

From: [Nikos Pecoraro](#)
To: [Carroll, John \(BOS\)](#)
Cc: astone@sfaf.org
Subject: Public Comment
Date: Thursday, February 11, 2021 3:11:55 PM
Attachments: [WhatsApp Audio 2021-02-11 at 3.05.26 PM.mp4](#)

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Dear Members of the Public Safety Committee,

My name is Nikos Pecoraro, I work in San Francisco as the director of Young People in Recovery's SF chapter, but I'm calling in (now writing in since I wasn't able to stay past noon!) with the HIV Advocacy Network. I'm addressing agenda item #1: Findings of the San Francisco Recovery Summit Working Group. I'm writing because harm reduction is not just a catchy, progressive term to plaster on social media or a buzz-wordy marketing ploy to get funding. Harm reduction saves lives. How do I know? Because it saved mine.

I've been a person in recovery for around 6 years now, spanning New York City, Hawaii, and now the Bay, but for nearly five of those years, I had never met a program that really felt right to me, that felt honest and multi-layered and complex-- just like us, people experiencing substance use disorder. SF's the Stonewall Project was the first time the conversation around drug use and harm reduction really felt like it included me, and wasn't something being barked at me or a societal expectation--condemnation--rooted in judgment and stigma. I finally had the opportunity to explore my drug use; why was I doing it? What did it give me--and what did it take away? Harm reduction has given me the tools I need to create my own recovery pathway, something the National Institute on Drug Abuse says is essential to effective care:

"No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in society."

Harm reduction includes abstinence; Harm reduction isn't just a stepping stone on a continuum of care to sobriety, it's an essential tool-- and for some, a healthy endpoint-- on their own recovery journey.

Thank you for your time.

Best,
Nikos Pecoraro

PS. I've also attached an audio recording of my public comment in case that's useful as well.

From: [Paul Aguilar](#)
To: [Carroll, John \(BOS\)](#)
Subject: Public Comment
Date: Thursday, February 11, 2021 2:59:13 PM

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Following is my public comment for Agenda item 1 on the BOS Public Safety & Neighborhood Services Committee meeting dated February 11 2021.

Dear Committee Members,

My name is Paul Aguilar. I'm a 57 year old fourth generatiin native San Franciscan. On January 27th this year I celebrated 28 years sober but my journey started long before that. In fact, I celebrated my 21st birthday in an in-house 12 step meeting in a 30 day treatment program.

I managed to put together 18 months sobriety then relapsed after a major life change took place. It would be another eight years before I landed a spot in Baker Places Acceptance Place (AP), a 90 day residential treatment program SPECIFICALLY for gay men (at the time).

There was a three month waiting list and, in order to be admitted, I had to demonstrate my desire to become sober. That meant not only regular attendance at 12 step meetings (as a source of support NOT treatment) but also participation in one of the many outpatient treatment programs available in San Francisco at that time. Program like 18th Street Services, Operation Concern and New Leaf Services.

After I successfully graduated AP, I spent two years in Baker Places Supportive Housing which provided me the structure necessary to build upon the basic skills I learned in AP and eventually led to my celebrating my 28th year of uninterrupted sobriety.

That lead to me being hired for the team that was tasked with implementing the Substance Abuse Crime Prevention Act (Prop 36) of 2000. Along with Bruce Occeña, program director and our civilian counterpart, Phil Castiglione, director of the Treatment Access Program, San Francisco developed as barrier-free a portal to substance abuse treatment as had ever been developed previously. Skeptics raised eyebrows when San Francisco became the ONLY county in the state of California to implement this program through its Department of Public Health. But the statistics after the first two quarters showed a success rate that out performed every other country in the state. We had more people involved along the spectrum of recovery than all the others.

We designed a system that took into consideration the unfortunate reality that relapse is a part of addiction and many times cannot be by avoided. Someone referred too Prop. 36 had to make a conscious and concerted effort to NOT get some sort of access to treatment.

And, that treatment came in the form of a wide range of modalities. Because, just as different bodies react differently to different substances, the same can be said for treatment strategies.

There was no a time when San Francisco was considered the leader when it came to connecting people to treatment options. Heck, we even had a dedicated space, centrally located, that provided 12 step support meetings almost 24 hours a day.

Long term abstinence is generally considered the goal when one seeks treatment for substance use disorder. But that doesn't mean one is necessarily ready to actually stop their drug use at the moment they are offered access. I can assure you that, during those eight years between my first treatment program and my last (hopefully), every encounter I had with a harm reduction program lead me to the point where I was ready to commit.

In those days there weren't programs like "Prop" or incentive based programs. One can only wonder how much impact those would have had on me attaining long-term sobriety earlier if I had had access to those programs as well.

