CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

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Policy Analysis Report

To: Supervisor Dean Preston

From: Budget and Legislative Analyst's Office

Re: Comparison of San Francisco's Policies and Practices Regarding Drug Services to Zurich, Switzerland's Four Pillars Approach

Date: November 19, 2024

Summary of Requested Action

Your office requested that the Budget and Legislative Analyst conduct an analysis comparing policies and practices regarding people who use illegal drugs in San Francisco with the Four Pillars approach adopted by Zurich, Switzerland, including an assessment of what aspects of their approach could potentially be adopted in San Francisco and an analysis of the costs and benefits of safe consumption sites that are operated in Zurich, but not in San Francisco.

For further information about this report, contact Fred Brousseau, Director of Policy Analysis at the Budget and Legislative Analyst's Office.

Executive Summary

- The impacts and problems associated with illicit drug use and addiction in San Francisco have been widely observed and discussed as one of San Francisco's key problems by local officials and residents for many years. The problem has become more acute in recent years with the addition of fentanyl to drugs in circulation, with its lower costs, greater potency, and, unfortunately, its stronger lethality.

- Overdose fatalities due to fentanyl and other opioids increased significantly starting in 2017. In 2019, fentanyl surpassed alcohol as the primary cause of substance-related deaths in San Francisco. The Office of the Chief Medical Examiner reports there were 810 drug overdose deaths in 2023, of which 656 were fentanyl-related, up from 647 deaths in 2022, 458 of which were fentanyl-related. The numbers are lower so far for 2024 compared to 2023 but are still well above the number of deaths in 2018 and prior when they were less than 300 per year going back to at least 2013.

- Besides overdose fatalities, the increased use of fentanyl has caused other adverse health effects for people who use drugs, leading to emergency room visits and hospitalizations. In addition, fueled partly by the overlap between people who use drugs and homelessness, drug use has become

highly visible on City streets and public spaces, with adverse impacts on residents, businesses, and tourists.

- To assist people in alleviating or minimizing the impacts of substance use disorder and other health issues associated with drug use and addiction, the City and County of San Francisco (the City) offers a vast array of services and means of access through the Departments of Public Health and Homelessness and Supportive Housing. To address use of drugs on streets and in public spaces, the City has ramped up law enforcement efforts, particularly in the last two years.

The Four Pillars Approach to Substance Use Disorder in Zurich

- Though a foreign city with many differences, Zurich, Switzerland shares a number of things in common with San Francisco. About half of San Francisco's size, Zurich also has a drug addiction problem that included rampant public use in parks and public spaces in the 1980s and 1990s. To address the health needs of the user population and to try to stem drug consumption in public spaces, activist health care providers, non-governmental organizations, a member of the city council, and citizens began to provide clean syringes to individuals using in public and advocating for a harm reduction approach to the problem. Years in the making, this movement influenced a national discussion on the topic and, ultimately, adoption of a multi-pronged approach to substance use known as the Four Pillars, now the official policy of Zurich and the entire country of Switzerland.

- The Four Pillars approach consists of Prevention, Harm Reduction, Treatment, and Law Enforcement, all equally important, and summarized in Exhibit A.

Exhibit A: Switzerland's Four Pillars Drug Policy is Codified in the Federal Narcotics Act

Four Pillars Drug Policy	
Prevention	Prevent the emergence of behavior that could lead to drug addiction.
Harm Reduction	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.
Treatment	Support people who are addicted to drugs to enable them to regain control over, or exit, addiction.
Law Enforcement	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.

Source: Swiss Federal Office of Public Health.

- A delegation of officials from Zurich visited San Francisco in 2023, presented information on their approach, and met with their City counterparts and other City officials. The

delegation emphasized the integrated nature of the pillars and the importance of cross-agency cooperation and collaboration to provide support to people afflicted with substance use disorder.

- The City and County of San Francisco has not adopted the Four Pillars approach, but it employs some of the same principles in its services aimed at addressing substance use problems. In particular, the City's Overdose Prevention Plan, published in 2022, emphasizes harm reduction and treatment as means of improving the health and well-being of people who use drugs. Though the Plan has not been rescinded or superseded, the City has not implemented safe consumption sites or Wellness Hubs, two key components of its planned harm reduction approach.

- Collaboration between law enforcement and health and social service providers, emphasized in Zurich's Four Pillars, has not been a central tenet in San Francisco's approach, though creation in 2023 of the interagency Drug Market Agency Coordination Center (DMACC) to address drug use and street conditions in the Tenderloin and South of Market in particular was a step in this direction. However, this is a law enforcement-led initiative, focusing on resolving immediate problems rather than a long-term problem-solving collaboration as found in Zurich.

- In Zurich, police and social services staff interact regularly, including social services staff attending and presenting information on the Four Pillars approach at the police academy where new officers are trained and new social services staff accompanying the police on their shifts. A city council subcommittee on drugs meets twice a year and interagency staff committees meet on an ongoing basis to monitor the city's efforts at dealing with drug use and treatment and to work together to solve other problems as they arise.

- For this report, we used the **definition of harm reduction** developed by Harm Reduction International:

  > *Polices, 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.*

- We found San Francisco provides prevention and harm reduction services to address substance use disorder, like Zurich. However, 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 services provided by the City include:
    - 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

  When these services are provided, the service providers generally also make information available about treatment and other pertinent services though participation in such services and abstinence from drugs is not a requirement of the services provided, consistent with the harm reduction approach.

Exhibit B: Harm Reduction Services in San Francisco

Harm reduction service	**Volume of activity**	**Zurich**
Syringe access and disposal	113,000 syringes distributed in FY 2022-23, one of the largest programs in the country.	✓
Naloxone & safe supplies distribution/overdose prevention education training	157,258 naloxone doses distributed FY 2023-24. Naloxone (Narcan), fentanyl test strips, and safe smoking supplies added in recent years due to fentanyl. The Department's Overdose Recognition and Response Training was completed 6,000 times, including by staff in 12 City departments in FY 2022-23.	✓
Sobering centers	1,699 unique individuals visited centers FY 2022-23. Ancillary services also provided (food, showers, etc.).	No exact replica.
Low threshold access to housing and shelter for unsheltered people who use drugs	All permanent supportive housing service providers required to adopt a harm reduction model, provide information about and referrals to harm reduction services, and have staff trained on harm reduction.	✓ Only 500 housing units for unhoused but use harm reduction approach.
Street teams	9 teams as of September 2024, serving thousands of individuals, divided into emergency response, follow up services,	✓ Zurich has one street team: *sip züri'*

	and proactive or scheduled. Multi-agency teams provide round-the-clock, non-law enforcement responses and follow-up to non-violent mental health crises, substance use disorder street incidents, non-emergency calls regarding people experiencing homelessness, and other incidents on the streets. Street teams will provide information about and access to treatment and follow-up services if clients want that, but no requirement or expectation for utilization of additional services beyond what is needed for immediate situation.	*with purpose* of ensuring order in, and the availability to everyone, of public spaces, including controlling entry to the city's three safe consumption sites. Zurich does not have the homeless population that drives SF's street team' activities.

- As can be seen in Exhibit B, the city of Zurich also provides most of the same harm reduction services though San Francisco's street teams are much more extensive, likely due to the extent of homelessness in San Francisco compared to Zurich. Zurich also strives to make access to housing and shelter for people who use drugs low threshold but the need is significantly less in Zurich. A 2020 study estimates Zurich's homeless population at approximately 120, a significant percentage of which are understood to be immigrants who are ineligible for extended stays in public shelters. This stands in sharp contrast to San Francisco where the most recent point in time homeless count revealed the City to have 4,354 unsheltered individuals.

Harm reduction difference: Zurich operates three safe consumption sites and has ended rampant drug use in parks and other public spaces

- One of San Francisco's 2022 Overdose Prevention Plan goals was the creation of Wellness Hubs, inclusive of supervised consumption facilities, as well as other services aimed at improving health and linkages to treatment. To date, these harm reduction hubs and safe consumption sites have not been established though funding was approved for them in the FY 2023-24 Department of Public Health budget, but subsequently redirected by the Department. The absence of these facilities is a key difference between San Francisco and Zurich in terms of the harm reduction pillar and the law enforcement pillar as well. In

Zurich, people using drugs in public spaces are redirected to SCSs to avoid being arrested or cited but there is no such alternative in San Francisco.

- The city of Zurich operates three safe consumption sites, where individuals can inject, smoke or inhale drugs under the supervision of staff trained in safe consumption techniques, including reversing overdoses. A clean environment and supplies are provided along with areas for socializing and amenities such as snacks and resting areas. Staff will provide information and referrals to visitors about substance use disorder treatment and services such as housing, but enrolling in treatment or use of other services is not a requirement of using the safe consumption sites. The philosophy of the sites' personnel and Zurich's approach is acceptance of and support for individuals with substance use disorder, much like treatment of individuals with any disease. They believe that individuals with substance use disorder deserve dignity and the best possible health regardless of whatever stage they are at in their addiction. There have been no fatal overdoses at Zurich's safe consumption sites.

- Including the three in Zurich, there were an estimated 200 safe consumption sites operating in 14 countries worldwide, primarily in Canada, Australia, and Europe in 2023. With 47 safe consumption sites reporting from across the country, the Canadian government's online safe consumption site dashboard reports 2.6 million visits between 2017 and 2024, 41,472 non-fatal overdoses, and no fatalities at the sites.

- Only two safe consumption sites are currently operating in the U.S., both in New York City. The states of Rhode Island and Minnesota adopted laws in 2021 and 2023, respectively, allowing for safe consumption sites in their states. The sites are not yet operating, but funding has been approved by the Minnesota state legislature for independent organizations to operate 15 sites and, in early 2024, the City Council of Providence, Rhode Island approved the establishment of a site in their city. The site will be operated by a nonprofit organization with funding coming from opioid settlement money.

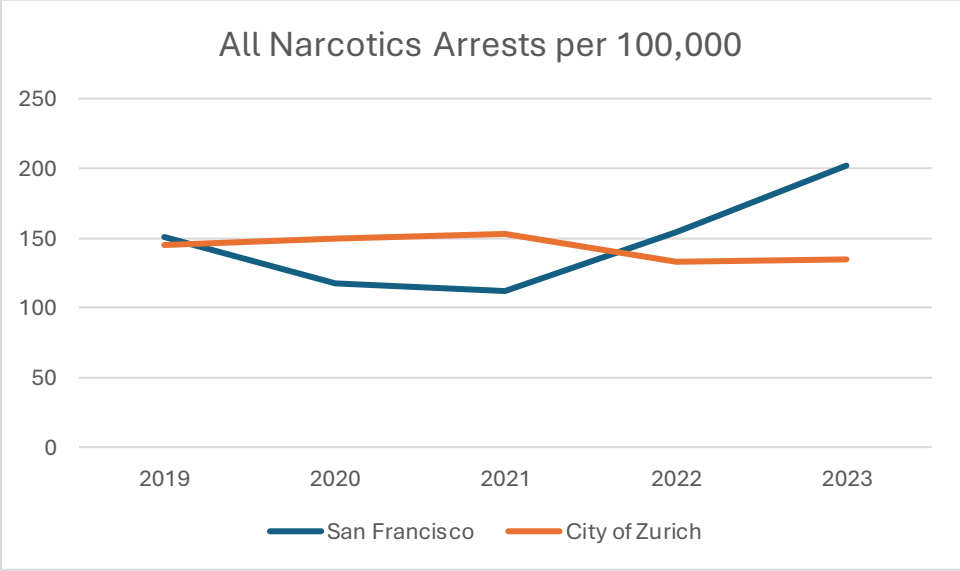
- The federal Controlled Substances Act, known as the "crack house statute" makes it illegal for individuals or organizations to maintain or open any establishment for the purpose of using controlled substances. U.S. attorneys in New York, Rhode Island, Minnesota, and California have not made any attempts to stop planned or actual safe consumption site operations in those states, but the federal law remains in place. Amending the federal law would remove this threat to safe consumption sites in the U.S.

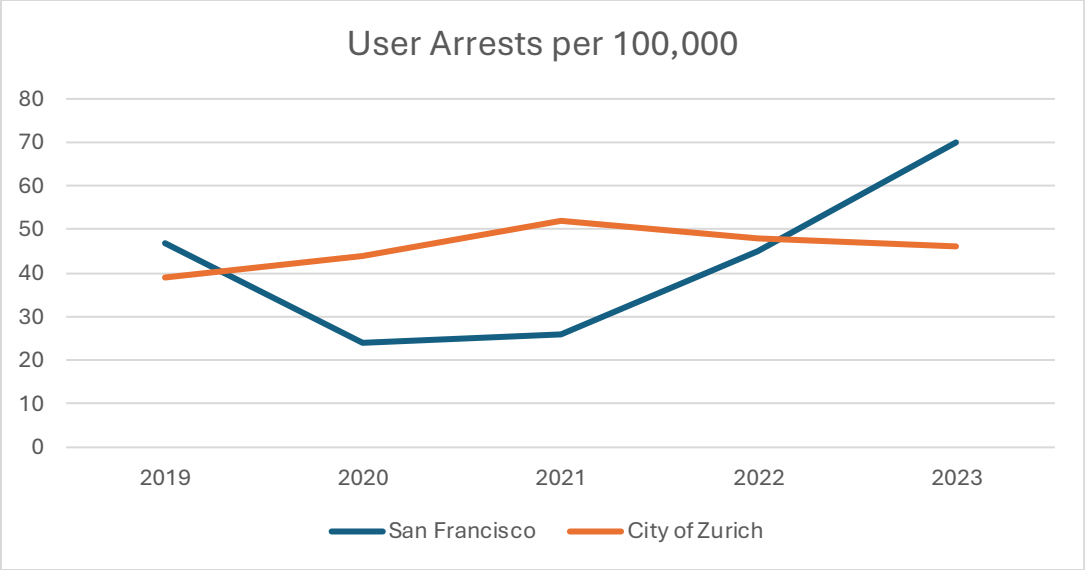
Differences: law enforcement pillar in Zurich compared to San Francisco

- The safe consumption sites in Zurich are an integral aspect of the fourth of that city's Four Pillars: law enforcement. Zurich's law enforcement and social service agencies strongly support working together to ensure that laws regarding selling and using drugs are enforced *and* that there is an alternative to using in parks and other public spaces or alone where the risk of an overdose fatality is higher: safe consumption sites. The police report taking an aggressive approach and informing anyone using in public that they are going to be cited or arrested if they continue to do so but they also let them know of the availability of the city's three safe consumption sites, where they will not be subject to citation or arrest for using. Except for the occasional flare up of public use, this approach has essentially ended Zurich's public drug consumption problem and open air drug markets.

- Arrest rates in San Francisco and Zurich were relatively similar between 2019 and 2023 when adjusted for population, with San Francisco's rate below Zurich's until 2022. In that year, the rate of narcotic arrests increased in San Francisco, particularly for drug use. Exhibit C shows the arrests trends in the two cities for the five year period, adjusted for population differences. The second chart in the panel excludes drug dealing arrests and shows arrests for drug use only.

Exhibit C: Narcotics and Drug Use Arrests per 100,000 People: San Francisco and Zurich, 2019-2023

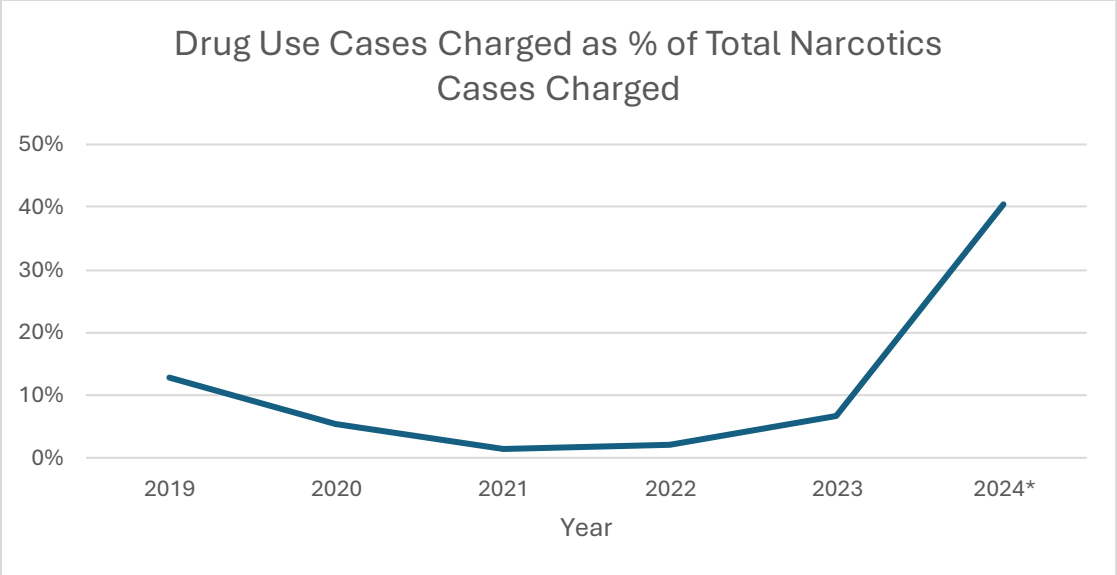




- The trends for San Francisco became more pronounced in 2024 (not shown in the chart above). More aggressive enforcement of drug laws and the advent of the City's Drug Market Agency Coordination Center (DMACC) in 2023 both contributed to this increase. Exhibit D reflects these increases as represented by narcotics cases charged by the District Attorney's Office between 2019 and 2024 (through October 21). As can be seen, total narcotics cases charged increased in 2023 and 2024, with a particularly notable increase in drug use cases. In 2024 through October, drug use cases made up 40 percent of all cases charged by the District Attorney compared to an average of 5.6 percent between 2019 and 2023. The total number of drug use cases charged in 2024 was 400 through October 21, 2024, compared to an average of 43.2 in the prior five years.

Exhibit D: Dealer and User Narcotics Cases Charged by the District Attorney's Office, 2019 to 2024

Year	Dealer	Use	Other	Total	Use % Total
2019	679	100	9	788	13%
2020	554	32	7	593	5%
2021	489	7	2	498	1%
2022	665	15	2	682	2%
2023	853	62	1	916	7%
2024*	585	400	4	989	40%
Total	3,825	616	25	4,466	14%
Average 2019-2023	648	43.2	4.2	695	5.6%



* 2024 through October 21.

Though there has been a slight uptick in 2024, drug use cases charged in San Francisco still do not lead to treatment for a substantial number of cases

- If the policy goals of increasing drug user arrests are to remove their activity from public spaces and to get more users into treatment, data is not readily available on the quantity of drug consumption taking place on the streets and in public spaces though it certainly is still occurring and can be seen on the streets.

- Of all drug use cases charged, 21 have been successfully diverted in 2024, more than the average for the prior three years. Case diversion can be a path to treatment as diversion is often to collaborative courts which routinely include treatment programs for those who need them. However, successfully diverted drug use cases on average represented less than half of all drug use cases charged between 2019 and 2024 (through October). The remaining cases were generally not diverted because most defendants charged don't show up for their court appearances and, particularly at the misdemeanor level, are not held in custody. As a result, these defendants do not have a path to receive treatment while in jail, or by order of the court such as through a collaborative court program.

- 55 percent of the drug use cases charged in 2024 resulted in a bench warrant because the individual did not appear in court, according to the District Attorney's Office. This translates into 220 drug use cases charged by the DA out of 400 total in which the defendants are not on a pathway to treatment.

- Zurich's approach to law enforcement does not necessarily result in the rerouting of people using drugs in public to treatment, but it does remove drug use from public spaces.

Other harm reduction differences between San Francisco and Zurich

- **There is more consensus around harm reduction in Zurich than in San Francisco:** Despite San Francisco's documented policy emphasizing harm reduction in dealing with substance use disorder, public statements and proposals indicate that some elected officials, candidates, residents, and community organizations in San Francisco are increasingly promoting interventions that emphasize, incent, or compel treatment rather than harm reduction practices. In Zurich, city staff and elected officials, including the mayor, support harm reduction and safe consumption sites in particular as well as treatment. The Four Pillars, one of which is harm reduction, remains the official policy of the city and is broadly accepted as coupled with strong law enforcement efforts that ensure against drug use in public spaces.

- **People who use drugs in Zurich are mostly housed and almost universally sheltered:** Unsheltered homelessness in Zurich, estimated to be 120 in 2020, is dramatically different than in San Francisco where the most recent point in time homeless count revealed the City to have 4,355 unsheltered residents. Homelessness can exacerbate medical and mental health issues, including substance use disorder. The instability of homelessness may preclude the sort of long-term planning that supports a decision to seek treatment, and it also makes it harder to sustain treatment.

  Since San Francisco does not have supervised consumption sites nor sufficient housing for all who are unsheltered, we conclude that a higher percentage of individuals in San Francisco housing sites who have untreated substance use disorders are using drugs either in their apartments or on the streets. Solo, unobserved, use of opioids puts someone at risk for a fatal overdose. Besides these individuals, unhoused people who use drugs may not have alternatives to using on the streets or other public places, leading to street conditions many residents and visitors find distressing.

- **Access to shelter and services in Zurich is limited for non-residents:** Historically, Zurich has limited access to its city-funded social services to city registered individuals. For example, Zurich's emergency night shelter is reserved for locals though individuals from elsewhere can stay for one night. Use of Zurich's safe consumption sites has been for residents only, though there have been some exceptions to this when there are flareups of drug use in public spaces.

  San Francisco does not make access to most City-funded prevention and harm reduction services, as well as stays in City-funded shelters, dependent upon residency or immigration status. Demonstration of residency is required for public benefits, including Medi-Cal funded substance use treatment, cash assistance, and other programs consistent with any federal or state laws, regulations, or court decisions.

- **Drug checking is more prevalent in Zurich than San Francisco:** The availability of drug checking and supervised consumption services in Zurich supports individuals in making

informed decisions about drug use and reduces the likelihood of overdoses from drug contamination. There are indications that San Franciscans who use drugs could be safer with more of these interventions in place. A recent study found that more than 40 percent of non-fatal opioid overdoses in San Francisco may be from unintentional consumption of fentanyl.

Treatment in San Francisco

- San Francisco offers a variety of residential and outpatient treatment options to individuals with substance use disorder, delivered at hospitals, clinics, jails, and outpatient settings through the San Francisco Health Network, and at a variety of other substance use disorder treatment sites under the jurisdiction of the Department of Public Health's Behavioral Health Services division.

- The following are the key treatment services available through the San Francisco Department of Public Health and the San Francisco Health Network:

    - 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

  As shown in Exhibit E, the Department of Public Health (DPH) reported in its Treatment on Demand annual report for FY 2022-23 that the highest volume of treatment services provided for substance use disorder are methadone maintenance and buprenorphine treatment, two very effective medications that can help curb cravings for and addiction to opioids. Other outpatient services, withdrawal management, and residential treatment services are next in order of magnitude. Residential treatment programs often require withdrawal management as a prerequisite to admission.

Exhibit E: Department of Public Health Substance Use Disorder Treatment Service Capacity and Numbers Served, FY 2022-23

Service Type	FY 2022-23 Capacity (at a single point in time)	FY 2022-23 Numbers Served (unduplicated within category unless otherwise noted)
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.

- Even with the extensive health services offered in San Francisco, at any given moment in time, a 2022 study by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) reported that most people who use drugs do not seek or think they needed treatment. For many individuals, drugs offer comfort, perhaps from past trauma or current struggles such as homelessness. Entering treatment can mean taking risks and leaving behind familiar and comfortable routines and friends or pets. In addition, in spite of DPH's efforts to make services easily accessible and as low barrier as possible, programs and funding sources have rules and administrative requirements that can serve as hurdles for getting some people to enroll in services.

Differences between San Francisco and Zurich: Medication for Opioid Use Disorder Treatment

- The treatment services offered by the City and County of San Francisco are similar to those of Zurich. Both cities offer residential treatment, outpatient services, withdrawal management, and Medication for Opioid Use Disorder. Within that context, a key difference is that more than 75 percent of Zurich residents addicted to opioids are taking Medications for Opioid Use Disorder. Comparable data is not available from DPH for San Francisco, but a study by the National Institutes for Health and the Centers for Disease Control reported that in 2021, only 22 percent of Americans with opioid use disorder received medications to treat it. Based on our own estimate that there are approximately 19,190 people with opioid use disorder in San Francisco and applying DPH's Methadone Maintenance and Buprenorphine Treatment numbers served for FY 2022-23, we

estimate that approximately 25 percent of people with opioid use disorder in San Francisco are taking Medications for Opioid Use Disorder, far below the 75 percent rate reported for Switzerland. This appears to show that the presence of safe consumption sites does not stop many people who use drugs from enrolling in treatment.

- The reasons for greater utilization of Medication for Opioid Use Disorder in Switzerland and Zurich appear to be due to multiple factors distinguishing Zurich from San Francisco (and the U.S. more generally) including:
  - A widespread understanding that Opioid Use Disorder is a disease treatable with medication,
  - A wider range of medications approved for treatment of opioid use disorder,
  - More discretion afforded to physicians,
  - Fewer regulations that limit access or retention,
  - More stability – especially, housing stability – among people with opioid use disorder in Zurich.

- **Opioid use disorder as a disease:** In Zurich, substance use disorder is recognized broadly as a disease and is approached and treated as such by the public and medical practitioners. In contrast, in the U.S., there are varying views on addiction – including some who believe addiction to be a personal weakness or failing – and how it should be treated, making it difficult to generate sustained public support for and investment in evidence-based practices such as Medication for Opioid Use Disorder versus programs more exclusively providing counseling and behavioral change support.

- **More medications available in Switzerland:** The U.S. Food and Drug Administration has approved three medications for the treatment of opioid use disorder, with the first two being the primary medications available in San Francisco (methadone and buprenorphine). Physicians in Zurich, and all of Switzerland, are also able to prescribe slow-release oral morphine and, if certain criteria are met – including failure at other treatment – diacetylmorphine (pharmaceutical heroin). This wider range of options affords patients and providers more options to identify a good fit medication for the patient.

- **Greater dosing and access flexibility in Switzerland:** Swiss physicians perceive themselves as having more flexibility than their peers in the U.S. around dosing levels and treatment plans. Although described by the Substance Abuse and Mental Health Services Administration as guidelines affording flexibility, in the U.S., physicians are reported to feel limited by federal and state recommendations around dosing and the documentation necessary to exceed those bounds.

- Although not as restrictive for buprenorphine as methadone, MOUD is highly regulated in the United States and California. The medications are also regulated in Switzerland, but these regulations do not impose as many challenges for access or retention. In Zurich, medication for addiction treatment is widely available from medical practitioners, and not limited – as is methadone in the U.S. – to a limited number of licensed Opioid Treatment Programs and, until recently, rarely available to take home. In Zurich, for all MOUD but pharmaceutical heroin, patients are provided with thirty-day supplies and prescriptions can usually be extended for travel or other unusual circumstances.

Access and flexibility of treatment via Medications for Opioid Use Disorder is improving in San Francisco, but changes are still needed in state regulations and local provider training to ensure the City is taking advantage of new flexibility

- Given its effectiveness, the San Francisco Department of Public Health is trying to increase the accessibility and take up of Medication for Opioid Use Disorder (MOUD), but progress to date has been slow. According to the City's 2022 Overdose Prevention Plan, by 2025 DPH aims to increase by 30 percent the number of people receiving highly effective MOUD. However, between 2022 and 2023, use of MOUD increased by only 3.2 percent, from 4,810 served in 2022 to 4,962 in 2023.

- The Department of Public Health is trying innovative approaches to try to expand access and utilization of MOUD. City pharmacists now make house calls and paramedics, including those on the Street Crisis Response Team, can administer loading doses of buprenorphine. Another new development is the positive results from Nighttime Telehealth (BEAM) program which uses a street team, the Night Navigation Team, to connect unhoused people with immediate medication prescriptions at night through a telehealth session with a prescriber.

- Progress toward DPH's goals around utilization of Medications for Opioid Use Disorder may accelerate given recent policy changes that break down longstanding barriers to accessing and sustaining treatment via MOUD. Federal restrictions limiting the medical providers who can administer buprenorphine were loosened in early 2023. In February 2024, the federal government made permanent several flexibilities around methadone access that were piloted during the Covid pandemic. In September 2024, California passed legislation that allows clinics to now dispense methadone for 72 hours while someone is getting connected to treatment. The new law also requires the state to bring its currently more stringent methadone regulations into alignment with federal regulations by April 30, 2029. In the meantime, DPH has also supported all methadone clinics in the City in receiving temporary exemptions from several state regulations that limit methadone treatment access.

- Prescribers in San Francisco may need education and encouragement to take advantage of the full flexibility now afforded to them under the law, including providing short-term access to methadone for individuals awaiting treatment and in adapting methadone treatment dosing for people who use fentanyl. Both federal and state regulations allow for higher dosing levels than is currently standard practice. Patients in Switzerland do not face regulatory hurdles as significant as those in the U.S., particularly around access to methadone, which is the MOUD of choice for 70 percent of MOUD patients in Switzerland.

- Patients in Switzerland have long been able to take doses of methadone home for use like any other prescription medication from the start of treatment, a practice that new federal guidelines only recently made possible in the U.S. Buprenorphine, the other MOUD treatment option in the United States, can be prescribed by more healthcare providers. Like methadone, 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. Education and training of prescribers in San Francisco may increase awareness and utilization of these longer-lasting formats which seem to hold great potential for people with opioid use disorder who are experiencing homelessness or other forms of instability.

Our analysis shows that benefits of a safe consumption site in San Francisco, including lives saved, would outweigh costs

- We prepared a cost-benefit analysis of operating a safe consumption site in San Francisco. Operating costs are based on characteristics such as size, configuration, number of visitors, and operating hours from the temporarily operated Tenderloin Center in San Francisco as well as aspects of operating safe consumption sites in New York City and Zurich. Benefits measured in prevented fatal overdoses and other averted adverse health outcomes such as emergency room visits and skin and soft tissue infections are based on actual experience of people who use opioids and other illicit drugs in San Francisco as reported by the Department of Public Health and in other studies of safe consumption sites.

- In our model of two scenarios, we found that a safe consumption site operating in San Francisco 18 hours a day 365 days per year with six booths for injecting drugs and between 25 and 45 chairs for smoking or inhaling drugs would allow for 8,293 and 12,556 unique visitors per year for our Baseline and Increased Use scenarios, respectively. This would translate into between 580,793 and 952,650 person-hours or time individuals visiting the safe consumption site would not be on the streets or alone while consuming drugs or experiencing overdoses or other adverse health effects from the drugs. This

should provide additional economic benefits for the City as a whole as it strives to make downtown more attractive and inviting to residents and visitors.

