emergency and Healthcare Systems

Community-based overdose prevention contributes to more efficient use of emergency and healthcare services. When naloxone is administered promptly by bystanders, emergency calls may still occur, but the severity of medical crises is often reduced.

Sonoma County's implementation of harm reduction vending machines ("Health to Go" vending machines) demonstrates a systems-level approach to providing low-barrier access to prevention tools while minimizing additional strain on emergency services (Sonoma County, 2022).

Evaluations of similar models show that such access can reduce emergency department utilization and support more effective emergency response allocation.

These outcomes are particularly relevant for smaller municipalities such as Sebastopol, where emergency resources are limited and efficiency is critical.

Increased Engagement with Local Health and Support Services

Overdose prevention programs often serve as entry points to broader health and social services. County- and state-supported initiatives through the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS) emphasize that low-barrier access to naloxone increases engagement with healthcare systems over time (CDPH, 2026; DHCS, 2024).

By normalizing access to overdose prevention tools within the community, individuals are more likely to seek additional services, including medical care, substance use treatment, and social support programs. This approach aligns with existing public health strategies in Sonoma County and across California.

Protection for Youth and Vulnerable Populations

The presence of fentanyl in the unregulated drug supply has increased overdose risk among youth and individuals without opioid tolerance. California's passage of Melanie's Law (SB-10) underscores statewide recognition of the need for increased overdose prevention education and naloxone access to protect young people (California Legislature, 2023; CDPH, 2025).

Local reporting and public health alerts in Sonoma County highlight the growing impact of fentanyl exposure across age groups, reinforcing the importance of community-level prevention and preparedness (Press Democrat, 2025; America's Poison Centers, 2024).

Overdose prevention tools function as protective measures for families, peers, and community members who may encounter overdose situations unexpectedly.

Cost-Effectiveness and Responsible Use of Public Resources

Naloxone and fentanyl test strips are widely recognized as cost-effective public health interventions. The financial cost of these tools is minimal compared to the economic and social costs associated with fatal overdose, emergency medical response, and long-term hospitalization.

Existing county and state programs demonstrate that overdose prevention can be integrated into public health infrastructure without significant new resource burdens. By leveraging established distribution models, communities can maximize impact while maintaining fiscal responsibility.

Community Trust and Public Health Visibility

Visible, well-managed public health resources contribute to community trust when they are implemented transparently and aligned with existing initiatives. Sonoma County’s publicly accessible harm reduction infrastructure demonstrates how overdose prevention tools can be incorporated responsibly into community settings.

When prevention tools are framed as health and safety resources—consistent with county and state public health efforts—communities often experience increased understanding, reduced stigma, and stronger public confidence in local health leadership.

Summary of Community-Level Outcomes

Within Sonoma County and similar communities, overdose prevention initiatives are associated with:

- Reduced overdose mortality
- Improved emergency response efficiency
- Increased engagement with local health and social services
- Enhanced protection for youth and vulnerable populations
- Cost-effective use of public health resources

These outcomes reflect set up public health practices and provide a solid foundation for continued community discussion regarding overdose prevention strategies.

Frequently Asked Questions

Does access to naloxone encourage or increase drug use?

No. Extensive research demonstrates that access to naloxone does not increase substance use or risk-taking behavior. Naloxone has no psychoactive effects and provides no incentive for drug use. Instead, individuals who access naloxone are more likely to engage in safer behaviors and seek health services over time.

Public health agencies consistently identify naloxone as a safety intervention rather than a behavioral driver.

Is naloxone safe to use?

Yes. Naloxone is a safe, non-addictive medication with decades of medical use. It has no effect if opioids are not present and cannot cause overdose. Adverse effects are rare and generally limited to temporary withdrawal symptoms in opioid-dependent individuals.

Because of its safety profile, naloxone is approved for use by laypersons and is widely carried by first responders, healthcare providers, and community members.

What happens after naloxone is administered?

After naloxone is administered, emergency medical services are typically contacted to ensure ongoing medical care. Naloxone's effects are temporary, and medical evaluation is recommended to monitor breathing and prevent re-overdose.

Community-based overdose prevention programs emphasize education, emergency response, and connection to services following an overdose event.

Do fentanyl test strips increase drug use?