In closing, I urge this committee to continue to keep the dialogue open, to educate itself on all aspects of substance use disorders and current, proven, research based best practices in offer to help as many citizens of San Francisco that we can who b suffer at the hands of this insidious and cunning disease. Hopefully, by doing so, we can return to the city it's reputation for being on the cutting edge .

Respectfully,

Paul A. Aguilar
11 Sherwood Court
San Francisco, CA 94127
sfpaulie@gmail.com
(415) 577-7755

"Nihil de nobis sine nobis"
"Amor Vincit Omnia"
"Res ipsa loquitor"

Nothing about us without us
Love Conquers All
The thing speaks for itself

Paul A. Aguilar - He/Him/His
415.577.7755 - mobile

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Read "Get Rid of the Term AIDS (How My Entire Life Suddenly Became
Parenthetical) <https://aumag.org/2020/03/17/get-rid-of-the-term-aids/>

Read "The Test" <https://aumag.org/2019/08/06/the-test-nonfiction-by-paul-a-aguilar/>

Read "Never Forget Your First") <https://aumag.org/2019/01/10/never-forget-your-first-nonfiction-by-paul-a-aguilar/>

From: [Mike Discepolo](#)
To: [Celia](#), [John BGC](#), [Book Stone](#)
Cc: [Linda Zimone](#)
Subject: Board of Supervisor Hearing - Public Comment
Date: Thursday, February 11, 2021 11:04:35 AM
Attachments: [image001.png](#)
[187 781 9333 Stonewall HR.docx](#)

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Public comment attached.

Public Safety and Neighborhood Services Committee City and County of San Francisco Meeting Agenda City Hall 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689 Members: Gordon Mar, Catherine Stefani, Matt Haney Clerk: John Carroll (415) 554-4445

Thursday, February 11, 2021 10:00 AM WATCH SF Cable Channel 26, 78 or 99 (depending on provider) WATCH <https://avanan.url-protection.com/v1?url?o=www.sfgovtv.org&g=2Q2MD00Mm14ZTg4NTA3Ng==&h=Nm15NzgyOGQ0MTkyODc4OWm2mY5ZDQ3Mj4Mj00ZTMzMmUwMzNlYTBkNjczZDZlYjUxOTd4MmVlZmVhY2Yg==&p=YXAzOnNmZHQyOmF2YW5hbGpvc2ZyZUxjNjVlZmVhW3wzX2VlYWwzQVhMGzNmZmMDEwMTFhNjUwMGZlMjQ3NDVlYm11NDc4OjYx>

PUBLIC COMMENT CALL-IN 1 (415) 655-0001 / Meeting ID: 187 781 9333 Regular Meeting

Mike Discepolo, MA

Vice President of Behavioral & Substance Use Health
Pronouns: he/him + they/them

San Francisco AIDS Foundation
1035 Market Street, Suite 400
San Francisco, CA 94103
T 415-487-3102

If you are experiencing a psychiatric or medical emergency, please call 911 or go to the Emergency Department at the hospital nearest to you. You can access text-based crisis support by texting HOME to 741741. Please note that text support is not provided by Stonewall Project.

PLEASE NOTE: As a result of the current PHE, I will be working remotely, potentially until the spring or summer of 2021. At this time, The Stonewall Project is able to offer individual & group counseling sessions using telephone and video meetings. Please check saf.org/calendar for information or call the Stonewall main line at 415-487-3100. For more information about other essential health services including Syringe Access and Disposal Services (SAS) and other programs operating at San Francisco AIDS Foundation locations during this time please visit saf.org/covid19.

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My name is Michael Discepola. I work at the San Francisco AIDS Foundation as the Vice President of Behavioral & Substance Use Health – which has various outpatient drug and alcohol treatment arms; contingency management arms; low threshold services; overdose prevention coaching; harm reduction focused support education overdose prevention; syringe access services and linkage to care and social services. Our services also include linkage into HIV Care, PREP treatment, HCV & STI testing and treatment, etc.

As a professional working in the system of care for decades, I support substance use treatment, outreach, education and engagement programs that center their work within the philosophy of harm reduction (HR).

I want to thank everyone who has testified with passion for their contributions. Furthermore, I want to largely agree with the speakers – while clarify their confusion about what Harm Reduction is?

SFAF as a city needs more inpatient and outpatient substance use treatment service options and pretreatment services options available to assist our citizen, family members and lovers who may struggle with substance use issues – including Safer Injection Facilities and low threshold services like contingency management.

What does this mean? What is Harm Reduction?

It means that services (those services rooted in the HR philosophy) do not judge or refuse to serve those substance users – including those who are not interested, ready or able, or who do not want full abstinence as a treatment goal from getting access to help.

In other words: we need programs that accept everyone – including those who are still using. Including those who want and are successful with abstinence.

