

# San Francisco's Policies & Practices Regarding Substance Abuse Services Compared to Zurich, Switzerland's Four Pillars Approach

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Presentation to:

GOVERNMENT AUDIT AND OVERSIGHT COMMITTEE  
CITY AND COUNTY OF SAN FRANCISCO

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# Can Zurich and San Francisco be compared?

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Population   Culture   Homelessness   Diversity   Fentanyl not widely used



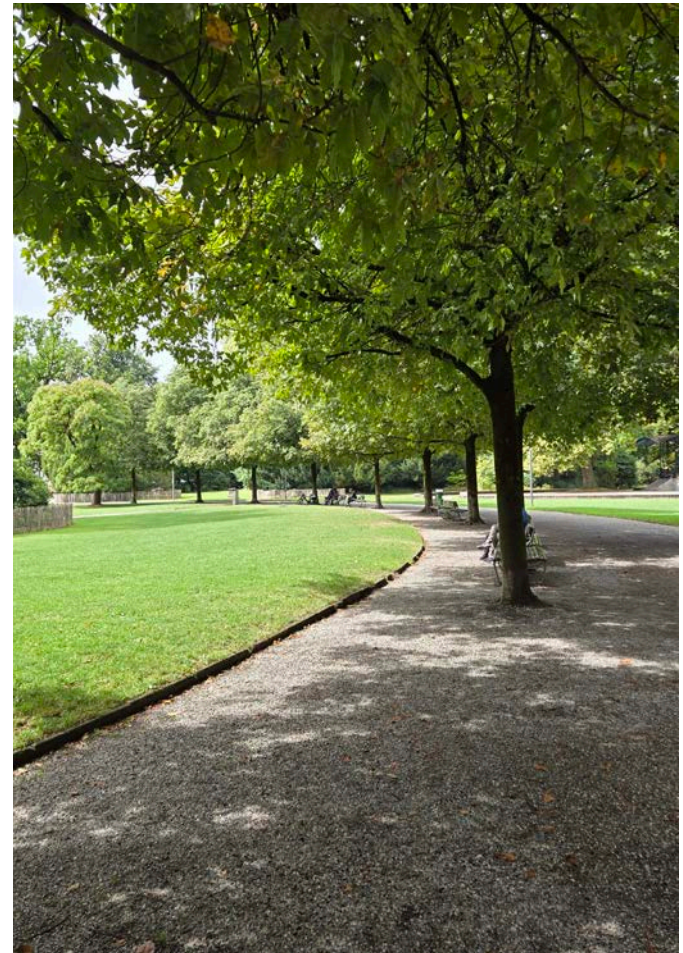
## Platzpitz Park, Zurich. 1990s





# Platzpitz Park, Zurich. 2024

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## Intervening years: Four Pillars approach adopted

Codified in the **Swiss** Federal Narcotics Act

Four Pillars Drug Policy	
<b>Prevention</b>	Prevent the emergence of behavior that could lead to drug addiction.
<b>Harm Reduction</b>	Preserve the quality of life of those affected by drug addiction so they can lead a good quality of life despite their addiction. Harm reduction measures include needle exchange programs, substitution treatment, heroin-assisted treatment, and supervised consumption sites, and do not require abstinence.
<b>Treatment</b>	Support people who are addicted to drugs to enable them to regain control over, or exit, addiction.
<b>Law Enforcement</b>	Implement the existing legal framework for the regulation of alcohol, drugs, tobacco, medicines, and gambling, as well as limit accessibility and availability of drugs, to protect people's health.

## Key Zurich approach: Collaboration between law enforcement and health and social service providers

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- Zurich goal: interagency collaboration to reduce the harm of drug use for people who use drugs and society as a whole through each of the Four Pillars.
- Zurich: police and social services staff interact regularly, including:
  - keeping public space free of drug use.
  - social services staff attend and present Four Pillars approach at police academies.
  - new social services staff accompany police on their shifts.
  - a city council subcommittee on drugs meets 2x/year.
  - ongoing interagency staff committee meetings monitor the city's efforts at dealing with drug use and treatment and work together to solve other problems as they arise.

## San Francisco has not adopted the Four Pillars approach

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- SF employs some Four Pillars principles for substance use problems, but an overarching goal and interagency collaboration have not been not central tenets of San Francisco's approach. Some recent areas of overlap:
  - DMACC established 2023 (mostly law enforcement initiative).
  - DEM and SFPD co-managing street teams.
  - *Update:* 2025 legislation establishes goal for City substance use disorder treatment policy: *long-term remission of substance use disorders for individuals.*
- The City's 2022 Overdose Prevention Plan emphasized harm reduction and treatment, including wellness hubs with safe consumption site. Neither implemented.
  - Plan *updated* December 2024; deleted wellness hubs and safe consumption sites.