No. Research shows that fentanyl test strips do not increase drug use. Instead, individuals who use test strips report adopting safer practices, such as using smaller amounts, not using alone, or ensuring naloxone is available.

Fentanyl test strips support informed decision-making and reduce overdose risk by increasing awareness of drug contamination.

Are fentanyl test strips legal in California?

Yes. Fentanyl test strips are legal in California and are supported by state public health agencies as a harm reduction tool. Their use aligns with California's broader overdose prevention strategies and public health guidance.

How do overdose prevention tools affect youth and families?

Overdose prevention tools provide protection not only for people who use substances but also for families, peers, and community members who may encounter overdose situations unexpectedly. Public health agencies emphasize the role of naloxone in preventing accidental and youth-related overdoses, particularly in the context of fentanyl contamination.

Education and preparedness increase safety for households and communities.

How are these tools distributed responsibly?

Community-based programs distribute overdose prevention tools alongside education on proper use, emergency response, and safe storage. Distribution models are designed to have low barriers while maintaining accountability and public safety.

Existing county and state programs demonstrate that responsible distribution can occur without increasing public disorder or misuse.

How does this fit with existing local programs?

Overdose prevention tools are already integrated into county and state public health initiatives in Sonoma County and California. Community-based efforts complement, rather than replace, existing services such as healthcare, emergency response, and treatment programs.

Alignment with established public health infrastructure ensures consistency, oversight, and effectiveness.

Why focus on prevention rather than enforcement alone?

Public health evidence shows that prevention and enforcement serve different but complementary roles. Prevention tools reduce immediate risk of death, while enforcement addresses broader legal and safety concerns. Communities that incorporate both approaches are better positioned to protect public health and safety.

What is the role of local government?

Local governments play a key role in supporting evidence-based public health strategies by facilitating access to accurate information, proven tools, and coordinated services. Providing space for informed discussion and evaluation allows communities to respond thoughtfully to evolving public health challenges.



Micah's Hugs



Our Mission

Micah's Hugs is dedicated to educating youth of the dangers of substance abuse and fentanyl poisoning, bringing awareness to the disease, breaking the stigma that follows it, in addition helping those that are suffering with addiction.

Awards

October 2025 Guinness Book World Record Holder
– 1,167 people trained

October 2025 Alano Club Honor

September 2025 Sonoma County Board of Supervisors Honor

August 2025 Santa Rosa Junior College Honor



In the News

> **ABC 7 News:** Bay Area Parents Tackle Fentanyl Crisis, Provide Potentially Life-Saving Drug: Here's How - January 19, 2026

<https://abc7news.com/post/micahs-hugs-bay-area-parents-tackle-fentanyl-crisis-repurposing-newspaper-boxes-provide-potentially-life-saving-drug-narcan/17105067/>

> **Pleasanton Weekly:** Micah's Hugs: Fighting for Change, One Community at a Time

<https://www.pleasantonweekly.com/alameda-county/2025/11/16/micahs-hugs-fighting-for-change-one-community-at-a-time/>

