

Treatment on Demand Coalition Update



**Treatment on Demand
Coalition**

October 9, 2025

Justice Dumlao, San Francisco AIDS Foundation

Kevin Liu, Tenderloin Neighborhood Development Corporation

Apple Cronk, Activist for Dignity & Liberation

Treatment on Demand Coalition Member Organizations			
3rd Street Youth Center & Clinic	Faithful Fools	Latino Task Force	San Francisco Pretrial Diversion Project
Cameo House	GLIDE	LYRIC	Supportive Housing Provider Network
Coalition on Homelessness	Gubbio Project	Mental Health Association of San Francisco	Skywatchers
Code Tenderloin	Hamilton Families	National Harm Reduction Coalition	Smart Justice California
Community Forward	Harm Reduction Therapy Center	Providence Foundation	Swords to Plowshares
Compass Family Services	HealthRIGHT 360	Positive Resource Center	Taxpayers for Public Safety
Developing Innovation in Supportive Housing	Homeless Emergency Service Providers Association	Public Defender	Tenderloin People's Congress
Dolores Street Community Services	Homeless Prenatal Program	Behavioral Health Commission	Tenderloin Neighborhood Development Corporation
Drug Policy Alliance	Homeless Youth Alliance	Safe & Sound	The Healing WELL
Drug Users Union	Hospitality House	Senior and Disability Action	Transgender Gender-Variant & Intersex Justice Project
Episcopal Community Services	Human Services Network	Safer Together	Young Women's Freedom Center
Epiphany Center	Larkin Street Youth Services	San Francisco AIDS Foundation	

How San Francisco's Harm Reduction Strategies Are Changing Under Mayor Lurie



LISTEN

By Sydney Johnson

Sep 29, 2025

Updated 10:45 am PT

Save Article

(KQED)

News

SF drug crackdown targets a whole new crime — arrests up 150%

SEXUAL HEALTH

Republicans seek deep cuts to HIV prevention and treatment funding

Cuts proposed by the Trump administration and House Republicans could drive up new HIV cases by more than 200,000 by 2030, one expert projects.

(NBC)

Cities Move Away From Strategies That Make Drug Use Safer

San Francisco, Philadelphia and others are retreating from “harm reduction” strategies that have helped reduce deaths but which critics, including Trump, say have contributed to pervasive public drug use.

(NY Times)

HEALTH

Syringe exchange fears hobble fight against West Virginia HIV outbreak

BY: TAYLOR SISK, KFF HEALTH NEWS - DECEMBER 18, 2024

6:00 AM



PUBLIC HEALTH

SF Health Officials Show Up and Double Down on Changes In Drug Policies, Attitudes

Amid record fentanyl overdoses, City Hall is rethinking some (not all) harm reduction practices. A new state law could let SF fund ‘sober’ housing too.



by Ayla Burnett September 18, 2025

(The Frisc)

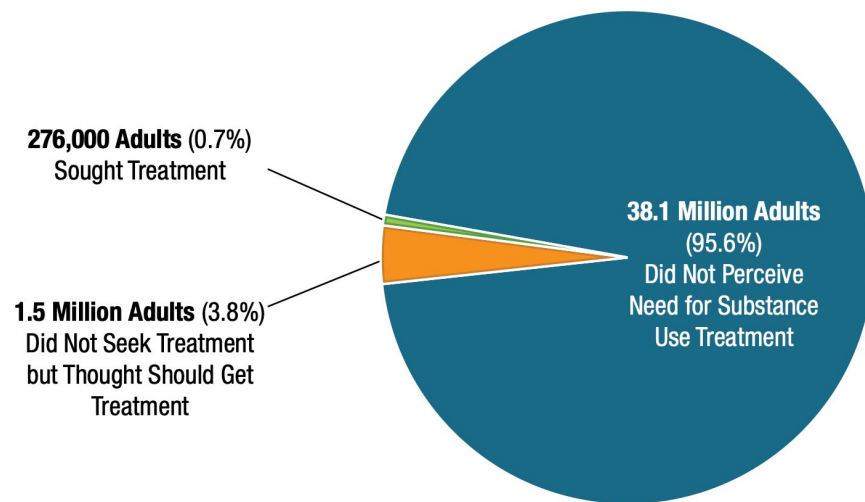


A Public Health Approach to Substance Use



Making Treatment Accessible and Acceptable

**Figure 73. Perceptions of Need for Substance Use Treatment:
Among Adults Aged 18 or Older with a Past Year Substance Use
Disorder Who Did Not Receive Substance Use Treatment in the
Past Year; 2024**



**40.7 Million Adults with a Substance Use Disorder Who Did Not
Receive Substance Use Treatment**

Progress Toward Treatment on Demand

San Francisco has:

- Expanded access to care for marginalized communities:
 - Improved care coordination in Permanent Supportive Housing (PSH) through Permanent Housing Advanced Clinical Services (PHACS); and,
 - Targeted outreach to Black and Brown communities to strengthen prevention.
- Increased the number of residential treatment beds available and clients served.
- Increased outpatient treatment participation through:
 - Expanded access to Medications for Opioid Use Disorder (MOUD);
 - Expanded contingency management programs; and,
 - Implementation of the RESTORE program and BEAM Telehealth.