# Prevention pillar

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- Zurich provides more prevention services aimed at preventing drug use in the first place; San Francisco's prevention efforts are more often directed at reducing or eliminating the likelihood of overdose fatalities among people already using drugs.
- Only a small fraction of federal and state funding received by the San Francisco Department of Public Health is targeted toward prevention, with the exception of limited youth prevention funds.



## Harm reduction pillar: services in SF

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### *Harm Reduction defined:*

*“Policies, programs and practices that aim to minimize the negative health, social and legal impacts associated with drug use, policies, and laws. Harm reduction services are delivered in a non-judgmental, non-coercive, non-discriminatory manner and **don’t require abstinence** as a condition of support.”*

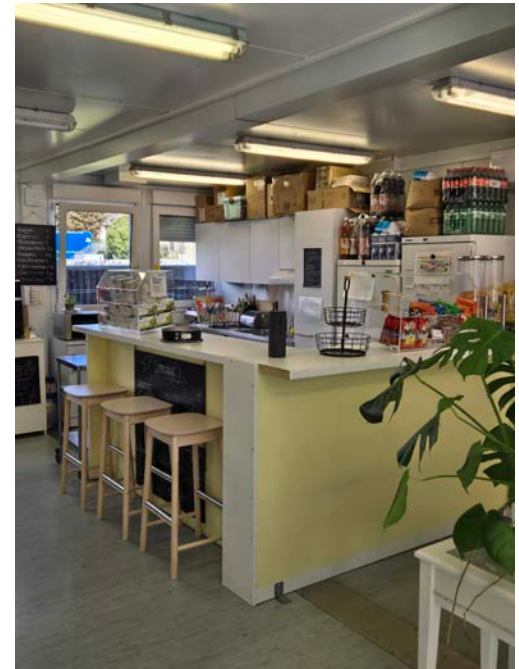
*-Harm Reduction International*

- Syringe access and disposal/safe supplies services
- Sobering centers
- Naloxone distribution, and overdose prevention education and response training education
- Low threshold access to housing and shelter for unsheltered people who use drugs
- Street teams\*

\* BLA classification; DPH classifies as treatment

## Harm reduction difference: Zurich has 3 Safe Consumption Sites, SF has none

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# Treatment Pillar

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- Treatment services offered by the City and County of San Francisco similar to those of Zurich, delivered at hospitals, clinics, jails, and outpatient settings through DPH and SFHN.
  - Residential treatment
  - Residential step-down housing
  - Outpatient treatment
  - Counseling and behavioral therapies
  - Medication for Opioid Use Disorder MOUD (also known as Medication Assisted Treatment or MAT)
  - Telehealth
  - Withdrawal management
  - Contingency management
- **Most people who use drugs do not seek or think they need treatment** (Substance Abuse and Mental Health Services Administration (SAMHSA) 2022 study).

## DPH Substance Use Disorder Treatment Capacity and Numbers Served, FY 2022-23

<b>Service Type</b>	<b>FY 2022-23 Capacity (at a single point in time)</b>	<b>FY 2022-23 Numbers Served (unduplicated within category unless otherwise noted)</b>
Withdrawal Management	58	1,285*
Residential Treatment	246	830*
Residential Step Down	271	349
Outpatient	1,424	1,454
Opioid Treatment Program (Methadone Maintenance)	4,198	2,408
Buprenorphine treatment (provided across SF Health Network)	NA	2,435

\*May include duplicate individuals.



## Difference in treatment: Medication for Opioid Use Disorder widely used in Zurich

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- More than 75 percent of Zurich residents addicted to opioids are taking highly effective Medications for Opioid Use Disorder: U.S. rate = 22%.
- Multiple factors explaining difference: Opioid Use Disorder considered a treatable disease, wider range of medication for OUD in Zurich, physicians have more discretion, fewer regulations for medication access & retention, housing stability among those with OUD in Zurich, pragmatic approach in Zurich.
- Improving in SF: New requirement that state bring its more stringent methadone regulations into alignment with federal regulations by April 2029, affecting dosages and # days, whether counseling required, etc., but still must start with OTP.

