

1 [Supporting California State Assembly Bill 186 (Eggman, Wiener, and Friedman) - Controlled  
2 Substances: Safer Drug Consumption Program]

3 **Resolution supporting California State Assembly Bill 186, introduced by Assembly**  
4 **Member Susan Eggman, authored by Senator Scott Wiener and Assembly Member**  
5 **Laura Friedman, which would authorize specified counties or cities within those**  
6 **counties to authorize the operation of supervised injection services programs for**  
7 **adults that satisfies specified requirements.**

8

9 WHEREAS, San Francisco has an estimated 22,500 people who inject drugs (PWID)  
10 according to the Department of Public Health; and

11 WHEREAS, Injection drug use in San Francisco is responsible for approximately 100  
12 deaths a year from overdoses and continued health risks for thousands; and

13 WHEREAS, The public, unsupervised use of injected drugs creates dangerous and  
14 alarming conditions in public spaces for residents, visitors and PWID themselves; and

15 WHEREAS, San Francisco acknowledges that more must be done to promote public  
16 safety and that the public health risks from inaction are beyond what is tolerable for a caring  
17 city; and

18 WHEREAS, On September 5, 2000, the Health Commission unanimously passed a  
19 resolution adopting a Harm Reduction Policy for the Department of Public Health; and

20 WHEREAS, Harm reduction is a public health philosophy that offers multiple, non-  
21 judgmental approaches to meet individuals “where they are” and assist them in their  
22 movement toward better health; and

23 WHEREAS, The harm reduction model promotes methods of reducing the physical,  
24 social, emotional, and economic harms associated with drug and alcohol use and other  
25 harmful behaviors on individuals and their community; and

1           WHEREAS, Safe Injection Services (SIS), also known as Supervised Consumption  
2 Services, are an evidence-based harm reduction strategy that allows individuals to inject or  
3 consume illicit drugs in a hygienic environment under the supervision of trained staff and have  
4 opportunities to engage in other health and social services; and

5           WHEREAS, SIS, embedded in a harm reduction-oriented system of care and support  
6 services, has the potential to address many of the concerns and issues listed above and is  
7 worth evaluating for their potential costs and benefits; and

8           WHEREAS, SIS reduce overdose deaths for entire neighborhoods around the sites,  
9 and there has never been a recorded overdose death in any of the nearly 100 sites around  
10 the world, despite many overdoses in those sites; and

11           WHEREAS, SIS attract and retain a population of people who inject drugs and are at a  
12 high risk for infectious disease and overdose, who are more likely to be homeless or  
13 marginally housed, and who are at heightened risk for violence and trauma; and

14           WHEREAS, A 2010 study (Kral et. al.) entitled “Acceptability of a Safe Injection Facility  
15 among Injection Drug Users in San Francisco” showed that 85% of the 602 people who inject  
16 drugs that were surveyed said that they would use safe injection services, three quarters of  
17 whom would use it at least three days per week; and

18           WHEREAS, SIS provide multiple health benefits, including reducing HIV and hepatitis  
19 C risk behavior (i.e. syringe sharing); reducing the prevalence and harms of bacterial  
20 infections; saving costs due to a reduction in disease, overdose deaths, and need for  
21 emergency medical services; providing safer injection education, subsequently increasing  
22 safer injecting practices; and increasing linkage to medical and social services; and

23           WHEREAS, A 2014 systematic review concluded that, “All studies converged to find  
24 that SIFs [Safe Injection Facilities] were efficacious in attracting the most marginalized people  
25 who inject drugs, promoting safer injection conditions, enhancing access to primary health

1 care, and reducing the overdose frequency. SIFs were not found to increase drug injecting,  
2 drug trafficking or crime in the surrounding environments. SIFs were found to be associated  
3 with reduced levels of public drug injections and dropped syringes”; and

4 WHEREAS, A cost-benefit analysis of potential SIS in San Francisco (Irwin et al.,  
5 2016) found that the City would save \$3.5 million per year if one SIS program were opened, or  
6 \$2.33 for every dollar spent on the services; and

7 WHEREAS, SIS have been supported by the Mayor’s Hepatitis C Task Force in 2011,  
8 the HIV Prevention Planning Council and HIV Health Services Planning Councils in 2015, and  
9 the Human Rights Commission’s community report on their hearing on the war on drugs in  
10 2014; and

11 WHEREAS, The Mayor raised the issue in his 2017 State of the City speech, saying, “I  
12 will continue to learn about the effectiveness of safe injection facilities. We must thoroughly  
13 assess whether the public health and safety benefits outweigh any negative impacts”; and

14 WHEREAS, On April 11, 2017, San Francisco Board of Supervisors voted unanimously  
15 to create a Safe Injection Services Task Force to make recommendations to the Mayor, the  
16 Board of Supervisors, and City departments regarding supervised injection services; and

17 WHEREAS, Other cities in the United States are actively evaluating the impact of SIS,  
18 including Seattle, which has already decided to move forward with opening two sites,  
19 Baltimore, Boston, Denver, Ithaca, New York City, Philadelphia, and Portland; and

20 WHEREAS, There are approximately 100 SIS currently operating in over 65 cities  
21 around the world in ten countries (Switzerland, Germany, the Netherlands, Norway,  
22 Luxembourg, Spain, Denmark, France, Australia, and Canada); and

23 WHEREAS, There is momentum at the state level to address issues around injected  
24 drug use with California State Assembly Bill 186, introduced by Assembly Member Susan  
25 Talamantes Eggman and co-authored by Senator Scott Wiener and Assembly Member Laura

1 Friedman, which would further allow localities such as San Francisco to explore the possibility  
2 of such services and enhance legal protections for the operation and use of such services;  
3 and

4 WHEREAS, AB 186 provides narrow exemptions to certain controlled substance laws  
5 for programs permitted by localities by allowing the operation and utilization of live-saving  
6 public health and medical intervention programs intended to reduce death, disease, or injury  
7 related to the use and administration of controlled substances; and

8 WHEREAS, AB 186 as currently amended provides that only specified jurisdictions  
9 could pilot these programs and includes a four-year sunset, which will provide an opportunity  
10 to demonstrate that these programs will succeed in a California context, proving that they are  
11 cost-effective interventions to save lives and reduce public disorder; now, therefore be it

12 RESOLVED, That the City and County of San Francisco Board of Supervisors urges  
13 the California Legislature and Governor Brown to support and pass AB 186; and, be it

14 FURTHER RESOLVED, That the City and County of San Francisco Board of  
15 Supervisors directs the Clerk of the Board to transmit this resolution to the California State  
16 Legislature and Governor Jerry Brown.

17  
18  
19  
20  
21  
22  
23  
24  
25