Persistent Barriers

San Francisco has:

- Uneven access to MOUD: 6.5% increase in methadone clients vs. 32% for buprenorphine.
- An aging overdose crisis, with mortality increasingly concentrated among people ages 50 and older.
 - Leading cause of death for people living with HIV ([SFDPH Epi Report, 2024, p. 38](#))
- Improved but persistent wait times for residential treatment.
- Insufficient drop-in spaces to support movement along the continuum of care.
 - Overdose Prevention Centers and Wellness Hubs removed from SF's Overdose Prevention Plan (2022 vs. 2024) without explanation or community input

Persistent Barriers (Cont.)

San Francisco has:

- An imprecise and incomplete measure of treatment demand.
 - Population estimates do not capture substance use level, type, frequency, preferred resources, or service-seeking behavior.
- Messaging that undermines and impedes low-barrier, evidence-based services and jeopardizes the health and safety of people who use drugs (PWUD).
 - Policy factors contributing to heightened risk of criminalization and overdose for PWUD.
- A DPH roadmap forward, developed without meaningful community input, that prioritizes “accelerating people from street to treatment,” lacks evaluation of whole-person needs, and overlays treatment on top of existing harm reduction efforts.

Linkages to BLA Report on the Four Pillars

Recommendations include:

- All departments, coordinated and working together.
- Invest in prevention before addiction begins.
- Safe consumption sites to end public drug use and save lives.
- Dramatically expand use of Medication Assisted Treatment (MAT).
- Dramatically increase drug checking availability and education.
- Housing for success and stability.
- Change perspective on drug addiction.

Community Testimony: Apple's Lived Expertise

(Now slated for Public Comment)

Prior ToD Coalition Recommendations

Ongoing priorities identified in past recommendations include:

- Centering the experiences of people who use drugs in program design so that services reflect needs, preferences, and lived expertise.
- Ensuring low-threshold, evidence-based, culturally-inclusive care is fully staffed, funded, & voluntary.
- Ensuring services are delivered with cultural humility and are linguistically responsive, adequately addressing the needs of historically underserved and marginalized communities.
- Expanding community-based drug checking services; there is not enough current capacity to meet the demand for services and provide information about the drug supply.
 - Funded by the state in the FY 2023-24 budget, but funds were not disbursed by the City.
- Providing evidence-based drug and overdose prevention education for youth.

New ToD Coalition Recommendations

To build on progress, the ToD Coalition recommends:

- Advance access to MOUD and remove barriers to methadone.
 - Build a stronger continuum of care through supportive housing with integrated mental health.
 - Optimize community-based health supports with extended hours, roving teams, & home-based care.
 - Longitudinal Case Management Model pilot for high-risk clients.
 - Integrate harm reduction, treatment, and recovery systems for person-centered, continuous care.
 - Sustain Housing First, while enhancing recovery housing options.
 - Honor lived expertise with targeted workforce development and hiring of peers.
-
- Incorporate overdose prevention technology into PSH and residential treatment settings.
 - Commit to ending stigma and misinformation that undermine care and harm PWUD.
 - Ensure access to healthcare, including HIV and HCV testing and linkage to care.
-
- Normalize drug use as *the primary symptom of SUD*; adapt models to account for recurrence of use.
 - Open an additional low-barrier drug sobering center in a community with unmet need.
 - Work to use every available tool to address the overdose crisis, with a *renewed commitment* to low-barrier, evidence-based, science-backed services and resources.

New ToD Coalition Recommendations (Cont.)

San Francisco needs transparency, and the City should:

- Require an open and transparent bid process for all City contracts, ensuring fairness, accountability, and equitable opportunity among providers.
- Disclose and seek community input on contracting with private operators outside SF to expand behavioral health infrastructure, including those under emergency procurement.
- Apply the same transparent, community-driven process used to develop the 2022 Overdose Prevention Plan to:
 - The next Overdose Prevention Plan; and,
 - The distribution of Opioid Settlement Funds, with genuine input from affected communities.
- Publish service-linkage and care access metrics tracked post-arrest by law enforcement, so we can compare these with the metrics tracked by City-funded public health workers.

Further Evidence-Based Considerations

San Francisco can lead by:

- Expanding contingency management programs for a broader range of substance use disorders.
- Diversifying treatment outcomes to include self-identified goals, such as reduction in use.
- Resuming authorization of additional syringe services programs and discontinue the pilot moratorium on the distribution of safer use supplies.
- Implementing Overdose Prevention Centers (OPCs):
 - New York has two OPCs located in East Harlem and Washington Heights in New York City.
 - Rhode Island has one OPC in Providence, which is in its first year of operation.
 - Vermont's legislature has authorized an OPC pilot, and Burlington will host the program.
- Exploring safer supply as an alternative to the unregulated drug supply.

Reaffirming a Public Health Approach

Treatment on Demand should be grounded in a public health framework that prioritizes evidence, dignity, and community well-being.

- Affirm public health as the foundation for addressing substance use and related community challenges.
- Educate San Franciscans, including both the community and providers, on how and why substance use, treatment, and recovery are public health issues, emphasizing how stigma and misinformation can negatively impact health and safety outcomes.
- Recommit to policies and investments that prioritize care, compassion, and evidence over punishment.

Thank you!