## Potential for enhancing MOUD in San Francisco

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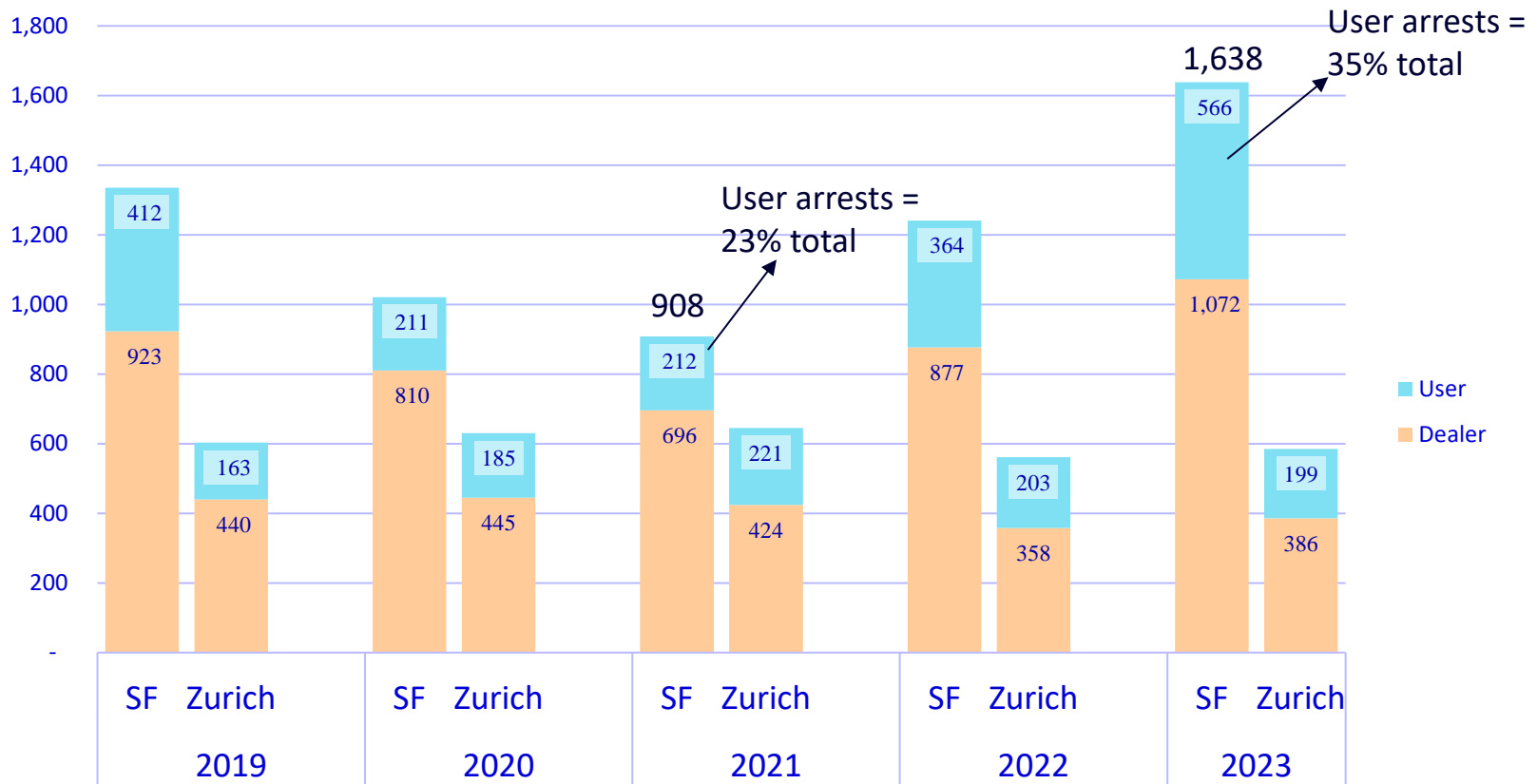
- Both federal and state regulations allow for higher dosing levels than is currently standard practice.
- Patients in Switzerland have long been able to take doses of methadone home for use from the start of treatment, now also possible in the U.S.
- Prescribers in San Francisco may need education and encouragement to take advantage of full flexibility now afforded to them under recent changes in law, including providing short-term access to methadone for individuals awaiting treatment and in adapting methadone treatment dosing for people who use fentanyl.
- Buprenorphine can be prescribed by more healthcare providers. It is most often prescribed as a daily dose, but extended-release injectable forms of buprenorphine, lasting up to one month, are covered without prior authorization from Medi-Cal.