- Because of visitors' time at the SCS, when they would not be at risk of a fatal overdose or other related adverse health effects, between 15.7 and 23.7 fatal overdoses would be prevented per year at the site we have modelled. We assume the policy in place at the Tenderloin Center requiring a 911 call for every reversed overdose would not be continued at a new SCS, consistent with practices at safe consumption sites in Zurich and elsewhere. Therefore, reductions would also occur in emergency room visits, ambulance transports, and hospitalizations. Further, for people who inject drugs, the rates of skin and soft tissue infections and related costs of care would decrease. Further benefits in all these areas would occur for safe consumption site visitors who decide to transition out of the site and stay with medication for opioid use disorder. We expect that these benefits would be replicated at any additional safe consumption sites opened in the City in addition to the one we have modelled.

- The costs of operating our model safe consumption site, exclusive of any wraparound services such as meals, housing assistance, and others would be between $3.6 and $4.8 million per year, including staff salaries and benefits, rent, and operating costs. Staffing assumptions for this site were based on the Tenderloin Center's staffing as well as those of Zurich and other sites reported in literature on the topic.

- Exhibit F presents the costs and benefits of our modeled safe consumption site in San Francisco for two scenarios: a baseline and an increased use scenario. As shown, the direct benefits or cost savings to the City and other health service providers generated by the safe consumption site would be approximately $3.5 million for our Baseline Scenario and $6.3 million per year for our Increased Use Scenario versus operating costs for the SCS and MOUD for those who enroll in treatment via the SCS of approximately $3.7 million for our Baseline Scenario and $4.9 million for our Increased Use Scenario. Other benefits not quantified in Exhibit F include lives saved, cases of Hepatitis C and HIV averted, and fewer people using drugs on City streets or public spaces.

Exhibit F: Model: Savings and Benefits of Safe Consumption Site in San Francisco Excluding Value of Lives Saved

	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

*Estimates now shown, but value of life estimated to be $1,282,230 not included in savings as it does not represent a reduction in actual costs for the City and County of San Francisco or other health service entities. If applied to the estimated 15.7 and 23.7 lives saved due to the SCS, the benefits would be increased by $20.1 and $30.4 million for our Baseline and Increased Use SCS scenarios, respectively. Costs avoided from clients enrolling in MOUD are based on same assumptions as benefits from visitations to the SCS.

Acknowledgements

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Finally, we were fortunate to have a number of external subject matter experts make themselves available to provide information and insights about the nature of drug addiction, its impacts, and interventions in the U.S. and abroad. These included researcher Larissa Maier, experts from the University of California at

San Francisco, the University of California at San Diego, Emory University, RTI International, Addiction Switzerland, and others.

Policy options

The Board of Supervisors should:

1. Consider adoption of a comprehensive Citywide drug policy, along the lines of Zurich's Four Pillars, incorporating input from key stakeholders such as the Departments of Public Health and Homelessness and Supportive Housing, the Police and Fire Departments, experts in the field, consumers of City services, community-based organizations that provide substance use treatment and related services, community members, and others.

2. If interested in pursuing establishment of one or more safe consumptions sites in San Francisco as included in the 2022 City's Overdose Prevention Plan, solicit input from the City Attorney and other U.S. jurisdictions where safe consumption sites are operating or have been authorized by state and local legislative bodies on mechanisms for addressing federal law pertaining to illicit drug use.

3. Encourage establishment of City-operated Wellness Hubs as included in the City's 2022 Overdose Prevention Plan, with or without safe consumption sites attached, to provide centers for people who use drugs to receive and find out about services available such as treatment, other health services, and housing, to get harm reduction and other basic supplies, and for respite from the street scene.

4. Encourage establishment of and regular reports back to the Board of Supervisors on the results of ongoing formal interagency collaborative efforts between the San Francisco Police Department, Fire Department, Department of Emergency Management, Department of Public Health, Homelessness and Supportive Housing Department, contract service providers, and other stakeholders with a mandate to develop and continuously improve concrete solutions and approaches and to monitor the results of these approaches on combatting the ill effects of illicit drug use on people who use drugs and the community at large.

5. Encourage cross departmental information exchanges and site visits between Police Department academy participants, patrol officers, Drug Market Agency Coordination Center (DMACC) team members, Department of Public Health Behavioral Health staff and substance use disorder treatment providers, staff of the Homelessness and Supportive Housing Department, street teams representatives, and if one or more are opened, safe consumption site staff.

6. Request outcome reports one or more times a year on the following:

    a. *From the Department of Public Health*: expand on information provided in Treatment on Demand reports to include the number of individuals enrolled in treatment for substance use disorder and the duration of their enrollment, number of individuals completing treatment, all by type of treatment (including identification of overlapping cases such as individuals receiving Medication for Opioid Use Disorder treatment and outpatient

treatment simultaneously), treatment provided while in jail, and outcomes for all of these services.

b. From the Police Department: number of quarterly incidents and arrests for drug use and drug dealing.

c. From the Police Department and District Attorney: number of incidents and arrests, number of cases charged, case outcomes including number of cases resulting in jail sentences and duration of such sentences, and number of cases diverted to programs such as drug court, including number receiving treatment services, for both drug use and drug dealing cases Citywide and separately reporting cases initiated by the Drug Market Agency Coordination Center (DMACC).

7. Request that the Department of Public Health report to the Board of Supervisors on how it could make drug testing more available to people who use drugs with the goal of reducing substances cross-contaminated with fentanyl unbeknownst to users.

8. Due to its demonstrated effectiveness, request that the Department of Public Health report back to the Board of Supervisors on further strategies it could employ for increasing enrollment in Medications for Opioid Use Disorder, including more public outreach and education, working with physicians and providers to go beyond guideline dosages of medications when medically appropriate but remaining in line with federal and state regulations that allow greater flexibility.

9. Request that the Departments of Public Health (DPH) and Homelessness and Supportive Housing (HSH) report back to the Board of Supervisors on how referrals to substance use disorder treatment can be integrated with HSH shelter stays and processes employed by HSH's Access Point contractor staff who provide access to the HSH Coordinated Entry system for homeless individuals, including helping find treatment placements when housing placements are not available, and developing a workflow and accountabilities to ensure that individuals exiting residential treatment or residential step-down programs have housing secured in advance.

10. Request that the Department of Public Health report back on methods for expediting access to residential drug treatment care, including the possibility of covering the first days of treatment with City General Fund dollars while enrollees are being processed for Medi-Cal or some other coverage, and on approaches that could be employed to make residential treatment more attractive and feasible for a larger percentage of people who use drugs.

Note on Project Timing and Data Availability

Our office made contact with officials in the city of Zurich in February 2024 to schedule interviews and collect data from them to develop a profile of how their city had implemented the Four Pillars approach to illicit drug use. Following our initial interviews, we made contact with relevant departments and officials of the City and County of San Francisco in March 2024 to schedule interviews and collect data on programs and services affecting people who use illicit drugs in San Francisco. Unfortunately, much of the core information that we needed - an inventory of

substance use disorder services provided and data on the number of individuals served and arrest data pertaining to drug dealers and drug users – was not readily available and took months to obtain. After receiving the requested information, we engaged in dialogue with the departments to ensure our understanding of the information provided and to get needed clarifications, as is typical for this type of project. As a result, the project timeline expanded well beyond what was originally anticipated.

Because of the crisis that illicit drugs is in San Francisco, we conclude that the type of information we were seeking should be much more readily available, not only for analysts in offices like ours, but for the City's policy makers and the public so they can track activity such as drug-related arrests and the treatment and harm reduction services offered and the numbers of individuals receiving such services. Our policy options for the Board of Supervisors in this report include making information on drug user and drug dealer arrests readily available along with information on the many services offered for substance use disorder by the City, utilization of each, and outcomes.

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1. Background: Zurich's and Switzerland's Four Pillars Drug Policy

Switzerland Reduced Public Drug Use with its Four Pillars Policy, which Emerged in the 1990s and Became Law in 2008

In the 1970s and 1980s, drug use proliferated in Switzerland. People who were using drugs, primarily heroin, gathered in open public spaces across the country and in especially high concentrations in the city of Zurich. Any drug use was illegal under the Swiss Federal Narcotics Act of 1975, and Swiss police focused on shutting down open drug use spaces and arresting and registering illicit drug users and sellers. Police confiscated needles and syringes to discourage drug use. However, the number of people openly using drugs in Zurich was so extensive law enforcement struggled to reduce drug use and shutting down one open-drug use space would often lead to another one popping up elsewhere. In the mid-1980s, Zurich authorities, frustrated from fighting drug use without achieving desired results and in an effort to contain the illicit activities, informally allowed people to use drugs in the downtown Platzspitz park, which had become known colloquially as "Needle Park"; at its peak, up to 1,000 drug users would come and use in the park per day.

Around this time in the 1980s, the global HIV-AIDs epidemic emerged. In 1986 Switzerland was estimated to have the highest prevalence of HIV in Western Europe. By 1989, half of all new cases of HIV transmission were linked to the injection of drugs and shared needle use.[1] The HIV crisis compelled some private physicians to offer syringes and needle exchange programs in Needle Park even though it was illegal under the 1975 federal Narcotics Act to do so. While some city officials were supportive of these activities, the Surgeon General of the Canton of Zurich threatened those physicians with sanctions.[2] In 1985 the Surgeon Director of the Canton of Zurich announced he would revoke the medical license of anyone found to be distributing needles or syringes. In the fall of 1985, harm reduction advocates, including hundreds of private physicians signed a declaration stating they were going to hand out clean needles and syringes regardless of the law. This advocacy soon resulted in the Canton of Zurich legalizing the distribution and sale of syringes in June 1986.[3] Once the provision of needles and syringes was legalized, harm reduction services in Needle Park operationalized and grew to include the provision of sterile needles and

[1] Csete, Joanne. "From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland". Open Society Foundations, October 2010. https://www.opensocietyfoundations.org/uploads/0bf8bd55-64a5-4c3c-9548-2132524db48e/from-the-mountaintops-en-20160212.pdf

[2] Herzig, M., & Wolf, M. (2019). Inside Switzerland's Radical Drug Policy Innovation. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation#

[3] Kubler, Daniel. "Understanding policy change with the advocacy coalition framework: an application to Swiss drug policy". August 2001, Journal of European Public Policy. https://web.archive.org/web/20170809070049id_/http://collectivememory.fsv.cuni.cz/CVKP-29-version1-priloha_1_FF.pdf

syringes, alcohol pads, condoms, and ointments for injection sites on the skin, as well as vaccinations against hepatitis B, which can also spread through sharing needles.[4]

Harm reduction advocates continued to pressure the Zurich City Council to adopt a comprehensive harm reduction policy. The advocates consisted of private physicians, healthcare professionals, medical workers, and non-governmental organization (NGO) employees who provided direct harm reduction services to people who were using drugs. At this time, it became clear to members of the public, advocates, and police alike that policing efforts to fully repress drug use, which had been the center of Swiss drug policy for decades, was failing to solve the social and health problem of open drug use. [5,6] Harm reduction advocates promoted the idea that harm reduction and public order were compatible with reducing public drug use. Over time, the City of Zurich's Police Department supported the change in police strategy regarding drugs and worked with other city departments to implement harm reduction strategies.[7] In 1989, Dr. Emilie Lieberherr, a member of the Zurich City Council responsible for overseeing the city's Social Services Agency,[8] crafted a new drug policy that centered around harm reduction. Dr. Lieberherr's ideas had the support of the Social Services Agency and Zurich City Police Department and would eventually be the basis for the national Four Pillars drug policy.

The harm reduction component of the Four Pillars policy was the newest component of the country's drug policy at the time and generated much debate. Harm reduction centers around allowing people who use drugs to continue doing so but to mitigate the risk of danger to themselves. At the center of harm reduction policy are ways to make using drugs safer to the individual. Harm reduction measures in Zurich include safe needle exchange programs, substitution treatment (e.g. buprenorphine, methadone and morphine), for which patients are not required to abstain from other drug use, heroin-assisted treatment, and supervised consumption sites, or facilities where the consumption of illicit drugs are allowed under the supervision of health and related professionals to ensure any overdoses are reversed timely and that consumption is safe and hygienic.

While unsanctioned supervised consumption sites operated in Switzerland in the 1980s, the first legal supervised consumption site opened in 1986 in Bern, Switzerland following its residents approving a city referendum to allow the facility, and more followed.[9] There are now over 140

[4] Csete, Joanne.

[5] Csete, Joanne.

[6] Communications with city of Zurich staff.

[7] Communications with city of Zurich staff.

[8] In Zurich, each of the eight elected City Council members and the Mayor oversee one or more city agencies. Dr. Lieberherr was the head of Zurich's Social Service Agency for twenty-four years during her tenure as Zurich City Councilmember.

[9] Kubler, Daniel.

supervised consumption sites legally operating around the world in Europe, Australia, Canada, Mexico, and the United States. In Europe, there are over 90 supervised consumption sites operating in 11 countries.[10] Currently in Switzerland there are 14 supervised consumption sites operating across nine cities,[11] including three in Zurich.

In 1990, the Zurich City Council developed the Four Pillars drug policy, consisting of the following elements: prevention, treatment, harm reduction, and law enforcement. The Four Pillars drug policy represents the collaboration between social services and police to treat a public health crisis.[12] A brief description of each pillar is detailed below in Exhibit 1.

Exhibit 1: Switzerland's Four Pillars Drug Policy is Codified in the Federal Narcotics Act.

Four Pillars Drug Policy[13]	
Prevention	Prevent the emergence of behavior that could lead to drug addiction.
Harm Reduction	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
Treatment	Support people who are addicted to drugs to enable them to regain control over, or exit, addiction.
Law Enforcement	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.

Source: Swiss Federal Office of Public Health.

The Four Pillars policy was discussed and debated at Switzerland's National Drug Policy Conference in 1991, and as a result, the Swiss federal government began to fund harm reduction programs through the Swiss Department of Public Health in cities across Switzerland.[14] Federally funded harm reduction programs included needle exchanges, injection sites, social services,

[10] Joint Report By the EMCDDA and C-EHRN: Drug Consumption Rooms" European Monitoring Centre for Drugs and Drug Addiction. December 2023. https://www.emcdda.europa.eu/publications/technical-reports/2023/drug-consumption-rooms_en

[11] Singer, Jeffrey A. "Overdose Prevention Centers: A Successful Strategy for Preventing Death and Disease. CATO Institute. https://www.cato.org/briefing-paper/overdose-prevention-centers-successful-strategy-preventing-death-disease#switzerland

[12] Csete, Joanne.

[13] "The four-pillar policy." Federal Office of Public Health, Switzerland. https://www.bag.admin.ch/bag/en/home/strategie-und-politik/politische-auftraege-und-aktionsplaene/drogenpolitik/vier-saeulen-politik.html

[14] Called the Federal Office of Public Health (FOPH)

methadone treatment centers, and heroin-assisted treatment centers. Finally, in 1994, the national government formally endorsed the Four Pillars policy. Later, in 2008, the revised Federal Narcotics Act[15] was voted on via referendum and passed with 68 percent of the vote, enshrining the Four Pillars policy into law as the national drug strategy.

As of 2024 when this report was prepared, the city of Zurich was operating three safe consumption sites, drug consumption in parks and public spaces was virtually nonexistent, and overdose fatalities had fallen by approximately one half in Switzerland as a whole compared to the 1990s. Zurich does not have two major challenges that San Francisco faces regarding illicit drug use: fentanyl is not in the drug supply to a significant extent and homelessness is a minor issue compared to the magnitude of it in San Francisco where it contributes to the complexity of the drug crisis. But the core similarities of the ill effects of drug use plague both cities. The two cities' responses to this problem are the same in many respects but there are some key differences as discussed in detail in this report.

[15] Swiss Narcotics Act.
https://fedlex.data.admin.ch/filestore/fedlex.data.admin.ch/eli/cc/1952/241_241_245/20210515/en/pdf-a/fedlex-data-admin-ch-eli-cc-1952-241_241_245-20210515-en-pdf-a.pdf

2. The First Three of Zurich's Four Pillars: Prevention, Harm Reduction, and Treatment

In fall 2022, the San Francisco Department of Public Health (SFDPH) released the City's Overdose Prevention Plan. The Plan's goals are to:

- Reduce fatal overdoses by 15 percent Citywide by 2025
- Reduce racial disparities in fatal overdoses among Black/African Americans by 30 percent by 2025
- Increase the number of people receiving medications for addiction treatment (MAT) by 30 percent by 2025[1]

While the 2022 Overdose Prevention Plan has not been officially rescinded or superseded by a new document, SFDPH reports that they have updated the original goals. A 2024 presentation to the San Francisco Health Commission indicated the goals below but did not include specific targets:

- Reduce fatal overdoses
- Reduce disparities in fatal overdoses with a particular focus on the Black/African American community, people experiencing homelessness, and people living supportive housing.[2]

As overdose fatalities in Zurich are now rare, Zurich does not have a parallel plan. Nonetheless, the focus of San Francisco's 2022 plan on harm reduction and improving the health and well-being of people who use drugs aligns with values we heard expressed repeatedly by Zurich leadership and staff members and in three of Zurich's Four Pillars in its approach to drug policy: Prevention, Harm Reduction, and Treatment. Key tactics in San Francisco's 2022 plan are also consistent with long-standing practices in Zurich to which they attribute their success in reducing drug-related deaths and disorder. As written in 2022, San Francisco's comprehensive Overdose Prevention Plan included the following objectives:

- Increasing the number of people receiving highly effective Medication for Opioid Use Disorder (MOUD or MAT)
- Creating Wellness Hubs inclusive of supervised consumption facilities as well as many other services aimed at improving health and linkages to treatment
- Improving post-overdose outcomes by enhancing targeted overdose response teams and connecting people to care

[1] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.
[2] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.

- Collaborating with community organizations and development of partnerships to support populations most affected by overdose
- Communicating to the public about drug use and the continuum of services available to people who use drugs, including through public messaging campaigns

To date, San Francisco has made progress on several key metrics from the 2022 Overdose Prevention Plan, while falling short on others.

- Overdose Deaths – Accidental overdose deaths in the City increased from 649 in 2022 to 810 in 2023, though recent data suggests a decline from the 2023 rate.[3] Preliminary data from the Office of the Chief Medical Examiner's Office show San Francisco has had 19 percent fewer accidental overdose deaths during the period of January 2024 through August 2024 than the same time period in 2023.[4] If present trends continue, total overdose deaths for 2024 will be less than 2023 but above the 2022 total.
- Racial Disparities in Fatal Overdoses – The representation of Black people and Latine among overdose deaths increased from 2022 to 2023; for January to September of 2024, representation of these two groups was consistent with 2022 levels.[5] As of August 2024, DPH reports it is procuring and will be implementing several interventions with Black-led organizations to address overdose disparities.[6]
- Medication for Addiction Treatment – Use of Medication for Opioid Use Disorder (methadone and buprenorphine) in San Francisco increased by only 3.16 percent from 4,810 in 2022 to 4,962 in 2023, making the goal of a 30 percent increase by 2025 unlikely.[7] The number of methadone clients was down in 2023 from a recent high in 2020 and the number of buprenorphine clients was down in 2023 from a recent high in 2021.[8] However, SFDPH reports a promising sign: there was a 22 percent increase in methadone new admissions in FY 2023-24 compared to FY 2022-23.[9] Legislative and regulatory changes also hold promise for increasing access to Medication for Opioid Use Disorder over time.
- Treatment beds and programs – Opened 110 residential step-down and dual diagnoses beds and doubled the expected number of contingency management programs offered to people with stimulant disorder.[10]

[3] Accidental Overdose Reports, Office of the Chief Medical Examiner, City and County of San Francisco.
[4] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.
[5] Accidental Overdose Reports, Office of the Chief Medical Examiner, City and County of San Francisco.
[6] Communication from Department of Public Health, September 23, 2024.
[7] Substance use services, Drug overdose treatment and reports, City and County of San Francisco.
[8] San Francisco Department of Public Health Behavioral Health Services Director's Update, presentation to the San Francisco Health Commission, June 4, 2024.
[9] Communication from Department of Public Health, September 23, 2024.
[10] Communication from Department of Public Health, September 23, 2024.

- Naloxone - Exceeded Citywide naloxone distribution expectations and provided 157,528 doses from July 2023 – June 2024, including meeting its original 1-2 year goal of setting up emergency naloxone stations in 50 percent of permanent supportive housing sites.[11]

  San Francisco remains far from its 2022 goals indicating specific targets for reducing fatal overdoses, reducing racial disparities in fatal overdoses, and increasing the number of people receiving medications for addiction treatment. The shortfalls to date are not for lack of investment or effort. Primarily, though not exclusively, through the Department of Public Health and its contractors, San Francisco offers a wide range of services advancing the Overdose Prevention Plan and aligned with Zurich's Prevention, Harm Reduction, and Treatment pillars. Notable exceptions include:

- The City administration's decision, citing legal concerns, not to move forward with the roll out of planned Wellness Hubs inclusive of supervised consumption sites. The City has also not implemented Wellness Hubs even without onsite supervised consumption sites – which secured funding in the FY 2023-24 budget, but the Department reports that it redirected those funds to other purposes.[12] Three nonprofit organizations were poised to open Wellness Hubs in the Tenderloin, South of Market, and the Mission district but never received funding to do so.

- Constraints from state and federal policy limiting flexible, client-centered administration of Medication for Opioid Use Disorder (MOUD).

  Summarized below are the public programs pertaining to illicit drug use in San Francisco, organized in relation to three of Zurich's Four Pillars: Prevention, Harm Reduction, and Treatment. For each pillar, we also highlight key differences in the approaches of San Francisco and Zurich. The fourth pillar, Law Enforcement, is discussed separately in Section 3.

[11] Communication from Department of Public Health, September 23, 2024.
[12] "SF Nonprofit Secures Funding For Overdose Prevention Site," by Natalia Gurevich, San Francisco Examiner, October 3, 2023 updated October 4, 2024.

2.A. Pillars 1 and 2: Prevention and Harm Reduction

We used the **definition of harm reduction** for this report as: polices, 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.[13] This definition is consistent with the approach used by the City in many of its services for those with substance use disorders.

The City offers harm reduction programs to minimize the adverse impacts of drug use, including fatal and non-fatal overdoses, and aims to make services readily available to improve the wellbeing of people who use drugs and the communities in which drug use occurs.[14] As many of these services, including street teams and sobering centers, engage and build trust with substance users and offer linkages to treatment, SFDPH prefers to classify them in the treatment pillar.[15] However, because they are not contingent upon abstinence, we have sorted such services into the harm reduction pillar but acknowledge that harm reduction and treatment exist along a continuum.[16]

To a lesser degree, the City offers substance use prevention services aimed at preventing substance use disorders before they start. The City's harm reduction services often also include a prevention component (e.g., preventing repeat overdoses). As a result, we have combined our inventory of City services that could be classified as prevention or harm reduction, two of Zurich's Four Pillars, into a single grouping because of the overlap between them in San Francisco.

San Francisco's harm reduction efforts aim to:

- Reduce fatal and non-fatal overdoses
- Increase safety by:
  - Providing sterile supplies for drug use that reduce the spread of communicable diseases such as HIV/AIDS and Hepatitis C, and to reduce overdose risk
  - Welcoming people who are under the influence of drugs or alcohol into safe, indoor spaces where they can relax and recover
  - Providing a non-police response to reports of disorderly conduct by those with substance use disorders and others that are non-violent in nature
- Ensure that current or former use of drugs does not prevent access to medical and housing services

[13] Harm Reduction International website
[14] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.
[15] Communication from San Francisco Department of Public Health, September 23, 2024.
[16] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.

Additionally, San Francisco public officials and health leaders hope that access to low-threshold, low-barrier to entry services implemented by providers taking a nonjudgemental and non-stigmatizing approach to engaging with people who use drugs may increase the number of people who feel comfortable initiating connection to more intensive services including treatment.[17]

In this section, we present information on prevention and harm reduction services and programs provided by the City and County of San Francisco. Following that, we provide a discussion on differences between San Francisco and Zurich pertaining to these services and programs.

Prevention Services for High-Risk Groups[18]

Risk group: Children, Youth, and Families

Risk group: African-Americans

Risk group: Latine and Indigenous Community

Risk group: People Who Use Drugs Who are Experiencing Homelessness

Risk group: People Who Use Drugs Who Reside in Permanent Supportive Housing

Risk group: People Who Use Drugs in Nightlife Settings

Prevention/Harm Reduction Services and Programs

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 People Who Use Drugs

Street Teams

[17] *Treatment on Demand Fiscal Year 2022-23 Annual Report*, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024, p. 4. Ordinance establishing Mental Health SF. Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022. Mailman at 100: Fighting for Healthier Communities - Public Health Physicians Focus on Patients' Lives Beyond the Exam Room by Nancy Averett, Columbia University Irving Medical Center website, July 18, 2022.

[18] SFDPH does not frame their prevention and harm reduction efforts around specific risk groups. BLA created this list based on our review of SFDPH activities.

2.A.1. Prevention Services for High-Risk Groups

While most of San Francisco's substance use disorder services are directed to the general population of people who use drugs, many of its prevention efforts target distinct at-risk groups, with differentiated goals and strategies:

- Children and youth who DPH aims to keep from initiating drug use through education and engagement of them and their families in other positive activities
- African-Americans who DPH aims to stop dying disproportionately from overdoses
- Latine and Indigenous Community
- People who use drugs who are experiencing homelessness
- People who use drugs who reside in permanent supportive housing
- People who use drugs in nightlife settings

Risk group: Children and Families

Number engaged through substance use prevention funds: 847 children and 262 adults in FY 2022-23[19]

DPH grants funds for prevention programming to service providers. In fact, limited funding for youth prevention is among the only federal and state funding received by DPH focused on prevention of drug use.[20] Funded service providers, several of which have cultural competency relevant to specific ethnic communities, aim to build protective factors and advance the knowledge and skills of young people and their parents to make healthy lifestyle decisions, including preventing, delaying and reducing the use and misuse of alcohol, tobacco and other drugs. These services are offered at schools and by community-based organizations. In FY 2022-23, 847 children and 262 adults were served by these programs.

Though a separate entity than the City and County of San Francisco, the San Francisco Unified School District provides prevention-oriented drug and alcohol education programs to their students.

Risk group: African-Americans

Number engaged: At least 5,951 by Mental Health SF Promotion and Early Intervention Programs 2020-2023[21] [22]

[19] *Treatment on Demand Fiscal Year 2022-23 Annual Report*, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024
[20] Communication from San Francisco Department of Public Health, September 23, 2024.
[21] San Francisco Mental Health Services Act (MHSA) 2023-2026 Three Year Program and Expenditure Integrated Plan, San Francisco Health Network Behavioral Health Services, June 2024, p.101.
[22] Department of Public Health reports that more Black/African Americans are probably served through programs from other funding streams, though data supporting this assertion is not readily available.

Black/African-Americans in San Francisco suffer a death rate from overdoses higher than the Citywide rate. DPH is working to establish meaningful engagement and partnership with Black-led and predominantly Black-serving organizations around overdose prevention. DPH funds expanded overdose prevention education, and peer overdose prevention champions[23] and is supporting community meetings to gather input, identify needs, and build relationships with Black-led organizations. In addition to monthly meetings with the Black-led and servicing organizations it funds, DPH is developing culturally congruent materials, developing and implementing a capacity building plan, and supporting planning for a 2025 Overdose Prevention/Education Summit.[24]

Risk group: Latine and Indigenous Communities

SFDPH recognizes that the Latine community has unique cultural and linguistic needs that need to be taken into account in its communications and programming about substance use disorder and associated risks. SFDPH aims to strengthen its work in Latine and Indigenous communities and recently finished a Spanish version of *Recommended Language Guide for Communicating About Substance Use Disorders*. This quarter, the Department is convening a Latine and Indigenous Community Workgroup, producing overdose prevention education in four Mayan languages, developing a Train-the-Trainer program for Indigenous speakers, and enhancing translation processes for overdose materials.[25]

Risk group: People Who Use Drugs Who Are Experiencing Homelessness

In FY 2022-23, two-thirds of the 4,628 individuals who received a Substance Use Disorder (SUD) service from SFDPH specialty behavioral health care were people experiencing homelessness.[26]

People experiencing homelessness, especially unsheltered homelessness often suffer from multiple physical or mental health conditions,[27] some of which preceded their loss of housing and others of which are a symptom of the lack of shelter. Approximately a quarter of those dying of accidental overdoses in San Francisco in 2023 lacked a fixed address.[28] San Francisco invests in outreach and low-threshold[29] services aimed at improving the community conditions in which drug use occurs and trying

[23] Treatment on Demand Fiscal Year 2022-23 Annual Report, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024.
[24] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.
[25] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.
[26] Treatment on Demand Fiscal Year 2022-23 Annual Report, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024. According to a September 2024 communication from SFDPH, this figure likely underestimates the number of people experiencing homelessness who received services.
[27] The California Street Medicine Landscape Survey and Report by Brett J. Feldman, MSPAS, PA-C; Corinne T. Feldman, MMS, PA-C; Alexis Coulourides Kogan, PhD; Sonali Saluja MD, MPH, FACP; Michael Cousineau, DrPH
[28] Report on 2023 Accidental Overdose Deaths, Office of the Chief Medical Examiner, City and County of San Francisco, April 11, 2024.
[29] "Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders," by Marit Edland Gryt and Astrid Helene Skavedt, International Journal of Drug Policy, Volume 24, Issue 3, May 2013.

to help individuals take steps to improve their health, safety, and access to health care and other services.

Low-threshold services emphasize the removal of barriers to service receipt. San Francisco has several street teams dedicated to this work. The street teams offer a variety of services and find themselves responding to a diversity of situations, some of which are substance use related. Despite SFDPH's preference that they be categorized as treatment[30] due to the linkages they offer, because street teams do not make abstinence a condition of receiving service and they often include overdose prevention and response, for purposes of this report, we classify street teams as a mix of prevention and harm reduction.

Risk group: People Who Use Drugs Who Reside in Permanent Supportive Housing

By mid-2024, more than half of permanent supportive housing sites and most transitional shelters had naloxone on-site.[31]

San Francisco's Department of Homelessness and Supportive Housing (HSH) manages an inventory of approximately 17,835 beds across 13,530 housing units and a shelter capacity of approximately 3,600.[32] More than a quarter (27 percent) of those living in HSH's permanent supportive housing report having a substance use disorder and more than half of those in the coordinated system awaiting housing have a substance use disorder.[33] Although less than one percent of San Francisco's population live in permanent supportive housing single room occupancy buildings, they were the site of at least 15 percent of all overdose deaths Citywide between 2019 and 2022.[34] HSH and the Department of Public Health are working together to ensure more overdose prevention education (including a peer-led prevention program) and response resources (e.g., naloxone), are available to residents and staff of housing and shelter sites, as well as support for treatment access and retention.

