

File No. 210946

Committee Item No. 1

Board Item No. 36

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Comm: Public Safety & Neighborhood Services

Date: Oct. 14, 2021

Board of Supervisors Meeting:

Date: Oct. 26, 2021

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution - VERSION 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
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| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public Correspondence |

OTHER

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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>SF AIDS Foundation Presentation – October 14, 2021</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>RTI Presentation – October 14, 2021</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>SIC Presentation – October 14, 202</u> |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Prepared by: John Carroll

Date: Oct. 8, 2021

Prepared by: John Carroll

Date: Oct. 22, 2021

Prepared by: John Carroll

Date: _____

1 [Urging and Supporting Declaration of Local Emergency: Overdose Crisis]

2

3 **Resolution urging and supporting Mayor London N. Breed in proclaiming a declaration**
4 **of the existence of a local emergency around the overdose crisis and immediately**
5 **implementing overdose prevention sites.**

6

7 WHEREAS, The United States has seen a dramatic and historic rise in drug overdose
8 deaths since the beginning of the 21st century; in a 12-month period ending in
9 December 2020, more than 93,000 people nationwide have died from drug overdose, the
10 largest number of drug overdose deaths for a 12-month period ever recorded; and

11 WHEREAS, San Francisco has already seen 404 deaths due to overdose this year,
12 from January 2021 through July 2021; in the 12-month period between January 2020 and
13 December 2020 San Francisco lost 719 people due to overdose, compared to 257 deaths due
14 to COVID-19 disease; and

15 WHEREAS, Synthetic opioids and illicitly manufactured fentanyl entering the drug
16 supply have accounted for nearly 60% of overdose deaths in San Francisco, and overdose
17 deaths involving cocaine and psychostimulants have also been increasing; and

18 WHEREAS, The persistence and severity of the drug overdose epidemic calls for
19 innovative and patient-centered strategies to prevent deaths and reduce other harms from
20 drug use, while expanding access to evidence-based treatment; and

21 WHEREAS, Safe consumption sites (SCS), also known as supervised injection
22 facilities (SIFs), and overdose prevention sites (OPS), are places where people may consume
23 previously obtained drugs in a safe environment under supervision without fear of arrest. The
24 term OPS focuses on the overall purpose of these sites, and the shift to refer to them as OPS

25

1 rather than SIFs or SCS reflects an effort to reduce stigma and emphasize their public health
2 goals; and

3 WHEREAS, Around the world, these sites have been established in response to
4 community recognition of local need; the goals of OPS are primarily to prevent deaths and
5 reduce harms from drug use that could otherwise result in transmission of HIV and/or hepatitis
6 B and C, skin infections, and other ongoing health challenges; and

7 WHEREAS, Overdose prevention sites provide linkages to substance use disorder
8 treatment, primary health care, and other services, reduce public drug use and improperly
9 discarded syringes, and reduce barriers to care for marginalized and hard-to-reach
10 populations, including people who engage in sex work, people who are experiencing
11 homelessness or housing insecurity, and people with a history of incarceration; and

12 WHEREAS, On April 11, 2017, the San Francisco Board of Supervisors enacted a
13 resolution charging the Department of Public Health (DPH) with convening a Safe Injection
14 Services Task Force whose goal is to develop recommendations on the operation of overdose
15 prevention programs in San Francisco; and

16 WHEREAS, The San Francisco Safe Injection Services Task Force released its final
17 report and findings in September 2017 and the top recommendation was to support the
18 creation of overdose prevention services in San Francisco. “The rise in public injection drug
19 use and its harmful public health and safety outcomes has long reached critical mass in the
20 City, and this urgency is commonly felt by members of the Task Force and San Francisco
21 residents alike. Research consistently demonstrates that safe injection services are an
22 evidenced-based harm reduction strategy that can address this public health issue,” the report
23 stated; and

24 WHEREAS, The San Francisco Safe Injection Services Task Force also found these
25 sites do not increase drug injection, drug trafficking, or crime in the surrounding environments,

1 that implementing these sites would not necessarily require any significant or fundamental
2 changes in public policy or law, and they require the same working agreements with social
3 service providers and the police that syringe access, street-outreach, drug treatment and
4 similar health programs receive; and

5 WHEREAS, Per the San Francisco Safe Injection Services Task Force Report, in 2017,
6 Amos Irwin and colleagues published an article titled A Cost-Benefit Analysis of a Potential
7 Supervised Injection Facility in San Francisco, California, USA; at an estimated cost of \$2.6
8 million annually to operate a facility based on the Vancouver program Insite, the researchers
9 found that each dollar spent on overdose prevention sites would generate \$2.33 in savings,
10 for total annual net savings of \$3.5 million for a single 13-booth overdose prevention site; they
11 further found that an overdose prevention site in San Francisco would not only be a cost-
12 effective intervention but also a significant boost to the public health system; and

13 WHEREAS, San Francisco Charter, Section 3.100(14), and Chapter 7 of the San
14 Francisco Administrative Code empower the Mayor to proclaim the existence of a local
15 emergency, subject to concurrence by the Board of Supervisors as provided in the Charter, in
16 the case of an emergency threatening the lives, property or welfare of the City and County or
17 its citizens; and

18 WHEREAS, The overdose crisis is a clear threat to the lives and welfare of the citizens
19 of the City and County of San Francisco, causing the deaths of two San Franciscans a day,
20 on average, and taking the lives of more people than COVID-19 in the last 18 months, despite
21 the reported over 5,000 overdose reversals with naloxone in the first part of 2021 alone, and
22 all available effective means should be deployed to prevent these deaths; now, therefore, be it

23 RESOLVED, That the Board of Supervisors of the City and County of San Francisco
24 urge and support the Mayor in exercising executive powers and responsibilities as defined in
25 San Francisco Charter, Section 3.100(14), and Chapter 7 of the San Francisco Administrative

1 Code to proclaim a declaration of the existence of a local emergency around the overdose
2 crisis; and, be it

3 FURTHER RESOLVED, That the San Francisco Board of Supervisors of the City and
4 County of San Francisco will support the Mayor by concurring with a Mayoral proclamation of
5 emergency on the overdose crisis.

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Supervised consumption services



Community presentation

1. Policy context for a state of emergency – Laura Thomas, SFAF
2. Research background – Alex Kral, RTI
3. Safer Inside Coalition and urgency of the current overdose crisis – Paul Harkin & Daniela Wotke

What are supervised consumption services or safe injection facilities?

- **legally protected places** where
- drug users **consume pre-obtained drugs**
- in a **safe, non-judgmental environment**
and
- may receive **health care, counseling,** and referrals to other health and social services, including **drug treatment**

Insite



2017 SIS Task Force Findings

1. Support creation of safe injection services in San Francisco.
2. Recognize legal and real estate barriers to operating safe injection services and devise necessary contingency plans.
 - “San Francisco must be deliberate in formulating a way forward for local agencies, community organizations, and building owners that includes local protections and procedures to respond to potential legal repercussions.”

From: <https://www.sfdph.org/dph/files/SISTaskforce/SIS-Task-Force-Final-Report-2017.pdf>

Where are we now

State legislation is stalled until 2022 – earliest would go into effect is January 2023.