## Law Enforcement Pillar

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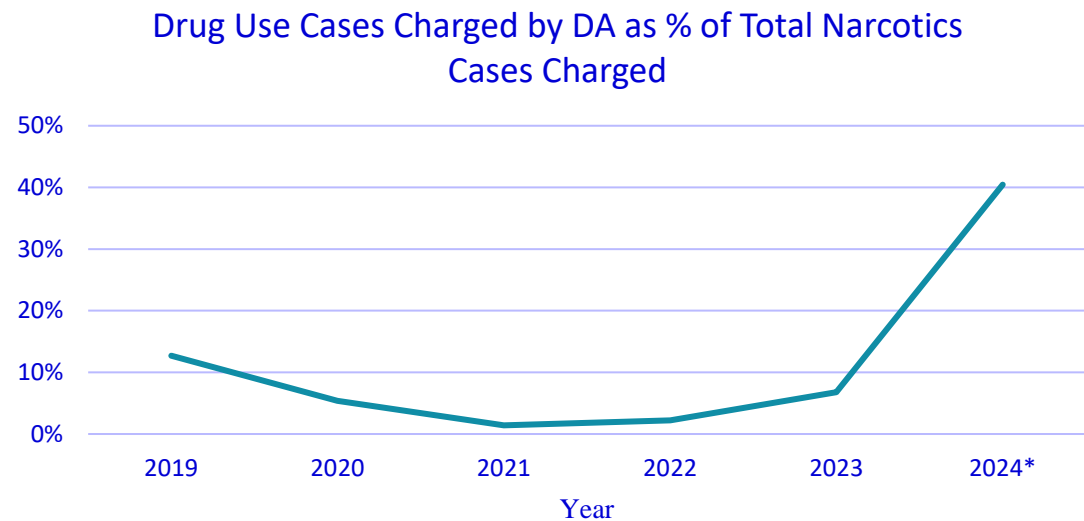
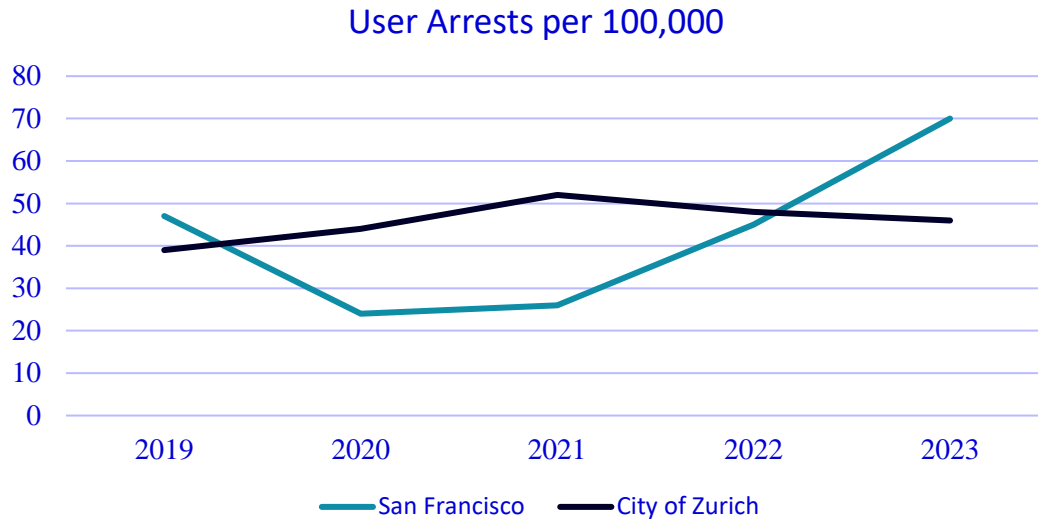
- Zurich Police: No-Tolerance Policy for Public Drug Use, with the Consequence of Fines and Arrests.
- Zurich Police Depend on Social Services-Operated Supervised Consumption Sites to Enforce their No-Tolerance Policy for Public Drug Use.