Risk group: People Who Use Drugs in Nightlife Settings

Overdoses have impacted the nightlife and entertainment community. Thus, the Department of Public Health is working with partners, including the San Francisco Entertainment Commission, to make information about overdose prevention and response available to businesses and individuals involved in the nightlife scene.[35]

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[30] Communication from San Francisco Department of Public Health, September 23, 2024.
[31] HSH Overdose Prevention Updates, PowerPoint by Kris Leonoudakis-Watts, Department of Homelessness and Supportive Housing for June 25, 2024 presentation to service providers.
[32] Inventory of Housing Resources and Shelter Inventory, Department of Homelessness and Supportive Housing, City and County of San Francisco.
[33] Communications with San Francisco Department of Homelessness and Supportive Housing, April 18, 2024.
[34] "San Francisco's deadly failure on the drug crisis is unfolding inside its own housing program," by Trisha Thadani and Joaquin Palomino, San Francisco Chronicle, December 15, 2022.
[35] Overdose Prevention Resources for Nightlife, City and County of San Francisco, SF.GOV.

2.A.2. Prevention/Harm Reduction Programs and Services in San Francisco

The following programs are core components of San Francisco's prevention and harm reduction approach, most of them targeting current drug users among the risk groups mentioned.

Program: Syringe Access and Disposal / Safe Supplies Services

113,000 sterile syringes distributed in FY 2022-23[36]

Harkening back to the AIDS crisis, San Francisco has one of the largest syringe access programs in the country, funding community organizations to provide syringe access and disposal and, with the rise of fentanyl, also naloxone (aka Narcan), fentanyl test trips, and safe smoking supplies. All of these items are provided without judgment and not contingent upon the user committing to abstinence. In addition to reducing risks directly associated with drug use, these services are a low-threshold engagement point to link people to heath care, case management, treatment for substance use disorder, housing and other community resources.

Low threshold services

Rather than a specific service, the Department of Public Health and many of its contractors employ a "low-threshold" approach to making health care services accessible to persons using drugs, including those who are experiencing homelessness or living in permanent supportive housing and not yet contemplating treatment for their substance use. Low threshold refers to a focus on minimizing barriers to access, and the goals of these services are to promote behavior change and encourage people to engage in care.

The Whole Person Integrated Care section of DPH's Ambulatory Care division, makes low-threshold and drop-in medical services available via its street teams, Maria X. Martinez Health Resource Center, Managed Alcohol Program, and health staff working in shelters and permanent supportive housing. DPH's Behavioral Health division makes low-threshold care available through the Behavioral Health Access Center, Dore Urgent Care, Westside Crisis, and Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital.

Program: Sobering Centers

1,699 unique individuals at SoMa RISE in FY 2022-23; 317 unique individuals at the Alcohol Sobering Program

At sobering centers, individuals can spend up to 23 hours safely recovering from intoxication in a supervised and safe indoor setting. SFDPH offers drug sobering at SoMa RISE and alcohol and drug sobering at the Alcohol Sobering Center. In 2024, SFDPH launched a small program at the Alcohol Sobering Center to accept referrals post-overdose. The sites receive direct referrals from the Street Crisis Response Team and first responders. In fact, sobering centers are

[36] *Treatment on Demand Fiscal Year 2022-23 Annual Report*, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024.

among the most frequently requested transport location by individuals served by the Street Crisis Response Team, discussed further below.[37]

In addition to a place to rest, clients using the sobering centers have access to food, bathrooms, and showers. Staff members try to connect them to health care, housing services and substance use services and treatment. SFDPH prefers to characterize sobering centers as treatment.[38] However, consistent with the definition of harm reduction provided earlier, because sustained abstinence is not a requirement or expectation, we categorize sobering centers as harm reduction.

In FY 2022-23, SoMa RISE, served a total of 1,699 unique individuals. The Alcohol Sobering Program served 317 unique individuals over more than 700 visits.

Program: Naloxone Distribution, and Overdose Prevention Education

157,528 naloxone doses distributed in FY 2023-24[39]

Naloxone (also known by the brand name Narcan) is a life-saving medication used to reverse opioid overdoses. The drug reverses the effects of an immediate overdose of opioids such as fentanyl, heroin, or prescription opioid medications. Anyone can administer nasal sprays or injectable medications to a person experiencing an overdose.

DPH is actively working to expand its naloxone distribution network by offering free naloxone in various settings, including DPH-funded community-based programs, DPH Pharmacy, community events, and a request-by-mail program. DPH doubled the distribution of doses from 65,877 doses in FY 2021-22 to 135,610 in FY 2022-23. DPH increased distribution in FY 2024 to 157,528 doses.[40]

Overdose prevention activities include distributing naloxone and educating people about:

- the behaviors that increase the likelihood of an overdose occurring
- how to recognize and respond to an overdose
- accessing treatment

From July 2022 through October 2023, DPH's online Overdose Recognition & Response training was completed more than 6,000 times, including by staff from 12 City departments in FY 2022-23.[41] In addition to City-staffed trainings, overdose education and prevention is embedded across a range of DPH programming and investments, especially among those engaging with high-risk populations.

[37] Communications with San Francisco Fire Department Community Paramedicine, May 13, 2024.
[38] Communication from San Francisco Department of Public Health, September 23, 2024.
[39] Substance Use Services, Drug Overdose and Treatment Data and Reports, SF.GOV.
[40] Substance Use Services, Drug Overdose and Treatment Data and Reports, SF.GOV.
[41] *Treatment on Demand Fiscal Year 2022-23 Annual Report*, San Francisco Department of Public Health, Behavioral Health Services, March 15, 2024.

The Department of Public Health partners with the San Francisco Entertainment Commission to make information about overdose prevention and response available to businesses and individuals involved in the nightlife scene.[42] They have worked together to produce a video sharing information about how to use fentanyl test strips, recognize an overdose, and respond using naloxone. A DPH webpage provides information about where to procure test strips and naloxone.

Across its ranges of prevention and harm reduction services, DPH very intentionally contracts with agencies that employ individuals with lived experience with substance use disorder who are perceived as credible by users of drugs and can thus be particularly effective in providing education and information about treatment options and safer use practices – such as not using alone – that can reduce the likelihood of an overdose becoming fatal. These "peers" work in a variety of settings, including as part of many of the street teams described later in this report.[43] DPH has also paid some queer and trans community members to educate and provide Narcan to their peers in nightclubs.[44]

Overdose prevention in Department of Homelessness and Supportive Housing-funded housing, shelters, and programming

Given the prevalence of substance use disorder among residents of its shelters and housing units, individuals who are homeless or living in Department of Homelessness and Supportive Housing (HSH)-funded housing are a priority population for prevention and harm reduction. HSH requires all contracted service providers and grantees to:

- Adopt a harm reduction model and encourages them to provide harm reduction services, resources, and referrals in their programs and locations
- Post up-to-date information about harm reduction services, including available information about syringe access and disposal and naloxone access
- Have staff interacting directly with clients or working in a residential setting complete an annual training on harm reduction and overdose prevention
- Have a documented Onsite Overdose Response policy

HSH's updated Overdose Prevention Plan includes naloxone access. HSH is partnering with SFDPH in its resourcing efforts to get 100 percent of its housing sites set up with a naloxone supply and a "sustainable, realistic, plan to have it readily available to anyone in the building who needs it."[45]

HSH has contracted with the National Harm Reduction Coalition to provide a workshop series, tailored technical assistance for implementation of overdose prevention policies, and support to all HSH-

[42] Overdose Prevention Resources for Nightlife, City and County of San Francisco, SF.GOV.
[43] Performance Audit of San Francisco Street Teams, Prepared for the San Francisco Board of Supervisors by the San Francisco Budget and Legislative Analyst, November 7, 2023.
[44] "The Radical Drag Queen at the Heart of Nightlife Harm Reduction," by Marke B., 48 Hills, September 22,2022.
[45] HSH Overdose Prevention Updates, PowerPoint by Department of Homelessness and Supportive Housing for June 25, 2024 presentation to service providers.

funded service partners in addressing and preventing overdose deaths. The Department also requires that its adult and Transitional Aged Youth (TAY) shelters and housing sites provide access to harm reduction kits, sharps containers, and post overdose response instructions in a visible site.

Already approximately half of HSH temporary shelters and permanent supportive housing sites have naloxone available onsite for staff and tenants.[46] This progress reflects a partnership with DPH which made overdose prevention and response training available for all shelter providers via DPH-contracted provider partners. A partnership between HSH and the DPH-funded Drug Overdose and Prevention Project (DOPE) aimed to prevent overdoses in permanent supportive housing and single resident occupancy (SRO) units through:

- naloxone dispensers,
- extensive training,
- "brave buttons" that provide tenants using substances the option to request a check-in,
- resident engagement in overdose prevention response,
- posting and dissemination to tenants of up-to-date harm reduction and drug treatment information.[47]

In addition to its housing sites, HSH requires that naloxone be available at all contractor-staffed Access Points, which provide intake to the Department's Coordinated Entry system, for staff and visitors. Further, all Access Points are required to have an Overdose Response Policy in place that provides guidance for staff in how to respond to and report overdoses or overdose reversals. HSH is providing training and technical assistance support for Access Point staff on harm reduction.

DPH and contracted providers are also training permanent supportive housing tenants to provide overdose prevention education and response to other tenants.

Program: Low-threshold Access to Housing and Shelter for People Who Use Drugs

Although insufficient relative to need, San Francisco's Department of Homelessness and Supporting Housing (HSH) funded programs across the homelessness response system are committed to serving and being equitably accessible to people using substances and with substance use disorder. Most employ harm reduction approaches, especially around overdose prevention and response.[48]

[46] HSH Overdose Prevention Updates, PowerPoint by Department of Homelessness and Supportive Housing for June 25, 2024 presentation to service providers.
[47] A Peer-Led Initiative Leads Overdose Prevention & Response Within Supportive Housing, National Harm Reduction Coalition, November 16, 2022. Supplemental Report: Overdose Prevention Policy, Department of Homelessness and Supportive Housing, FY 2021-22.
[48] Department of Homelessness and Supportive Housing Overdose Prevention Policy, updated November, 2023, Department of Homelessness and Supportive Housing, City and County of San Francisco.

According to HSH managers, the Department recognizes that people who use drugs are often extremely vulnerable, given the connections between substance use and physical and mental health. Although dependent on individual assessments and availability, people who use drugs, especially persons with long histories of drug use, are regularly offered HSH's most intensive housing intervention when available: permanent supportive housing.

All HSH clients are asked at enrollment (and exit) if they have a substance use disorder, and, if so, if that disorder is long term and impairs their ability to live independently.[49] Rather than disqualifying applicants from housing, the system deems substance use disorder as a vulnerability for determining eligibility and housing prioritization status. The hope is that individuals can begin and progress toward their permanent exit out of homelessness while simultaneously having the support services needed to address their substance use. Despite substance use disorder being a factor that can contribute to prioritization for permanent supportive housing, in 2023, people indicating a substance use disorder were a high percent age of those classified as "awaiting housing" (57 percent SUD; 52 percent long term SUD) and a much smaller percent age of those actually in permanent supportive housing (27 percent SUD; 20 percent long term SUD).[50] HSH indicates that this difference may reflect changes over time in the population needing housing. Additionally, it may reflect less consistent data capture in the past.

Residents of permanent supportive housing receive regular support from case managers whose functions include helping connect residents to harm reduction and treatment resources as well as a wider array of community resources supportive of their health and ability to retain housing.

Individuals for whom permanent supportive housing is not available or who have not yet committed to leaving the streets may temporarily or occasionally stay in shelters. As with permanent supportive housing, HSH-funded shelter programs do not exclude people using drugs or alcohol but, instead, seek to support and stabilize them through harm reduction and overdose prevention practices, including safe supplies, naloxone access, and sharps containers. However, unlike permanent supportive housing, where residents can choose to use drugs in their private spaces, drug use is not permitted at HSH shelters, although a single instance of drug use at a shelter is not sufficient reason for eviction.

Additionally, Support Services staff provide one-on-one case management for tenants actively using substances and needing help accessing treatment resources consistent with their drug use status.[51]

Notably, Home by the Bay, the Department's strategic plan covering 2023-2028 for preventing and ending homelessness references "safe use spaces co-located with residential settings" as an example

[49] Communications with San Francisco Department of Homelessness and Supportive Housing, April 18, 2024.
[50] Communications with San Francisco Department of Homelessness and Supportive Housing, April 18, 2024. These groups overlap as questionnaire only asks those who indicate that they have Substance Use Disorder about whether it is long term.
[51] Supplemental Report: Overdose Prevention Policy, San Francisco Department of Homelessness and Supportive Housing, FY 2021-22.

of new models that might fill gaps in needed services for homeless individuals with substance use disorders.[52]

Program: Street Teams

San Francisco has deployed street teams to provide round-the-clock, non-law enforcement responses to non-violent mental health crises, substance use disorder street incidents, non-emergency calls regarding people experiencing homelessness, and other incidents on the streets. Street team engagements can be considered part prevention in that the teams engage and educate individuals at risk of overdose, and part harm reduction in that the services are non-judgmental, meet the individuals where they are, do not make services contingent on abstinence from drugs or alcohol, and aim to prevent or reduce negative outcomes from drug use.

A client may choose not to avail themselves of any further treatment services after a street team engagement. Alternatively, the client could enter treatment services following a referral made during the encounter or, in some cases, be transported by the street team to a location where services can be provided immediately. Consistent with the City's harm reduction approach, street teams may also educate individuals who are using or at-risk of drug use about safer practices that will reduce the risk of fatal overdose.

Representatives of the Department of Public Health stated that they believe street teams should be categorized as treatment and not harm reduction.[53] Using the definition of harm reduction above, and reviewing literature on street teams, including DPH publications, street teams are commonly considered a harm reduction approach.

The City and County of San Francisco invests in outreach and low-threshold services aimed at improving the community conditions in which drug use occurs and trying to help individuals who are using on the streets or are unhoused improve their health and access health care and other services. San Francisco has several street teams dedicated to this work. The teams can be categorized as emergency response, rapid response, and proactive outreach.

- Emergency response teams respond to urgent 911 calls deemed as not needing a law enforcement response.
- Rapid response teams respond to 311 and other calls about situations involving unsheltered individuals.
- Proactive or scheduled outreach teams are either following up on prior situations, including non-fatal overdoses, or providing proactive outreach, service provision or linkage.

[52] Home by the Bay: An Equity-Driven Plan to Prevent and End Homelessness in San Francisco, Department of Homelessness and Supportive Housing, City and County of San Francisco, p. 50.
[53] Communication from San Francisco Department of Public Health, September 23, 2024.

In addition to the immediate support provided by the street teams falling into the above categories, there are additional teams and offices tasked with providing rapid or more sustained follow up after an interaction with a street team or other San Francisco institution.

Emergency response teams respond to urgent behavioral health crises, wellness issues, and overdoses that don't require law enforcement. Specific teams include:

- **EMS-6** – Spearheaded by the Fire Department, EMS-6 works with the San Francisco residents who use emergency services the most, many of whom are unsheltered. Staffed by Community Paramedics, EMS-6 team members respond to 911 calls and calls from caseworkers regarding such individuals. Team members provide urgent care and transport individuals to the hospital or shelter.[54]

  EMS-6 teams meet vulnerable individuals, who make the most use of the 911 system, wherever they may be—on the scene of an emergency, at hospitals, or in the community—and provide intensive, wrap-around care to connect them to appropriate resources and reduce the strain on the 911 ambulance system and hospital emergency departments. This can involve resources such as shelters, emergency psychiatric services, or substance use detoxification and treatment facilities. EMS-6 provides sustained support, trying to keep people, many of whom are using illicit drugs, engaged and connected to services that support their overall safety, health, and wellbeing.

- **Street Crisis Response Team**[55] - The Street Crisis Response Team (SCRT) operates Citywide, seven days a week, 24 hours a day. SCRT provides rapid, trauma-informed emergency care to people in acute behavioral health crisis. They provide linkages and transport to services including urgent medical or behavioral health care, shelter, and respite and sobering centers. SCRT teams include a community paramedic, an EMT or second paramedic, and either a Peer Counselor or Homeless Outreach (HOT) specialist.

  On average for each month in the first quarter of 2024, the SCRT reported to a scene 1,177 times, had 918 client encounters, and referred 186 individuals to the DPH Office of Coordinated Care for follow up. Clients were also referred to the City's Homeless Outreach Team for those needing shelter and the DPH Post-Overdose Engagement Team (POET) for anyone with an opioid use disorder, whether or not they'd experienced an overdose.

  Most SCRT encounters, or 53 percent of all encounters since the SCRT unit was formed, resolve on the scene with the client remaining in the community. This is consistent with the City's harm reduction approach. The SCRT attempts to make all clients as safe and healthy as possible, including by letting them know how they can access treatment and other services when they are ready to do so, but neither treatment nor shelter is the resolution for most

[54] Street Response Teams webpage, City and County of San Francisco
[55] Information about SCRT from the Street Crisis Response Team Webpage and the linked monthly reports, City and County of San Francisco as well as May 13, 2024 communications with Community Paramedicine. San Francisco Fire Department

encounters. Approximately 19 percent of clients served by the SCRT from its formation through May 2024 were linked and transported to a service provider, including shelter, substance use, and mental health services. Another 20 percent were taken to a hospital.

Community paramedics on Street Crisis Response Teams are also able to initiate involuntary detention of those evaluated to be a danger to themselves or others. Under California's new Senate Bill 43, this includes individuals who meet criteria for grave disability due to substance use disorder.

- **Street Overdose Response Team (SORT) –** Usually staffed by a San Francisco Fire Department community paramedic and a Department of Public Health-contracted peer educator, SORT is dispatched by 9-1-1 to overdose calls, responds to possible overdose incidents, and can be called upon by other emergency medical units. If first on the scene, they provide care including overdose reversal. If another unit is already present, they act as a resource to the overdose survivor, offering services and referrals to treatment. SORT units share information about overdose survivors with the Post Overdose Engagement Team (POET) for follow up.[56] POET is described later in this section.

  From August 2, 2021 through June 30, 2023, SORT responded to 3,314 calls, of which 56 percent (1,863) included an overdose. Clients accepted harm reduction supplies from SORT in 1,454 of these cases. Since April 2023, the paramedics in SORT units, like other paramedics, have been able to administer loading doses of buprenorphine, which can lessen the withdrawal effect of the opioid reversal medication naloxone as well as be a first step toward treatment of opioid use disorder. In April through June, 2023, SORT initiated buprenorphine in 5 percent of its overdose calls.[57]

Rapid response team – Started in May 2023, the Homelessness Engagement and Response Team (HEART) initiated a new category of street teams, Rapid Response, filling a gap between existing Emergency Response and Proactive Outreach teams.

- **The Homelessness Engagement and Response Team (HEART)**[58] HEART is intended to free up law enforcement resources by providing rapid, compassionate, and structured responses to non-medical, non-emergency 911 and 311 calls involving people who are experiencing homelessness. This team is overseen by the Department of Emergency Management and staffed by Urban Alchemy whose team members include many individuals who are justice system-impacted and have previous experience with substance use and housing instability. HEART operates seven days a week and responded to approximately 14,000 requests for service in its first twelve months, including more than 80 percent of calls related to blocked

[56] Performance Audit of San Francisco Street Teams, San Francisco Budget and Legislative Analyst, November 7, 2023.
[57] Street Overdose Response Team, SF.Gov website accessed October 21, 2024.
[58] Information about HEART from the May 30, 2023 Press Release about its creation and from *"SF experiment is sending police on fewer homeless calls. Here's how it's going"* by St. John Barned-Smith and Maggie Angst, San Francisco Chronicle, May 16, 2024.

sidewalks and 70 percent of calls related to small encampments and people experiencing homelessness. HEART helps clients meet immediate needs, documenting longer term service linkage needs, and coordinating with other street teams and City services.

Proactive Outreach Teams - The City has multiple teams that schedule or proactively initiate contact with clients, most spearheaded by the Departments of Public Health or Homelessness and Supportive Housing. These teams are primarily engaging and providing services to individuals experiencing homelessness or living in subsidized housing, many of whom are using illicit drugs and may have a substance use disorder.[59] A subset of proactive outreach teams are primarily engaged in following up with individuals with behavioral health issues who have previously interacted with a street team, survived an overdose, or been hospitalized or incarcerated.

- The **Street Medicine Team** is staffed by City-employed healthcare practitioners and contracted Peer Health Workers that engage and directly provide healthcare and services to unsheltered people as well as linkages to healthcare and other service providers. Street Medicine is a multidisciplinary team which offers care in the areas of medical, mental health, substance use, and cognitive concerns. The model is mobile, low barrier, and includes both direct outreach and connecting to individuals identified through internal and external referrals.

  Services include engagement and trust building for individuals who are out of care and suspicious of the healthcare system, assessment of need for emergency care, episodic care for acute medical conditions and exacerbations of chronic conditions to the extent that care can be delivered safely in the outreach setting. Services are delivered wherever patients need them, including encampments, streets, parks, etc. While engagement often starts on the street, it does not end there. Street Medicine teams actively link patients to 4-walls clinics, including the Maria X Martinez Health Resource Center which offers urgent care, transitional primary care, integrated behavioral health care, dental care, podiatry, and addiction medicine. We did not find data on the percent age of street medicine team engagements that include the provision of treatment for substance use.

- The **Homeless Outreach Team (HOT)** led by the Department of Homelessness and Supportive Housing works on the street with people experiencing homelessness to get them services, shelter, and housing. Unlike other street teams, SFHOT does not respond to call for services, but identifies homeless individuals who appear to be most in need of services. For individuals who are not yet ready to accept the services HSH has to offer, HOT continues to outreach and build motivation to ensure services are available when they are needed.[60] HOT staff receive recurring training in overdose prevention and harm reduction and always carry naloxone in their SFHOT vehicles.

[59] Information about Planned Outreach Teams from the City of San Francisco's Street Outreach Teams webpage
[60] Supplemental Report: Overdose Prevention Policy, Department of Homelessness and Supportive Housing, FY 2021-22

- The **Night Navigation Team** launched in October 2023 and is staffed by the non-profit Code Tenderloin. It operates in the Tenderloin and South of Market Neighborhoods every night from 7 p.m. to 3 a.m., proactively outreaching to people who use drugs in outdoor spaces to connect them to treatment, shelters and City services. Since spring 2024, the Night Navigation Team has been part of the Nighttime Telehealth program (BEAM). SFDPH trained its Night Navigation team to offer people who use drugs a telehealth visit with an addiction medicine-trained physician while doing nightly Street Care outreach. Piloted earlier this year and currently in the process of scaling, BEAM has experienced success connecting individuals to telehealth and Medication for Opioid Use Disorder. Between March and August of this year, the Night Navigation Team facilitated access to more than 1,000 telehealth consultations.[61] More information is included in a later section of this report focused on the treatment pillar.

  Additional proactive street teams are tasked with following up and coordinating services addressing the complex needs of the people assisted by its various street teams or other public institutions, including those who have survived overdose, are chronically homeless, or have behavioral health challenges. Further, the Fire Department-led Street Crisis Response Team shares information daily with the Department of Public Health's Behavioral Health Services division's Office of Coordinated Care (OCC) about clients for follow up including strengthening connections to existing providers and care coordination. OCC assesses these referrals to determine the appropriate intervention.

Immediate Follow Up

Though surviving an overdose is a positive outcome, it is linked to higher risk of a subsequent fatal overdose.[62] Thus, the City's **Post-Overdose Engagement Team (POET)** and the **Home Overdose Prevention and Engagement (HOPE) team** try to connect with, and provide services to, individuals who recently experienced a non-fatal overdose with the goal of preventing a subsequent overdose from occurring. HOPE focuses on individuals who are housed, including those living in publicly subsidized housing sites. Team members learn about overdoses through a variety of sources, including street teams and emergency departments.

POET aims to connect with overdose survivors within 72 hours and HOPE aims to do so within 48 hours. Once a connection is made, team members provide information about and encourage initiation of treatment, link them to care, or provide supplies aimed at preventing future overdoses.

[61] Night Navigator pilot program offers help to San Francisco fentanyl users, by Itay Hod, CBS News, September 17, 2024.

[62] Krawczyk N, Eisenberg M, Schneider KE, Richards TM, Lyons BC, Jackson K, Ferris L, Weiner JP, Saloner B. Predictors of Overdose Death Among High-Risk Emergency Department Patients With Substance-Related Encounters: A Data Linkage Cohort Study. Ann Emerg Med. 2020 Jan;75(1):1-12. doi: 10.1016/j.annemergmed.2019.07.014. Epub 2019 Sep 9. PMID: 31515181; PMCID: PMC6928412. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6928412/

However, finding and connecting with survivors, especially those who are unhoused, can be difficult. Sometimes, POET team members don't even have a name, just a description and a location from first responders.

Through June 2023, the last date for which a monthly report was posted on DPH's Street Overdose Response Team webpage when this report was written, POET has only been able to reach 32 percent of Street Overdose Response Team clients.[63] This low connection rate likely reflects the instability of the population served and the limited information overdose survivors are willing to share with the street teams. There are also delays and challenges caused by the limited staffing and work hours of the street teams charged with follow-up. POET operates weekdays only from 8:30 a.m. – 5 p.m. By the time that follow-up is attempted, the individual has often moved on from the overdose location or been released from medical care.[64] Even when POET makes contact, most individuals choose not to access housing or treatment. According to an August 2023 article in the San Francisco Chronicle, in its first two years, POET staff conducted 3,980 follow-up visits with people who use drugs, some of which are multiple visits with the same person. Just 610 were assisted with shelter or other services and 215 were connected to buprenorphine, a medication for treatment of opioid use disorder.[65]

The Department of Homelessness and Supportive Housing encourages its housing and shelter providers to also refer overdose survivors to these teams and to SFDPH behavioral health services. The grant-funded HOPE team launched in October 2022 focusing on overdose survivors who are housed. From October 2022 to June 2023, team members connected with 207 unique individuals in housing sites.[66]

In response to the challenges experienced, SORT, POET and HOPE recently participated in the Civic Bridge Collaboration through the Mayor's Office of Innovation. The POET team has shifted to prioritize:

- Documentation of the overdose event and available support resources in a care coordination note in the Electronic Health Record where the information can be viewed when the person presents to an ER or other care site.
- Outreach to unhoused people who they have a clear way to find and connect with, utilizing a "warm hand off" approach from other teams including Street Medicine and SORT wherever possible.
- Linkage to treatment and initiation of medications including methadone and buprenorphine.

[63] Street Overdose Response Team June 2023 Update, San Francisco Department of Public Health
[64] Performance Audit of San Francisco Street Teams, Prepared for the San Francisco Board of Supervisors by the San Francisco Budget and Legislative Analyst, November 7, 2023.
[65] "SF overdose crisis: Overwhelmed outreach program forced to focus on most desperate homeless cases" by Kevin Fagan, San Francisco Chronicle, August 31, 2023.
[66] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.

- Longitudinal care coordination for people at high risk for recurrent overdose, including a cohort of people who have had multiple overdoses.[67]

Sustained Follow-Up

DPH's Office of Coordinated Care's (OCC) BEST Neighborhoods street team, which includes peer counselors, aims to engage clients – all of whom have complex behavioral health challenges, often including substance use disorder – in transitioning to long-term care and support. BEST Neighborhoods works in community settings seven days a week to engage clients and support them in making or staying connected to services.[68]

Between August 1, 2023 and April 28, 2024, Best Neighborhoods served 5,215 clients to whom they provided a mix of prevention and harm reduction services. In addition to the provision of outreach and hygiene supplies, and the provision of medical and mental health referrals and linkages, during this time, they distributed Narcan 1,457 times, made 2,911 substance use disorder referrals, and established 140 substance use disorder linkages.[69]

[67] Communication from San Francisco Department of Public Health, September 23, 2024.
[68] San Francisco Launches Office of Coordinated Care to Connect People with Mental Health and Substance Use Disorders to Care and Treatment, Press Release, Mayor London N. Breed, May 6, 2022.
[69] Communications with San Francisco Department of Public Health, June 25, 2024.

2.B. Differences between Zurich and San Francisco: Prevention and Harm Reduction Pillars[70]

Differences: Prevention programs and services

- ***In Zurich, prevention is fully integrated into the City's overarching Four Pillars approach and the city's Addiction Prevention Center actively collaborates with other lead city agencies, including the police department.***

The leader of Zurich's Addiction Prevention Center, a division within Zurich's Department of Social Services that provides addiction prevention, education, and services promoting healthy development to all city residents (including those not experiencing addiction) heads the city's cross-departmental working group on drug consumption in public spaces. Its members come from the harm reduction, law enforcement and treatment pillars. The working group meets regularly and discusses possible reactions to current issues (e.g. public crack consumption), but also develops medium and long-term strategies.

The Addiction Prevention Center has a strong working relationship with the police department that extends beyond issues around illegal drugs. The Prevention Center and police department partner on test purchases which are conducted to monitor the implementation of the bans on the sale of cigarettes and alcohol to young people. In 2023, they partnered around 270 test purchases.

The City of San Francisco has not assigned any individual or entity to play a cross-departmental convening role on minimizing drug use and its negative consequences similar to the role played in Zurich by the head of its Addiction Prevention Center. However, two City efforts are focused on coordination. DPH reports they have established an internal infrastructure to coordinate its overdose prevention, harm reduction and treatment interventions. A key part of this effort is alignment and coordination with HSH to address the needs of people in the homeless response system who are at risk for overdose. In 2023 the City set-up the Drug Market Coordination Center (DMACC) to address conditions in the Tenderloin neighborhood, two of the primary focuses being open air drug dealing and drug use. While the DMACC is comprised largely of law enforcement interventions, DPH, HSH and the Human Services Agency play a participatory role. Further information about DMACC is presented in Section 3: Law Enforcement Pillar.

- ***Zurich offers more preventive services for people who do not use or are at risk of using illicit drugs compared to San Francisco***

Prevention of drug use is a less significant part of the approach to drug issues in San Francisco than it is in Zurich. The preponderance of prevention services offered in San Francisco are focused on preventing adverse health impacts of drug use for individuals already using drugs and trying to connect people who use drugs to services, including treatment. Possibly because of the exceedingly dangerous

[70] All information about prevention efforts in Zurich from communications with Addiction Prevention Center, City of Zurich, June 17, 2024.

nature of fentanyl which is prevalent in San Francisco and not yet present in Zurich, San Francisco's prevention strategies (especially those for adults) and investments have tilted more toward harm reduction, or safer use rather than avoiding or delaying drug use. Additionally, most federal and state funding received by San Francisco, and the related local matching funds, are targeted toward treatment, with a small percent age targeted toward youth prevention.[71] In contrast, Zurich has a robust strategy aimed at preventing or delaying drug use among those who are not using, offering prevention services to residents from early childhood through old age. Zurich categorizes and differentiates its prevention activities as universal (e.g., all pupils of a certain school), selective for groups with increased risks (e.g., children of a parent with substance use disorder), and indexed for individuals already demonstrating risky behaviors. Funding for Zurich's prevention services comes mostly from the City of Zurich, with approximately one quarter from the canton of Zurich.