New Federal Administration – no statement of position yet

Negative ruling in Third Circuit for Safehouse case

Increasing urgency of overdose crisis in San Francisco

California legislation

AB 2495 (2016):
Not voted on

AB 186 (2017-
2018): Vetoed by
Gov. Brown

AB 362 (2019-
2020): Passed
Assembly in 2019.
Not voted on in
Senate.

**SB 57 (2021-
2022): Passed
Senate. On hold
in Assembly until
2022.**

Creates legal
protections for
staff, volunteers,
participants, and
program
operators, for
programs allowed
by the local health
jurisdiction.

Changing Local Policy Environment

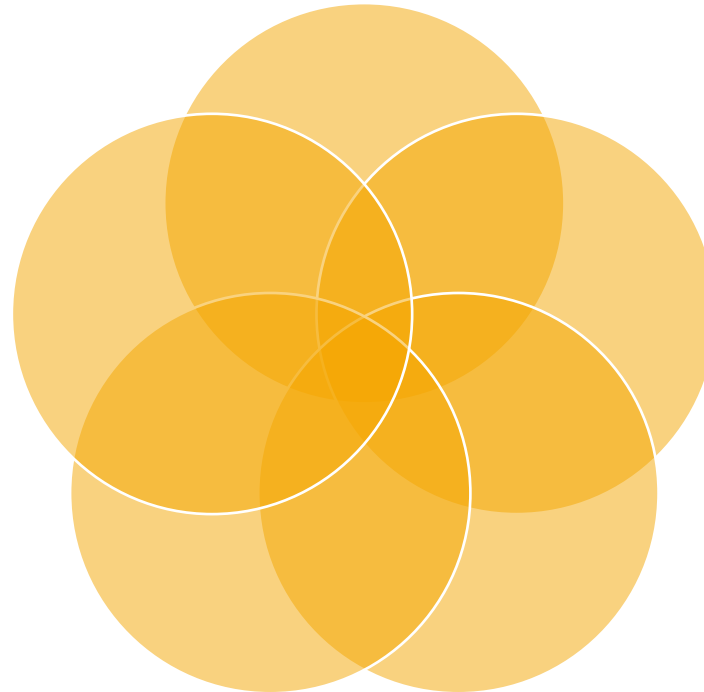
Mental Health/SF &
Our City, Our Home

SFDPH gathering
input and planning
for SCS
implementation

Newly
funded/expanded
overdose initiatives,
including treatment
expansion

Board of
Supervisors-
created permit
process (2020
ordinance)

Incoming City
Attorney Chiu



National policy context

- Rhode Island passed state legislation authorizing SCS – planning to open in March 2022
- *Safehouse* case: amicus brief signed by 80 prosecutors and law enforcement leaders, September 2021
- American Society of Addiction Medicine issued policy statement of support for SCS, July 2021

Newspaper editorial support

EDITORIAL *On Overdoses*

Deadly dithering over drug crisis

Judging by the number of lives lost, San Francisco's overdose crisis dwarfs its COVID danger. The official response — not so much.

An Assembly committee this week bottled up legislation by state Sen. Scott Wiener, D-San Francisco, to allow life-saving supervised injection sites in San Francisco, Oakland and Los Angeles, promising at least six more months of deadly dithering over a bill Wiener and local officials have advocated for years.

Assembly Member Jim Wood, the Santa Rosa Democrat who chairs the chamber's Health Committee, said he wanted to give U.S. Attorney General Merrick Garland more time to formulate a position on the legality of the facilities, calling it "the prudent thing to do." But there's nothing prudent about the state and federal failure to take a small political risk with lives on the line.

Seven hundred people died of drug overdoses in San Francisco last year, more than twice the number lost to COVID-19 during that period and a

59% increase over the previous year's toll. The most recent statistics suggest this year's losses could be greater. The rapid growth of fatal overdoses is driven by use of the powerful opioid fentanyl, the spread of which threatens more cities in California and the West with comparable losses.

Safe injection sites provide users with access to addiction treatment and medical assistance as well as an alternative to train stations and city sidewalks. Despite the qualms of misguided moralists and drug warriors, research has shown they prevent over-

dose deaths and disease without promoting more drug use. They have been legal in Canada, Australia and Europe for years.

Former Gov. Jerry Brown nevertheless vetoed a bill to allow the sites in San Francisco in 2018, while the Trump administration threatened to prosecute anyone who opened a site. President Biden is expected to be less hostile to the idea, and Gov. Gavin Newsom has said he is "open" to it, though neither appears to be going out of his way to change policy. The mayors of San Francisco, Oakland and other cities have urged the Biden administration to clarify its position to no avail.

In signing the first state law clearing the way for safe injection sites this week, Rhode Island's governor provided an example of leadership that Cali-



Nick Otto / Special to The Chronicle 2020

Paramedics treating an overdose victim in San Francisco's Tenderloin last year.

ifornia policymakers should emulate. Given the danger to their constituents, waiting for official permission from Washington is tantamount to waiting for more people to die.

“Skittishness over overdose-prevention facilities, also known as safe injection sites, is destructive and, too often, grounded in cowardly political calculation.”

– *Los Angeles Times*,
9/17/2021

Public health state of emergency

Recognition that overdose deaths are an emergency in San Francisco

Statement of intention by the city to open services

Answer the community call to action

Support non-profits willing to operate services

Not the only possible legal strategy



Historical use of Public Health State of Emergency

- COVID-19 (2020)
- Syringe access (1993)
 - Initially declared by Mayor Frank Jordan
 - Repeated every two weeks by the Board of Supervisors
 - Used to authorize and fund syringe access in CA until state law was changed in 2005
 - Provided legal cover for SFAF to operate services

San Francisco Board of Supervisors Public Safety and Neighborhood Services Committee Hearing on Overdose Prevention Sites

October 14, 2021

ALEX H. KRAL, PHD
DISTINGUISHED FELLOW
RTI INTERNATIONAL



Evaluation of an Unsanctioned Safe Consumption Site in the United States

6 Citing Articles

August 6, 2020

N Engl J Med 2020; 383:589-590

DOI: 10.1056/NEJMc2015435

Metrics

TO THE EDITOR:

Table 1. Injections, Opioid-Involved Overdoses, and Overdose Deaths at an Unsanctioned Safe Consumption Site, 2014 through 2019.*

Year	Injection Events	Opioid Overdoses	Overdoses per 1000 Injections	Overdose Deaths
2014	350	0	0.00	0
2015	1,076	1	0.93	0
2016	1,536	1	0.65	0
2017	1,759	3	1.71	0
2018	2,867	13	4.53	0
2019	2,926	15	5.13	0
Total	10,514	33	3.14	0

Reduced emergency department visits and hospitalization with use of an unsanctioned overdose prevention site for injection drug use in the US

Lambdin, Davidson, Browne, Suen, Wenger, and Kral

Under review at a peer-reviewed medical journal

People using the overdose prevention site were:

- 27% less likely to visit the emergency department,
- Had 54% fewer emergency department visits,
- Were 32% less likely to be hospitalized, and
- Spent 50% fewer nights in hospital.