## SF: 2021 – 2023: narcotics arrests + 80%; user arrests + 167%

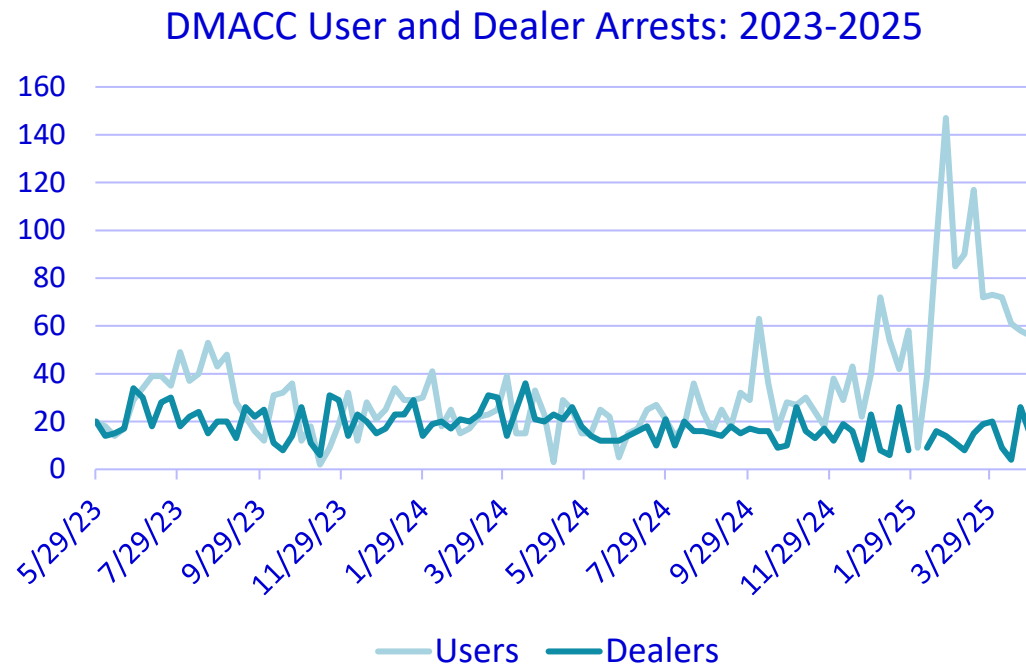




## More arrests for drug dealers and *users* drove SF's post 2021 increase in narcotics arrests



## 2024-2025 spike in DMACC user arrests



Source: DMACC website

## Arrest not a path to treatment for many

- A small number of narcotics case arrests charged by the DA's office are successfully diverted to alternative prosecution programs that include treatment.
- Extended custody can include jail health services treatment; diversion allows defendants to avoid criminal conviction and connects them to treatment, services, and court supervision to try to reduce future criminal conduct.
- However, the majority of narcotics use arrests are not charged by the DA or sent to diversion.

2019-2023	Arrests		Charged		Diversion	
	Sales	Use	Sales	Use	Sales	Use
	4,378	1,765	3,825	616	466	128
% Arrests			87.4%	34.9%	10.6%	7.3%
% Charged					12.2%	20.8%



## Safe consumption sites

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### **Worldwide**

200 SCSs operating worldwide in 14 countries (2023)

### **Canada** (govt. reports)

47 SCSs

2017-2014: 2.6 million visits, 41,472 non-fatal overdoses, 0 fatalities

### **Zurich**

3 SCSs (2025 population 341,730)

### **U.S.**

2 SCSs operating in New York City

1 SCS in Providence, RI, authorized by state legislature

SCSs authorized by Minnesota state legislature



## Safe consumption sites

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- The federal Anti-Drug Abuse Act, known as the “crack house statute” was passed in 1986 during the crack epidemic, making it illegal for individuals or organizations to maintain or open any establishment ***for the purpose*** of using controlled substances.
- Law’s application to safe consumption sites not settled except for in area covered by U.S. Court of Appeals 3<sup>rd</sup> Circuit (Philadelphia Safehouse case).
- 2 SCSs operating in New York City; 1 just opened in Providence, RI, using Opioid Settlement Funds.

## BLA Model: Safe Consumption Site Benefits, including Lives Saved, would Outweigh Costs

	Baseline scenario	Increased use scenario
Overdose deaths averted*	\$ -	\$ -
Ambulance transports averted	\$ 183,701	\$ 278,132
Hospitalizations averted	\$ 1,355,022	\$ 2,051,568
Emergency department visits averted	\$ 356,261	\$ 539,397
Skin & soft tissue infections averted	\$ 1,507,105	\$ 3,229,248
Costs avoided from enrollments in MOUD	\$ 120,396	\$ 186,527
Total	\$ 3,522,486	\$ 6,284,872
SCS annual operating costs	\$ 3,642,375	\$ 4,753,100
Costs of MOUD	\$ 83,860	\$ 128,044
	\$ 3,726,235	\$ 4,881,144

- Value of lives saved not included: \$1,282,230 each. Estimated to save 15.7 (baseline) and 23.7 (increased use) lives per year.

# Questions and comments

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