> **The Press Democrat:** Cloverdale Business Unite to Carry Overdose Medication

<https://www.pressdemocrat.com/2025/09/12/cloverdale-free-narcan/>

Locations

Current

Petaluma - 2

Cloverdale

Guernville

Future

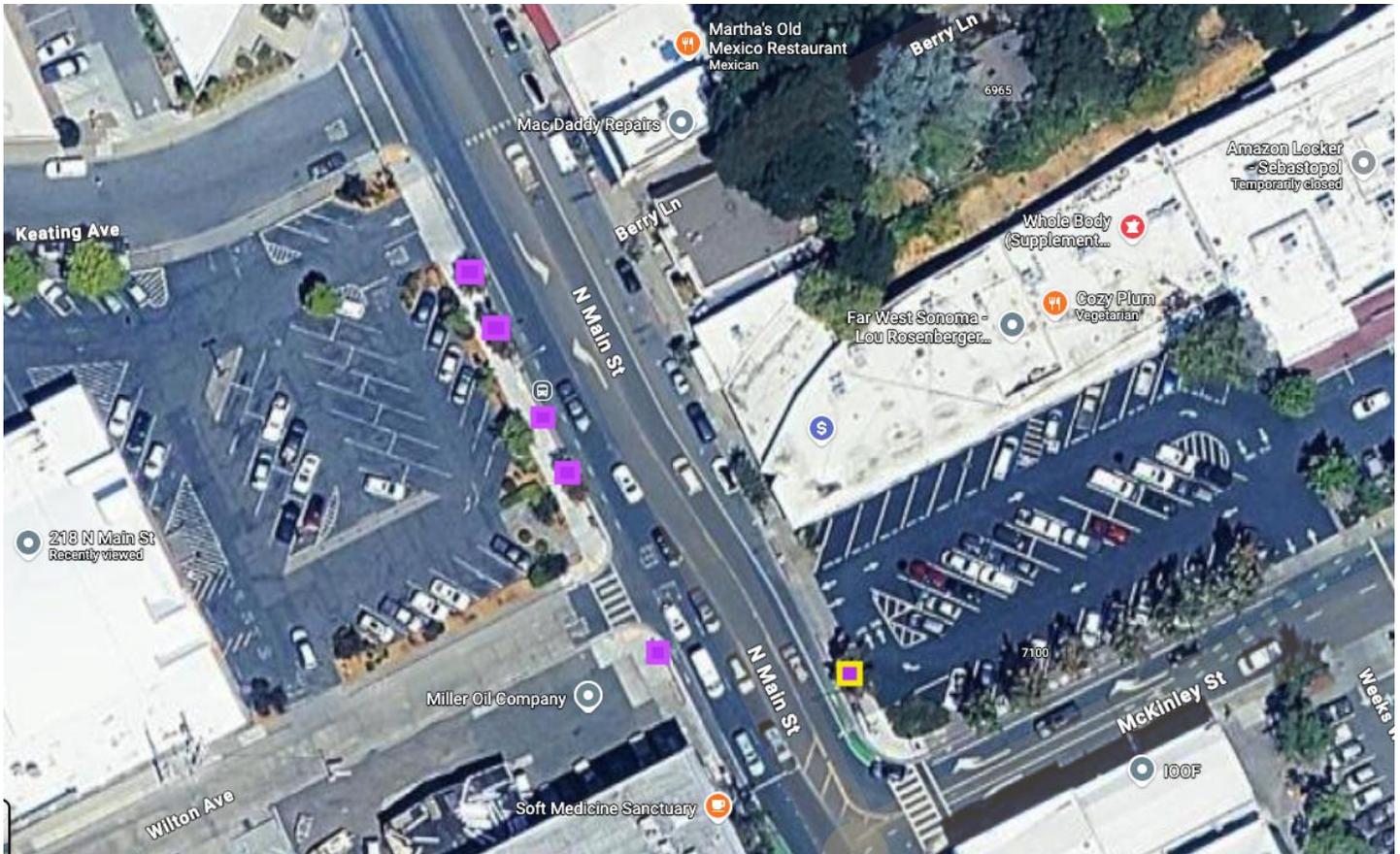
Santa Rosa Library – Main

Healdsburg Library

Cloverdale Library

**New Proposed Locations – Downtown
with BC Therapeutics (volunteer)**

- Location 1: At the north corner of N Main Street & McKinley St. with the box located on the bricks between the two trees. This would be a highly strategic and preferred location due to the amount of foot traffic and there is no direct proximity to a storefront, as was mentioned in the 1/20 council meeting.
- Location 2: Just west of Location 1 on N Main Street, there are already brightly colored newspaper boxes at that location.
- Locations 3 – 6: There are multiple opportunities for boxes between Keating Ave and Wilton Ave, they would be on the same Caltrans portion of the sidewalk as Locations 1 & 2. Locations 3–6 would also be closer to the N Main Street bus stop.