Contents lists available at ScienceDirect

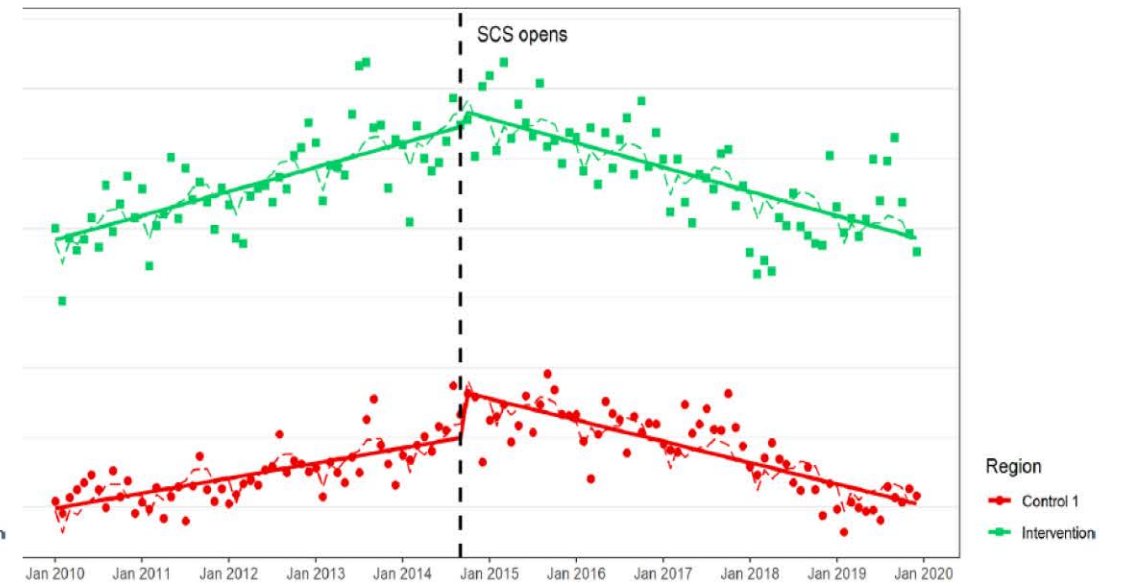
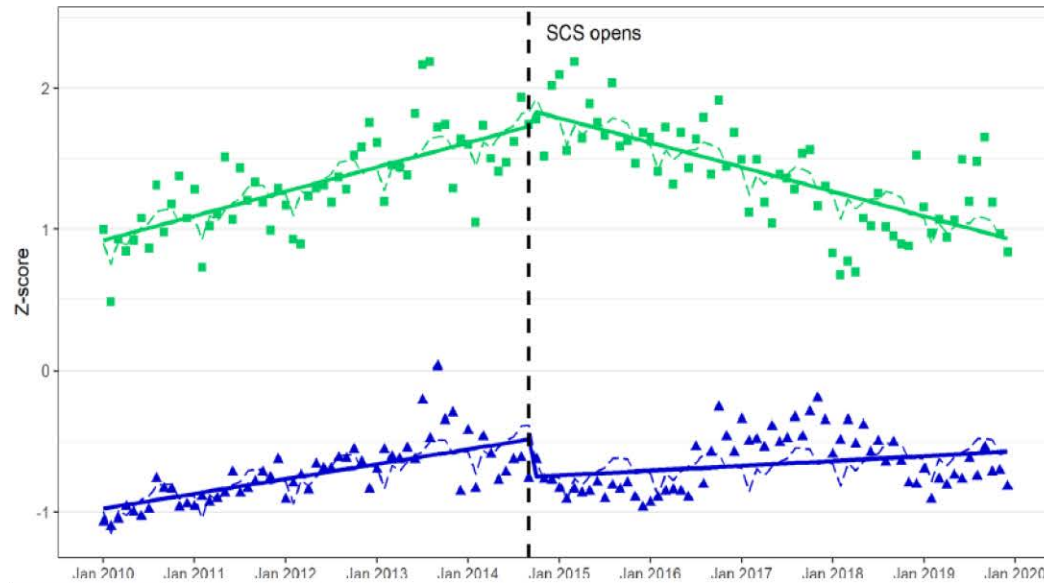
Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019

Peter J. Davidson ^{a,*}, Barrot H. Lambdin ^b, Erica N. Browne ^b, Lynn D. Wenger ^b, Alex H. Kral ^b





Improved syringe disposal practices associated with unsanctioned safe consumption site use: A cohort study of people who inject drugs in the United States

Alex H. Kral^{a, *}, Barrot H. Lambdin^{a, b, c}, Lynn D. Wenger^a, Erica N. Browne^a, Leslie W. Suen^b, Peter J. Davidson^d

^a RTI International, Berkeley, CA, USA

^b University of California, San Francisco, CA, USA

^c University of Washington, Seattle, WA, USA

^d University of California, San Diego, CA, USA

ARTICLE INFO

Keywords:

Safe consumption site

Safe injection facility

Syringe disposal

People who inject drugs

ABSTRACT

Background: Community opposition to safe consumption sites often centers around improper syringe disposal. People are concerned these sites might attract people who inject drugs to the neighborhood, which might in turn lead to more used syringes left in public settings.

Methods: We evaluated an unsanctioned safe consumption site in an undisclosed United States city in 2018–2020 to assess whether use of the site was associated with improper syringe disposal practices. We recruited people who inject drugs (N=494) using targeted sampling methods, and interviewed participants at baseline, 6 months, and 12 months. We employed a quasi-experimental design involving inverse probability of treatment weighting using propensity scores. We used generalized estimating equations and Poisson models to calculate relative risk and incidence rate ratios of improper syringe disposal.

Results: The risk of any improper syringe disposal was comparable among people who used and did not use the unsanctioned safe consumption site in prior 30 days (relative risk 1.03; 95% confidence interval=0.53, 1.17).

The rate of improperly disposed syringes per number of injections in prior 30 days was significantly lower among people who had used the unsanctioned safe consumption site during the same period (incident rate ratio 0.42; 95% confidence interval=0.18, 0.88).

Conclusion: When people used this unsanctioned safe consumption site, they disposed of significantly fewer syringes in public places, including streets, sidewalks, parks, or parking lots, than people not using the site. This study helps allay concerns that implementing safe consumption sites in the US would lead to increases in

A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA

Journal of Drug Issues

1–21

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DOI: 10.1177/0022042616679829

journals.sagepub.com/home/jod



Amos Irwin^{1,2}, Ehsan Jozaghi³, Ricky N. Bluthenthal⁴,
and Alex H. Kral⁵

Abstract

Supervised injection facilities (SIFs) have been shown to reduce infection, prevent overdose deaths, and increase treatment uptake. The United States is in the midst of an opioid epidemic, yet no sanctioned SIF currently operates in the United States. We estimate the economic costs and benefits of establishing a potential SIF in San Francisco using mathematical models that combine local public health data with previous research on the effects of existing SIFs. We consider potential savings from five outcomes: averted HIV and hepatitis C virus (HCV) infections, reduced skin and soft tissue infection (SSTI), averted overdose deaths, and increased medication-assisted treatment (MAT) uptake. We find that each dollar spent on a SIF would generate US\$2.33 in savings, for total annual net savings of US\$3.5 million for a single 13-booth SIF. Our analysis suggests that a SIF in San Francisco would not only be a cost-effective intervention but also a significant boost to the public health system.