Harm Reduction focused programs – accept all drug users into care.

Please understand: Harm Reduction as a philosophy of care in substance use – always includes abstinence options. If you do not understand this fact, you do not understand harm reduction as a philosophy. Harm reduction focused programs also accept substance users into care who wish to stop using one or more substances while continuing to use others (and in a way that works for them).

Programs and services that use the philosophy of harm reduction work for everyone – including for those who want abstinence. They also work for those who many not want full abstinence or who may not be ready for full abstinence.

We as a system (and as a city) can simply not support or fund programs who refuse funding because they would rather dismiss participants who may slip or use while in treatment then serve them.

We are in the midst of an overdose crisis. Program who refuse those who struggle or slip – cannot be allowed to put our citizens at risk.

If you do not think Harm Reduction as a philosophy works; I can tell you as a person who has had challenges with substance use that you are wrong.

The harm reduction philosophy, including the radical acceptance at the core of the model saved my life and has saved the lives of dozens of people I love.

Aa provider, I can share hundreds of success stories – and data - that prove our services, meaning services that center harm reduction, are effective in assisting those who struggle improve their lives and conditions.

Thank you,

Michael Discepola

VP Behavioral and Substance Use Health ‘

SF AIDS Foundation

mdiscepola@sfaf.org

From: [Andrew Reynolds](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Ande Stone](#)
Subject: Public Comment: Hearing - Findings of the San Francisco Recovery Summit Working (Stefani)
Date: Thursday, February 11, 2021 12:45:56 PM

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Good morning. My name is Andrew Reynolds, and I am the Hepatitis C Wellness Manager at the San Francisco AIDS Foundation.

Thank you for taking the time to hold this hearing and to take my public comment.

I am a harm reductionist to my core. And yet, I also support abstinence. This may seem contradictory on its surface, but its important to state that harm reduction embraces abstinence. It also embraces syringe exchange. And medication-assisted treatment. And overdose prevention sites. As a harm reductionist, I embrace all of these and more, but I follow the wants and needs of the people I work with, guiding them to stay healthy and safe, and helping them move in the direction they want their lives to go. I've helped people stay HIV and HCV free while injecting drugs for years, and I've helped people enter into abstinence-based treatment.

A review of two of the principles of harm reduction are important for our purposes today:

“(HR) Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.”

“(HR) Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.”

These principles serve as the foundation of drug treatment and infectious disease prevention in San Francisco. Since September 5, 2000, the San Francisco Health Commission unanimously passed a **resolution** adopting a Harm Reduction Policy for Substance use, STD and HIV treatment and prevention services, and/or programs that serve drug users and abusers in their programs.

As we discuss exploring or expanding abstinence-base programming, it must not come at the expense of harm reduction programming. It must exist within a continuum of services and not be coercive. Working together, proponents of abstinence and proponents of various harm reduction services can create a landscape of services to meet the needs of all people who use drugs and make San Francisco a healthier city.

Thank you.

Andrew Reynolds
Pronouns: He/Him/His
San Francisco AIDS Foundation
Hepatitis C Wellness Manager
Office: 415-487-8093
Got questions about hepatitis C?
Call *Help-4-HEP*: 1-877-HELP-4-HEP (1-877-435-7443)

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From: [Taylor Picard](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Ande Stone](#); [Laura Thomas](#)
Subject: PUBLIC COMMENT HEARING 02/11/2021
Date: Thursday, February 11, 2021 11:14:02 AM

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PUBLIC COMMENT HEARING 02/11/2021:

Hello, my name is Taylor-Rose Picard, and I am a Front line provider serving as a Health Educator at the San Francisco AIDS Foundation Harm Reduction Center.

Julie Mixon mentioned that there are open beds for recovering treatment programs, but those beds are not getting filled at the rate that they could. The question that was posed was, how do we increase awareness in available drug treatment programs in San Francisco? How do we get treatment options in front of people who use drugs?

And the answer is we start by meeting them where they are at.

Harm reduction programs are a way for people who are still using drugs to learn about and get connected to treatment programs. Through accessing these services, people who use drugs are not just given access to life-saving supplies that will help them stay alive while they are using, but also puts other places they can go in front of them as options, which they may have not considered before. Often, we find people who access harm reduction programs that are not utilizing any other services at the time, meaning harm reduction might be the only program they are comfortable forming a relationship with where they are at. Forming a relationship with a program that doesn't stigmatize, judge, demonize, or try to coerce, builds people's trust with other programs, especially those that they learn about within those relationships.

Another question that was asked was how do we inspire people to change?

What inspires people to change?

Time and time again, we are shown that what inspires people to make changes in their life, is when they feel autonomy in making the choice to change. Harm reduction programs make this happen by meeting people where they are at while presenting them with opportunities and providing support for accessing those opportunities if and when they decide to take a step towards them.