References & Citations

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3. ScienceDirect. "Opioid Receptor - an Overview | ScienceDirect Topics." *Sciencedirect.com*, 2018, www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/opioid-receptor.
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5. Bebout, Lindsay. “Narcan: How It’s Given, How It Works, Uses, and More.” *Healthline*, 23 Mar. 2021, www.healthline.com/health/drugs/narcan.
6. Anderson, PharmD, Leigh Ann. “Fentanyl Test Strips: Where to Get & How to Use?” *Drugs.com*, 23 Oct. 2024, www.drugs.com/medical-answers/fentanyl-test-strips-3569687/.
7. “Opioids.” *National Institute on Drug Abuse*, 2022, nida.nih.gov/research-topics/opioids.
8. National Harm Reduction Coalition. “Principles of Harm Reduction.” *National Harm Reduction Coalition*, 2020, harmreduction.org/about-us/principles-of-harm-reduction/.
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Sebastopol Times

[Micah's Hugs claps back at city council's refusal to support free Narcan box in downtown Sebastopol](#)

Supporters of a free Narcan distribution box on Main Street crowded into the council chambers on Tuesday to ask Sebastopol city councilmembers to reconsider their vote

[Laura Hagar Rush](#)

Feb 6



Narcan nasal spray can reverse an opioid overdose.

Every now and then, the Sebastopol City Council makes a decision in good faith, only to face a massive blowback at the next council meeting. That's what happened on Tuesday night, when they faced a council chamber full of supporters of Micah's Hugs, who were furious at the council's refusal, two weeks before, to co-sponsor a free Narcan distribution box in downtown Sebastopol.

Micah's Hugs is a nonprofit dedicated to preventing substance abuse and fentanyl poisoning through education, awareness, and stigma reduction. The founders of the organization, Micah and Michelle Sawyer, lost their son Micah to fentanyl poisoning six years ago. They started Micah's Hugs in his honor.

At the beginning of Tuesday's meeting, 17 people stepped forward to speak during Public Comment for Items Not on the Agenda. Normally, this first public comment session is limited to 20 minutes, but the council agreed to double that to hear all the speakers—in person and on Zoom—who'd shown up to speak that evening.

The first person to speak was Michelle Sawyer, one of the founders of Micah's Hugs, who accused the council of making an uninformed decision based on fear-mongering and stigmatizing language. She said

she realized they'd done this out of concern for public safety, but that that concern was misplaced, as Narcan had the potential to save children's lives—and the lives of many others—not harm them.

One by one, people who'd lost family members to fentanyl overdoses, government harm reduction experts, pharmacists, recovering addicts and others stepped forward to beg the council to reconsider their decision.

How did this happen?

The idea of putting a Narcan distribution box—which would be free and accessible to anyone—in downtown Sebastopol was first mentioned at a council meeting on September 16, 2025, when the Sawyers gave a presentation about Micah's Hugs to the city council. During this presentation, they mentioned a new program they were starting, where they were re-purposing old newsstands to use as free Narcan distribution boxes. A local businesswoman, Breanna Christenson, who was attending the council meeting that night, volunteered to host one in front of her business, BC Therapeutics, at 207 N. Main St.

At the time, most of the council seemed enthusiastic about this concept.

It took several months to get this on the council agenda, but at the January 20 city council meeting, the council was asked to consider co-sponsoring a repurposed newspaper stand for Narcan in front of Breanna's business. The city was required to co-sponsor the box because it would be located in a city right-of-way on Main Street. In the staff report, city staff recommended that the council approve the co-sponsorship. Many assumed this would be a slam-dunk, including Micah and Michelle Sawyer, who were so certain that it would pass that they didn't even attend the meeting, thinking it a done deal.

Mayor Jill McLewis led the offensive by questioning the need and safety of having a free and public Narcan distribution box that could be accessed by anyone, including children. She asked why the box, which was originally going to be placed on private property, was suddenly now being put in the public right of way. Given her past experience, she worried about city liability.

"I'm a licensed respiratory therapist who worked in a hospital for 20 years, and I've assisted and given Narcan over 1,000 times, just because it's easy for the elderly to be over-medicated when you're working in a SNF unit [Skilled Nursing Facility]. And every time we have to actually secure the people with their arms and their legs, because when you give Narcan, it causes a violent reaction...they hit, they spit, they bite. There's a lot of different reactions that can happen. So the liability portion of that is what I'm wondering about. So if someone gives Narcan on the street and someone gets injured, where's the liability?"

She was not reassured when City Attorney Alelx Mog said, "The only way to eliminate any liability for the city is to not do that," meaning not to have the city co-sponsor the box in a public right of way. "Liability can be further limited by having the person who's willing to sponsor it obtain insurance and agree to indemnify the city."