Summary of Peer-reviewed Research

Overdose prevention sites help the people who use them by

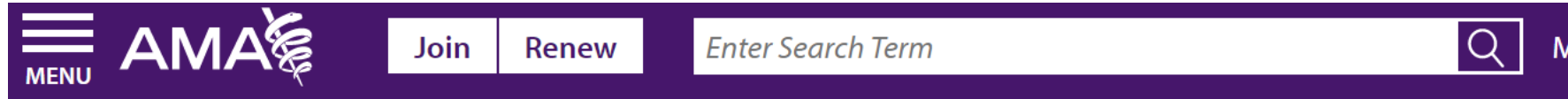
- Preventing overdose deaths
- Preventing emergency department use and hospitalization

Overdose prevention sites help the neighborhoods in which they are located by

- Reducing crime
- Reducing syringes in public settings

Overdose prevention sites save the city money

American Medical Association voted to approve Overdose Prevention Sites in June 2017



assign Schedule I classification to approximately 250 dangerous new synthetic substances identified by the Drug Enforcement Administration since 2012.

In an effort to consider promising strategies that could reduce the health and societal problems associated with injection drug use, the AMA today voted to support the development of pilot facilities where people who use intravenous drugs can inject self-provided drugs under medical supervision.

Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.

“State and local governments around the nation are currently involved in exploratory efforts to create supervised injection facilities to help reduce public health and societal impacts of illegal drug use,” said Dr. Harris. “Pilot facilities will help inform U.S. policymakers on the feasibility, effectiveness and legal aspects of supervised injection facilities in reducing harms and health care costs associated with injection drug use.”

Safer Inside, a Community Coalition Supporting Safer Consumption Services 2014 – Present

**By Paul Harkin
&
Daniela Wotke**

Safer Inside: Brief History

- In 2014 Some members of “The Golden Gate Safety Committee” 100 Block in the Tenderloin were very concerned about discarded syringes on the streets and the sheer scale of public drug consumption and drug sales.



Kids from Demarillac Academy and other locals attend a 4 Corners Friday Event in the TL, organized by the Golden Gate Safety Committee.

Safer Inside: Brief History

- **Question:** Who do the Department of Public Health usually turn to, when the community is criticizing their programs?
- **Answer:** The community programs.



SFDPH staff, Tracy Packer and Eileen Loughran, brought in some members of the Syringe Access Collaborative to attend meetings with Golden Gate Safety Group to address community concerns. These meeting evolved into a partnership of community stakeholders, which included significant support from Tenderloin Health Improvement Partnership.

Safer Inside: Brief History

- What is the Tenderloin Health Improvement Partnership (TLHIP) ?

tenderloinhip

health improvement partnership



saintfrancisfoundation.org/tenderloinhip

TLHIP is a multi-sector collective impact partnership committed to improving health and well-being in the Tenderloin by aligning priorities, resources and activities to create pathways to health for residents.

In 2015, TLHIP convened local stakeholders to explore community concerns about environmental trauma and persistent traumatic stress arising from **public injection drug use and improperly discarded syringes** in the Tenderloin.

Safer Inside: Brief History

- Tenderloin Health Improvement Partnership (TLHIP) took a leadership role and **Safer Inside Coalition was created with the goal of establishing Safe Consumption Sites.**

Dataway Systems
DeMarillac Academy

People who use Injection Drugs
Homeless Youth Alliance

Drug Policy Alliance
Episcopal Community Services

Mayor's Office of Economic and Workforce Development
RTI, San Francisco

Glide
Gubbio Project
Healthright 360

San Francisco Dept. of Public Health
San Francisco Dept. of Public Works
San Francisco Drug Users Union

Hospitality House
St. Anthony Foundation

San Francisco Planning Dept.
San Francisco Police Dept.

Saint Francis Foundation
Saint Francis Memorial Hospital
San Francisco AIDS Foundation

San Francisco District Attorney's Office

Tenderloin Neighborhood Development Corporation
Urban Survivors Union

University of California San Francisco

Safer Inside: Brief History

What are the goals of *Safer Inside*?

Implementing legally sanctioned SCS in the Tenderloin will:

- Reduce environmental trauma from public injecting
- Reduce the incidence of improperly disposed drug paraphernalia in the neighborhood
- Improve individual drug user health
- Reduce the impacts of stigma
- Reduce OD mortality
- Improve the health of the Tenderloin community

Safer Inside: Brief History

- Tenderloin Health Improvement Partnership (TLHIP) took a leadership role and **Safer Inside Coalition** was created with the goal of establishing **Safe Consumption Sites**.



Safer Inside held Community Forum on SCS at Boeddeker Park Community Space



Barbara Garcia, at Task Force meeting

Safer Inside: Brief History

- “You don’t want to see me use drugs, and I don’t want you to see me use drugs. A SIF will meet both our needs” - Seven



Holly, Executive Director, SFDUU gives a powerful presentation to the Board of Supervisors Committee Hearing October 25, 2017

Safer Inside: Brief History

- “I don’t want to use drugs in public,
- especially in front of children” - Kyle



PWUD from the community give compelling speeches to Supervisors,
San Francisco Health Commission Hearing – Nov 7, 2017

Safer Inside: Brief History

“I don’t want to die of an overdose alone”
- Johnny



San Francisco Health Commission Hearing – Nov 7, 2017

Safer Inside: Brief History

The Safer Inside 4-day exhibition of an SCS, hosted by Glide during August 2018. This action generated massive favorable media coverage, including glowing praise from the now Mayor, London Breed



Mayor London at Safer Inside Exhibition, Glide Foundation, on Wednesday, Aug. 29, 2018.



Miss Ian, SFDUU Executive Director, giving a tour of Safer Inside Exhibition at Glide. August 2018.

Safer Inside: Brief History

The Brown Veto! A severe blow to the Safer Inside Coalition, a major setback that results in diminished participation with the group, which continues to meet monthly.

Jerry Brown vetoes bill to allow nation's first safe injection site.

October 5, 2018



California Gov. Jerry Brown's veto of a bill that would have allowed San Francisco to open the nation's first sanctioned safe injection site disappointed advocates and paused one experimental effort to fight the opioid epidemic.