- ***San Francisco utilizes street teams as a primary means to educate and engage people already using drugs, and to link them to services***

  Given the prevalence of widespread public drug consumption and the overlap with the homelessness crisis in San Francisco, streets and other public spaces have become the de facto venues for outreach and engagement activities. In addition to youth and community serving nonprofits San Francisco uses multiple street teams to do this work. In contrast, Zurich's prevention strategies are more likely to be offered in and via more traditional institutions and venues, more akin to some of San Francisco's youth and family and culturally specific programming.

  Zurich has its own version of a street team dating back to 2000, known as "*sip züri*" shorthand for security, intervention, and prevention. Although there are some similarities with street teams in San Francisco, especially around linking people experiencing crisis to services, its primary purpose is quite different. *sip züri* aims to ensure order in, and the availability to everyone, of public spaces. It advances this goal through the provision of advice, mediation and crisis management. *sip züri* is part of Zurich's Department of Social Services and helps control entry to the supervised consumption sites also managed by the Department. Team members collaborate and communicate with the police in ensuring order but aim to resolve issues without police involvement social work and mediation approaches.[72]

Differences: Harm reduction programs and services

Since harm reduction is one of the Four Pillars adopted by the city of Zurich and Switzerland as a whole, it is fundamental to the city's approach to substance use disorders. However, there are some key differences between San Francisco's and Zurich's approach to harm reduction such as less focus on naloxone distribution in Zurich, reflecting less of a difference in philosophy than a difference in context:

[71] Communication from San Francisco Department of Public Health, September 23, 2024.
[72] *sip züri*-outreach social work on Zurich's streets, Department of Social Services webpage, City of Zurich.

- Smaller population: Zurich has a population of approximately 430,000[73] while San Francisco's population was reported as 808,437 in 2022.[74]
- Fewer fatal overdoses: 160 overdoses in all of Switzerland (population 8,815,000) in 2022[75] compared to 649 in San Francisco alone in 2022[76] (810 in San Francisco in 2023[77]).
- Lower prevalence of opioids: Zurich authorities report that fentanyl is almost nonexistent in their city compared to its widespread availability and use in San Francisco.[78] Zurich's addiction centers are seeing more stimulants than opioids according to city representatives and others who study addiction in Switzerland and Europe. Most overdose deaths in the country are still heroin-related; however, there is a sense among some Zurich city leaders and addiction physicians that the cohort of heroin users is generally older, increasingly likely to die from old age or other health conditions, and not being replaced by new users.

However, there are four key differences in approaches to harm reduction that may reflect key policy and philosophical differences:

1. Zurich has supervised consumption sites and has eliminated drug use in public spaces,
2. People who use drugs in Zurich are mostly housed and almost universally sheltered,
3. There is more consensus around harm reduction in Zurich than in San Francisco, and
4. Drug checking is more prevalent in Zurich than San Francisco.

Though San Francisco offers an extensive array of treatment and harm reduction services, it does not have safe places (safe consumption sites and sufficient housing) where people who use drugs can do so safely out of public spaces. In addition, San Francisco does not have a shared vision by City leaders and residents to implement harm reduction as is the case in Zurich.

[73] Facts and Figures, City of Zurich website.
[74] American Community Survey, 2022
[75] Overdose figure from Monitoring System Addiction and NCD (MonAM) of the Federal Office of Public Health (FOPH), Swiss Confederation. Population figure from Federal Statistical Office, Swiss Confederation.
[76] Report on 2022 Accidental Overdose Deaths, Office of the Chief Medical Examiner, City and County of San Francisco, January 10, 2024.
[77] Report on 2023 Accidental Overdose Deaths, Office of the Chief Medical Examiner, City and County of San Francisco, April 11, 2024.
[78] Communications with Criminal Investigation Division, Zurich Police Department, May 23, 2024. "San Francisco and Zurich share a special partnership. Now the two cities want to learn from each other how to manage the fentanyl crisis," by Philipp Gollmer, NZZ, October 11, 2023.

- ***Zurich has Supervised Consumption Sites and has eliminated drug use in public spaces[79]***

  In the 1990s, Zurich embraced supervised consumption sites (SCS) as a means for reducing public drug use while supporting the health and safety of people who use drugs. Today, Zurich has three SCSs collectively providing daily coverage from 8:30 a.m. – 9 p.m. all year. In addition to supervised smoking, injection, and inhalation facilities, the sites provide a mix of services, many of which are similar to those suggested for the proposed but not yet implemented Wellness Hubs included in San Francisco's 2022 Overdose Prevention Plan. At Zurich's largest SCS, the following additional services are offered:

  - Recreational area and activities
  - Cafeteria
  - Counseling
  - Showers
  - Laundry and clothes exchange
  - On-site paid work opportunities (cleaning, barista, cooking, etc.)

  Zurich allows micro-dealing of drugs by and for SCS clients within the SCS. Those who deal amounts exceeding "micro" are warned to discontinue and, if not complying, banned.

  People who use drugs in Zurich depend upon the sites for reasons beyond just safe consumption. According to the director of the largest facility, eighty percent of their clients visit daily. They typically stay at the facility using any mix of services for four to seven hours, though there are mandated breaks of at least 30 minutes between supervised consumption sessions. She believes that, were the SCSs to extend hours, many of their clientele would stay even longer.

  The frequent contact that SCS staff have with clients is reported to build trust over time that results in clients being more open to referrals to treatment. However, the site director interviewed counsels that it takes years, not months, to develop such relationships. Additionally, such frequent observation of clients means that staff members are readily able to identify changes in behavior or drug consumption patterns and initiate dialogue.

  Safe consumption sites were opened in Zurich to both provide a safe place for people who use drugs and thus reduce fatal overdoses and to provide access to related medical care and basic services. In addition, safe consumption sites gained widespread support from the public because they eliminated the presence of drug use in public places such as parks and streets. Whatever opinions residents may have about the character of people who use drugs, the combination of eliminating drug use from public spaces and providing facilities that save lives and can improve the health and safety of people who use drugs was sufficient to garner public support for these facilities. Section 4 of this report presents a model identifying costs and benefits of a hypothetical safe consumption site operating in San Francisco.

[79] Many of the details provided are from exchanges with Department of Social Welfare, City of Zurich. March, April, and May 2024.

- ***People who use drugs in Zurich are mostly housed and almost universally sheltered.***

  Unsheltered homelessness is almost unheard of in Zurich. A 2020 study estimates the City's homeless population at approximately 120, a significant percent age of whom are understood to be immigrants who are ineligible for extended stays in public shelters.[80] This stands in sharp contrast to San Francisco where the most recent point in time homeless count as of the writing of this report revealed the City to have 4,355 unsheltered residents.[81] Homelessness can be both cause and effect of drug use. It exacerbates medical and mental health issues. The instability of homelessness may preclude the sort of long-term planning that supports a decision to seek treatment. It also makes it harder to sustain treatment.[82]

  Like San Francisco, Zurich has a housing first policy. Use of drugs does not preclude access to housing in either city. There is no requirement that those residing in subsidized housing participate in treatment. Unlike San Francisco, Zurich has greater capacity to house its residents. People with substance use disorder who need housing support usually reside in one of three tiers of permanent supportive housing in Zurich:[83]

  - ***Outpatient Residential Integration*** - This housing is for individuals with behavioral health issues, including a mental illness or substance use disorder, but few or no other chronic physical conditions. Residents receive 2-4 hours per month of outpatient care. (Approximately 340 people in 20 houses)
  - ***Inpatient Residential Integration*** – This housing is for individuals with both behavioral and physical health conditions. Staff are on-site around the clock and are able to dispense narcotics. At the time of our field work interviews, Zurich had approximately 80 people living in this housing category.
  - **S*upervised Residential Integration (42 growing to 72 by July 2024***) – This housing is for individuals with behavioral health conditions, with a high potential for violence. Their behavior has resulted in them being excluded from other housing facilities. They are often very heavy users of drugs and resistant to treatment. Although not locked, these housing facilities are highly monitored. The goal of this category of housing is to provide an exclusion free stay to residents while also relieving stress on other services and public spaces. Zurich was trying to grow the number of slots available in these facilities from 42 to 72 by summer 2024.

[80] Homelessness in Switzerland – Extent and explanations in 8 of the largest municipalities. Summary. by Joerg Dittmann, Simone Dietrich, Holger Stroezel, and Mathias Drilling, University of Applied Sciences, Northwestern Switzerland, Hochschule für Soziale Arbeit – FHNW, 2022.
[81] 2024 Point in Time Count, Department of Homelessness and Supportive Housing, City and County of San Francisco.
[82] Substance Abuse and Homelessness, National Coalition for the Homeless, 2017.
[83] Information about housing from presentation by the City of Zurich's Division of Housing and Shelter shared during San Francisco visit in October 2023 and communications with city staff on March 1, 2024.

San Francisco does not have permanent housing available that is equivalent in nature to the Supervised Residential Integration for individuals with very disruptive behavior. Through contracted housing providers and collaboration with the Department of Public Health, the Department of Homelessness and Supportive Housing (HSH) does make case management and access to health care support, including behavioral health, available to many of its permanent supportive housing residents. Programs include Permanent Housing Advanced Clinical Services (PHACS) which recently expanded to all permanent housing sites and offers referred residents physical health support (bridging primary care, assessment, treatment and short-term support) and behavioral health service (short-term support, care coordination, and behavioral health linkage). PHACS staff also provides support to on-site staff from HSH-funded permanent supportive housing providers, including training, technical assistance and on-site consultation.[84] Permanent Supportive Housing Site-Based Nursing provides onsite nursing services including chronic care management, linkages, medication adherence, direct nursing care, triage, clinical consultations to permanent supportive housing residents with the highest physical or mental health vulnerability at a subset of buildings.[85]

Nonetheless, because San Francisco does not have supervised consumption sites nor sufficient housing for all who are unsheltered, we conclude that a higher percent age of individuals in San Francisco who have untreated substance use disorders are using drugs either in their apartments or on the streets. Solo, unobserved, use of opioids puts someone at risk for a fatal overdose.

An analysis by the San Francisco Chronicle found that more than 650 people who died of overdoses in the Tenderloin and along the 6th Street corridor between 2019 and 2022, 40 percent died inside residential hotels used as permanent housing for the formerly homeless.[86] Although less than one percent of San Francisco's population live in permanent supportive housing single room occupancy buildings, they were the site of at least 15 percent of all overdose deaths Citywide between 2019 and 2022.[87] Residents of permanent supportive housing and single room occupancy units are an important target population for City efforts to prevent overdose fatalities.

Because San Francisco's subsidized housing capacity is overwhelmed by demand, San Francisco is not providing sufficient housing to ensure shelter for vulnerable substance users. The absence of supervised consumption sites in San Francisco leaves many of those who are unhoused and using drugs with nowhere to use drugs but on the street, a situation resulting in street conditions, especially

[84] Communication from San Francisco Department of Public Health, September 23, 2024. Also SFDPH Health Services in Permanent Supportive Housing, presentation by Dara Papo, San Francisco Department of Public Health Whole Person Integrated Care to the San Francisco Health Commission, April 4, 2023.
[85] SFDPH Health Services in Permanent Supportive Housing, presentation by Dara Papo, San Francisco Department of Public Health Whole Person Integrated Care to the San Francisco Health Commission, April 4, 2023.
[86] "San Francisco's deadly failure on the drug crisis is unfolding inside its own housing program," by Trisha Thadani and Joaquin Palomino, San Francisco Chronicle, December 15, 2022.
[87] Ibid

in the Tenderloin and South of Market neighborhoods, deemed by many San Franciscans and visitors to be unpleasant and unsafe.[88]

Importantly, given the high risk of fatal overdose from using drugs alone in one's apartment, in the absence of supervised consumption sites, even those people who use drugs and have housing may still choose to use drugs in public spaces. For people who use drugs and are resisting treatment, the streets may be among the safest places for them to use drugs as an overdose is likely to be observed. In contrast, many residents of permanent supportive housing in Zurich regularly visit supervised consumption sites.[89]

In addition to the policies described above for supportive housing, drug use does not preclude access to a shelter bed in either city. Zurich's shelter for people experiencing homelessness tolerates drug use on site. Usage is not supervised by staff but, according to the SCS director who previously ran the shelter, there is informal monitoring by other residents and peer accountability.[90]

Publicly funded shelters in San Francisco have what is referred to as a "non-immediate" rule forbidding onsite drug use. Three violations of non-immediate rules, including but not exclusive to drug use, can result in an individual being ejected from a shelter. However, San Francisco shelter providers operate with a harm reduction, trauma-informed, and restorative justice approach, and may reach individual agreements with an individual to keep them sheltered despite rule violations.[91]

- ***There is more consensus around harm reduction in Zurich than in San Francisco***

All SFDPH substance use disorder treatment programs aim to help people stop using illicit substances.[92] However, until individuals choose to pursue treatment, harm reduction is the official policy of San Francisco's Department of Public Health. The City's Overdose Prevention Plan acknowledges harm reduction programs as important entry points into drug treatment when people are ready to reduce their use.[93] Despite this documented policy, public statements and proposals indicate that some elected officials, candidates, residents, and community organizations in San

[88] City Survey: Streets and Sidewalks, SF.GOV, accessed September 2024. City Survey: Safety and Policing, SF.GOV, accessed September 2024. *Poll: 76% of San Francisco Voters Say City is on the Wrong Track*, Kevin Truong, The San Francisco Standard, May 23, 2023.
[89] Information about housing from presentation by City of Zurich's Division of Housing and Shelter shared during San Francisco visit in October 2023 and communications with city staff on March 1, 2024.
[90] Communications with Department, Social Institutions and Businesses, Protection and Prevention, City of Zurich, April 10, 2024.
[91] Communications with San Francisco Department of Homelessness and Supportive Housing, June 24, 2024.
[92] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024. p. 4.
[93] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.

Francisco are increasingly promoting interventions that emphasize, incent, or compel treatment and are distancing themselves from harm reduction practices.[94]

Consistent with a shift in public opinion in favor of compelling treatment, San Franciscans recently approved Proposition F, a ballot initiative that will require individuals applying for or receiving financial assistance through the City's welfare program for low-income adults without dependent children who are suspected of using illegal drugs to submit to screening for drug use. If they screen positive for addiction, they'll be referred for treatment (assuming availability). Those who do not comply with screening or show up for treatment will be denied cash assistance and other public benefits under the program.[95] These new measures will take effect in January 2025 and are inconsistent with the approach outlined in San Francisco's 2022 Overdose Prevention Plan[96] and research on the outcomes of compulsory treatment.[97]

In Zurich, city staff and elected officials, including the mayor, support harm reduction and safe consumption sites in particular. The Four Pillars, one of which is harm reduction, remains the official policy of the city and is broadly accepted as coupled with enforcement efforts that ensure against drug use in public spaces.[98] Treatment and recovery services remain available when users choose to take that approach to their addiction. Harm reduction and treatment are perceived as complementary rather than competitive approaches. Even with safe consumption sites available as an option, more than three-quarters of Swiss residents with opioid use disorder are in treatment,[99] a percent age that far exceeds the percent age of residents with opioid use disorder understood to be receiving treatment in San Francisco. Zurich does not require testing or treatment for welfare benefits. Many of the users of Zurich's Supervised Consumption Sites receive public assistance.[100]

Harm reduction and safe consumption sites were controversial when this approach was first proposed and adopted in Zurich. This is no longer the case, according to Zurich officials and others familiar with

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[94] "SF Mayoral Candidates Say No to Harm Reduction," by Adam Shanks, San Francisco Examiner, March 10, 2024 updated March 11, 2024. "See How They Run: Mayor Breed Drops In on Drug Recovery Summit," by Joe Rivano Barros, Mission Local, April 24, 2024. "SF Drug Crisis: Breed and Ally Want to Pay Welfare Recipients $100 a Week To Stay Sober," by Maggie Angst, San Francisco Chronicle, July 29, 2024.

[95] San Francisco Tries Tough Love By Tying Welfare to Drug Rehab, by Ronnie Cohen, KFF Health News in The San Francisco Standard, May 13, 2024

[96] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.

[97] The effectiveness of compulsory drug treatment: A systematic review by D Werb, A Kamarulzaman, MC Meacham, C Rafful, B Fischer, SA Strathdee, E Wood. Int J Drug Policy. 2016 February 28, 2016. What to Know About Mandated Treatment Programs by Sarah A. White, Johns Hopkins Bloomberg School of Public Health, downloaded from website on September 25, 2024.

[98] Savary, Jean-Felix, Chris Hallam and Dave Bewley-Taylor. "The Swiss Four Pillars Policy: An Evolution From Local Experimentation to Federal Law." The Beckley Foundation Drug Policy Programme. May 2009.

[99] Communications with representatives of Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024. *"Switzerland couldn't stop drug users. So it started supporting them."* by Taylor Knopf, North Carolina Health News, January 21, 2019.

[100] Communications with Division of Housing and Shelter, City of Zurich, March 1, 2024 and Department of Social Welfare, City of Zurich, March 4, 2024.

the city. Recently, Zurich experienced a backlash from residents and the press when one of Zurich's three safe consumption sites closed due to construction. The city had not initially put an alternative in place during the site's temporary closure and a new small drug scene emerged in a park. In response, Zurich officials and departments took action to get a provisional site up and running more quickly than originally planned.[101]

- ***Drug checking is more prevalent in Zurich than San Francisco***

Residents of Zurich can submit small quantities of drugs anonymously for analysis of their contents. The services are free and available to everyone, but outreach for these services targets individuals who use drugs as part of the nightlife scene or in their sexual interactions. In addition to permanent drug testing centers, there are also mobile sites which set up at large dance and nightlife venues and events. Feedback from the substance analysis is available over the phone or online along with tailored information about safer use. Ideally, the individual also participates in a professional counselling session focused on harm reduction. Systematic analysis of the samples is also part of the city and country's monitoring process, providing information about the drug supply and looking for indicators of problematic developments.[102] Drug checking sites in Zurich tested more than 3,400 samples in 2023.[103]

The sort of drug checking and detailed analysis described above is less available in San Francisco than in Zurich. Currently, the San Francisco AIDS Foundation's Scope Program in partnership with the Department of Public Health and community partners offer drop-in drug checking approximately 12 hours a month.[104] Fentanyl test strips which enable testing for the presence of fentanyl are more widely available from the Department of Public Health's Behavioral Health Pharmacy and nonprofits that distribute safer use supplies.[105]

The availability of drug checking and supervised consumption services in Zurich supports individuals in making informed decisions about drug use and reduces the likelihood of overdoses from drug contamination. There are indications that San Franciscans who use drugs could be safer with more of these interventions in place. A recent study found that more than 40 percent of non-fatal opioid overdoses in San Francisco may be from unintentional consumption of fentanyl. More than half of the nonfatal overdoses among Black individuals, Latine, and women in the sample were due to unintentional fentanyl consumption.[106] Increased drug checking could potentially lower the rates of unintentional consumption of fentanyl and associated overdoses.

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[101] Communications with representatives of City of Zurich, May 29, 2024, and April 10, 2024.
[102] Drug Checking Services: Effective Approach to Harm Reduction, Press Release, Switzerland Federal Office of Public Health, February 23, 2021.
[103] Drug Information Center Zurich: Findings and Figures from Drug Checking in 2023, powerpoint presentation.
[104] Drug Checking (SCOPE), San Francisco Aids Foundation website.
[105] Substance Use and Overdose Prevention, City and County of San Francisco, SF.GOV
[106] Bazazi AR, Low P, Gomez BO, Snyder H, Hom JK, Soran CS, Zevin B, Mason M, Graterol J, Coffin PO. Overdose from Unintentional Fentanyl Use when Intending to Use a Non-opioid Substance: An Analysis of Medically Attended Opioid Overdose Events. Journal of Urban Health. 2024 Apr;101(2):245-251.

- ***Access to shelter and services in Zurich is limited for non-residents***

  Historically, Zurich has limited access to its City-funded social services to residents who are registered in the city. Residency records in Switzerland are mostly digitized and it is easy for police or social services agencies to confirm the home city of legal residents and redirect those from outside of Zurich.[107] For example, Zurich's emergency night shelter is reserved for locals. Individuals from elsewhere can only stay for one night.[108]

  Identification proving residency has been a longstanding prerequisite for use of an SCS. However, this policy is beginning to change in response to the small open-air drug scenes that occasionally pop-up in Zurich. To ensure public spaces remain drug-free, the City is trying to shift individuals from these drug markets, regardless of their place of residency, to the downtown SCS. To facilitate this shift, the City has changed the entrance policy at the downtown site.[109]

  Eligibility for public hospital services in the city of Zurich, including residential treatment for substance use disorder, is broader. Residents from elsewhere in the Canton of Zurich can seek treatment at the City of Zurich-supported Addiction Specialty Clinic, a small psychiatric hospital specializing in treating drug and alcohol addiction, at little to no cost. Swiss residents from other cantons may be able to receive residential treatment at the Zurich Addiction Specialty Clinic but would incur more costs.[110]

  Zurich's more narrow eligibility for City-funded services differs from San Francisco's. Consistent with both the practice described herein of using low threshold services to engage and educate around overdose prevention and its status as a sanctuary city,[111] San Francisco does not make access to most City-funded prevention and harm reduction services, as well as stays in City-funded shelters, dependent upon residency or immigration status. Unlike engagement and harm reduction services, San Francisco does require demonstration of residency for public benefits, including Medi-Cal funded substance use treatment, cash assistance, and other programs consistent with any federal or state laws, regulations, or court decisions.

[107] Communications with Zurich Police Department, May 23, 2024.
[108] Communications with Division of Housing and Shelter, City of Zurich, March 1, 2024.
[109] Communications with Zurich Police Department, May 23, 2024.
[110] Hospital Treatment webpage, The Federal Office of Public Health, Switzerland. Inventory of Canton Hospital Lists, Conference of Canton Health Directors, Switzerland.
[111] Sanctuary City Ordinance webpage, SF.GOV

2.C. Pillar #3: Treatment

The third pillar in Zurich's approach to substance use is treatment, which is core to San Francisco's approach as well. In this section, we present information about treatment and related resources in San Francisco and highlight differences with Zurich.

Opioids (fentanyl), methamphetamine (a stimulant), and alcohol were the most common drugs found in the systems of people who died of drug overdose in San Francisco in calendar year 2023.[112]

San Francisco offers a variety of medication, residential, and outpatient treatment options to individuals with substance use disorder, delivered at hospitals, clinics, jails, outpatient settings through the San Francisco Health Network (SFHN), and at a variety of other substance use disorder treatment sites under the jurisdiction of DPH's Behavioral Health Services division. The levels of care offered and determinations of appropriate levels of care are consistent with the American Society of Addiction Medicine's criteria.[113] In some instances, substance use disorder services are provided as part of a patient's primary care or as part of a hospital stay, possibly for other conditions. In other cases, substance use disorder services are provided on a stand-alone basis and may or may not be provided simultaneous with other health or mental health services. While the Department's goal is to provide comprehensive health services to its patients, they also strive to help individuals recover from drug use at their own pace and at their own direction.

The total unduplicated number of individuals with substance use disorder (SUD) who accessed substance use services, including treatment for a condition related to their substance use diagnosis, across the San Francisco Health Network (SFHN) in FY 2023-24 was 14,581, a 4.5 percent increase over the number served in FY 2022-23 (13,951), a number recently updated from what appeared in DPH's 2022-2023 Treatment on Demand report.[114] This number includes single encounters where the patient did not continue with a full treatment program and did not necessarily achieve sobriety. According to SFDPH's Treatment on Demand Report for 2022-2023 published in March 2024, among the individuals with substance use disorder accessing substance use services, approximately 31 percent received a substance use disorder service within the SFHN Behavioral Health specialty. Of these, 66 percent were experiencing homelessness, and 44 percent had a co-occurring mental health disorder. The remaining 29 percent of individuals were served via DPH's Ambulatory Care division, including primary care, Whole Person Integrated Care, and Jail Health. Additional persons within the SFHN system were served by hospitals.[115]

Beyond those treated via the SFHN, additional San Francisco residents receive substance use disorder treatment through private clinics paid for with private insurance. Except for the numbers for

[112] Report on 2023 Accidental Overdose Deaths, Office of the Chief Medical Examiner, City and County of San Francisco, April 11, 2024.
[113] Communications with San Francisco Department of Public Health Substance Use Services, July 3, 2024.
[114] Communication from San Francisco Department of Public Health, September 23, 2024.
[115] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024. Also Hillary Kunins, San Francisco Department of Public Health speaking at San Francisco Board of Supervisors Treatment on Demand Hearing, November 9, 2023.

Medication for Opioid Use Disorder that are Citywide, i.e., regardless of payor, the numbers presented herein pertain only to those funded by the City and County of San Francisco, most often with resources from Drug Medi-Cal.

As discussed below, the City provides a comprehensive array of services that are used by thousands of individuals each year. The City aspires to make these services readily accessible so that people who use drugs can avail themselves of them without delay and burdensome bureaucratic admission processes. However, even with that goal, there are administrative steps required to determine the appropriate level of care, identify and secure a good fit treatment spot among the various City-supported programs, and to apply for and get approval for a payment mechanism, mostly Medi-Cal, when necessary.

Tracking outcomes measurement of how many clients achieve and maintain sobriety or reduced drug use and improved health as a result of the City's services is challenging. SFDPH indicates that State-led efforts are limited by incomplete data and not as helpful as desired for City planning.[116] As is common in treatment of substance use disorder as well as other chronic diseases, many individuals begin but don't follow through with treatment or relapse after having undergone some treatment. To address this issue, improving retention on Medication for Opioid Use Disorder (MOUD) is a key tactic of SFDPH's coordinated overdose response efforts.[117] As discussed further below, successful treatment is also challenged by state and federal regulatory limitations on MOUD such as methadone distribution methods. For the many people who do not enter or do not complete treatment, the absence of a comprehensive harm reduction approach, including safe consumption sites and sufficient supportive housing for the unhoused, exacerbates public drug use and overdoses.

The following are the key treatment services available through the San Francisco Department of Public Health and the San Francisco Health Network, each described in more detail below:

Residential treatment

Residential step-down

Counseling and behavioral therapies

Medication for opioid use disorder MOUD (also known as Medication for Addiction Treatment or MAT)

Telehealth

Withdrawal management

Contingency management

[116] Communication from San Francisco Department of Public Health, September 23, 2024.
[117] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.

Residential Treatment

DPH's residential treatment programs for substance use disorder are provided in live-in facilities, where patients generally stay for three months in accordance with Drug Medi-Cal terms, though extensions are available. In addition to abstaining from illicit substances, these programs work to help people develop life and social skills to facilitate a healthy life when they leave the program. Although each residential program is different, they are required to provide at least twenty hours of services per week in an environment conducive to recovery. These services often include a mix of group and individual counseling as well as social supports. Most programs incorporate peer counselors who have substance use disorder but are sustaining recovery. In accordance with Medi-Cal policy, all City-funded programs must accept individuals who are taking medications for opioid use disorder, though most don't provide themselves and instead rely on a partnership with an external outpatient program to manage prescriptions.[118]

In December 2023, San Francisco had point in time capacity for 258 individuals in residential treatment. 40 of these residential treatment beds are for individuals who are justice involved and 41 beds are set aside for women and individuals who are pregnant or recently gave birth.[119] Intake capacity reflects available beds with available staffing capacity to support admissions. A small degree of intake capacity, or available beds, is regularly needed to be able to provide beds for new admissions in a timely manner. Average daily intake capacity in FY 2022-23 for residential treatment beds varied dependent on population subgroup. Capacity was the most constrained for Perinatal/Women's, followed by General Residential and most unconstrained for Forensic Residential services.[120]

Despite there usually being daily intake capacity for general and forensic residential beds, it can still take some time for individuals to be accepted into residential treatment as a level of care assessment needs to be completed by a professional and prior authorization from Drug Medi-Cal needs to be secured. Additionally, although most people we interviewed thought residential treatment preferable for individuals experiencing homelessness who are suffering from a fentanyl addiction,[121] several acknowledged that there are also personal and logistical challenges that make it hard for people to commit. For example, they need to have all their prescription medications with them upon entry. Other challenges to getting people to commit to residential treatment include finding caregivers for their pets and concern about being separated from partners.

[118] Communications with San Francisco Department of Public Health, July 3, 2024.
[119] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[120] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[121] Communications with Department of Public Health, July 3, 2024, City of Zurich medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.

Individuals awaiting residential treatment may receive care in residential withdrawal management, also referred to as "detox," or outpatient withdrawal management and treatment programs.[122] Some residential treatment programs require abstinence for at least three days prior to initiating their program. Otherwise, the necessity of withdrawal management prior to program start is determined on an individual basis informed by the individual's likelihood of experiencing withdrawal symptoms. Withdrawal management is usually required prior to residential treatment when the person seeking treatment has regular consumption patterns that include opioids, methamphetamines, cocaine, benzodiazepines, or alcohol.

In FY 2022-2023, 830 individuals received residential treatment from San Francisco's behavioral health specialty care. During this same time, there were 654 discharges. Subsequent to these discharges,

- 41 percent connected to outpatient treatment
- 14.5 percent utilized withdrawal management services
- 2.75 percent re-entered residential treatment

The remaining 42 percent of these individuals discharged from residential treatment did not have another specialty substance use disorder service documented in the same fiscal year in the City's electronic health record.[123] Some portion of this remaining group of individuals discharged from residential treatment may have continued with pre-existing treatment or subsequently received outpatient services for their substance use disorder from ambulatory care or from treatment services outside of DPH.[124] State review for calendar year 2022 found that the rate of successful transitions from residential treatment to lower levels of care in San Francisco to be lower than statewide rates, acknowledging that the figures only include billable care so transitions to care providers outside of the Drug Medi-Cal Organized Delivery System are not included.[125]

Although staff often encourage and support individuals in residential treatment programs in planning for housing after exit, there is no City entity held accountable for ensuring that those graduating from residential treatment have housing, even transitional housing, secured to support their recovery. Nonetheless, according to a state monitoring report, in calendar year 2022, at the time of discharge

[122] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[123] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[124] Communication from San Francisco Department of Public Health, September 23, 2024.
[125] FY 2023-24 Medi-Cal Specialty Behavioral Health External Quality Review San Francisco Final Report Drug Medi-Cal Organized Delivery System prepared for California Department of Health Care Services, Review Dates: September 26-28, 2023, p. 33.

from treatment, homelessness decreased by 6 percent age points (down from 64 percent at admission).[126]

Residential Step-down

Residential step-down facilities provide people experiencing or at risk of homelessness with drug and alcohol-free housing for up to two years following completion of residential treatment for substance use disorder. Residential step-down is transitional housing. It is not treatment, but residents are supposed to be concurrently participating in outpatient treatment or taking Medication for Opioid Use Disorder.[127]

Although City staff often encourage and support individuals in residential step-down facilities in planning for housing after exit, there is no City entity held accountable for ensuring that those concluding their stay in residential step-down facilities have housing secured to support their recovery.