In public comment at that same meeting, Oliver Dick warned darkly that Narcan had been “weaponized” by gang members—something this reporter was unable to substantiate.

Other councilmembers, including Phill Carter, Sandra Maurer and Neysa Hinton, worried about having a box with Narcan that anyone, including curious children, could access anytime. In the end, this concern, more than any other, won the day, and council voted against sponsoring the box.

Unfortunately, there was no one in chambers at that January 20th council meeting—no medical or legal experts—that could have told councilmembers what Narcan advocates swore was the truth: that Narcan (also known as naloxone) has literally zero effect on people who don’t have opiates in their system and that the state of California has virtually indemnified from liability anyone who administers Narcan or distributes it (including municipalities).

Tuesday’s testimonies

These points were driven home in comment after comment at this week’s Feb. 3 city council meeting.

Shelley Alves, a health program manager with Sonoma County’s Department of Health Services, made the public health case for free Narcan distribution.

I’m here this evening in an informational capacity to share public health context related to naloxone access and the overdose prevention and to support continued education and informed discussion on this topic. From a public health perspective, naloxone is recognized by both the Center of Disease Control and Prevention and the California Department of Public Health, as well as the local Sonoma County Department of Public Health, as a safe and effective medication used to reverse opioid overdoses. It works by restoring breathing when opioids have slowed or stopped respiration. Naloxone has no abuse potential and has no effects if opioids are not present. State and federal public health agencies consistently identify increased naloxone availability as a key component of overdose prevention efforts, particularly in the context of the ongoing opioid crisis in California. The California Department of Public Health has emphasized that community access to naloxone, paired with education, is associated with reduction of overdose-related deaths...The CDC does not identify naloxone distribution as a public safety risk for any person of any age. While naloxone can bring on opioid withdrawal, which may be uncomfortable and disorienting, public health data does not support the idea that naloxone access leads to increased violence or community harm.

Elementary school teacher Sam Prohoroff addressed the legal question of legal liability.

Regarding liability with naloxone, California law is very clear about this. Under the state’s Good Samaritan Law and naloxone immunity statutes, individuals who administer naloxone in good faith are protected from civil liability, and entities that distribute naloxone, including cities, are also protected. There’s no requirement that a person be medically trained to administer naloxone, and there’s no documented pattern of cities being held liable for injuries resulting from bystander administration. The greater legal and ethical risk is knowingly restricting access to a life-saving tool that is widely recognized as safe over the counter and protected by statutes.”

The *Sebastopol Times* followed up with Micah’s Hugs’ Michelle Sawyer to get the specifics on the legal question. She wrote back as follows: “I believe the speaker was referencing two protections under California law. The first is the Good Samaritan statute (Health & Safety Code §1799.102), which protects individuals who provide emergency aid, including naloxone, in good faith. In addition, California Civil Code §1714.22 specifically provides liability protection for entities, including municipalities, nonprofits and organizations that prescribe, distribute, or train others to administer naloxone. These laws were created to ensure that fear of legal exposure does not prevent communities from making overdose-reversal medication available.”

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Some of the most moving public comments addressed people’s personal experiences with the opioid epidemic. A woman named Chantal, who said she was appalled by the gross misinformation on display at the last council meeting, gave this searing testimony.

I’m a millennial, and the opioid battle is very specifically my generation’s battle. I know firsthand the detriment the opioid epidemic has caused. I was 12 years old the first time I saw a kid steal pain killers from their parents. I was 13 years old the first time I saw someone decide to snort those painkillers. I was 14 the first time I had to call 911 for a friend. I was 15 the first time I lost a friend to an overdose. The helplessness I felt in these situations still shakes me—clearly. I’ve witnessed this drug take over my friends and family. I recently just came back from visiting my cousin who has had two brain surgeries and a heart surgery due to not having proper intervention early on in his overdose, which could have been prevented by having access to Narcan—without going and paying \$50 at CVS, or having to ask a store clerk or having to go and do anything that’s going to be deemed shameful or potentially get them in trouble.