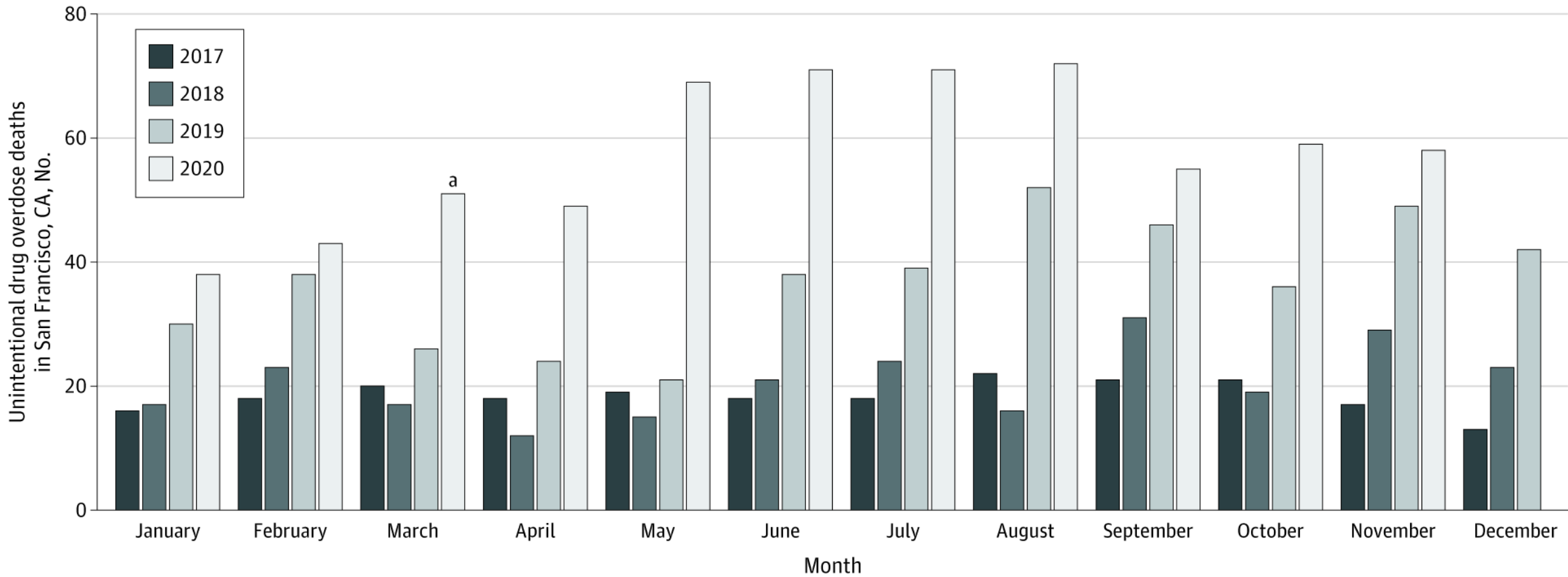
Daniela Wotke, Safer Inside Member & Overdose Survivor

Why are We Still Waiting?

Safe Consumption Sites benefit the whole community.

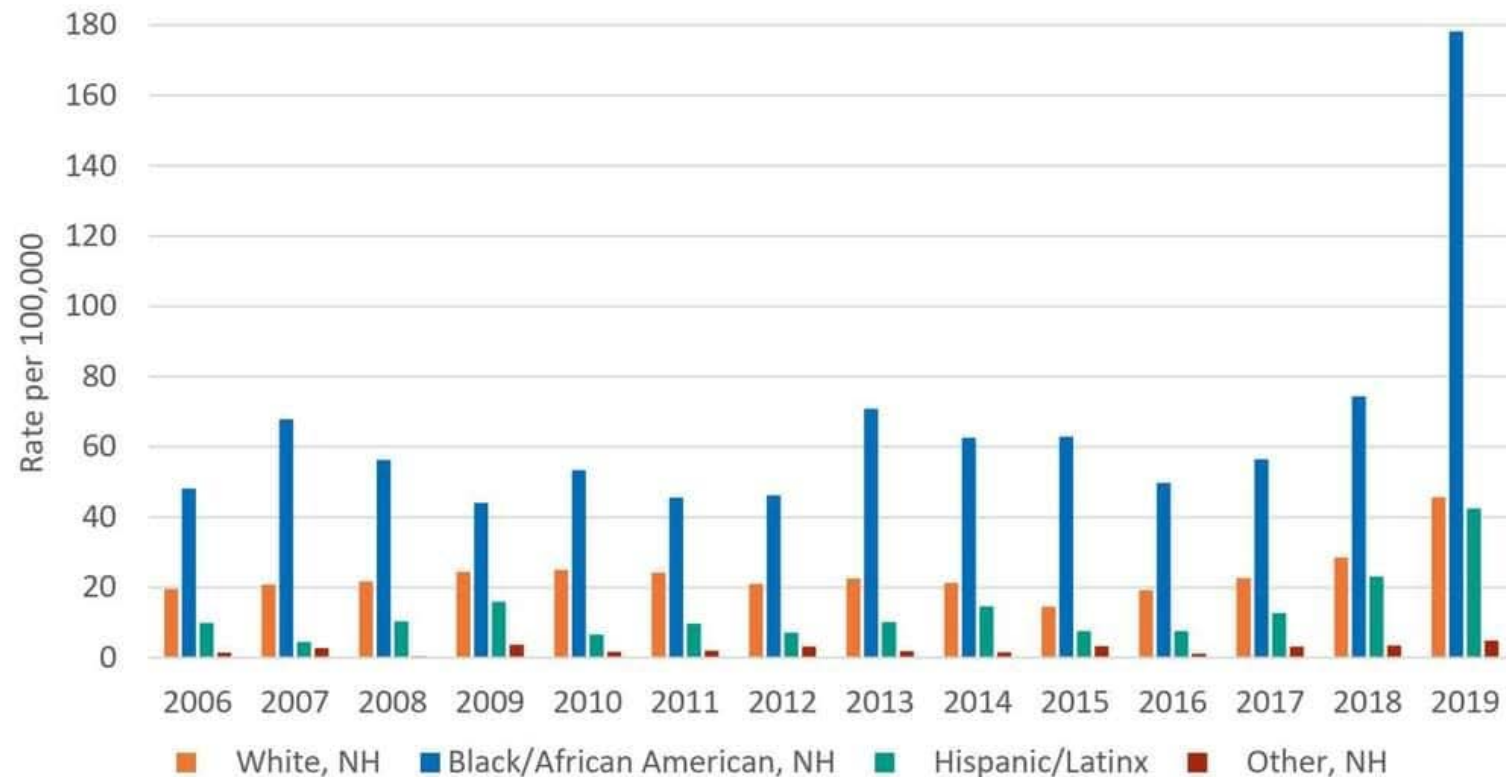
- Promote safer drug using practices + healthy behaviors
- Attract marginalized populations
- Reduce morbidity and mortality
- Reduce public drug use
- Reduce discarded syringes and drug paraphernalia
- Help to reduce the stigma experienced by PWUD
- Act as a bridge to other health services, including SUD Treatment
- Improve public spaces in areas surrounding urban drug markets
- Sends a powerful message of treating PWUD with compassion