In addition to the 246 residential step down beds highlighted in the FY 2022-23 Treatment on Demand report, the SFDPH and the Adult Probation Department offer the Minna Project, a therapeutic transitional care facility, providing housing with support for up to 75 justice-involved individuals with dual diagnosis of mental health and substance use disorder.[128] In 2024, a new transitional housing program that expands treatment and recovery services for justice-involved women and their children opened. This new program, the Women's Treatment Recovery Prevention Program, supports up to 39 women and children at a time.[129]

Outpatient treatment

Outpatient treatment provided by DPH-supported providers encompasses several approaches designed to support individuals in managing and overcoming substance use disorder. This care typically includes counseling or therapy and, for those with opioid use disorder, may also involve Medication-Assisted Treatment, such as methadone and buprenorphine. These medications are also commonly used by people with opioid use disorder in residential treatment programs, where individuals may receive similar services in a more controlled environment.

Contingency management—a behavioral therapy that uses incentives to support abstinence from drug use—is available to treat stimulant and opioid use disorders in some outpatient treatment settings. Withdrawal management helps individuals safely reduce their drug intake at the outset of treatment.

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[126] FY 2023-24 Medi-Cal Specialty Behavioral Health External Quality Review San Francisco Final Report Drug Medi-Cal Organized Delivery System prepared for California Department of Health Care Services, Review Dates: September 26-28, 2023, p. 46.
[127] Residential Stepdown (Men and Women) Treasure Island, HealthRIGHT 360 website, accessed October 18, 2024.
[128] Communications with Department of Public Health, June 25, 2024.
[129] San Francisco Opens New Treatment, Recover and Transitional Housing Facility for Women and Their Children, SF.GOV, May 21, 2024

Although withdrawal management is available in both outpatient and residential settings, it is most commonly provided in outpatient programs. Further details on these services are provided below.

Counseling and Behavioral Therapies

Counseling and behavioral therapies are integrated into most of San Francisco's inpatient and outpatient treatment options, with the number of outpatient treatment slots (1,424) greatly exceeding residential ones (246).[130] These services seek to support the development of new coping behaviors and skills for healthy decision-making. They can be offered either one-on-one or in a group setting. California currently requires that individuals taking methadone participate in a minimum of 50 minutes of counseling per month, unless waived by the medical director of the Opioid Treatment Program,[131] although SFDPH indicates the policy is likely to change later this year.[132]

Medication for Opioid Use Disorder MOUD (also referred to as Medication for Addiction Treatment or MAT)

The U.S. Food and Drug Administration has approved the medications buprenorphine, methadone, and naltrexone for treatment of opioid use disorder. The drugs reduce the risk of death from any cause by up to 50 percent , and prevent withdrawal symptoms and cravings, improving the ability of people to reduce or stop using illicit opioids. Compared to their counterparts in treatment without medication, people taking medications for Opioid Use Disorder are more likely to stay in treatment and be employed, less likely to use illicit substances, and less likely to die of a drug overdose.[133]

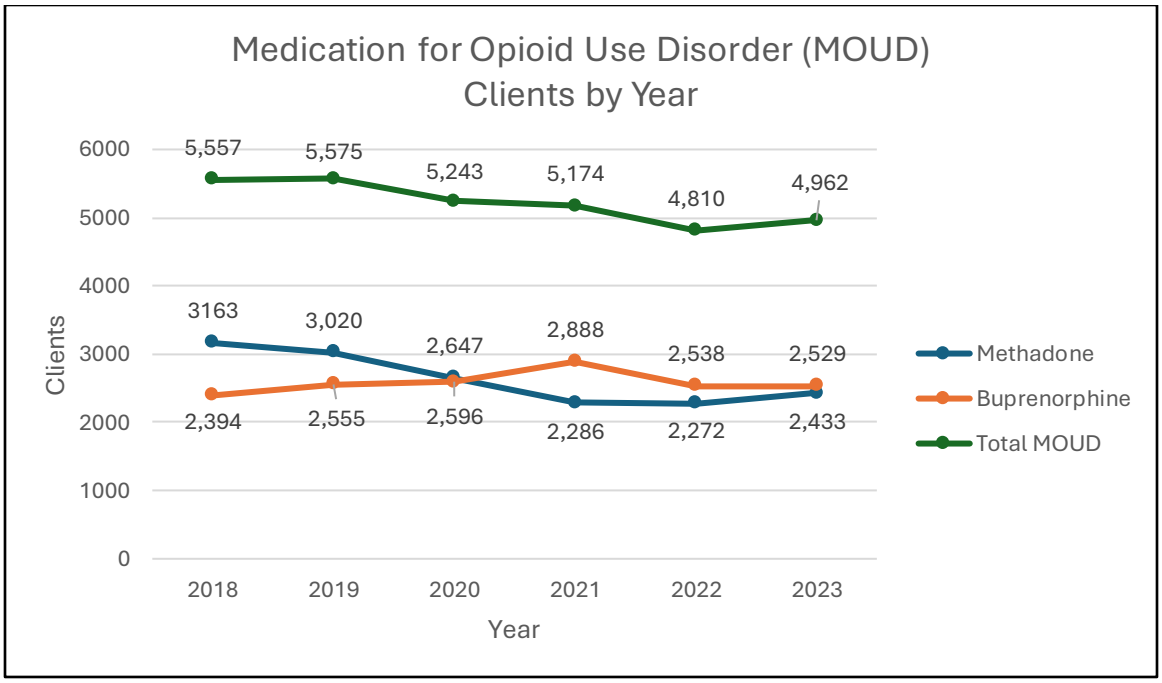
In San Francisco, evidence-based treatment with methadone and buprenorphine is available mostly in outpatient settings. Many people in residential treatment programs are also receiving Medications for Opioid Use Disorder (MOUD) as part of their treatment plans, often through treatment initiated prior to enrollment in a residential program or through partnerships that their residential program has with outpatient centers.

DPH is trying to increase the accessibility and take up of MOUD, but progress to date has been slow as shown in Exhibit 2 below. According to the 2022 Overdose Prevention Plan, by 2025 the Department aims to increase by 30 percent the number of people receiving MOUD.[134] Progress toward this goal may accelerate in response to recent regulatory and legislative changes. Federal restrictions limiting the medical providers who can administer buprenorphine were lifted in early 2023.[135] In February

[130] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[131] Narcotic Treatment Program Regulations, California Department of Health Care Services.
[132] Communication from San Francisco Department of Public Health, September 23, 2024.
[133] How effective are medications to treat opioid use disorder?. National Institute on Drug Abuse website. December 3, 2021. Accessed July 14, 2024.
[134] Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan, San Francisco Department of Public Health, 2022.
[135] X-Waiver No Longer Required to Treat Opioid Use Disorder, American College of Emergency Physicians, January 13, 2023.

2024, the Substance Abuse and Mental Health Administration issued a final rule making permanent several changes initiated during Covid which increase access for patients and flexibility for providers relative to methadone.[136] In September 2024, California passed legislation that allows clinics to now dispense methadone for 72 hours while someone is getting connected to treatment. The new law also requires the state to bring its more stringent methadone regulations into alignment with federal regulations by April 30, 2029.[137] In the meantime, SFDPH has supported all methadone clinics in the City in receiving temporary exemptions from several state regulations that limit methadone treatment access.[138]

Exhibit 2: San Francisco Medication for Opioid Use Disorder Clients by Year, 2018 - 2023



Sources: Substance Use Services, SF.GOV; Substance Use Trends in San Francisco through 2022, San Francisco Department of Public Health, October 17, 2023.

In the wake of the change in federal regulations, San Francisco has already instituted innovative measures to expand access to buprenorphine. City pharmacists now make house calls and paramedics, including those on the Street Crisis Response Team, can administer loading doses of buprenorphine. The number of patients agreeing to an initial buprenorphine dose from a paramedic has been very low to date (just 6 percent of the Street Overdose Response Team service calls in August 2024),[139] but

[136] Final Rule: Medications for the Treatment of Opioid Use Disorder, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 42 CFR Part 8, February 2, 2024.
[137] California Assembly Bill 2115, signed into law September 27, 2024.
[138] Communication from San Francisco Department of Public Health, September 23, 2024.
[139] Community Paramedicine Division Fire Commission Report, August 2024.

the Fire Department is planning additional trainings for the paramedics and hopes to help them more effectively market the benefits of getting started on buprenorphine.[140]

Another new development is the positive results from Nighttime Telehealth (BEAM) program which uses a street team, the Night Navigation Team, to connect unhoused people with immediate medication prescriptions at night through a telehealth visit with a prescriber. Whenever possible, those who complete a telehealth visit and receive a prescription are given shelter for the night. The majority of participants choose buprenorphine. In the morning, Departmental staff or community-based partner organizations can often assist with transportation to pharmacies or deliver the medication to those given overnight shelter. Caseworkers also provide support to ensure that the medication is taken.[141] The City is in the process of expanding this promising initiative, and more details are provided later in this report.

In August 2024, the Board of Supervisors adopted an amendment to the Health Code that will also increase access to buprenorphine. Although regulations around buprenorphine are not as restrictive as those around methadone, it has not always been readily available to the San Franciscans to whom it is prescribed. According to a Department of Public Health survey, only 44 percent of eighty-four respondent pharmacies reported carrying buprenorphine and being able to fill a two-week prescription within the same day.[142] The Board of Supervisors amended the Health Code to require all retail pharmacies in San Francisco that stock-controlled substances to have sufficient buprenorphine in stock for at least two new prescriptions on the spot.[143]

The distribution of methadone is still highly restricted. The federal government limits outpatient distribution of methadone to licensed Opioid Treatment Programs, including the six such clinics currently licensed in San Francisco. Greater flexibility with this medication and fewer administrative barriers could help make this very effective type of treatment more readily available to a greater number of San Franciscans who use opioids. Federal law still limits the ability of most medical providers to treat people with methadone, restricting methadone maintenance treatment to highly regulated Opioid Treatment Programs (referred to as Narcotic Treatment Programs in California law) but the previously described recent and anticipated legislative and regulatory changes should reduce barriers to access and administrative hurdles for providers. Allowed prescribers of methadone and buprenorphine will need education and encouragement to take advantage of the full flexibility afforded to them under the law and to adapt methadone treatment dosing for people who use fentanyl. For example, both federal and state regulations allow for higher dosing levels than is

[140] S.F. is Doubling Down on This Promising Treatment to Combat Fentanyl Crisis, by Trisha Thadani and Christian Leonard, San Francisco Chronicle, April 5, 2023.
[141] San Francisco Overdose Deaths on Track for Another Tragic Year, by Carolyn Stein, San Francisco Chronicle, June 21, 2024.
[142] "Few Pharmacies Carry This Key Opioid Addiction Medication. San Francisco Wants to Change That," by Sidney Johnson, KQED, May 16, 2024.
[143] Ordinance # 206-24, passed August 1, 2024, San Francisco Board of Supervisors.

currently standard practice.[144] Patients in Switzerland do not face the regulatory hurdles that long persisted in the United States. They have been able to take doses of methadone home for use like any other prescription medication from the start of treatment.

Some of the largest providers of Medication for Opioid Use Disorder in San Francisco include (unless indicated, all numbers served are for FY 2022-23):

- Zuckerberg San Francisco General:
  a) Opiate Treatment Outpatient Program (approximately 700 served)
  b) Bridge Clinic at Family Health Care (approximately 365 served)
- Maria X Martinez Health Center (more than 600 served)
- Office-Based Buprenorphine Induction Clinic (575 served in 2022)[145]

Telehealth

In Spring 2023, San Francisco initiated a Nighttime Telehealth program (BEAM) in the Tenderloin and South of Market neighborhoods. Originally available from 8-midnight, members of the City's Night Navigation street team, staffed by the nonprofit Code Tenderloin, have connected individuals who want treatment for substance use disorder to a telehealth provider. The telehealth provider describes the range of treatment options available and the provider and patient craft an individualized treatment plan, which may include an immediate prescription for buprenorphine that can be picked up at a local pharmacy. Help in picking up their prescription, including delivery, is offered whenever possible. Because methadone cannot be prescribed outside a licensed Opioid Treatment Program, if the person opts for methadone, they receive a referral to a program and support to enter a methadone program the next day. When available, the Night Navigation team also offers individuals who commit to starting treatment at a bed at a non-congregate shelter (i.e. a private room) through the SFDPH RESTORE pilot program offering on-site intensive case management services and health care.[146]

From March to August 2024, SFDPH clinicians conducted 1,070 telehealth visits with people outreached by the Night Navigators. Buprenorphine was prescribed in 915 of these encounters, and the prescription has been confirmed to have been picked up 359 (39 percent) times. Additionally, 50 individuals have a confirmed methadone start.[147]

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[144] "Methadone treatment gets its first update in over 20 years," by Lev Facher, Stat, February 1, 2024. DHCS-14-026 - Narcotic Treatment Programs, California Department of Health Care Services, California.
[145] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[146] New San Francisco Program Uses Nighttime Telehealth To Provide Immediate Access To Prescription Medication To Start Recovery, SF.GOV, May 22, 2024. Communication from San Francisco Department of Public Health, September 23, 2024.
[147] Communication from San Francisco Public Health Department, September 23, 2024.

Outcomes have been even better when immediate shelter was provided to BEAM patients through the affiliated RESTORE program. Between March and August 2024, more than 140 patients entered the RESTORE program. Of the 124 people who have exited the program, 62 (50 percent) participants have moved on to a residential treatment program, shelter, housing or a home outside of the City via Journey Home. Among RESTORE clients who opted to start buprenorphine treatment, more than 80 percent received their medication, more than twice the rate in the BEAM program overall. Among RESTORE clients who opted to start methadone, more than 70 percent entered a methadone program.

SFDPH reports that Nighttime Telehealth (BEAM) will soon be expanded to 16 hours a day and will be available outside Night Navigation. Additionally, RESTORE beds will be increased from 9 to 20, an operating plan developed and funding for further expansion identified.[148]

Withdrawal management

Depending on which drugs an individual is using, how recently they used, and the type of treatment sought, treatment may require a prerequisite step of withdrawal management (also known as detoxification, or detox), an intervention that aims to help individuals safely manage the physical symptoms that occur when someone stops using alcohol or drugs to which they have become physically dependent.[149] Depending on the individual's circumstances, withdrawal management may be provided on an outpatient or inpatient basis. In FY 2022-23, the average daily intake capacity for the City's 58 residential withdrawal management beds was six. Outpatient withdrawal management, which is suitable for people who do not experience moderate or severe withdrawal symptoms is more available. In FY 2022-23, there were 1,683 residential withdrawal management discharges. Less than half (48 percent) of withdrawal management discharges in FY 2022-23 subsequently went to Department of Public Health supported residential or outpatient treatment in that same fiscal year; some of these individuals may have entered treatment in a later year.[150]

Contingency management

Medication-assisted treatment is only available and recommended for Opioid Use Disorder and Alcohol Use Disorder. Contingency management is the most effective, evidence-based treatment for stimulant use disorder and also supports sustained use of Medication for Opioid Use Disorder.[151] Contingency management works by providing incentives for measurable changes in drug-related behaviors. It is available in San Francisco in a subset of outpatient treatment programs. As Drug Medi-

[148] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.
[149] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[150] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[151] Contingency Management for the Treatment of Substance Use Disorders: Enhancing Quality, Access, and Program Integrity for an Evidence Based Intervention, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, November 7, 2023.

Cal is now available to subsidize the cost of incentives, DPH is expanding the availability of contingency management, with increased availability at SFDPH clinics and via new contracts.[152] Implementation is pending of legislation adopted by the Board of Supervisors to further expand the City's investment in contingency management.[153]

The first half of this section on the Treatment Pillar describes the continuum of treatment services available for individuals with opioid and other substance use disorders in San Francisco. Despite the robust range of services offered, challenges remain in achieving optimal treatment outcomes and ensuring that resources are effectively allocated. The remainder of this section will describe:

- Capacity and numbers served across San Francisco treatment programs,
- Strategies for increasing access to treatment and continuity once in treatment, and
- Changes underway that should increase access to Medication for Opioid Use Disorder.

The section concludes with a description of the differences between the approach to treatment in Zurich and San Francisco

Treatment Capacity

The following chart details the capacity and number of individuals served in FY 2022-23 for the treatment programs described above. As can be seen, capacity and utilization are greatest for methadone- and buprenorphine treatment,[154] followed by outpatient services,[155] all of which provided at least one engagement with thousands of individuals in FY 2022-23. Residential treatment program capacity is significantly lower, serving 830 individuals in the same year which includes those with opioid use disorder and those with addictions to other types of drugs. The number of individuals served does not mean that all those individuals successfully completed the treatment or achieved remission of their substance use disorder after receiving treatment.

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[152] San Francisco Department of Public Health Overdose Response Update (August 2024), Presentation to the Health Commission, Department of Public Health, September 3, 2024.
[153] "SF Drug Crisis: Breed and ally want to pay welfare recipients $100 per week to stay sober," by Maggie Angst, San Francisco Chronicle, July 29, 2024.
[154] June 25, 2025 communications with San Francisco Department of Public Health: the capacity for Opioid Treatment Program (Methadone Maintenance) in the chart is not point-in-time capacity. Rather, it is the full capacity the OTPs are licensed to allow a capacity which is typically more generous than the numbers they may be able to serve with the staffing/space they have. The actual numbers served are closer to full capacity.
[155] Individuals in publicly funded outpatient and residential treatment programs who are concurrently receiving MOUD will be included in both categories.

Exhibit 3: City and County of San Francisco Substance Use Disorder Treatment Capacity and Services, FY 2022-23

Service Type	**FY 2022-23 Capacity** (single point in time)	**FY 2022-23 Numbers Served** (unduplicated within category unless otherwise noted)
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[156]
Buprenorphine treatment (provided across SF Health Network)	NA	2,435[157]

Source: Treatment on Demand Fiscal Year 2022-23 Annual Report, Department of Public Health Behavioral Health Services, p. 12.
Notes: As many individuals progress between these stages of treatment, individuals included in one area may be counted in other areas as well. Additionally, figures within the withdrawal management and residential treatment categories may not represent unique individuals, as people can access the service repeatedly.

Rigorous estimates of the number of people using drugs in San Francisco are outdated and precede the fentanyl crisis.[158] UCSF and DPH are partnering in the development of new estimates. In the meantime, applying national percentages to San Francisco and combining with local data concerning people who recently experienced homelessness, we estimate San Francisco's total opioid using population (the subset of drug users most at risk for overdose) in San Francisco to be 19,190.[159] As we have detailed, San Francisco offers a robust range of treatment services. They would be insufficient if all the residents with opioid use disorder chose to enter treatment simultaneously. Unfortunately, this is not San Francisco's challenge. Recent results from the National Survey on Drug Use and Health indicate that ninety-five percent of people with drug or alcohol use disorder who did not access

[156] Data in chart is from page 12 of SFDPH Treatment on Demand 2022-2023 Report. Page 18 of same report reports that 2,241 individuals received methadone in FY2022-2023.
[157] Data in chart is from page 12 of SFDPH Treatment on Demand 2022-2023 Report. Page 18 of same report reports that 2,805 individuals received buprenorphine in FY2022-2023.
[158] UCSF and DPH are partnering in the development of new estimates, expected to be released in 2024.
[159] To arrive at our estimate, we apply percentages of individuals over the age of 12 with substance use disorder using any opioids from the 2021 National Survey on Drug Use and Health to San Francisco's population. Then, because individuals experiencing homelessness are underrepresented in the national survey, we added the number of San Francisco residents identified by Mental Health SF as having experienced homelessness in the year preceding August 2022 and having a diagnosed opioid use disorder.

treatment recently are not seeking treatment and do not believe they should get it.[160] These national statistics suggest thousands of San Francisco residents who use drugs will not seek treatment. Below, we describe how San Francisco is trying to increase access and facilitate connection and coordination to close this gap.

Multiple Entry Points; Centralized Access

In 2008, the Board of Supervisors adopted the Treatment on Demand Act pursuant to the passage of Proposition T by the voters. This act was intended to ensure that free and low-cost treatment is available and accessible at the moment someone is seeking or amenable to treatment. Consistent with this policy, DPH has tried to create a system that facilitates access to treatment through multiple paths. These entry points include but are not limited to referrals from service and medical providers and contacts with street teams.

Although there are multiple entry points, access to substance use treatment is centralized through the Behavioral Health Access Center, part of the Behavioral Health division's Office of Coordinated Care. Prior to accessing treatment, individuals undergo an assessment to determine their appropriate level of care and eligibility for services to be reimbursed through Drug Medi-Cal, the primary funding source for most publicly supported substance use treatment provided by the City and County of San Francisco,[161] and the Behavioral Health Services Utilization Management Division. Treatment may require a prerequisite step of withdrawal management, an intervention that aims to help individuals safely manage the effects of reduced consumption of drugs or alcohol.[162]

Some San Francisco service providers and advocates for people with substance use disorder are concerned that upfront assessments and eligibility determination are a bottleneck, slowing down access to withdrawal management and treatment and straying from the concept of treatment on demand.[163] In the worst case scenario, initial assessment becomes a hurdle that individuals are unable to cross before their determination to access treatment waivers and they use drugs again. The Department of Public Health shares these concerns and have indicated that they are trying to streamline required intake processes as much as possible, while adhering to Medi-Cal requirements.[164]

[160] Highlights for the 2022 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
[161] Communications with San Francisco Department of Public Health, July 3, 2024.
[162] SFDPH Treatment on Demand 2022-23 Report, Department of Public Health, City and County of San Francisco, March 15, 2024.
[163] "Can cutting red tape get San Francisco addicts into week-long detox?" by David Sjostedt, The San Francisco Standard, July 16, 2023.
[164] Communications with San Francisco Department of Public Health, July 3, 2024. Communication from San Francisco Department of Public Health, September 23, 2024.

Care Coordination and Continuation

In addition to the entry points and Behavioral Health Access Center described above, San Francisco's jails and hospitals are the venues for many people initiating drug treatment. In FY 2022-2023, a monthly average of about 21 percent of individuals incarcerated in San Francisco jails were addicted to opioids. Following referrals to treatment, approximately 60 percent of those individuals accepted Medication for Opioid Use Disorder.[165] Release from either of these institutions can disrupt treatment. Over a 10-month period spanning 2022 and 2023, DPH measured how many individuals that had received medication for treatment in jail accessed medication within 30 days after release. percent ages per month ranged from 9 to 32 percent .[166] The risk of dying from an overdose is great when people return to drug use after a break and misjudge their tolerance.[167] The City has several programs in place intended to support continuity of care during these transitions:

- Project HOUDINI Link and the Addiction Care Team at ZSFG provides service linkage, navigation, and six months of follow up for those starting Medication for Addiction Treatment (MAT) while in the hospital.
- Project Juno prioritizes individuals who initiated MAT while in jail. They incentivize participation in case management and taking medications following release with the aim of connecting individuals to ongoing MAT. Project Juno served 52 individuals in FY 2022-2023. Applying data points above about the prevalence of opioid use and rates of starting Medication for Opioid Use Disorder while incarcerated to release figures during FY 2022-2023 suggests that Project Juno is engaging less than five percent of the relevant jail population.[168]

DPH's Office of Coordinated Care provides care coordination for people with complex behavioral health needs, especially those transitioning from high acuity or institutional settings and people disconnected from or at risk of disconnecting from behavioral health care. Its service population of vulnerable people with complex behavioral health care needs is broader than that of Project Houdini Link and Project Juno mentioned above, both of which are more narrowly focused on individuals with opioid use disorder who initiated Medication for Opioid Use Disorder (MOUD) while in an institutional setting.

This support is critical to helping individuals access or sustain services and treatment, especially during transitions.

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[165] SF Says Drug Users Turn Down Services. But What's On Offer? Mission Local. Griffin Jones, July 26, 2024.
[166] SF Jail Health Officials Say They Need More Staff – Not More Money, by Annika Hom, Mission Local, August 18, 2023.
[167] Daniel M. Hartung, Caitlin M. McCracken, Thuan Nguyen, Katherine Kempany, Elizabeth Needham Waddell, Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data, Journal of Substance Use and Addiction Treatment, Volume 147, 2023.
[168] BLA calculation. Jail release figures for FY 2022-2023 (11,301) from July 5, 2024 email from San Francisco Sheriff's Office. Using 21 percent rate of opioid addiction, we calculate 2,373 of those released from jail were addicted to opioids. Applying 60 percent MOUD take up, we calculate 1,424 of those released in FY 2022-2023 were eligible for Project Juno. The fifty-two Project Juno participants are 3.7 percent of this eligible population.

Efforts to Expand Access to Methadone Through Changes in California Law and Regulations

Even though there has been some loosening of restrictions at the federal level, methadone access in California is still limited by state regulations, constraining the ability of health care providers to act in accordance with their clinical judgement as well as patient preferences and needs. Recently enacted state legislation requires the California Department of Health Care Services (DHCS) to amend regulations to comply with federal methadone guidance by April 30, 2029.[169] Meanwhile, SFDPH has received countywide exceptions for all Opioid Treatment Programs to more closely align with federal regulations while state regulations are being updated. Exhibit 4 below summarizes key changes advocated by the San Francisco Department of Public Health and expected in light of waivers secured and the passage of Assembly Bill 2115. Health practitioners and people who use drugs will need to be educated about these changes as they roll out.

Exhibit 4: Changes Expected to Increase Access to Methadone[170]

Changes That Will Most Directly Affect Patients	Changes That Will Most Directly Affect Providers
• Currently, patients are required to be discharged after 14 days absence, which requires patients to complete a new intake (3+ hour process) when they return. This window will be extended to 30 days in alignment with new SAMHSA regulations. • Currently patients are required to have a full physical, including labs, before they can receive their initial dose. Non-OTP doctors will be able to perform federally required physical exams of the patient. Patients will be allowed to decline non-drug related blood testing and lab work. Both of these changes will allow for faster intakes. • Current regulations require that the patient has a documented history of 1 year of OUD. This documentation requirement is being eliminated so no one is turned away that is	• Opioid Treatment Providers will be allowed to provide some services via telehealth, including, audio-visual screening for the initiation of methadone under certain conditions. • Provider eligibility will be expanded to allow Nurse Practitioners and Physician Assistants to order medications.

[169] California Assembly Bill 2115, signed into law September 27, 2024.
[170] Final Rule: Medications for the Treatment of Opioid Use Disorder, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 42 CFR Part 8, February 2, 2024. https://a17.asmdc.org/press-releases/20240927-bill-turning-ca-most-restrictive-methadone-state-most-accessible-signed Press Release: Bill Turning CA From Most Restrictive Methadone State to Most Accessible Signed by Governor Newsom, Assembly Member Matt Haney, September 27, 2024. Communication from San Francisco Department of Public Health, June 25, 2024.

seeking methadone who has opioid use disorder or is at risk of opioid overdose. • Current California regulations require at least 50 minutes of counseling every month, but federal regulations no longer require this. Currently San Francisco has an exemption application on file for clinics in the county. AB2115 gives DHCS the authority to align state regulation with federal regulation and DPH is awaiting DHCS's response. • Current California regulations cap the initial dose of methadone at 40 mg. Physicians will have greater discretion to determine the appropriate dosage to administer to a patient. This is particularly important in instances in which 40 mg does not have sufficient therapeutic benefits, an issue most common among people using fentanyl. Federal regulations allow for an initial dose up to 50 mg, and San Francisco has an exemption application on file for clinics in the county. AB2115 gives DHCS the authority to align state regulation with federal regulation and DPH is awaiting DHCS's response. • Currently an 8-point check is required to allow patients to have take-home doses. Prescribers at Opioid Treatment Programs will have the discretion to allow patients to receive up to 28-days of take-home methadone after one month in treatment.	

Source: Communications with San Francisco Department of Public Health, June 25, 2024.

Helping HSH Applicants and Residents Access Treatment

As mentioned previously, a sizable number of San Franciscans are struggling with both homelessness and substance use disorder. These individuals may be interfacing with a variety of City departments including but not limited to the Departments of Public Health and Homelessness and Supportive Housing. The Department of Homelessness and Supportive Housing is proactively seeking to reduce overdose fatalities through harm reduction strategies. Additionally, case managers and Department of Public Health staff working in permanent supportive housing regularly refer residents for services

related to their substance use disorder, though the City does not consistently track these referrals or their outcomes.

Adults who are experiencing homelessness and wish to get into housing must register, usually via a Department of Homelessness and Supportive Housing contracted Access Point agency, in the Coordinated Entry system. In the process, applicants are asked about whether they have a substance use disorder and whether it has had a long-term impact. It is rare that permanent supportive, or other appropriate, housing is available immediately. There may, however, be a residential treatment bed available. Yet, for those housing applicants who indicate a substance use disorder, it is not standard practice for Access Point staff to mention the potential availability of residential treatment beds nor assist the applicant in identifying and accessing a treatment bed. Department staff report that this is at least in part because most of those housing applicants visiting Access Points are not open to talking about treatment.[171] SFDPH conducted training for the Department of Homelessness and Supportive Housing (HSH) in 2022 on Behavioral Health System access points and the slides from that training continue to be available to housing services providers. There is not a formal interdepartmental workflow for HSH access points to refer individuals to the Behavioral Health Access Center. Nor is there any data on the frequency that the existing DPH provided training materials are utilized by housing services providers or the number or success rate of referrals made by HSH Access Point staff to the Behavioral Health Access Center.[172]

The California Board of State and Community Corrections recently awarded the Department of Homelessness and Supportive Housing a grant that will, among other things, dedicate twelve residential treatment beds to justice involved individuals coming through the Pretrial Diversion program Access Point who are Latine or monolingual Spanish speakers, a population which has experienced challenges accessing treatment and housing.[173] Along these same lines, but focused on those already convicted of drug crimes, Zurich prioritizes residential treatment beds for individuals redirected by the justice system. Drug users who receive a prison sentence for drug sales can often have their prison terms diverted if they choose to instead go to treatment and maintain their recovery.[174] San Francisco's collaborative courts are discussed later in this report, in Section 3: Law Enforcement Pillar.

[171] Communications with San Francisco Department of Homelessness and Supportive Housing, October 24 and 25, 2024.
[172] Communication from San Francisco Department of Public Health, September 23, 2024.
[173] Communications with San Francisco Department of Homelessness and Supportive Housing, June 24, 2024.
[174] Communications with medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024. Communications with Zurich Police Department, March 6, 2024.

2.D. Differences between Zurich and San Francisco: Treatment Pillar

- ***A high percent age of people with opioid use disorder in Zurich are taking Medications for Opioid Use Disorder***

More than three-quarters of Zurich residents addicted to opioids are reported to be taking Medications for Opioid Use Disorder.[175] In contrast, according to a recent study by the National Institutes for Health and the Center for Disease Control, in 2021, only 22 percent of Americans with opioid use disorder received medications to treat it,[176] a percent age close to the 25 percent of people with opioid use disorder in San Francisco that we estimate to have received medication in FY 2022-23.[177] Notably, Zurich is achieving these high rates of treatment while also operating supervised consumption sites (SCSs), demonstrating that the availability of safe spaces for consumption does not necessarily reduce demand for treatment.