Two members of the George family, who are Native American, spoke about the loss of their 16-year-old son and brother. Valerie George, the boy’s mother, explained that there is an extraordinary amount of stigma around drug use in the Native community. In spite of that, she said, “I’ve been able to get a Narcan distribution box in front of our local clinic here in Santa Rosa. We have a Narcan box on the reservation. We have a Narcan box in the Kashia Tribal office. If Native Americans can get past the stigma, so can the city of Sebastopol.”

Several speakers reminded the council that fentanyl is not just a problem for drug addicts. The prevalence of fentanyl-laced pills of all types puts even casual drug takers (like kids at a party) at risk.

Speaking of the council discussion at the previous council meeting, Sawyer said, “We were disheartened to hear repeat references to “drug users”—as if naloxone exists only for one type of person. That framing is harmful and inaccurate. Naloxone is not for “them,” it’s for all of us. It’s for families, friends, classmates, coworkers and bystanders. Overdoses don’t only happen to people we label. They happen to people we love. Scare-based narratives actively undermine the work we’ve been doing to change the

stigma, encourage openness and get life-saving tools into the hands of people before an emergency happens. Shame does not prevent overdoses. Silence does not prevent overdoses. Preparedness does.”

One of the most interesting comments came from Kimberly Saxelby of Sax’s Joint, which has a Narcan distribution box outside of the cafe. She read an email from someone with the subject line, “You saved a life yesterday.” The letter said that the Narcan the email writer had taken from the box at Sax’s Joint had been used to save someone’s life in Petaluma.



Micah and Michelle Sawyer with Tiffany and Kim Saxelby next to the Narcan distribution box in front of Sax’s Joint. (Photo from Micah’s Hugs)

The question of liability

During a break at Tuesday’s meeting, Councilmember Maurer asked City Attorney Alex Mog about the liability question. Mog said there was still a risk of liability for the city, even though that risk was very low. (Bottom line: Anyone can sue anyone for anything—whether it’s reasonable or not.)

In preparing to bring this issue before the council, city staff requested feedback from their risk pool, CIRA, to evaluate the risks associated with a Narcan box. CIRA responded with the following statement, which was printed in the staff report:

“Barring any laws that prevent the distribution in this manner, we believe the risk can be transferred. We would recommend treating this situation similarly to a restaurant placing tables outside its business in the City’s right of way, where the City would require indemnification and insurance as part of an encroachment/license agreement. While we understand that it’s difficult to overdose on Narcan, we would recommend requesting coverage limits as required by the City’s encroachment permit. This way, if an incident occurs, the nonprofit would be potentially liable. If the City opts to deploy Narcan itself, there is currently no exclusion to the CIRA or PRISM MOC. We have heard that some cities are making Narcan available within their facilities so they can monitor its use. We are unaware of any that has placed a dispenser outside that is always available to the public. If the City chooses this option, it may be liable in the event of an incident.”

Michelle Sawyer said other cities haven’t had these qualms—or if they did, they overcame them.

“We have not had to indemnify or carry insurance for the boxes that we have previously placed,” she said. They currently have boxes in front of Sax’s Joint and The Mail Depot in Petaluma, at Napa Auto in Cloverdale, and at the Russian River Senior Center in Guerneville.

“We are working with the Sonoma County Library, and we will be placing a box at the 211 E. St. Santa Rosa location,” Sawyer wrote the *Sebastopol Times*. “We have plans for one at the Windsor Library, Healdsburg Library, and the Cloverdale Library. We had plans for the Sebastopol Library until the council denied our box location at the previous meeting. The library assumed they would’ve denied us placing one at the [Sebastopol] library since it’s owned by the city. However, we are getting added back to the agenda to discuss other locations and so far, two council members have expressed a desire to have our box housed at the Sebastopol Library.”

Going forward

Those two councilmembers are Phill Carter and Stephen Zollman—the latter of whom was the only vote in favor of putting the Narcan box on Main Street.

After listening to all the comments at Tuesday’s meeting, Councilmember Phill Carter admitted he’s having second thoughts about having voted no. “I should have done more research,” he said. “I really had no idea that Narcan was, like, inert if you don’t have opiates in your system.”

Carter said he was working with Councilmember Zollman to bring the issue back to council as a proposal that would include multiple possible sites for Narcan distribution in Sebastopol.