Thank you.

In Solidarity,
Taylor-Rose Picard
(415) 370-0609

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From: [Doug Russell](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Ande Stone](#)
Subject: In Support of Harm Reduction Programs
Date: Thursday, February 11, 2021 8:58:14 AM

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To Whom It May Concern,

I am writing to you today in support of Harm Reduction Programs for people in Recovery. I am a Harm Reduction counselor at the Stonewall Project and a Health educator for the Syringe Access Services, and as a former member of 12-step recovery programs, I recognize how important Harm Reduction has been to my overall recovery program, and to the recovery programs of the clients I serve.

12-step Recovery has offered many people a place to seek peer support and make changes in their lives, but the recidivism found in 12-step recovery can be focused on its “all or nothing” approach with sobriety. It seeks to plant an idea that one is an “addict” for life, rather than a person who might be going through a period of chaos centered around their use of a substance. In short, having a problematic relationship with one substance does not correlate to problematic use of ALL substances, and this extreme form of sobriety tends to turn people away from 12-step recovery. In short, people feel hypocritical if they remain in 12-step when they feel that their use of other substances can be handled appropriately.

Harm Reduction examines the choices and problem-solving skills that people have and helps them learn to make lasting decisions that are informed and considered. It also realizes that people are always going to be true to themselves and what they want to do. It prioritizes the safety of the individual and helps them consider multiple sides to their decisions. This non-shaming approach actually fosters better decision making and long-lasting changes in how a person sees themselves.

For that reason, please support Harm Reduction Programs! The success found around Recovery programs in Portugal and Canada have been largely to the philosophies of Harm Reduction, and the development of similar programs in San Francisco will mark a turning point in the Recovery of its members.

Sincerely,
Douglas Russell, RADT-1

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From: [Kaysha Madison](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Ande Stone](#)
Subject: Public Comment, Findings of the San Francisco Recovery Summit Working Group (Stefani).
Date: Wednesday, February 10, 2021 11:52:37 PM
Attachments: [KMadison-PubCom-SFBoS-Abstinence-Feb-11-2021.docx](#)

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Hello John,

My name is Kaysha Madison, and I am submitting my Written Public Comment for tomorrow's Board of Supervisors Hearing.

Thank you,

Kaysha Madison

This message was secured by [Zix](#)®.

My name is Kaysha Madison and I am an advocate of Harm Reduction services that support peoples who use drugs in San Francisco and the rest of the world. Harm reduction is a practice that reduces harms individuals face in their situations (whatever that may be). It acknowledges and allows the individuals in communities to be the experts in their own lives and empowers them to make positive changes that align with their own perceptions, values and goals. It has been said that, “Not only does harm reduction meet people where they are at, it also doesn’t leave them there” (Laura Guzman).

Through a wide array of harm reduction services, PWID are able to access STI, HIV and HCV testing, reduce their risk of HIV and HCV contraction through obtaining and using sterile injection supplies, have access to HCV medication storage and treatment, overdose prevention strategies such as narcan and naloxone training and admiration, obtain information about treatment and have a tremendous amount of support from Harm Reductionists and organizations (like San Francisco AIDS Foundation and many others). Undeniably, Harm Reduction services are valuable assets to various individuals and communities and should continue to thrive and gain support.

Abstinence and Harm Reduction are not opposites. Both approaches aim to reach a common goal; help individuals minimize harms/dangers/consequences experienced when engaging in drug use. All people should have access to the resources they need, therefore, Abstinence and Harm Reduction programs should coexist to serve individuals together. Thank you.

From: [Harry Breaux](#)
To: [Carroll, John \(BOS\)](#)
Subject: Harm reduction hearing 2/11/2021
Date: Wednesday, February 10, 2021 12:47:52 PM

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Dear Mr. Carroll and Members of the Board of Supervisors,

It is my belief that harm reduction programs are definitely needed and worth their funding.

As a former practicing addict, 75 years of age and a long term survivor of AIDS (HIV+ 1980, AIDS 1995), it was the work of harm reduction programs that allowed me the breathing space to adjust my life back to a more normal level after being devastated by my addictive behaviors.

Having qualified, compassionate and concerned individuals staffing the programs impressed on me the necessity to seek help in overcoming my skewed view of living within my addictions.

Please register my support to the Board of Supervisors, to continue and enhance these programs that will save many persons from the endgame in store for them if help is not offered and taken advantage of.

In these times of incredible upheaval to our society, let's continue to support the compassionate efforts of San Francisco to set the standard others can emulate as to how to address the vulnerable in our society. They need our help now more than ever before as Covid and the opioid crises intersect and condemn the less fortunate to a hell they can't control without our help.

Thank you,
Harry Breaux
1623 Hayes Street
(415) 819-7550