The reasons for greater utilization of Medication for Opioid Use Disorder in Zurich appear to be due to multiple factors distinguishing Zurich from San Francisco (and the U.S. more generally) including:

- A widespread understanding that Opioid Use Disorder is a disease treatable with medication
- A wider range of Medications for Opioid Use Disorder approved for use
- More discretion afforded to physicians
- Fewer regulations that limit MOUD access or retention
- More stability – especially, housing stability – among people with opioid use disorder in Zurich

Each of these differences is discussed in greater detail below.

- ***A widespread understanding in Zurich that Opioid Use Disorder is a disease treatable with medication***

In Zurich, substance use disorder is recognized broadly as a disease and is approached and treated as such by city officials and staff, the public and medical practitioners. In contrast, in the U.S., there are varying views on addiction – including some who believe addiction to be a personal weakness or failing – and how it should be treated,[178] making it more difficult to generate sustained public support for

[175] Communications with medical staff Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024. "Switzerland couldn't stop drug users. So it started supporting them." by Taylor Knopf, North Carolina Health News, January 21, 2019.

[176] "Use of Medication for Opioid Use Disorder Among Adults with Past-Year Opioid Use Disorder in the U.S., 2021," by CM Jones , et al., *JAMA Network Open, 2023.*

[177] Estimated by BLA by dividing 4,843 DPH reports to have received MOUD in FY 2022-23 into 19,190, our estimate described previously of the number of people with opioid use disorder in San Francisco. Additional individuals could be receiving MAT from private providers.

[178] "The War on Recovery Part 1: How the U.S. is sabotaging its best tools to prevent deaths in the opioid epidemic" by Lev Facher, Stat, March 5, 2024.

and investment in evidence-based practices. In contrast, everyone we interviewed in Zurich emphasized the positive individual and community outcomes resulting from an evidence-based approach to harm reduction and treatment including Medications for Opioid Use Disorder.[179] Local and national adoption of the Four Pillars approach by municipal and national elected officials in the 1990s and in a national vote of the people in 2008 are indicators that this view is held by a majority of Swiss citizens.[180]

The combination of the evidence base and benefits perceived by Zurich leaders and the public of the resulting pro-social behavior, (e.g., employment), makes medication the default approach to treating opioid use disorder. Even for those people using drugs (e.g., stimulants) for which medication-assisted treatment is not the evidence-based approach, physicians assess and treat them for co-occurring physical and mental health conditions which may consciously or subconsciously affect their substance use. For example, the physicians we spoke with in Zurich indicated that they find a high percent age of people using stimulants to have post-traumatic stress disorder (PTSD) or attention deficit hyperactivity disorder (ADHD). Although there are not medications available to treat stimulant use disorder, they have found that when they prescribe these patients medications for PTSD and ADHD, the patients often reduce their use of illicit stimulants.[181]

A corollary to the understanding in Zurich that opioid use disorder is a disease treatable with medication is the understanding that – similar to treatment for other chronic diseases like diabetes or high blood pressure – treatment for opioid use disorder may need to be sustained, sometimes lifelong. Although, long-term sustained MOUD is not uncommon in the U.S., the goal of tapering people off of MOUD is prevalent due to stigma around medications and also to the challenges of continuing to adhere to rules and regulations required in treatment settings. In fact, although California is not one of them, regulations in eight states set discontinuation as the goal of treatment with methadone,[182] and standard practice used to be that patients had to be tapered off of methadone after 90 days.[183] Although a sizable percent age of patients remain on MOUD only temporarily, physicians in Zurich do not promote discontinuation. Rather, they support individuals seeking to taper off MOUD if that is their personal goal.[184]

[179] Communications with medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.
[180] Savary, Jean-Felix, Chris Hallam and Dave Bewley-Taylor. "The Swiss Four Pillars Policy: An Evolution From Local Experimentation to Federal Law." The Beckley Foundation Drug Policy Programme. May 2009.
[181] Communications with City of Zurich Municipal Health Services, March 7, 2024.
[182] Overview of Opioid Treatment Regulations by State, The Pew Charitable Trusts, September 2022.
[183] Communications with San Francisco Department of Public Health, July 3, 2024.
[184] Communications with medical staff, City of Zurich Municipal Health Services, March 7, 2024.

- ***A wider range of Medications for Opioid Use Disorder are approved for use in Switzerland***

The U.S. Food and Drug Administration has approved three medications for the treatment of opioid use disorder, with the first two being the primary medications available in San Francisco (methadone and buprenorphine). Physicians in Zurich (and all of Switzerland) are also able to prescribe slow-release oral morphine and, if certain criteria are met – including failure at other treatment – diacetylmorphine (pharmaceutical heroin). This wider range of options affords patients and providers more options to identify a good fit medication for the patient, and their evolving preferences and needs.[185]

In 2018, the total number of people in Switzerland receiving Medication for Opioid Use Disorder was 17,750.[186] According to data for the same year shared by Zurich physicians, the vast majority (70 percent) were on methadone; 16 percent on slow release morphine, 10 percent on buprenorphine, and .01 percent on medical heroin.[187] The physicians we spoke to in Zurich follow their patients' lead on determining the best fit substitution treatment as they indicate that many come into the clinic with opinions on what they want.[188] Notably, in Zurich, in the absence of most of the regulatory barriers in California, the medication of choice for most people with opioid use disorder is methadone.

- ***More discretion is afforded to Swiss physicians***

In addition to having a wider range of medications to choose from, Swiss physicians perceive themselves as having more flexibility than their peers in the U.S. around dosing levels and treatment plans. Although described by the Substance Abuse and Mental Health Services Administration as guidelines affording flexibility, in the U.S., physicians are reported to feel limited by federal and state recommendations around dosing and the documentation necessary to exceed those bounds.[189] Despite the documentation sometimes needed to justify their decisions, the Zurich physicians we spoke to believe they have a lot of flexibility. They described trying to understand what feeling an individual is chasing when they use opioids and what they are taking and plan to continue to take "on the side" even while on medications for opioid use disorder. Then they calculate the gap and, consistent with the patient's choice of medication, which is most often methadone or morphine, go step by step to get to a level that results in no withdrawal and no cravings. Once the individuals' cravings are met, they stabilize the dosage and consider with the patient if it's feasible and desirable to reduce over time"[190]

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[185] "One size does not fit all. Evolution of Opioid Agonist treatments in a naturalistic setting over 23 years," by Carlos Nordt, Marc Voget, et al. Addiction Research Report, Society for the Study of Addiction, 2018.
[186] "Opioid agonist treatment in transition: A cross-country comparison between Austria, Germany and Switzerland (Supplemental Material)," by Tanja Schwarz et al, Drug and Alcohol Dependence, Volume 254, January 1, 2024.
[187] Communications with medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.
[188] Communications with medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.
[189] "Methadone doses haven't kept up in the age of fentanyl. A new rule aims to help," by Lev Facher, Stat, March 21, 2023. "Methadone treatment gets its first update in over 20 years," by Lev Facher, Stat, February 1, 2024.
[190] Communications with medical staff, City of Zurich Municipal Health Services, March 7, 2024.

The differing approaches and different perceptions of discretion around dosing in the two countries may result in some U.S. residents starting MOUD and experiencing withdrawals and cravings, making the transition off illicit drugs more difficult and their retention on medication shorter.

- ***Fewer regulations limit access to or retention on Medication for Opioid Use Disorder in Switzerland***

Although not as restrictive for buprenorphine as methadone, MOUD is highly regulated in the United States and California. The medications are also regulated in Switzerland, but do not impose as many challenges for access or retention. In Zurich, medication for addiction treatment is widely available from medical practitioners, and not limited – as is methadone in the U.S. – to a limited number of licensed Opioid Treatment Programs. For all MOUD but diacetylmorphine (medical heroin), patients are provided with thirty-day supplies and prescriptions can usually be extended for travel or other unusual circumstances. Unlike in the U.S. where it is often prescribed in a less convenient liquid form, methadone is more consistently available in pill form in Zurich.

Consistent with the harm reduction philosophy in Switzerland, doctors there also do not expect nor require that individuals taking medications for opioid use disorder cease using all other illicit substances nor do they regularly drug test,[191] whereas patients receiving methadone in the U.S. are subject to at least eight drug tests per year.[192] Also different is that access to methadone in Zurich is not contingent upon an individual's participation in counseling. However, the Swiss physicians we interviewed commented that, consistent with culture, participation in therapy is very common among Zurich residents generally.[193]

More than two-thirds of Swiss taking MOUD are on methadone,[194] a level that exceeds its use among people on MOUD in San Francisco, and likely results from it being more readily accessible in Switzerland. Aside from access issues, methadone is considered by some physicians and researchers to be a potentially better fit than buprenorphine for the needs of people addicted to fentanyl who have a high tolerance to opioids, experience challenges starting buprenorphine treatment, and are at risk for experiencing a fatal overdose.[195] Methadone is also associated with a lower risk of treatment discontinuation compared with buprenorphine or naloxone across a wide range of subgroups and among first-time and repeat users.[196]

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[191] Communications with medical staff, City of Zurich Municipal Health Services, March 7, 2024.
[192] "Methadone treatment gets its first update in over 20 years," by Lev Facher, Stat, February 1, 2024.
[193] Communications with medical staff, Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.
[194] Communications with medical staff, , Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024.
[195] Methadone Treatment for People Who Use Fentanyl: Recommendations, by Lisa Bromley, Meldon Kahan, et al, META:PHI, June 30, 2021. To Address the Fentanyl Crisis, Greater Access to Methadone is Needed, Nora Volkow, National Institute on Drug Abuse, National Institutes for Health, July 29, 2024 and American Society for Addiction Medicine Weekly, July 23, 2024.
[196] Buprenorphine/Naloxone vs Methadone for the Treatment of Opioid Use Disorder, by Bohdan Nosyk, Jeong Eun Min, Fahmida Homayra, et al, Journal of the American Medical Association, October 17, 2024.

- ***More stability – especially housing stability – among people with opioid use disorder in Zurich***

  As mentioned, numerous times in this report, unsheltered homelessness is not a widespread problem in Zurich. Individuals in treatment for substance use disorder are generally housed, which is believed by some to positively affect their receptivity and adherence to treatment.[197]

  Almost a quarter (24 percent) of those who died of an accidental overdose in San Francisco in January through May of 2024 lacked a fixed address.[198] While this was down from the twenty-nine percent of people who died of accidental overdose in 2023 who lack a fixed address,[199] it is a phenomenon not found in Zurich and being unhoused can certainly make adhering to a treatment regimen more difficult.[200] The concurrence and overlap of San Francisco's opioid and homelessness crises makes getting and keeping people who use opioids in treatment more difficult than it is in Zurich. As described throughout this report, San Francisco is approaching the challenge with commitment and innovation, but the prevalence of homelessness and housing instability makes every aspect of the work more difficult.

  Consistent with the policy and focus on harm reduction in Switzerland, the Zurich physicians we interviewed emphasized the need to treat people with substance use disorder holistically and emphasized that success is about reintegration into mainstream society. Widespread understanding in Zurich that opioid use disorder is a disease, treatable like any other, and decreased stigma stemming from less restrictive policies around access to medication facilitate mainstreaming and stability.[201]

- ***Supervised consumption sites make access to treatment in Zurich less urgent***

  Given Zurich's success in overcoming its public drug crisis of the eighties and nineties, we expected them to have treatment on demand. While this is largely true for Medication for Opioid Use Disorder, it is not true across the board. The Zurich city-affiliated residential treatment program that we interviewed, has just thirty-one beds and an average wait time of four to 8 months, though – with all Swiss required to have health insurance – affordable residential treatment is available elsewhere in the city as well, with less of a wait. The people we talked to in Zurich do not seem troubled by wait times or the availability of many services primarily only on weekdays, during work hours, etc. In

[197] Interview with Addiction Clinic, City of Zurich Municipal Health Services, July 11, 2024 .
[198] Preliminary Report on Accidental Overdose Deaths January 2024 through May 2024, Office of the Chief Medical Examiner, City and County of San Francisco, June 21, 2024
[199] Report on 2023 Accidental Overdose Deaths, Office of the Chief Medical Examiner, City and County of San Francisco, April 11, 2024.
[200] "Predictors of Linkage to an Opioid Treatment Program and Methadone Treatment Retention following Hospital Discharge in a Safety-Net Setting," by Hannah R. Tierney et al. *Substance Use & Misuse*, 2023, 58(9), pp. 1172–1176. Opioid Use Disorder Treatment for People Experiencing Homelessness: A Scoping Review, by Matthew McLaughlin, Rick Li, et al. Drug Alcohol Dependence, Volume 224, July 1, 2021.
[201] Switzerland Had a Drug Overdose Crisis, Then It Made Methadone Easier to Get, by Lev Facher, Stat, March 26, 2024.

contrast, San Francisco has a policy of Treatment on Demand, more entry points into its treatment system, and has made it easier to initiate treatment during nontraditional hours.

We attribute the observed lack of urgency for access to residential treatment in Zurich to the existing availability of same day medication for opioid treatment and the safe consumption sites. With these two strong components in place, leadership in Zurich can feel confident that users of illicit opioids can stay safe and avoid accidental overdose until they are able to access desired services.

3. Pillar 4: Law Enforcement

The fourth of the Four Pillars that guide Zurich's approach to drug use and interventions is law enforcement. All representatives of Zurich with whom we spoke emphasized the importance of different departments working closely together and ongoing collaboration to continuously improve their approach and develop solutions when new problems arise. The police and social services agencies reported being very supportive of aggressive law enforcement directed to drug dealers and individuals who use in public *and* safe consumption sites and harm reduction efforts to support and improve the health and well-being of people who use drugs.

3.A. Pillar 4: Law Enforcement in Zurich

Under the Narcotics Act in Switzerland, All Drugs are Illegal Except for Small Amounts of Cannabis

The Swiss Federal Narcotics Act of 2008 (referred to as the Narcotics Act) [1], which enshrined the Four Pillars policy into national law, is enforced by local law enforcement agencies across Switzerland. Under the Narcotics Act, the cantons in Switzerland are required to provide and support implementation of each component of the Four Pillars: prevention, treatment, harm reduction, and law enforcement. Outside of authorized treatment and harm reduction facilities, including safe consumption sites, it is illegal to consume or sell drugs. The Narcotics Act cites drug possession as a misdemeanor eligible for a fine and drug dealing as a felony punishable with a prison sentence. Illegal drugs include all substances that cause dependence, including but not limited to morphine, cocaine or cannabis, amphetamines, benzodiazepines, and hallucinogens. The only exception to the Narcotics Act is carrying up to ten grams of cannabis for an individual's own consumption, which is legal.[2]

Zurich Police Enforce a No-Tolerance Policy for Public Drug Use, with the Consequence of Fines and Arrests

In our interviews with Zurich public officials, we learned that under the Narcotics Act, the Zurich City Police Department enforces a no-tolerance policy for public drug consumption. The Narcotics Act authorizes fines as punishment for violations of the Narcotics Act. Zurich City Police Department officers issue citations to individuals in violation of the Narcotics Act and in specific circumstances arrest the individual; the majority of Narcotics Act violations result in fines. If the individual resists the

[1] This Act legislated of a series of efforts that were designed to deal with open-air drug markets that existed in city centers by the late 80s into the 90s. Herzig, M., & Wolf, M. (2019). Inside Switzerland's Radical Drug Policy Innovation. *Stanford Social Innovation Review*. https://doi.org/10.48558/MQWP-3277
[2] Swiss Federal Narcotics Art. 19. https://www.fedlex.admin.ch/eli/cc/1952/241_241_245/en

police, the individual is eligible for arrest. If an individual has an accompanying offense, like assault, the individual is eligible for arrest. If the individual does not pay the fine, an arrest warrant is issued.[3] From 2019 to 2023, the Zurich City Police Department arrested an average of 605 individuals per year for Narcotics Act violations, as shown in Exhibit 5. These arrests were mostly for drug dealing related crimes, as shown below in Exhibits 8 and 9.

Exhibit 5: Zurich City Police Department Narcotics Arrests from 2019 to 2023

Year	Arrests
2019	603
2020	630
2021	645
2022	561
2023	585
Total	3,024
Average per Year	605

Source: Zurich City Police Department.

Zurich Police Depend on Social Services-Operated Supervised Consumption Sites to Enforce their No-Tolerance Policy for Public Drug Use

The Zurich City Police Department and Social Services Department work together to move people who are using drugs in public spaces out of those spaces. When a Zurich City Police Department officer sees an individual using drugs in public, the officer will fine the individual and then direct them to one of the city's three supervised consumption sites, operated by the Social Services Department. As mentioned above and discussed further in Sections 2 and 4 of this report, supervised consumption sites are facilities where drug users can get clean needles, syringes, and inhalation devices, and consume drugs in a safe area supervised by trained staff, free from prosecution by police. Small scale drug dealing, called micro-dealing, is allowed at the sites. Police are allowed in a supervised consumption site in certain instances (e.g., if an officer is locating an individual for whom there is a standing arrest warrant or if the supervised consumption site employees call on them to handle a specific incident like a case of heavy drug dealing or an altercation).[4]

In Zurich, there are three supervised consumption sites in the city center that can accommodate between 45 to 60 people at a time; two of the sites are in the downtown area and one is in a residential neighborhood. To encourage drug users to take breaks from consumption, the supervised consumption sites have staggered hours. Offset hours encourage users to physically relocate to different supervised consumption sites if they wish to continue consuming drugs. The downtown sites

[3] Interview with City of Zurich management.
[4] Interview with City of Zurich management.

are open during daytime hours and the site in a residential neighborhood is open in the evening and weekends to relieve the city center of drug consumers. Combined, the three sites serve approximately 1,000 unique individuals each month.[5] The sites added inhalation rooms in 2004 for cocaine, as cocaine grew in popularity.[6] The use of heroin has decreased in Switzerland, and cocaine is now the most used drug in the supervised consumption sites.[7] Zurich safe consumption site managers report that multiple consumption episodes are allowed in a single visit but there is a required thirty-minute break between smoking or injections, with some individuals required to take longer breaks on a case-by-case basis. In addition to inhalation and injection rooms, the sites offer, laundry, showers, a chill-out room, a hang out area, and a cafeteria.[8]

The Zurich City Police Department works closely with the Social Services Department to ensure the smooth operation of the supervised consumption sites. The Zurich Police Department and Social Services Department have regular meetings and shift exchanges to learn about what each department is doing. Department employees at all levels, including department heads, directors, and operational staff, meet at regular intervals throughout the year to discuss Zurich's long-term vision and goals surrounding drug policy and for addressing public drug use. A description of the collaboration between the departments is as follows:[9]

- **Police Academy Training:** New recruits who attend the Police Academy receive a presentation on the Four Pillars drug policy and spend half a day in a supervised consumption site.
- **Social Service Department Employees:** New employees of supervised consumption sites, which are operated by the social services department, and new employees of *sip züri* (the streets outreach team in Zurich) spend one shift with patrol police.
- **Inter-Department Committee on Drugs:** The elected City Councilmembers, each of whom is responsible for overseeing a different city department, sit on various committees. One such committee is the Committee on Drugs, which consists of the heads (i.e., the elected Councilmember who oversees that department) of the Police, Social Service, and Health Departments. They meet twice a year for the Committee on Drugs meeting.
- **Inter-Department Subcommittees on Public Drug Use:** The inter-department committees have subcommittees comprised of director-level employees, who sit under the heads of the departments. The directors of the Departments of Police, Social Services, Health, Public Works, and Transportation sit on various subcommittees of the Committee on Drugs, which

[5] Interview with City of Zurich management.
[6] Interview with City of Zurich management.
[7] In San Francisco, fentanyl is the most used drug followed by methamphetamine, based on police seizures. Drug Market Agency Coordination Center Dashboard. San Francisco Police Department. https://www.sanfranciscopolice.org/drug-market-agency-coordination-center
[8] Interview with City of Zurich management.
[9] Interview with City of Zurich management.

include Public Security & Safety and Drug Use in the Public. They meet twice a year as subcommittee.

- **Ongoing Inter-Department Working Groups**: Various working groups comprised of operational staff from different departments meet six times a year (every other month) or as needed. One such working group is the Supervised Consumption Site Working Group and consists of operational staff from the Health, Social Services, and Police Departments. Each working group works on concrete solutions to specific issues assigned by department directors and/or City Councilmembers.

Representatives of the Zurich City Police Department reported to us that when one of Zurich's safe consumption sites closed temporarily in 2023 due to construction, a small open drug scene emerged nearby. The Zurich City Police Department and residents put pressure on Zurich elected officials to open a replacement supervised consumption site. The new replacement supervised construction site is, at the time of this report, operating in construction trailers. The Social Services Department set up a meeting for the public, primarily for the residents of the neighborhood of the new site, to meet with city administrators to learn about the site. Representatives from the Social Services, Police, and Health department were present.[10]

3.B. Pillar 4: Law Enforcement in San Francisco

Arrests by the San Francisco Police Department for Narcotics Crimes Increased between 2019 and 2023

In San Francisco, it is illegal to consume or sell drugs. Illegal narcotics are called controlled substances, and include but are not limited to, opiates, heroin, peyote, methaqualone, cocaine, methamphetamine, hydrocodone, oxycodone, and hydromorphone. Exceptions to the law include cannabis and drugs for which an individual has a prescription.[11] Adults ages 21 and over are allowed to possess up to 28.5 grams of dried marijuana or up to eight grams of concentrated cannabis (hashish). It is a criminal offense for an adult to possess more than these quantities, for an adult to possess marijuana at a K-12 school, or for a minor under 21 to possess any amount of marijuana.[12] The San Francisco Police Department (SFPD) is the primary agency responsible for enforcing the law. SFPD officers can arrest individuals consuming or selling illicit drugs. From 2019 to 2023, SFPD arrested an average of 1,229 individuals per year for drug-related or narcotics, crimes, as shown in Exhibit 6.

[10] Interview with City of Zurich management.
[11] California Health and Safety Code **§** 11053 – 11059.
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=10.&title=&part=&chapter=2.&article=
[12] California Health and Safety Code § 11357.

Exhibit 6: SFPD Narcotics Arrests from 2019 to 2023

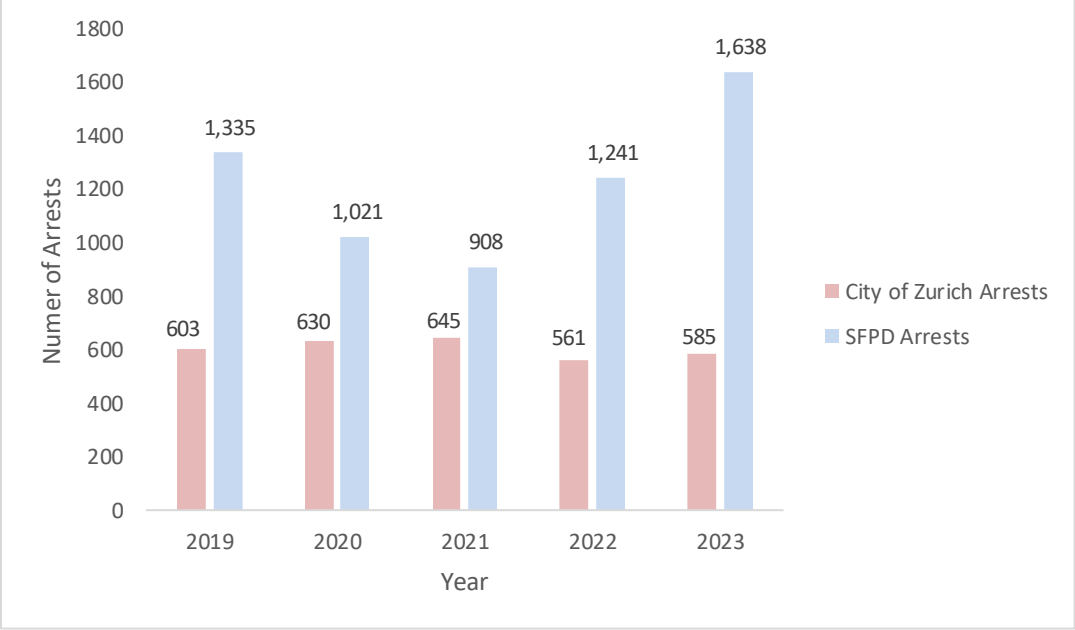
Year	Arrests
2019	1,335
2020	1,021
2021	908
2022	1,241
2023	1,638
Total	6,143
Average per Year	1,229

Source: SFPD

SFPD Narcotics Arrests were Twice as High as Zurich City Police Department Arrests, In Line with Population, Until 2023

For the five years between 2019 and 2023, SFPD has arrested an average of 1,229 individuals for narcotics crimes each year while the Zurich City Police Department has arrested an average of 605 individuals for narcotics crimes each year. San Francisco has approximately twice the population of Zurich, and SFPD has arrested on average for the past five years twice as many individuals annually as the Zurich City Police Department for narcotics crimes. However, there was a jump in 2023, when SFPD had more than twice – almost three times – the number of arrests as the Zurich City Police Department, as shown in Exhibit 7.

Exhibit 7: SFPD and Zurich City Police Department Narcotics Arrests, 2019 to 2023

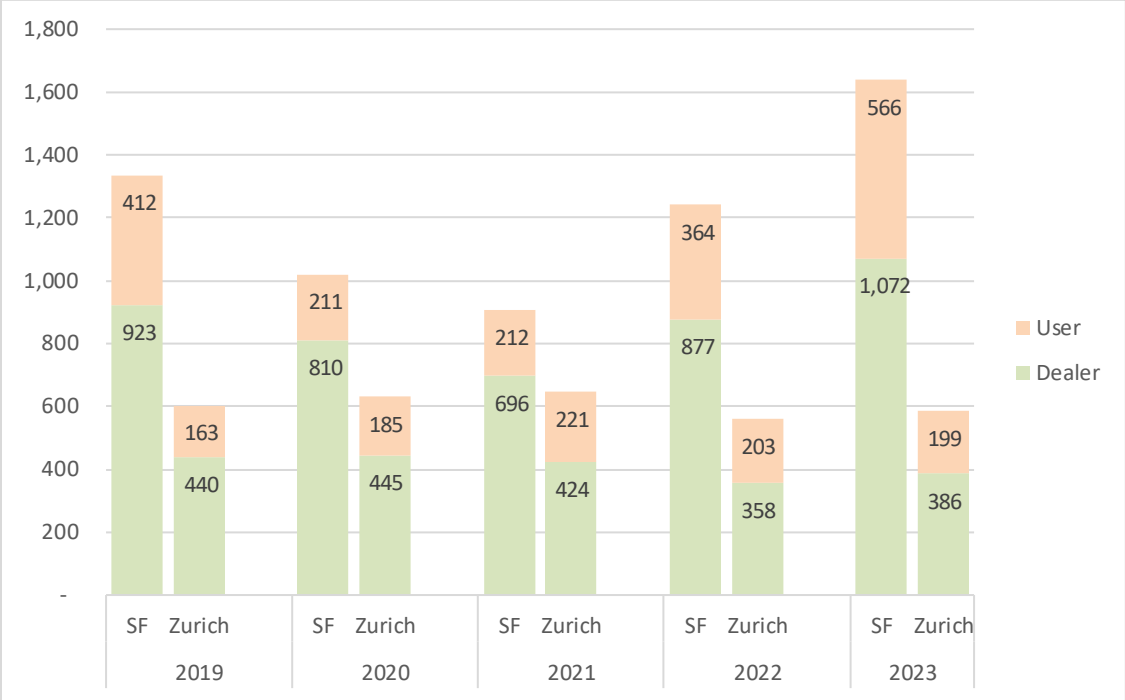


Source: SFPD and Zurich City Police Department.

Both SFPD and Zurich City Police Department Arrested More Individuals for Drug Dealing Charges Compared with Drug Use Charges Between 2019 and 2023, although the Number of Arrests for Drug Use in San Francisco Has Increased Since 2022

In San Francisco, drug dealing charges consist mainly of sale, possession for sale or transporting controlled substances, while drug use charges consist of possession or use of controlled substances. Over the past five years from 2019 to 2023, SFPD arrested approximately 2.5 times as many individuals for drug dealing charges as compared with drug using charges. During the same period, the Zurich City Police Department arrested approximately 2.1 times as many individuals for drug dealing charges as compared with drug using charges. A breakdown of arrests for drug dealing and drug using charges are shown below in Exhibits 8 and 9.

Exhibit 8: SFPD and Zurich City Police Department Narcotics Arrests, by Dealer and User Charges, from 2019 to 2023[13]



Source: Zurich City Police Department and SFPD. [14]
Note: In Switzerland, possession of cannabis over 10 grams is considered illegal, while in California possession of over 28.5 grams is illegal.

Exhibit 9 below displays the above information in a tabular format.

[13] SFPD defines dealer as any individual arrested for charges 11351, 11351.5, 11352, 11359, 11360, 11370.1, 11375, 11378, 11379, and USC 846 in the California Health and Safety Code. A user is any individual arrested for charges HS 11350, 11362.3, 11364, 11377, 11532, and 11550 and not arrested for a dealer charge.

[14] Both the cities of Zurich and San Francisco provided narcotics arrests data, by user, dealer, and a category called "other". We were unable to obtain sufficient information about what "other" narcotics arrests were from either jurisdiction except that they did not meet either jurisdictions' definition of drug user and drug dealer arrests and have therefore omitted them from our report.

Exhibit 9: SFPD and Zurich City Police Department Narcotics Arrests, Broken out by Dealer and User Cases, from 2019 to 2023

Year	City	Dealer	User	Total
2019	San Francisco	923	412	**1,335**
	Zurich	440	163	**603**
2020	San Francisco	810	211	**1,021**
	Zurich	445	185	**630**
2021	San Francisco	696	212	**908**
	Zurich	424	221	**645**
2022	San Francisco	877	364	**1,241**
	Zurich	358	203	**561**
2023	San Francisco	1,072	566	**1,638**
	Zurich	386	199	**585**
Total	San Francisco	4,378	1,765	**6,143**
	Zurich	2,053	971	**3,024**
Average	San Francisco	876	353	**1,229**
	Zurich	411	194.2	**605**

Controlled for Population Size, SFPD has Increased Arrests Drug Users at a Higher Rate than the Zurich City Police Department in Recent Years

SFPD made more arrests for drug use than the Zurich City Police Department in absolute numbers during the period from 2019 to 2023. Exhibit10 below shows the rate of all narcotics arrests and the rate of narcotics arrests specific to drug use in each city, normalized for population (San Francisco has a population approximately twice the size of the Zurich[15]). The number of arrests for drug use in San Francisco has increased each year from 24 user arrests per 100,000 people in 2020 to 70 user arrests per 100,000 people in 2023. The number of arrests for drug use in Zurich has stayed the same, hovering around an average of 46 user arrests per 100,000 people from 2019 to 2023.