Urgency of San Francisco Overdose Crisis



Racial disparities in overdose deaths

Figure 10: Rate of Opioid Overdose Deaths by Race/Ethnicity in CCSF, 2006–2019



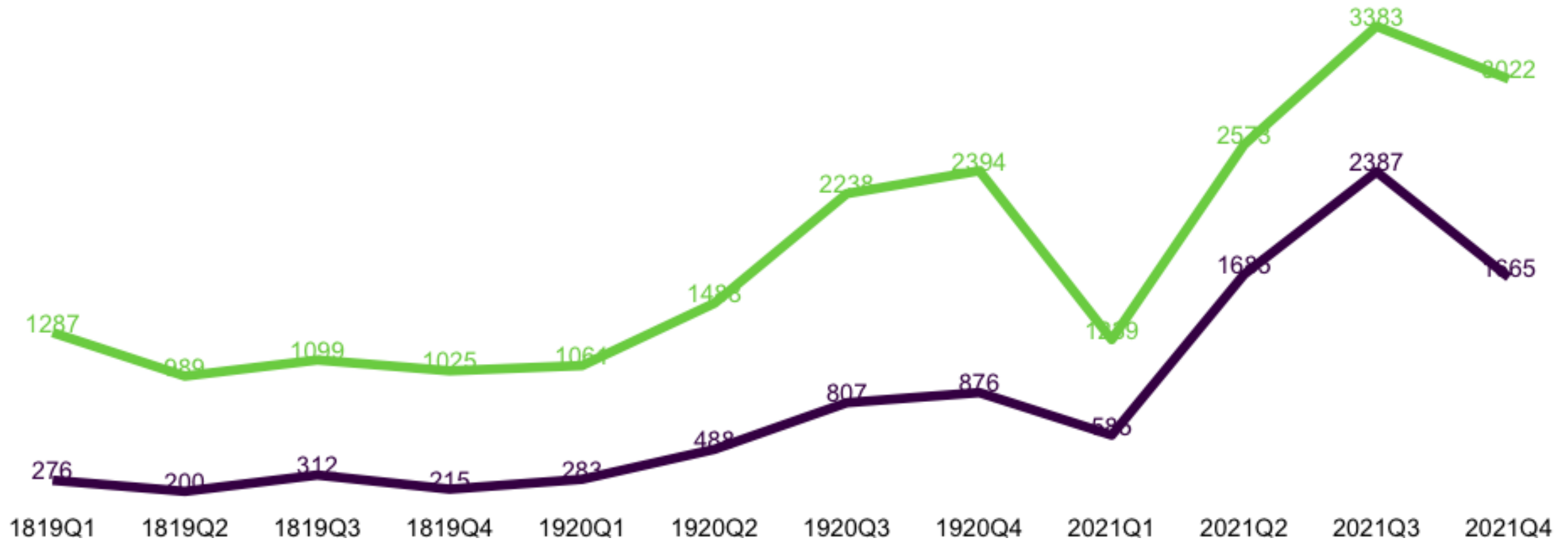
Rate is calculated per 100,000 CCSF population. Substance-related overdose deaths were identified using textual cause of death fields. Homicides and suicides were excluded. NH=non-Hispanic.

Sources: Overdose mortality obtained from the California Electronic Death Registration System (CA-EDRS) via the Vital Records Business Intelligence System (VRBIS).

Overdose reversals have more than tripled in the last few years

Figure 17: Naloxone trainings and OD Reversals

■ # of overdose reversals reported ■ # of people trained to administer Naloxone



Overdose Awareness Day, Call to Action



From: [Carroll, John \(BOS\)](#)
To: "Sarah Bourne"; [Board of Supervisors \(BOS\)](#)
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:48:00 PM
Attachments: [image001.png](#)

Thank you for your message.

I am adding it to the file for this matter, and by copy of this email to the board.of.supervisors@sfgov.org email address, it will be forwarded to the full membership of the Board of Supervisors for their consideration.

John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

(VIRTUAL APPOINTMENTS) To schedule a virtual meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services.

 Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form.

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

From: Sarah Bourne <sarah.j.f.bourne@gmail.com>
Sent: Thursday, October 14, 2021 2:14 PM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Chair Mar and Supervisors,

My name is Sarah Bourne and I live in District 2. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As a physician in San Francisco, I have witnessed first-hand the impact of the opioid epidemic. I have seen not only the impact of opioid overdoses in the emergency department but also the ripple effects of the epidemic on children and families. As a pediatrician, I have taken care of children who have lost parents to substance use. I have also taken care of many teenagers who have struggled with substance use disorder. I also volunteer in the Tenderloin, and in talking to families who live there have come to understand the impact that the lack of supervised consumption sites has had on children and families who live in the Tenderloin. Therefore, it is not only important to implement overdose prevention sites for those who use substances but also for the broader community in an attempt to address this public health crisis.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

As a physician, I also understand that substance use is a mental illness which requires medical intervention to treat, and that harm reduction in the form of safe consumption sites is a critical public health intervention to decrease the rates of overdoses and decrease some of the ripple effects of the substance use crisis in our city.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

From: [Carroll, John \(BOS\)](#)
To: "Minaya, Katherine"
Cc: [Calvillo, Angela \(BOS\)](#); [Board of Supervisors \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:48:00 PM
Attachments: [image001.png](#)

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John Carroll
Assistant Clerk

Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
(415) 554-4445

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From: Minaya, Katherine <Katherine.Minaya@ucsf.edu>
Sent: Thursday, October 14, 2021 2:05 PM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

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Dear Chair Mar and Supervisors,

My name is Katherine Minaya, I live in The Tenderloin/SOMA. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

Katherine Minaya, M.D.

UCSF Pediatrics, PGY-3

PLUS: Pediatric Leaders Advancing Health Equity

Katherine.Minaya@ucsf.edu | she/her

From: [Carroll, John \(BOS\)](#)
To: "Kristen Moore"
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:47:00 PM
Attachments: [image001.png](#)

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From: Kristen Moore <kristenmmoore@gmail.com>
Sent: Thursday, October 14, 2021 9:06 AM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

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Dear Chair Mar and Supervisors,

My name is Kristen Moore, I live in District 8, and work in both Districts 6 and 9. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

This issue is incredibly important to me as a psychotherapist who specializes in harm reduction for substance use and also serves as the Director of Programs for San Francisco SafeHouse, a non-profit here in San Francisco that works with women who have experienced sexual exploitation and gender-based violence. I support overdose prevention sites both as a general intervention to insure those using substances get proper care and support and as a specific intervention for gender based violence. Many unhoused women who use substances are forced to make difficult choices about where and how to use-- using alone can lead to overdose and death but the reality of the clients I work with is that using in groups in unsafe locations often leads to sexual assault and violence. This deepens existing cycles of trauma and creates more barriers to changing patterns of substance use.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, proclaim an emergency on the overdose crisis and immediately implement overdose prevention sites.

Sincerely,
Kristen Moore, District 8

From: [Carroll, John \(BOS\)](#)
To: [Deering, Laura; Board of Supervisors, \(BOS\)](#)
Cc: [Calvillo, Angela \(BOS\)](#)
Subject: RE: Public Safety and Neighborhood Services Committee - Public Comment - File #210946
Date: Thursday, October 14, 2021 4:47:00 PM
Attachments: [image001.png](#)

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From: Deering, Laura <Laura.Deering@ucsf.edu>
Sent: Thursday, October 14, 2021 12:10 AM
To: Carroll, John (BOS) <john.carroll@sfgov.org>
Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: Public Safety and Neighborhood Services Committee - Public Comment - File #210946

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Dear Chair Mar and Supervisors,

My name is Laura Deering, I live in SF district 6, and I am a resident physician in pediatrics. I urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As a pediatrician, I often care for children whose lives are touched by drug use in a wide variety of ways. Some of them have lost family members to drug overdose, others have started to use drugs themselves, and others are deeply affected by the drug use they see every day on their walk to school. I believe implementing overdose prevention sites would aid in reducing the number of overdoses in our community and the ripples of trauma that touch families' lives following such a death.

The United States has seen a dramatic and historic rise in drug overdose deaths. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths due to overdose this year. The persistence and severity of the drug overdose crisis requires innovative and user-centered strategies to prevent deaths and reduce additional attendant harms, while expanding access to evidence-based treatment.

Overdose prevention sites allow people who use drugs to do so in a safe and clean environment, be treated with dignity and respect, and access supportive services, while reducing the traumas associated with public drug use. There has never been a single overdose fatality at any overdose prevention site worldwide.