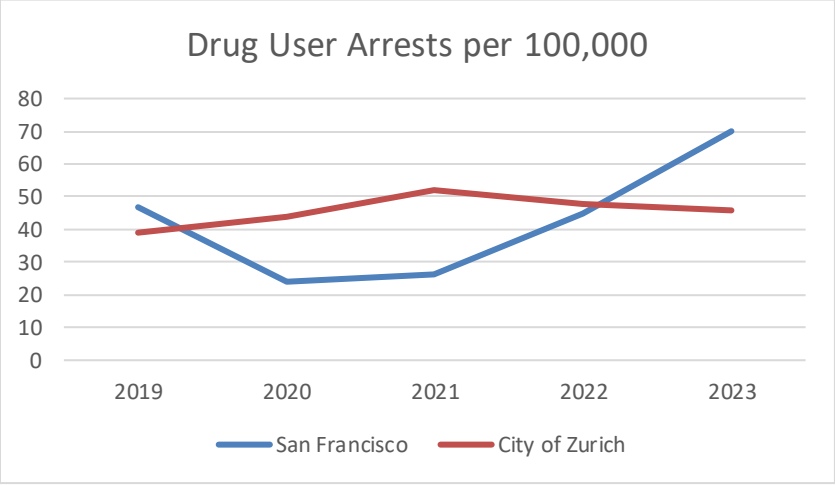
[15] United State Census Bureau.
https://www.census.gov/quickfacts/fact/table/sanfranciscocitycalifornia,US/PST120218

Exhibit 10: Narcotics Arrests in Zurich and San Francisco per 100,000 People 2019-2023

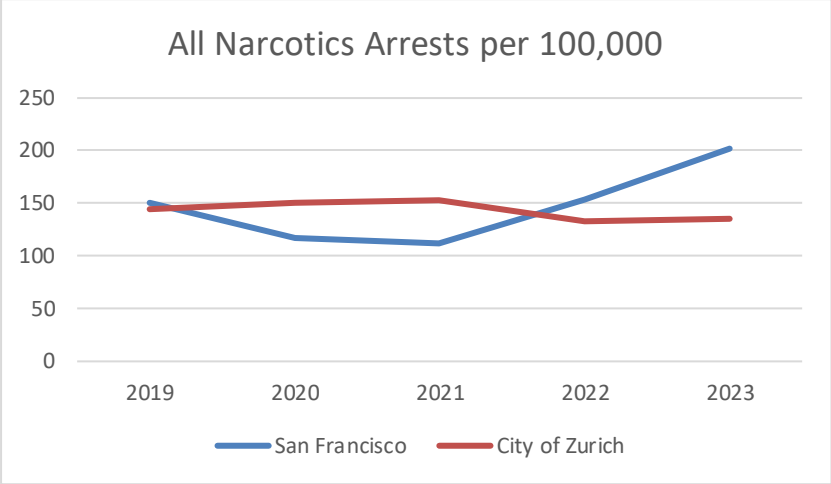
Year	City	User Arrests Per 100,000	Total Narcotics Arrests Per 100,000	Population
2019	San Francisco	47	151	881,549
	Zurich	39	145	415,367
2020	San Francisco	24	117	870,518
	Zurich	44	150	420,217
2021	San Francisco	26	112	811,935
	Zurich	52	153	421,878
2022	San Francisco	45	154	807,774
	Zurich	48	133	423,193
2023	San Francisco	70	202	808,988
	Zurich	46	135	433,890

Source: San Francisco population estimates are from the U.S. Census Bureau.[16,17] City of Zurich population estimates are from the Federal Statistical Office.[18,19]
Note: Arrests are rounded to the nearest whole number.

Exhibit 11: Narcotics Arrests in Zurich and San Francisco per 100,000 People 2019 to 2023



[16] https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html
[17] https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html
[18] https://www.bfs.admin.ch/bfs/en/home/statistics/cross-sectional-topics/city-statistics/city-portraits/zurich.html
[19] https://www.citypopulation.de/en/switzerland/admin/01__z%C3%BCrich/



An Increase in Narcotics Arrests in San Francisco in 2022 and 2023 Highlight an Increased Focus on Arresting Both Drug Dealers and Users in San Francisco

As shown above in Exhibits 8 and 9, the number of all narcotics arrests, including for drug dealing and drug using, by SFPD increased from 2021 to 2022 and again from 2022 to 2023. As shown above in Exhibits 10 and 11, the rate of narcotics arrests by SFPD for drug use, normalized for population, increased from 2021 to 2022 and again from 2022 to 2023. Notably, in early 2023, San Francisco launched a new multi-agency initiative called the Drug Market Agency Coordination Center (DMACC) with the aim of improving street conditions and combating open air drug markets in San Francisco . DMACC focuses on reducing open air drug use by targeting drug trafficking, public drug use, illegal vending, and neighborhood recovery. According to an SFPD presentation at a Police Commission meeting in June 2023, DMACC's mission is to disrupt open air drug markets and its offshoot related issues in San Francisco by comprehensive collaboration between SFPD, law enforcement partners (local, state, and federal), other city agencies, and community-based organizations.[20]

In 2023, Governor Gavin Newsom announced a plan to tackle the fentanyl and opioid crisis in California through an allocation of approximately $97 million. As part of this statewide plan, Governor Newsom deployed the California National Guard and California Highway Patrol (CHP) to San Francisco to join forces with city agencies to form DMACC.[21] At a federal level, officials from the Drug

[20] https://www.sf.gov/sites/default/files/2023-06/PoliceCommission61423-Police%20Commission%20Presentation%20Open%20Air%20Drug%20Market%20Collaboration%2006132023.pdf
[21] https://www.gov.ca.gov/2024/05/01/state-efforts-san-francisco-anniversary/#:~:text=The%20Governor's%20San%20Francisco%20operation,awareness%20about%20the%20dangers%20of

Enforcement Agency (DEA) have been dispatched to support DMACC under the national initiative Operation Overdrive overseen by the Department of Justice that deploys federal law enforcement resources to help dismantle criminal drug networks.[22]

At the City level, DMACC was originally operated by the Department of Emergency Management (DEM) when it launched in May 2023 but in July changed leadership and is now led by SFPD. DMACC holds daily coordination meetings with attendees from several City agencies, one ambassador group, and one federal group. The City departments involved are:

- Police
- Sherriff
- Recreation and Parks
- Adult Probation
- Juvenile Probation
- Fire
- Public Health
- Public Works
- Emergency Management
- Municipal Transportation Agency
- Economic and Workforce Development
- Homelessness and Supportive Housing
- Office of the Mayor

External organizations that attend DMACC coordination meetings are:

- Department of Homeland Security (Federal Protective Service)
- Urban Alchemy (privately run ambassador program under contract to the City's Department of Emergency Management).[23]

DMACC is intended to be a crisis response organization and as such does not have publicly or internally[24] available policy documents that describe long-term policy objectives for the DMACC. SFPD, the agency that leads DMACC, is responsible for coordinating the involved agencies on a short-term basis. SFPD leads daily tactics coordinating meetings with the aforementioned agencies in which they discuss DMACC's progress towards weekly objectives, including plans for that day, given the resources at its disposal, and for each week. DMACC's approach leaves open space for increased inter-departmental coordination for long-term vision planning and policy goal setting around reducing open air drug markets and public drug use and improving street conditions.[25]

[22] https://www.sf.gov/news/san-francisco-issues-three-month-update-operation-dismantle-open-air-drug-markets
[23] Interview with DMACC officials.
[24] The BLA requested policy documents and an official mission statement from DMACC but was not provided with either.
[25] Interview with DMACC officials.

DMACC Arrests were Higher for Drug Users Compared to Drug Dealers since the Initiative Launched in May 2023[26]

Since DMACC launched, its law enforcement officers have arrested more people on charges of drug use than drug dealing, as shown in Exhibit 12 below. In our interviews with DMACC officials, we learned that DMACC has established an "11550 team", which is a dedicated team looking for people using drugs in public.[27] DMACC data shows a higher rate of arrests by DMACC officers for drug use as compared to drug dealing. In contrast, Citywide arrest data shows a higher number of arrests each year for drug dealing charges as compared to arrests for drug use.[28] Exhibit 12 below shows SFPD has a higher arrest rate for drug dealing charges as compared to drug use charges while DMACC officers arrest people for drug use charges at a higher rate than drug dealing charges.

Exhibit 12: DMACC Narcotics Dealer and User Arrests Compared to Citywide Narcotics Arrests

	Dealer	User	Total	User Arrests % Total
DMACC Arrests May 2023-August 2024*	1,364	1,731	3,095	56%
Citywide Narcotics Arrests 2019-2023	4,378	1,765	6,143	29%

Source: SFPD and DMACC Dashboard. https://www.sanfranciscopolice.org/stay-safe/crime-data/drug-market-agency-coordination-center.
*DMACC data represents DMACC arrests made between May 29, 2023-September 30, 2024.
Note: DMACC arrests consist of arrests made by SFPD, the Sheriff's Department, and any other law enforcement officers detailed to DMACC while Citywide arrests are made by SFPD.

[26] Drug Market Agency Coordination Center Dashboard. San Francisco Police Department. https://www.sanfranciscopolice.org/drug-market-agency-coordination-center
[27] 11550 refers to the Health and Safety Code Chapter that addresses users of controlled substances ("Chapter 10: Control of Users of Controlled Substances"). https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=HSC&division=10.&title=&part=&chapter=&article=&nodetreepath=12
[28] Interview with DMACC officials.

Narcotics Cases Prosecuted by the San Francisco District Attorney's Office for both Sales and Use Have Increased Every Year Since 2021 with Use Cases Increasing the Most

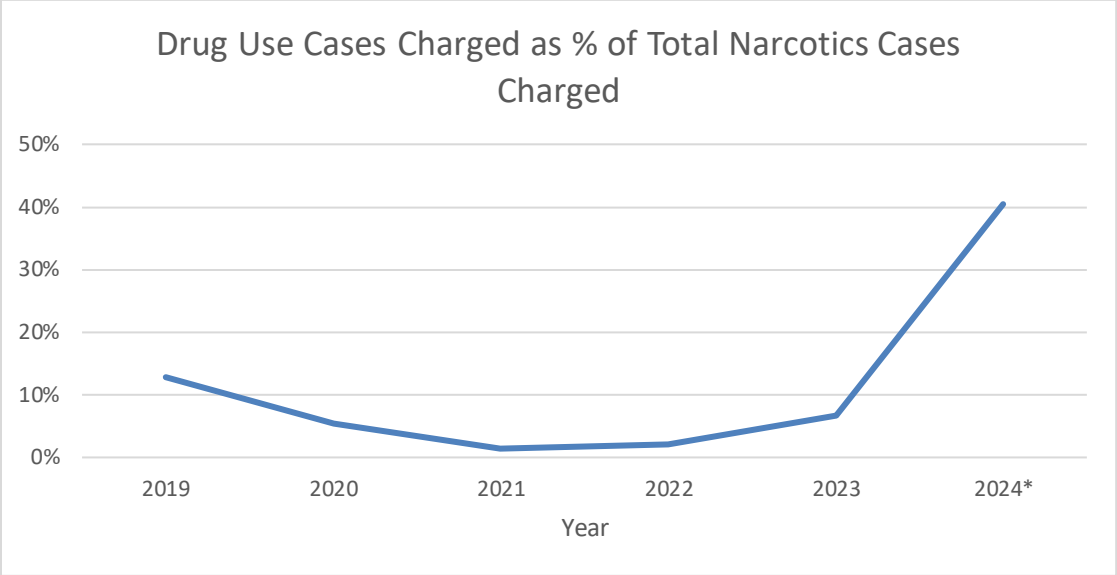
When SFPD makes an arrest, the case is referred to the San Francisco District Attorney's office, and the District Attorney's Office determines whether it has enough evidence to charge the case. The number of narcotics cases prosecuted by the District Attorney's Office has increased every year since 2021, as shown below in Exhibit 13. Use cases as a percentage of total cases has increased every year since 2021, particularly in 2024, with use cases comprising 40 percent of all narcotics cases, substantially above the 5.6 percent average for 2019 to 2023.

Exhibit 13: Dealer and Use Narcotics Cases Charged by the District Attorney's Office, 2019 to 2024

Year	Dealer	Use	Other	Total	Use % Total
2019	679	100	9	788	13%
2020	554	32	7	593	5%
2021	489	7	2	498	1%
2022	665	15	2	682	2%
2023	853	62	1	916	7%
2024*	585	400	4	989	40%
Total	3,825	616	25	4,466	14%
Average 2019-2023	648	43.2	4.2	695	5.6%

*As of October 21, 2024

Exhibit 14: San Francisco Narcotics Use Cases as a Percentage of Total Narcotics Cases Charged by the District Attorney's Office from 2019 to 2024



Source: DataSF[29]
*Data as of October 21, 2024.
Note: Year is year of arrest, which is not always the year the case is charged. The District Attorney's office defines narcotics sales charges as Health and Safety Code (HS) 11351, 11351.5, 11352, 11375B1, 11378, 11379A, and 11370.1A (these are all felony charges) and narcotics use charges as HS 11350, 11362.3, 11364, 11375B2, 11377, 11532, and 11550 (these are all misdemeanor charges). Other refers to cases classified as narcotics cases, but do not contain the above charges.

The data shown above in Exhibits 13 and 14 illustrates how in the past two years, the District Attorney's Office has charged more narcotics cases each year, both for sales and for use. Notably, the District Attorney's Office has already charged 400 drug use cases in the first ten months of 2024, or 40 percent of all narcotics cases, a rate that far exceeds the number of annual cases charged for drug use over the last five years.

The following factors related to increased narcotics arrests by SFPD and policies implemented by the current District Attorney's Office (the current District Attorney took office in July 2022) are likely drivers contributing to the increase in narcotics prosecutions:[30]

[29] https://data.sfgov.org/Public-Safety/District-Attorney-Cases-Prosecuted/dcjk-vw8q/about_data
[30] Press Release, San Francisco District Attorney. 2022 August 03. https://sfdistrictattorney.org/press-release/district-attorney-brooke-jenkins-announces-new-policy-to-hold-drug-dealers-accountable-revokes-misdemeanor-plea-offers-for-fentanyl-dealers/

- **More narcotics cases overall are being presented to the District Attorney's Office.** Since 2021, the number of narcotics arrests by SFPD have increased each year (Exhibit 6), which results in more cases presented by SFPD to the District Attorney's Office.
- **The District Attorney's Office changed its policy around charging misdemeanor "use" cases in an effort to get more individuals to engage with services and connect them to treatment.** The previous policy under this District Attorney's administration waited until an individual had been arrested for two misdemeanor "use" cases before filing a case. As of June 2024, the Office changed its policy of waiting for two misdemeanor drug possession cases and now charges every single case if it is provable. Individuals charged with misdemeanor use cases are released within hours of the arrest and ordered to appear in court where, if their case is charged, they will be eligible for court ordered diversion under Penal Code section 1001.95.

A Small Number of all the Narcotics Cases Charged by the District Attorney's Office are Successfully Diverted to Alternative Prosecution Programs Which Include Treatment

Once a case is charged, it can be resolved in different ways. The District Attorney's Office categorizes the resolution of a case as follows:[31]

- **Dismissal**: the case is dismissed by the court or the District Attorney's office for evidentiary reasons, unavailable witnesses, or other reasons.
- **Successful Diversion**: the defendant has successfully completed the requirements of an alternative prosecution program, whether a Collaborative Court diversion program or other arrangements. This can apply to a wide manner of circumstances (pre-disposition, post-conviction, probation requirement, etc.). Collaborative courts offer an array of services appropriate to the defendant, including drug treatment services for those with substance use disorder.
- **Acquitted**: the defendant is acquitted of their charges.
- **Convicted**: the defendant is convicted of their charges.
- **Pled Guilty to Other Case or District Attorney Action**: the defendant pleads guilty to a different court case and technically the narcotics case is dismissed but the defendant is ultimately convicted.

Diversion programs and collaborative courts in particular offer a path to treatment for those with substance use disorder arrested for drug use. Unless they are kept in custody for an extended period in which case they may be able to receive treatment offered through jail health services, they will otherwise likely be released, particularly if they are charged with a misdemeanor, and not compelled to engage in treatment.

[31] District Attorney's Office.

Once a defendant in a case is charged, the case proceeds through criminal court and can be resolved in a variety of ways including diversion to an alternative prosecution program. Diversion programs are programs that allow the defendant to avoid a criminal conviction and instead connects them to treatment, employment, targeted programming, and court supervision to try to reduce future criminal conduct. If not held in custody, diversion programs are the primary way a defendant in the justice system would be connected to treatment after being arrested, charged with a drug crime, and given a court appearance date. If a defendant does not show up to court, the defendant would not be able to be referred to an alternative prosecution program. Diversion programs include Collaborative Courts and other diversion programs, listed below:[32]

Alternative Prosecution Programs in San Francisco:

- Behavioral Health Court
- Community Justice Center
- Drug Court
- Young Adult Court
- Intensive Supervision Court
- Juvenile Reentry Court
- Veterans Justice Court
- Young Adult Court
- Neighborhood Courts
- Mental Health Diversion
- Pretrial Diversion
- Primary Caregiver Diversion

According to the District Attorney's Office, the alternative prosecution programs are primarily utilized for felony narcotics offenses, which are drug dealing cases. However, diversion is also available in misdemeanor use cases pursuant to Penal Code section 1001.95 as well. The judge has discretion under this statute to offer a defendant with a misdemeanor use case diversion under terms crafted by the court which can include treatment for substance abuse problems.

Narcotics Cases Diverted by the San Francisco District Attorney's Office Have Decreased in the Last Two Years

As shown below in Exhibit 15, data from the District Attorney's Office shows that the number of cases that have been successfully diverted decreased from 168 cases in 2022 to 69 cases in 2023. As of September 2024, 61 cases have been successfully diverted in 2024, which is on pace to be more than the number of cases successfully diverted in 2023 but fewer than in 2022. Out of the 61 cases successfully diverted in 2024, 21 were drug use cases. The successful diversion of 21 drug use related cases represents an increase in successfully diverted drug use cases compared to 2021, 2022, and 2023. However, the total number of drug use related cases charged by the District Attorney in 2024 is higher than in previous years (see Exhibit 13).

[32] District Attorney's Office.

According to the District Attorney's Office, all misdemeanors use cases are eligible for court-ordered diversion, but often defendants who are charged with these misdemeanor charges do not show up to court. 55 percent of the drug use cases charged in 2024 resulted in a bench warrant because the individual did not appear in court, according to the District Attorney's Office, while another 30 percent of the cases are still open and active.[33]

Exhibit 15: Outcomes of Resolved Narcotics Cases by the District Attorney's Office From 2019 to 2024

Case Status		Year					
		2019	2020	2021	2022	2023	2024*
Acquitted	User	0	0	0	0	0	0
	Dealer	1	2	0	0	0	0
	Other	0	0	0	0	0	0
	Total	1	2	0	0	0	0
Convicted	User	9	0	0	1	1	5
	Dealer	295	159	83	56	156	181
	Other	2	0	0	0	1	1
	Total	306	159	83	57	158	187
Dismissal	User	26	22	10	9	6	3
	Dealer	114	139	94	100	243	69
	Other	0	1	0	0	0	1
	Total	140	162	104	109	249	73
Pled Guilty to Other Case or DA Action	User	19	7	3	2	4	11
	Dealer	112	115	72	66	175	167
	Other	0	0	0	0	0	0
	Total	131	122	75	68	179	178
Successful Diversion	User	51	47	12	13	5	21
	Dealer	89	73	86	155	63	40
	Other	4	4	2	0	1	0
	Total	144	124	100	168	69	61
Total Resolved Cases		**722**	**569**	**362**	**402**	**655**	**499**

Source: DataSF[34]

*Data as of October 21, 2024. Notes: The District Attorney's office defines narcotics sales charges ("dealer" charges) as Health and Safety Code (HS) 11351, 11351.5, 11352, 11375B1, 11378, 11379A, and 11370.1A (all felony charges) and narcotics use charges ("user" charges) as HS 11350, 11362.3, 11364, 11375B2, 11377, 11532, and 11550 (all misdemeanor charges). Other refers to cases classified as narcotics cases but do not contain the above charges.

[33] SFDA data.

[34] https://data.sfgov.org/Public-Safety/District-Attorney-Case-Resolutions/ynfy-z5kt/about_data

In the first ten months of 2024 (through October 21), the District Attorney's Office is on pace to successfully divert more cases for drug use than it did in 2023. 21 out of 61 narcotics cases, or 34 percent, that resulted in successful diversion in the first ten months of 2024, were cases for drug use. This 34 percent is greater than the 7 percent of successfully diverted narcotics cases for drug use in 2023, as shown below in Exhibit 16, and is more consistent with case diversion rates from 2019 and 2020.

Exhibit 16: Drug Use Case Outcomes as Percent of all Narcotics Case Outcomes From 2019 to 2024

	Year					
Case Outcomes	**2019**	**2020**	**2021**	**2022**	**2023**	**2024***
Acquitted	0%	0%	0%	0%	0%	0%
Convicted	3%	0%	0%	2%	1%	3%
Dismissal	19%	14%	10%	8%	2%	4%
Pled Guilty to Other Case or DA Action	15%	6%	4%	3%	2%	6%
Successful Diversion	35%	38%	12%	8%	7%	34%

*Data as of October 21, 2024.

As of August 2023, the District Attorney's Office now Tracks Number of Cases Diverted to Alternative Courts

Prior to August 2023, the District Attorney's Office did not track referrals to alternative courts though alternative court outcomes such as "Successful Diversion" was tracked. Starting in August 2023, the District Attorney's Office began tracking cases diverted by specific alternative court. Over 11 months between August 1, 2023 and June 30, 2024, the District Attorney's Office charged a total of 942 cases. Of those cases, 29 have been referred to Collaborative Courts or another diversion program: [35] Seventeen cases were referred to Mental Health Diversion, five cases were referred to Drug Court, seven cases were referred to Community Justice Court, and two cases were referred to Veterans Justice Court.[36]

When a case is diverted, the defendant must go through the process of completing the requirements of the diversion program. The diversion programs screen defendants for substance use disorder and can be a pathway to treatment. Once the defendant has successfully completed the requirements of a diversion program, their case is considered a successful diversion. For defendants who are not

[35] Cases can be referred to multiple programs.
[36] District Attorney's Office.

diverted and remain in jail, treatment services could be provided to them there. However, the effectiveness of jail-based services will depend on how long they are in jail. For many drug use cases, the length of stay may not be sufficiently long.

The Number of People Arrested and Charged for Drug Use Related Crimes in San Francisco is Significantly Higher than the Number of People who Accept and Complete Successful Diversion Programs, Indicating Many Do Not Receive Treatment Associated with Collaborative Courts

From 2019 to 2023, the data show that SFPD arrested an average of 1,229 people each year on drug dealer or user charges, of which an average of 353 people per year were arrested for drug use. The number of people arrested each year for drug use has increased in recent years especially with the launch of DMACC in 2023. The District Attorney's Office charged an average of 43 drug use cases per year from 2019 to 2023, and an average of 26 drug use cases were successfully diverted to an alternative prosecution program in that same time period.

In 2024, the number of people charged by the District Attorney's office for drug dealer or user charges increased. As of October 21, 2024, the District Attorney's Office has charged 400 drug use cases, and 21 have been successfully diverted thus far in 2024. The gap between charged drug use cases and successful drug use diversions indicates many individuals arrested for drug use do not experience a path to treatment through the criminal justice system.

The data show a large number of people are arrested and charged on drug use charges compared to the number that eventually successfully complete a diversion program. Many individuals arrested on drug use charges are booked in jail and released shortly thereafter, with a follow up court appearance required. Misdemeanors use cases are eligible for court ordered diversion; however, the majority of individuals arrested or cited on drug use misdemeanors are released within hours, instructed when to appear in court, and then fail to appear in court according to the District Attorney's office. Unless they are held in jail where substance use treatment services are provided, most individuals arrested for drug use in San Francisco will not experience a viable path to treatment through the criminal justice system.

4. Safe consumption site model: benefits and costs

In this section we present a model of a safe consumption site as it could operate in San Francisco, including its size and operating characteristics, staffing level and costs, and other operating costs. This information is based on the experience of other safe consumption sites, including one that operated temporarily in San Francisco in 2022 and facilities in Zurich and New York. We have estimated the benefits of our model site including its impact on overdose fatalities and other adverse health effects averted such as hospitalizations and skin and soft tissue infections. These calculations borrowed from other such studies that have been conducted of safe consumption sites worldwide. We also solicited and received input from a number of experts in the field of addiction and with experience analyzing and operating and model safe consumption sites.

As detailed below, we conclude that the benefits or savings from averted health care costs associated with a safe consumption site in San Francisco would be near or would outweigh the costs of operating the site. When the value of lives saved and the removal of public drug use from the streets and public spaces are included, the benefits would greatly exceed the costs. One of the non-quantified benefits that has been key to the acceptance and success of safe consumption sites in Zurich, is the removal of people using drugs from public spaces such as parks and streets. As discussed in the Background section of this report, Zurich experienced a significant public drug use scene, mostly in its parks, in the 1990s. The opening of safe consumption sites combined with a new approach to law enforcement that redirected individuals using in public to a safe consumption site to avoid being cited or arrested, had a significant effect on largely ending public drug use. If successfully replicated, such benefits could be significant for San Francisco, where open public drug use plagues the City, particularly impacting residents, businesses, and visitors to certain neighborhoods as well as public perception of the City more generally. Safe consumption sites also serve as a source of information and referrals about treatment for visitors, with some choosing to enroll in such programs as a result of using safe consumption sites.

Overview of safe consumption sites

Safe consumption sites are facilities where individuals who use drugs can consume illicit drugs in a safe and supervised setting by staff trained in the use of and health risks associated with substance use and who are equipped to reverse overdoses and deal with other adverse health effects. At these facilities, people who use drugs can use them with less risk, including the risk of dying, compared to if they were on their own or on the streets without personnel present who are trained in reversing overdoses. Staff at safe consumption sites inform visitors about treatment options and help them connect with those services when they are ready to do so. Safe consumption sites can also help avert infection and other risks associated with, for example, sharing unclean needles for people who inject drugs. Finally, with sufficient capacity, safe consumption sites can result in significantly less or virtually no illicit drug use in public spaces, as has occurred in Zurich.

Typically, safe consumption sites have several booths or cubicles where people who inject drugs can do so in a clean space while being observed by trained staff. With the increased use of fentanyl and

other drugs commonly ingested through smoking[1], safe consumption sites in some cases also include seating areas for smoking. Safe consumption sites are generally equipped with clean needles and swabs and have naloxone on hand, a medicine that is extremely effective in rapidly reversing opioid overdoses.

In San Francisco, data from the Office of the Chief Medical Examiner shows there were 810 drug overdose deaths in 2023, of which 656 were fentanyl-related, up from 647 deaths in 2022, 458 of which were fentanyl-related. For 2024, there were 504 overdose deaths through September. If that pace continues through the rest of the year, total deaths will be lower for the year than in 2023, but still higher than the 647 overdose deaths in 2022. Even with an apparent decline in 2024, all of these numbers are well above the number of overdose deaths in 2018 and prior when they were less than 300 per year going back to at least 2013.[2]

Safe consumption sites are in some cases associated with wellness hub facilities that also provide services for individuals with substance use disorder, mental health issues, and homelessness. The services can include substance use disorder treatment and referrals, meals, snacks, laundry, and showers, housing referrals, and medical and mental health services and referrals. Staffing at safe consumption sites may include nurses or other medical personnel but generally are counselor types with training in reversing overdoses and identifying other adverse health effects resulting from drug use and addiction. Many safe consumption sites have adopted the approach of providing services in a non-judgmental fashion and providing information and referrals about substance use disorder treatment services so that individuals visiting the site can take advantage of such programs if and when they are ready to do so. Participation in treatment is not mandated for safe consumption site users, however, as that is not considered an effective approach to dealing with addiction by many in the field.

Including three in Zurich, there are an estimated 200 safe consumption sites are operating in 14 countries worldwide, primarily in Canada, Australia, and Europe.[3] The first site in the world was opened in Bern, Switzerland in 1986. In North America, the Insite safe consumption site was opened in 2003 in Vancouver, British Columbia and is still in operation. A reported 38 sites have since begun operations across Canada as of early 2023.[4] Between 2017 and 2019, there were approximately 2 million visits to safe consumption sites in Canada, during which time the sites attended to around 15,000 overdoses and drug-related medical emergencies, with no reported fatalities at the sites.[5]

Only two safe consumption sites are currently operating in the U.S., both in New York City. The states of Rhode Island and Minnesota have adopted laws in 2021 and 2023, respectively, allowing for safe consumption sites in their states. The sites are not yet operating, but funding has been approved by the Minnesota state legislature for independent organizations to operate 15 sites and, in early 2024, the City Council of Providence, Rhode Island approved the establishment of a site in their city. The site will be operated by a nonprofit organization with funding coming from opioid settlement money.

[1] Fentanyl can also be consumed through other multiple other means, including injection and insufflating (snorting)
[2] Accidental Overdose Reports, Office of the Chief Medical Examiner of San Francisco.
[3] Drug Policy Alliance, *Facts About Overdose Prevention Centers.* June 12, 2023.
[4] Government of Canada. Data Blog: *Canadian supervised consumption sites statistics.* https://health-infobase.canada.ca/datalab/supervised-consumption-sites-blog.html
[5] Government of Canada, Health Data in Canada, Data Blog, Canadian Supervised Consumption Sites Statistics — 2017 to 2019. https://health-infobase.canada.ca/datalab/supervised-consumption-sites-blog.html

Federal law known as the "crack house statute" (21 USC Sect. 856 of the Controlled Substances Act) makes it illegal for individuals or organizations to maintain or open any establishment for the purpose of using controlled substances. The application of the law to safe consumption sites operated by government entities is reportedly not settled. The federal government sued Safehouse, an organization that was intending to operate a safe consumption site in Philadelphia, in 2019 and the ensuing legal proceedings continued for years. Most recently, the Pennsylvania state legislature passed a bill in May 2023 preventing safe consumption sites from operating in the state.[6] No federal or state action has been taken against the sites currently operating in New York.

Evaluations of safe consumption sites

Safe consumption sites have been the subject of much research, although there are not yet any randomized control trials. Because of the availability of data and the recency of the fentanyl crises, most research and analysis to date has focused on programs serving people who inject drugs. In 2021, the Institute for Clinical and Economic Review (ICER) released a review of research literature on the topic and the outcome of its own economic modelling, concluding that such supervised injection facilities (or SIFs, another name for safe consumption sites) have significant health benefits beyond safe syringe programs alone and are cost effective.[7] ICER is an independent non-profit research organization that evaluates medical evidence and convenes public deliberative bodies to help stakeholders interpret and apply evidence to improve patient outcomes and control costs. The ICER report found with high certainty that, compared to safe syringe programs, safe consumption sites prevent overdose deaths, though it did not conclude with certainty the degree to which overdose prevention translates to substantially lengthening the life of the individual. Key points from ICER's review of the evidence about SIFs include:

- There were no reports of overdose deaths at a supervised injection facility,
- The facilities can assist clients with accessing medical, mental health, and social support services, including addiction treatment services,[8]
- Safe injection facilities can cause Improvements in injection behaviors, suggesting a likely reduction in disease transmission,
- There have been no associated changes in crime due to SIFs,[9]
- In at least some SIF locations, there has been a reduction in public injection and, sometimes, syringe and injection litter.