The overdose crisis is a clear threat to the lives and welfare of the citizens of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. Please, implement overdose prevention sites to address the overdose crisis.

Sincerely,

Laura Deering, MD

From: [Carroll, John \(BOS\)](#)
To: [Board of Supervisors, \(BOS\)](#); michelle.olding@ucsf.edu
Cc: ["Calvillo, Angela \(BOS\)"; Mchugh, Eileen \(BOS\)](#)
Subject: FW: Public Safety and Neighbourhood Services Committee - Public Comment - File #210946
Date: Wednesday, October 13, 2021 3:37:00 PM
Attachments: [Olding et al \(2020\) A low-barrier and comprehensive community-based harm reduction site in Vancouver, Canada.pdf](#)
[image001.png](#)

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John Carroll

Assistant Clerk

Board of Supervisors
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From: Olding, Michelle <Michelle.Olding@ucsf.edu>

Sent: Wednesday, October 13, 2021 2:36 PM

To: Carroll, John (BOS) <john.carroll@sfgov.org>

Cc: Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>

Subject: Public Safety and Neighbourhood Services Committee - Public Comment - File #210946

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Dear Chair Mar and Supervisors

My name is Michelle Olding, I live in District 8 and I am a researcher who studies the implementation and public health impacts of overdose prevention sites. I am writing to urge you to support the immediate implementation of overdose prevention sites in San Francisco.

As you are no doubt aware, the United States has seen a dramatic and prolonged rise in drug overdose deaths that has only worsened during the COVID-19 pandemic. Last year, more than 93,000 people nationwide died from drug overdose, and San Francisco has already seen 457 deaths to overdose this year. The severity and persistence of this overdose crisis calls for innovative, evidence-based and compassionate strategies to prevent further deaths.

The evidence supporting overdose prevention sites is unequivocal: these facilities save lives and make their broader communities safer. Through my doctoral research, I have studied the implementation of overdose prevention sites in Vancouver, Canada as a response to the overdose crisis. I had been fortunate to witness first-hand and document how these sites have been successful in preventing overdose deaths by creating safe, clean, and low-barrier spaces for people to use drugs. One study I have recently published in the American Journal of Public Health found that one such overdose prevention site in Vancouver, Canada had an average of 180 visits each day, reversed an average of one overdose per day, and improved access to health care and substance use treatment. **Critically, there has not been a single overdose fatality at this or any other overdose prevention site operating worldwide.**

The overdose crisis is one of the greatest threats to the lives and well-being of residents of the City and County of San Francisco, causing the deaths of two San Franciscans a day, on average. You have the power to help end this crisis. Please, take action now to prevent future deaths by implementing overdose prevention sites.

Sincerely,

Michelle Olding, MPH, ABD

Visiting Graduate Scholar

UCSF – Dept. of Humanities and Social Sciences

Phone: (415) 568-7162

Email: michelle.olding@ucsf.edu

Pronouns: she/her/hers

A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada

“The Molson” is a low-barrier, peer-staffed, supervised consumption site located in Vancouver, Canada. In addition to overdose response, this site offers drug checking and a colocated injectable hydromorphone treatment program, and it distributes tablet and liquid hydromorphone to service users at high risk of overdose. Our evaluation suggests benefits of this program in creating service continuums and preventing overdose deaths. From September 2017 to August 2019, the site had 128 944 visits, reversed 770 overdoses, and had no overdose deaths. (*Am J Public Health*. 2020;110:833–835. doi: 10.2105/AJPH.2020.305612)

Michelle Olding, MPH, Andrew Ivsins, PhD, Samara Mayer, MPH, Alex Betsos, MSc, Jade Boyd, PhD, Christy Sutherland, MD, Coco Culbertson, Thomas Kerr, PhD, and Ryan McNeil, PhD

Supervised consumption sites provide safer spaces for people to consume drugs while monitored by staff trained in overdose response.¹ We describe a low-barrier, peer-staffed, supervised consumption site in Vancouver, Canada, novel for its integration of drug checking services and programs (1) providing injectable hydromorphone as a treatment of opioid use disorder and (2) distributing hydromorphone (in tablet and liquid form) as a harm-reduction measure to reduce the harms of fentanyl in the illicit opioid supply.

INTERVENTION

The Molson Overdose Prevention Site (OPS) and Learning Lab (“the Molson”) is operated by the Portland Hotel Society (PHS), a nonprofit organization providing housing, health care, and other services. The Molson is a provincially sanctioned low-barrier OPS (e.g., accommodates peer-to-peer assisted injections and drug sharing) staffed primarily by people who use(d) illicit drugs (“peers”). People may ingest, snort, or inject drugs on-site. During an overdose, staff administer oxygen and naloxone and may temporarily close the site to facilitate response or paramedic access. Drug checking

using Fourier-transform infrared spectroscopy and immunoassay test strips are available twice weekly for people to check their drugs for potency and adulteration. Two nurse-run programs distribute physician-prescribed hydromorphone to PHS patients, including a medically supervised injectable opioid agonist treatment (iOAT) and a novel liquid or tablet hydromorphone distribution program.

PLACE AND TIME

Opened in September 2017, the Molson is located in Vancouver’s open-air illicit drug market.

PERSON

People who use drugs.

PURPOSE

In 2016, the provincial government issued a ministerial order directing regional health authorities to establish and fund OPSs to monitor and respond to overdoses.² The Molson aims to

prevent overdose deaths and reduce drug-related harms (e.g., HIV).

IMPLEMENTATION

The Molson OPS is modeled after low-barrier sites initially established by local activists.² Peer staff are recruited primarily through PHS harm-reduction programs and receive training in overdose response. Open daily from 1 PM to 11 PM, the OPS accommodates up to 16 people at a time. A front-desk attendant greets people, records their pseudonym and drug being used, and assigns tables. The Molson operates with a “shared responsibilities code” that stipulates expectations about space use (e.g., no passing money or uncapped syringes). A flexible 15-minute time limit is implemented to prevent wait times, although people may remain in a “chill space” for as long as needed. Starting October 2018, Fourier-transform infrared spectroscopy drug checking became available on Tuesdays and

ABOUT THE AUTHORS

Michelle Olding, Andrew Ivsins, Samara Mayer, Alex Betsos, Jade Boyd, and Thomas Kerr are with the BC Centre on Substance Use, Vancouver, Canada. Christy Sutherland and Coco Culbertson are with the Portland Hotel Society, Vancouver, Canada. Ryan McNeil is with the Yale University School of Medicine, New Haven, CT.

Correspondence should be sent to Ryan McNeil, 333 Cedar St, New Haven, CT 06510 (e-mail: Ryan.mcneil@yale.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This article was accepted January 27, 2020.

doi: 10.2105/AJPH.2020.305612

Thursdays. Wait times for drug checking fluctuate but can reach an hour when there is high demand.

In December 2017, PHS began operating an iOAT program within the Molson, adjacent to the OPS. There are currently 60 people enrolled in iOAT. The program has a separate locked buzzer entrance, and is separated from the OPS by a partial wall with a door. In the iOAT treatment area, enrollees can receive two daily doses of hydromorphone (max = 200 mg/dose) in syringes, a maximum of 400 milligrams per day. Injections are self-administered, or administered intramuscularly by nursing staff. This program operates from 8 AM until 5 PM. Full-time on-site staffing consists of nurses, a program coordinator—mental health worker, and peer workers. A physician and social worker are on-site one to two days a week.

In January 2019, the Molson launched a hydromorphone distribution program. Currently, 59 people receive tablets and 10 receive injectable liquid hydromorphone. Enrollees are prescribed a daily dose of nurse-administered hydromorphone from a station in the OPS. Tablet enrollees receive up to 16 milligrams (two 8-mg tablets) of hydromorphone each hour, for a maximum of 80 milligrams per day. Injectable liquid enrollees receive an equivalent amount. Hydromorphone must be consumed on-site under nurse supervision, and can be taken orally, intranasally, or by injection.

In both hydromorphone programs, patients receive their hydromorphone, concurrent oral therapies (e.g., methadone or sustained-release oral morphine), and any other medications they require (e.g., antiretrovirals).

EVALUATION

We drew from PHS program data and targeted qualitative data collection to characterize program implementation. From August 2018 to August 2019, we conducted 91 interviews with people about their experiences using services, five interviews with peer staff regarding program operations, and 200 hours of ethnographic observation. We thematically analyzed interview transcripts and field notes in NVivo, a qualitative analysis software program (QSR International, Melbourne, Australia).

From September 2017 to August 2019, there were 128 944 visits to the Molson OPS, and staff responded to and reversed 770 overdoses. No overdose deaths occurred on-site. With knowledge of and experience using illicit drugs, peer staff expressed confidence they could assess people's tolerance and prevent overdoses by advising people to start with lower doses. Some peer staff viewed their employment as a form of harm reduction, as financial compensation alleviated pressure to engage in criminalized forms of income generation. The low-barrier model was preferred by people for whom more medicalized models are not desirable, particularly those requiring assisted injecting.

People accessing drug checking reported feeling more knowledgeable about the drugs they consumed and desired increased availability of and specificity from the drug-checking technology. People using opioids were primarily interested in the mixture analysis to determine fentanyl potency and adjust dosage. For people using stimulants (primarily methamphetamine), drug-checking results

were used to avoid fentanyl exposure.

The colocation of the OPS and the iOAT program facilitated connections between treatment and OPS services given both the physical proximity and the connections between iOAT and OPS staff.

People enrolled in the hydromorphone distribution program described the convenience of having the program integrated within a service they already use. However, participants discussed the inconvenience of having to wait when the OPS was full or access was restricted during an overdose. Occasionally, OPS wait times resulted in delayed or missed doses. The operating hours of the OPS were difficult for participants who required opioids in the morning to avoid withdrawal.

The Molson's overdose response extends beyond the site. Staff share information about adulterated drugs with the local health authority, who broadcasts this information to other service providers and people who use drugs through weekly Community of Practice meetings and an anonymous text-messaging service. Approximately 400 peer workers have received training in overdose response through the Molson's learning lab.

ADVERSE EFFECTS

Clinical studies indicate that injectable opioid treatments confer greater risks of adverse effects than oral treatments; however, these risks are minimal compared with those of injecting illicit drugs, especially within the context of widespread fentanyl adulteration, and are mitigated through nurse supervision and treatment of postinjection reactions.^{3,4} The integration of

multiple services in one location presented the challenges of ensuring adequate space for all services, managing noise from the OPS, and maintaining patient confidentiality.

SUSTAINABILITY

Supervised consumption sites have proven cost-effective in preventing overdose deaths and blood-borne diseases.⁵ However, staff burnout and turnover undermine sustainability. As observed at other OPSs, peer workers experience stress and trauma related to poverty and criminalization that is compounded by overdose response, yet they receive minimal financial compensation and benefits.⁶ Peer supervisors receive a living wage (including benefits),⁷ and all staff have access to counseling. Further improvements in peer staff remuneration, job security, and benefits would enhance program sustainability.

PUBLIC HEALTH SIGNIFICANCE

This evaluation indicates benefits of a low-barrier and peer-staffed comprehensive harm-reduction service in preventing overdose deaths and creating a service continuum. It suggests that OPSs are promising sites for colocated iOAT, drug checking, and "safe supply" programs that distribute pharmaceutical drugs to people vulnerable to overdose. Such programs are needed to prevent overdoses, facilitate connections to treatment, and provide alternatives to the toxic illicit drug supply. *AJPH*

CONTRIBUTORS

M. Olding, A. Ivsins, S. Mayer, and A. Betsos collected data, analyzed data, and drafted the manuscript. J. Boyd, T. Kerr,

and R. McNeil oversaw study design and implementation. C. Sutherland and C. Culbertson provided programmatic information. All authors contributed to data interpretation and article revisions.

7. Ivanavoa I, Saugstad L. *Working for a Living Wage: 2019 Update*. Vancouver, Canada: Canadian Centre for Policy Alternatives BC Office; 2019.

ACKNOWLEDGMENTS

This work was supported by the US National Institutes of Health under award number R01DA044181.

This article is dedicated in memory of Sandra Czechaczek, a member of our research team and advocate for harm reduction.

We thank the Molson staff and program users for their participation in this study. We also acknowledge the important contributions of Al Fowler and Sandra Czechaczek to study design and recruitment.

CONFLICTS OF INTEREST

Through independent investments, C. Sutherland's spouse owned stock in a private company (Adamic Pharmaceuticals) involved in development of a naloxone delivery system from April to December 2019, when these were sold at a financial loss to avoid potential conflicts. No other authors have conflicts to declare.

HUMAN PARTICIPANT PROTECTION

This study was approved by the University of British Columbia–Providence Health Care Research Ethics Board.

REFERENCES

1. Kerr T, Mitra S, Kennedy M, McNeil R. Supervised injection facilities in Canada: past, present and future. *Harm Reduct J*. 2017;14(1):28.
2. Wallace B, Pagan F, Pauly B. The implementation of overdose prevention sites as a novel and nimble response during an illegal drug overdose public health emergency. *Int J Drug Policy*. 2019;66:64–72.
3. Strang J, Groshkova T, Uchtenhagen A, et al. Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *Br J Psychiatry*. 2015;207(1):5–14.
4. Oviedo-Joekes E, Brissette S, MacDonald S, et al. Safety profile of injectable hydromorphone and diacetylmorphine for long-term severe opioid use disorder. *Drug Alcohol Depend*. 2017;176(1):55–62.
5. Bayoumi A, Zaric G. The cost-effectiveness of Vancouver's supervised injection facility. *CMAJ*. 2008;179(11):1143–1151.
6. Kennedy M, Boyd J, Mayer S, Collins A, Kerr T, McNeil R. Peer worker involvement in low-threshold supervised consumption facilities in the context of overdose epidemic in Vancouver, Canada. *Soc Sci Med*. 2019;225:60–68.

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Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor inquiries"
- 5. City Attorney Request.
- 6. Call File No. from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.

Sponsor(s):

Haney, Mar, Walton, Mandelman

Subject:

Resolution Urging and Supporting Declaration of Local Emergency: Overdose Crisis

The text is listed:

Resolution Urging and Supporting Mayor Breed in Proclaiming a Declaration of the Existence of a Local Emergency Around the Overdose Crisis and Immediately Implementing Overdose Prevention Sites

Signature of Sponsoring Supervisor: Haney

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