In addition to the ICER study, other researchers have demonstrated the cost effectiveness of safe consumption sites. Common to the studies reviewed are identification of the following benefits of the sites:

[6] AP News. "Pennsylvania Senate votes to ban safe injection sites". May 2, 2023.
[7] Armbrecht E, Guzauskas G, Hansen R, Pandey R, Fazioli K, Chapman R, Pearson SD, Rind DM. *Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value; Final Evidence Report .* Institute for Clinical and Economic Review, January 8, 2021.
[8] ICER, p. 38
[9] ICER, p. 38

- Averted loss of life due to overdoses, and
- Increased take-up of medication-assisted treatment.

Calculations of the benefits of averting blood-born infections spread by dirty needles were prepared in several of the studies reviewed since when they were published, safe consumption sites focused almost exclusively on people who inject drugs as the fentanyl epidemic had not yet taken on the magnitude it has assumed in the last few years in San Francisco and elsewhere. Other benefits related to injecting drugs in many of the studies reviewed included:

- Averted HIV and Hepatitis C infections, and
- Averted skin and soft tissue infections.

At least one analysis included the benefits of reductions in the following due to safe consumption sites:

- Ambulance calls
- Emergency room visits, and
- Hospital stays.[10]

The increased prevalence, characteristics, and consumption of fentanyl suggests that cost effectiveness studies done more recently of actual or hypothetical safe consumptions sites that serve smokers of fentanyl will likely find:

- Safe consumptions sites may save even more lives from being lost to overdoses as the likelihood of overdose and death from fentanyl is greater than from many other drugs,
- Safe consumption sites may increase savings from reduced ambulance calls but have less of an impact on costs associated with emergency department visits or hospitalizations as fentanyl users may agree less to transport to an emergency department than people who inject drugs, and
- Less cost savings stemming from averted bloodborne infections as a smaller percentage of guests using safe consumption sites may be consuming via injection.

Neighborhood concerns about the impacts of SCSs often include the idea that drug dealers will be more present to sell to the individuals using the SCS and that behaviors such as drug sales, injecting, and overdoses will take place with greater frequency on streets and in public spaces in the vicinity. At least two major studies reviewed in preparing this report show that conditions in neighborhoods in the vicinity of safe consumption sites did not worsen[11] due to the site's presence. If concerns about

[10] Amos Irwin, Ehsan Jozaghi, Brian W. Weir, Sean T. Allen, Andrew Lindsay and Susan G. Sherman. *Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility*. Harm Reduction Journal 14:29. 2017.

[11] Chalfin, A., del Pozo, B., Mitre-Beceril, D., Overdose Prevention Centers, Crime, and Disorder in New York City. JAMA Network Open, November 13, 2023. Davidson, P.J., Wenger, L.D., Morris, T., Majano, V., Browne, E.N., Lambdin, B.H., Suen, L.W., Kral, A.H., Impact of a high-volume overdose prevention site of social and drug disorder in surrounding areas in San Francisco. Drug and Alcohol Dependence, Volume 252, 1 November 2023.

neighborhood impacts are expressed by neighbors near proposed SCS locations or if it in fact proves to be an issue once the sites are open, the City could choose to take actions to eliminate or minimize the problem such as an enhanced security function in the operating budget. Ongoing communications between the SCS operator and neighbors about the site would also be important in addressing neighbor concerns. Zurich SCS officials reported that they regularly reach out to neighbors to listen to any concerns and to take actions to resolve such issues when necessary.

We have not built costs into our operating budget for interventions or controls in the SCS neighborhood to minimize such effects. This may be a cost that the City would want to add if determined necessary due to concerns expressed in locations where SCSs may potentially be located in San Francisco.

Safe consumption sites in San Francisco

As discussed earlier in this report, harm reduction, the third of the four pillars adopted by the city of Zurich and the Swiss federal government, focuses on minimizing harmful effects of substance use through safer drug use practices without requiring abstinence. As also detailed above, service providers in San Francisco funded by the City and other sources already offer many harm reduction services including access to sterile syringes and other safer substance use supplies

In 2017, prior to the fentanyl crisis the City has been experiencing more recently, the San Francisco Board of Supervisors passed legislation urging the Department of Public Health to convene a Safe Injection Services Task Force to make recommendations to the Mayor, the Board of Supervisors, and City departments regarding safe injection services. Issued later that same year, the Task Force's Final Report called for the City to support creation of safe injection sites in San Francisco and made sixteen additional recommendations about program planning and management, the model, locations, community engagement and education, and special populations.[12]

In 2022 the Department of Public Health published its Overdose Prevention Plan[13] which, among other recommendations, called for establishment of "Wellness Hubs" that would provide overdose prevention services and resources, services to improve health, and linkages to substance use disorder treatment. The plan also called for the City to prevent fatal overdoses by supporting and broadening overdose prevention services, namely naloxone, fentanyl test strips, drug checking, and safe consumption sites.

In spite of a plan going back to 2017, it was not until the establishment of the Tenderloin Linkage Center (later renamed Tenderloin Center) as part of the Tenderloin Emergency Initiative in 2022 that a supervised consumption site was first implemented in San Francisco. Its de facto start within the Center that provided a variety of services was due to a concern by at least one harm reduction service provider at the facility that visitors might overdose in the bathrooms on site. Over a 46 week period prior to the December 2022 closure of the Center, 333 overdoses were reversed and no deaths occurred.[14] Though the Department of Public Health has prepared plans for opening multiple wellness

[12] Safe Injection Services Task Force: 2017 Safe Injection Services Task Force and Recommendations, SF.GOV.
[13] Department of Public Health. *Overdose Deaths are Preventable: San Francisco's Overdose Prevention Plan*. 2022.
[14] RTI International, UCSF, and UC San Diego. *Evaluation of a Government-sanctioned Overdose Prevention Site in San Francisco: Preliminary Findings.* Presentation at Institute for Health Policy Studies, UCSF, December 20, 2022.

hubs that would include safe consumption sites, and the City purchased a building in the Tenderloin that would house one of them, no plans have moved forward as of the writing of this report due to concerns by City officials about federal law limiting the sites. Wellness Hubs without integrated Safe Consumption Sites have not opened either.

Safe consumption site characteristics and estimated benefits

To assess the costs and benefits of a hypothetical safe consumption site in San Francisco, we developed assumptions for a hypothetical site to estimate annual operating costs under two scenarios: a Baseline Scenario and an Increased Use Scenario, with the latter accommodating a greater number of visitors and higher utilization of the facility. The site we have modeled is for safe supervised consumption only; it does not include costs for other staff and wraparound services such as laundry, meals, showers, and counselling that would be provided at a full-service wellness hub.

We assume that our modelled site would be like other safe consumption sites such as the one that briefly operated at the Tenderloin Center, two sites now operating in New York City, and the three sites in Zurich and others in cities throughout Switzerland, in Canada, and in other countries throughout the world. However, unlike other centers that began operations prior to the explosive growth in fentanyl use in the U.S. and San Francisco in particular, the sites elsewhere were primarily designed for people who inject drugs. Our model assumes most of the visitors would be ingesting fentanyl and or mixtures of drugs including fentanyl through smoking, reflecting the current prevalence of people who use drugs in San Francisco. This means that more of the space would be allocated to chairs where visitors would ingest fentanyl as opposed to booths for injecting heroin or other drugs. Future changes in drug use patterns and practices could be accommodated with changes in the configuration of the safe consumption site.

Our model facility mirrors the set up at the Tenderloin Center in 2022. In that facility, there were a combination of injection booths, for ingesting fentanyl, and other space for visitors to "chill out" before or after using. The specific assumptions for our model are shown in Exhibit 17 for the two scenarios we modeled for this report. As can be seen, the Increased Use Scenario assumes a larger facility with more seats for smoking, and higher visitor utilization, resulting in a higher number of visits and unique individuals using the facility per year. Higher utilization and a higher number of visitors increase the benefits of the SCS including overdoses being observed and reversed by trained staff, eliminating fatal overdoses while individuals are visiting the site and reducing adverse health effects of drug use such as hospitalizations, and skin and soft tissue infections, as detailed below in this report.

Exhibit 17: Assumed features and utilization of a safe consumption site under two scenarios

	Characteristic	Baseline Scenario	Increased Use Scenario
1	Size of Facility	3,000 square feet	4,000 square feet
2	Capacity: clients injecting drugs	6 booths	6 booths
3	Capacity: clients smoking drugs	25 seats	40 seats

4	Number of hours of operation/day	18 hours	18 hours
5	Average length of time per injection	0.5 hrs. (1 30 minute consumption episode over a 1 hour visit	0.5 hrs. (1 30 minute consumption episode over a 1 hour visit
6	Average time per smoking episode	1.0 hour (2-30 minute consumption episodes over a 4 hour visit)	1.0 hour (2-30 minute consumption episodes over a 4 hour visit)
7	Average total visit time for injectors (using + other time at facility)	1.0 hour	1.0 hour
8	Average total visit time for smokers (using + other time at facility)	4.0 hours	4.0 hours
9	Average utilization time for each consumption booth/seat	70% injection booths 80% smoking chairs	75% injection booths 85% smoking chairs
10	Number of visits per day for injecting	Open 18 hours/day @ 0.5 hours per consumption event x 6 booths x 70% utilization = 151 visits/day	Open 18 hours/day @ 0.5 hours per visit x 6 booths x 75% utilization = 162 visits/day
11	Number of visits per day for smoking	Open 18 hours/day @ 1.0 hours per smoking event chair use x 25 seats x 80% occupancy = 360 visits/day	Open 18 hours/day @ 1.0 hours per smoking event chair use x 40 seats x 85% occupancy = 612 visits/day
12	Total number of visits/year	365*(151+360) = 186,515 visits/year	365*(162+612) = 282,510 visits/year
13	Number of unique visitors per day/month/year	Based on 22.5 average visits per unique individual = 8,293 individuals/year	Based on 22.5 average visits per unique individual = 12,556 individuals/year

Sources and Notes: See Appendix I.

To determine overdose deaths and other health conditions that would be averted due to our modelled safe consumption site in San Francisco, we relied on the reported experience of safe consumption sites in the U.S. and other countries and the experience in San Francisco chronicled by the Department of

Public Health in its 2023 publication, *Substance Use Trends in San Francisco through 2022*. The DPH report provides data on overdoses, emergency department visits, hospitalizations, and ambulance transports in San Francisco stemming from the use of opioids. We applied these statistics to the opioid using population that we calculated would use the safe consumption site to determine the likelihood of those conditions occurring for these individuals overall. We then calculated the number of such incidents that would be averted due to the amount of time these individuals would spend in the SCS. Time in the SCS was assumed to reduce the time visitors are "at risk" when they would be using drugs without supervision by health workers and thus susceptible to unsupervised overdoses, including fatal overdoses, and other adverse health incidents. In reality, there could be additional adverse health effects averted by SCS users beyond those resulting from their time at the site such as using clean needles and other harm reduction supplies and information obtained at the SCS when they are not at the site.

As detailed in Exhibit 17 above, for the two scenarios we prepared, we assumed 8,293 unique individuals would use the site for our Baseline Scenario and 12,556 unique individuals would use the site for our Increased Use Scenario, visiting the site an average of 22.5 times each based on the experience of the OnPoint NYC facilities in New York City.[15] Our assumed total opioid using population in San Francisco is assumed to be 19,190 based on a combination of approximately 15,549 individuals with substance use disorder who use opioids estimated by adding figures derived from the 2021 National Survey on Drug Use and Health with 3,641 individuals separately identified by Mental Health SF as homeless and with an opioid using disorder.[16]

Exhibit 18 presents the rate of adverse health impacts for opioid users based on the Department of Public Health's data from 2021. These are the rates applied to the 8,293 and 12,556 unique individuals assumed to visit the SCS per year for our Baseline and Increased Use scenarios, respectively. Those results were adjusted for the amount of time the individuals would spend visiting the SCS in a year vs. at risk time spent using drugs outside the site unsupervised.

[15] Communications with OnPoint NYC in March, April, and June 2023.

[16] To arrive at our estimate, we apply percentages of individuals over the age of 12 with substance use disorder using any opioids from the 2021 National Survey on Drug Use and Health to San Francisco's population. Then, because individuals experiencing homelessness are underrepresented in the national survey, we added the number of San Francisco residents identified by Mental Health SF as having experienced homelessness in the year preceding August 2022 and having a diagnosed opioid use disorder. 2021 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Mental Health SF Population Summary, San Francisco Department of Public Health.

Exhibit 18: Rates of adverse health impacts for people who use opioids in San Francisco 2021

	Percentage of opioid user population
Overdose deaths from all opioids	2.7%
Hospitalizations	5.6%
Emergency room visits	15.6%
Ambulance transports	12.4%

Sources: Department of Public Health. (2022) *Substance Use Trends in San Francisco through 2021,* with unpublished supporting data provided by Department of Public Health.

Estimates of SCS Visitors, Benefits and Costs: Baseline Use Scenario

Our calculations of the number of hours SCS visitors are "at risk" per day and year are presented in Exhibit 19 for our Baseline Scenario. These hours represent time when the visitors could be using drugs and would be susceptible to an overdose, hospitalization, or other adverse health effect from the substances consumed. The hours per day at risk are based on averages of users who inject or smoke drugs a few times per day or more frequently such as some fentanyl smokers who are assumed to smoke throughout most of their waking hours (assumed to be 12 hours per day).[17] As can be seen, for our Baseline Scenario, the result for the 8,293 individuals who are assumed to visit the SCS in a year is approximately 8.4 million hours per year at risk.

Exhibit 19: Hours at risk of overdoses or other adverse health effects per year for SCS visitors without the benefit of the SCS: *Baseline Scenario*

	# unique individuals	Hours/day at risk	Days/year	Hours/year at risk
Injectors	2,453	1.0	365	895,345
Smokers	5,840	3.5	365	7,460,600
Total at Risk	8,293			8,355,945

Sources and notes: BLA calculations based on assumed facility size and capacity detailed in Exhibit 17. Assumed hours/day at risk for injectors based on 50% of injectors injecting once a day and 50% injecting three times per day, with a 30 minute risk period associated with each injection. Assumed hours at risk per day for smokers are based on 50% of smokers smoking two times per day with a 30 minute risk period per consumption incident and 50% smoking 12 times throughout the day and at risk for 30 minutes for each incident.

Exhibit 20 presents the estimated number of hours the 8,293 individuals would visit the SCS in a year under our Baseline Scenario. It is these hours during which their risks of overdosing or other adverse health effects would be eliminated due to the SCS. The proportion of their hours not at risk due to the SCS serves as the basis of our estimates of deaths and adverse health effects averted. As can be seen,

[17] Assumptions developed by Budget and Legislative Analyst, with consultations provided by researchers from RTI International and University of California at San Francisco.

the total hours at the site by the assumed 8,293 unique individuals visiting in a year in our Baseline Scenario would be 7 percent of their total hours at risk, or 580,793 hours.

Exhibit 20: Estimated visitor hours at SCS per year: *Baseline Scenario*

	# unique individuals	# visits/year	Visit duration	Total visit hours	Hours/year at risk	% hours at risk
Injectors	2,453	22.5	1	55,193	895,345	6.2%
Smokers	5,840	22.5	4	525,600	7,460,600	7.0%
Total at Risk	8,293			580,793	8,355,945	7.0%

Sources and notes: BLA calculations based on assumed facility size and capacity detailed in Exhibit 17 and an average of 22.5 visits per unique individual per year based on experience of OnPoint Overdose Prevention Centers in New York City between November 2021 and March 2023.

A summary of the results of our model and averted adverse health effects for our Baseline Scenario are shown in Exhibit 21 below. Excluding the value of lives saved, the benefits or savings to the City or other health service providers for averted health effects would be approximately $3.4 million per year. While the value of lives saved would not translate into "savings" for the City or other health service organizations, these lives saved are invaluable to family, friends, and the individual themselves. Statisticians and economists use an approach to calculate the value of a life when conducting cost benefit analyses that we have employed, resulting in a calculated value of $1,282,230 per life saved, as explained in the notes to Exhibit 21. This results in benefits equal to $20.1 million when applied to the 15.7 overdose fatalities averted in our Baseline Scenario.

Exhibit 21: Estimated benefits and costs averted due to SCS excluding value of lives saved: *Baseline Scenario*

	# unique individuals	Expected rate	# expected	Averted: % time at SCS	# averted	Unit cost	Benefits/cost savings
Overdose deaths	8,293	2.7%	223.9	7.0%	15.7		$ -
Ambulance transports	8,293	12.4%	1,028.3	7.0%	72.0	$ 2,552	$ 183,701
Emergency department visits	8,293	15.6%	1,293.7	7.0%	90.6	$ 3,934	$ 356,261
Hospitalizations	8,293	5.6%	464.4	7.0%	32.5	$ 41,682	$ 1,355,022
Skin & soft tissue infections	2,453	2.2%	54.0	67% (averted rate)	36.2	$ 41,682	$ 1,507,105
Total							$ 3,402,090

Sources and notes: BLA calculations based on assumed facility size and capacity, detailed in Exhibit 17. Expected rates of overdose deaths and adverse health incidents based on Department of Public Health data supporting statistics reported in *Substance Use Trends in San Francisco through 2022* (2023), reporting incidents resulting from use of all opioids. Savings for overdose deaths based on statistical value of life are not included in calculations though we estimate they would be $1,282,230 per person, based on the present value of $86,186 average per capita income in San Francisco in 2023 (U.S. Census Bureau) for a twenty year period based on average age of death due to opioid overdose of 46 (Department of Public Health, 2022). See Appendix I for details on other unit savings (item # 14).

Estimates of SCS Visitors and Benefits/Cost Savings: *Increased Use Scenario*

The same information as presented above for the Baseline Use scenario is now presented for our Increased Use Scenario for the SCS. A summary of the changes in assumptions, detailed in Exhibit 17 above, are:

- 40 instead of 25 smoking chairs, used primarily by fentanyl consumers,
- No changes in average visit times for either scenario: 1 hour for injectors, 4 hours for smokers
- 12,556 unique individuals visiting/year vs. 8,293 in the Baseline Scenario,
- 4.4% rate of skin and soft tissue infections expected for injector population vs. 2.2% rate in Baseline Scenario

As shown in the following three tables, under our Increased Use Scenario, individuals visiting the SCS would have more at-risk hours when they could be using drugs but the proportion of those hours in the SCS would be increased to 952,650, or 7.0 percent of all hours at risk rather than 580,793 hours, also 7.0 percent of their at risk hours, under our Baseline Scenario. This would translate into more benefits and healthcare costs averted under the Increased Use scenario.

Exhibit 22 below presents a summary of the benefits or savings associated with out Increased Use scenario. Excluding the value of the lives saved, the benefits or savings for other averted health effects would be approximately $6.1 million per year. Applying the same value of lives saved of $1,282,230 as discussed for our Baseline Scenario to the 23.7 overdose fatalities averted estimated for our increased use scenario, the benefits of lives saved would be approximately $30.4 million. As discussed above, these would not be savings for the City or other health service organizations, but represent an estimated statistical value to the lives saved due to the SCS.

Exhibit 22: Annual hours at risk of overdoses or other adverse health effects for SCS visitors without the benefit of SCS: *Increased Use Scenario*

At Risk	# unique individuals	Hours/day at risk	Days/ year	Hours/year at risk
Injectors	2,628	1	365	959,220
Smokers	9,928	3.5	365	12,683,020
Total at Risk	12,556			13,642,240

Sources and notes: BLA calculations based on assumed facility size and capacity. Assumed hours/day at risk for injectors based on 50% of injectors injecting once a day and 50% injecting 3 times per day, with a 30 minute risk period associated with each injection. Assumed hours at risk per day for smokers are based on 50 percent of smokers smoking two times per day with a 30 minute risk period per consumption and 50 percent smoking 12 times throughout the day and at risk for 30 minutes for each incident

Exhibit 23: Estimated visitor hours at SCS per year: *Increased Use Scenario*

	# unique individuals	# visits/year	Visit duration	Total visit hours	Hours/year at risk	% hours at risk
Injectors	2,628	22.5	1	59,130	959,220	6.2%
Smokers	9,928	22.5	4	893,520	12,683,020	7.0%
Total at Risk	12,556			952,650	13,642,240	7.0%

Sources and notes: BLA calculations based on assumed facility size and capacity detailed in Exhibit 17 and an average of 22.5 visits per unique individual per year based on experience of OnPoint NYC overdose prevention centers in New York City between November 2021 and March 2023.

Exhibit 24: Estimated benefits and costs averted of SCS excluding value of lives saved: *Increased Use Scenario*

	# unique individuals	Expected rate	# expected	Averted: % time at SCS	# averted	Unit cost	Benefits/cost savings
Overdose deaths	12,556	2.7%	339.0	7.0%	23.7		$ -
Ambulance transports	12,556	12.4%	1,556.9	7.0%	109.0	$ 2,552	$ 278,132
Emergency department visits	12,556	15.6%	1,958.7	7.0%	137.1	$ 3,934	$ 539,397
Hospitalizations	12,556	5.6%	703.1	7.0%	49.2	$ 41,682	$ 2,051,568
Skin & soft tissue infections	2,628	4.4%	115.6	67% (averted rate)	77.5	$ 41,682	$ 3,229,248
Total							$ 6,098,345

Sources and notes: See Exhibit 21, above, and Appendix I (item #14).

Other potential health benefits: Medication for Addiction Treatment participation and bloodborne infection aversion

Another benefit of safe consumption sites is that visitors will learn about treatment options including Medication for Addiction Treatment (MAT) programs where methadone and buprenorphine are administered to reduce and redirect opioid addiction cravings.

[18] To the extent such treatment is successful for some individuals, they will move out of the "at risk" pool and incidents such as opioid-related overdose deaths, hospitalizations, emergency room visits, ambulance transports, and skin and soft tissue infections should be reduced or eliminated.

Based on research conducted on modelled and operating safe consumption sites in other cities, we applied rates of potential MAT enrollment and retention presented in those studies to our modelled safe consumption site for San Francisco and estimated the benefits from avoided adverse health

[18] Treatment specific to Opioid Use Disorder such as methadone and buprenorphine is also known as Medication for Opioid Use Disorder (MOUD). We used the more generic Medication for Addiction Treatment term for our discussion of these calculations.

effects of opioid use. The rates of averted overdose deaths and other adverse health effects applied to these individuals are the same as presented above for the population using the SCS.

Exhibit 25 presents the assumed number of SCS visitors in a year who would transfer to a MAT program, assuming an uptake rate of 1.45 percent and a program retention rate of 29 percent for both of our scenarios. These assumptions are on the low end of the spectrum of rates reported in research conducted for hypothetical safe consumption sites which relied on other third-party analyses of MAT uptake and retention rates.[19] As can be seen, the number of SCS visitors assumed to enroll and stay in a MAT program per year is approximately 35 for our Baseline Scenario and 53 for our Increased Use Scenario. When injectors only are counted as needed to estimate the impacts of skin and soft tissue infections averted, the numbers assumed to enroll in and stay with a MAT program through completion are 10.3 for our Baseline Scenario and 11.1 for our Increased Use Scenario. We have not included an estimate of SCS visitors that might enroll in a residential treatment program as a result of information and referrals from SCS staff.

Exhibit 25: Estimated annual number of SCS visitors who transfer to Medication for Addiction Treatment programs: *Baseline and Increased Use Scenarios*

	Baseline Scenario		Increased Use Scenario	
	All SCS users	Injectors only	All SCS users	Injectors only
# unique individuals	8,293	2,452	12,556	2,628
MAT uptake	1.45%	1.45%	1.45%	1.45%
MAT retention	29.0%	29.0%	29.0%	29.0%
# removed from risk	34.9	10.3	52.8	11.1

Sources: Number of unique individuals based on assumed facility size and capacity detailed in Exhibit 17. MAT uptake and retention based on: Amos, I, Jozaghi, E., Blumenthal, R.N., and Kral, AH, *A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco.* Journal of Drug Issues. 2017, Volume 4(2): 164-184. BLA calculations of number removed from risk.

Exhibits 26 and 27 present the estimated benefits resulting from a certain number of visitors to our modelled SCS enrolling in MAT programs and discontinuing use of opioids. Excluding the value of lives saved, and like our approach for calculating SCS benefits presented above, we estimate that the net benefits of SCS visitors that enroll in MAT would be slightly more than the costs of MAT services. The costs of the program are assumed to be $7,000 per year per participant.[20]

[19] Amos, I, Jozaghi, E., Blumenthal, R.N., and Kral, AH, *A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco.* Journal of Drug Issues. 2017, Volume 4(2): 164-184

[20] Cost of outpatient treatment for methadone and buprenorphine: BAART Programs, October 2024: baartprograms.com

Exhibit 26: Estimated net benefits of SCS visitors enrolling in Medication for Addiction Treatment programs excluding value of lives saved: *Baseline Scenario*

	Overdose deaths	Emergency department	Hospitalization	Ambulance	SSTI	Total
# unique individuals	35	35	35	35	10	
Rate: expected incidents	2.7%	15.6%	5.6%	12.4%	2.2%	
Cases averted	0.9	5.5	2.0	4.3	0.2	
Unit benefit/savings	0	$ 3,934	$ 41,682	$ 2,552	$ 27,927	
Total benefits	-	$ 21,480	$ 81,697	$ 11,076	$ 6,144	$ 120,396
Annual MAT costs/person		$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ -
Total MAT costs		$ 38,220	$ 13,720	$ 30,380	$ 1,540	$ 83,860
Net savings/benefits		$ (16,740)	$ 67,977	$ (19,304)	$ 4,604	$ 36,536

Sources: Same method and sources as described for Exhibits 21and 24, applied to limited number of SCS users, as presented and described in Exhibit 25 and Appendix I, item #15.

Exhibit 27: Estimated net benefits of SCS visitors enrolling in Medication for Addiction Treatment programs excluding value of lives saved: *Increased Use Scenario*

	Overdose deaths	Emergency department	Hospitalization	Ambulance	SSTI	Total
# unique individuals	53	53	53	53	11	
Rate: expected incidents	2.7%	15.6%	5.6%	12.4%	4.4%	
Cases averted	1.4	8.3	3.0	6.6	0.5	
Unit benefit/savings		$ 3,934	$ 41,682	$ 2,552	$ 27,927	
Total benefits	-	$ 32,526	$ 123,712	$ 16,772	$ 13,517	$ 186,527
Annual MAT costs/person		$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ -
Total MAT costs		$ 57,876	$ 20,776	$ 46,004	$ 3,388	$ 128,044
Net savings/benefits		$ (25,350)	$ 102,936	$ (29,232)	$ 10,129	$ 58,483

Sources: Same method and sources as described for Exhibits 21 and 24, applied to limited number of SCS users, as presented and described in Exhibit 25 and Appendix I, item # 15.

Other bloodborne adverse health impacts frequently related to injection drug use, particularly of heroin or other opioids, are HIV and Hepatitis C. The risk of infection can be lessened by use of safe consumption sites primarily through the provision of sterile needles and trained personnel who can observe health effects, educate about risk reduction, and make referrals to medical care for treatment if needed. Reduced risk of infection stemming from these interventions directly applies primarily to the visitors to the SCS who inject drugs. However, because these individuals interact with others in the community the effects on transmission increase over time.

Researchers at the University of California San Diego have developed a dynamic economic model informed by epidemiological data and able to estimate the impact of a year's operation of a SCS in San Francisco on HIV and Hepatitis C infections over time. Using assumptions provided by the BLA, they estimated the number of Hepatitis C and HIV infections averted over five years at more than 125 and

45, respectively. At 10 years, the number of Hepatitis C and HIV infections averted grows to more than 283 and 120, respectively.[21]

As of 2020, the average total cost of a course of direct acting antiviral medication for Hepatitis C was $11,500 to $17,000, depending on the specific medication.[22] Should people not receive such treatment early, the average annual costs for patients with severe complications related to Hepatitis C, such as liver transplant, are more than 10 times the average annual costs for patients in earlier stages of the disease.[23] The lifetime treatment cost of an HIV infection is even greater, estimated at $540,393 by the Centers for Disease Control.[24]

Costs of operating a safe consumption site

Based on the experience of safe consumptions sites that have been or are currently operating in the U.S. and abroad, we prepared an operating budget for our hypothetical Safe Consumption Site including assumed staffing levels and operating costs necessary to serve the number of individuals and SCS visitations detailed above. Annual estimated staffing and costs are presented in Exhibit 28 for both our Baseline and Increased Use scenarios.

Salaries and benefits are based on those paid by HealthRIGHT 360 for its staff at the Tenderloin Center in 2022,[25] increased by 3 percent per year for a cost-of-living adjustment through 2024. They have been further adjusted for an assumption that registered nurses would serve as the Supervising Health Workers for each shift, at a higher salary than those of the supervisors at Tenderloin Center, and for an increase in the Program Director salary, to account for an appropriate differential with the new Supervising Health Worker salaries.

As can be seen in Exhibit 28, annual operating costs would be approximately $3.6 million for our Baseline Scenario and approximately $4.8 million for our Increased Use Scenario, to account for additional staff needed to maintain a ratio of approximately one staff worker to supervise every 15 visitors possible at maximum capacity. Operating costs, overhead, and rent were also adjusted upwards in our Increased Use Scenario to reflect an increased number of visitors and a larger facility, as detailed in Exhibit 28.

Operating and indirect costs are based on their proportion of total salary costs and total costs, respectively, using the same proportions as in the Tenderloin Center budget. The total costs do not include any one-time start-up costs such as tenant improvements needed at the site to ensure proper ventilation for the smoking that will take place and purchase of furniture and equipment. Such costs could be amortized over multiple years of operations.

[21] Communications with Researchers at the University of San Diego, August 9, 2023.
[22] *Analysis of Prescription Drugs for Treatment of Hepatitis C in the United States*, by Susan Silseth and Hans Shaw, Milliman, May 2021.
[23] Budgetary Effects of Policies That Would Increase Hepatitis C Treatment, Congressional Budget Office, June 2024.
[24] HIV Cost Effectiveness, accessed on CDC website, October 20, 2024. Used Bureau of Labor Statistics CPI Inflation calculator to convert from 2010 to 2024 dollars.
[25] Originally called Tenderloin Linkage Center when first opened.

Exhibit 28: Annual operating budget for Safe Consumption Site: Baseline and Increased Use Scenarios

Position/Cost	Baseline	Increased Use	Annual Salary	Annual Cost: Baseline Scenario	Annual Cost: Increased Use Scenario
Program Director	1	1	$137,917	$137,917	$137,917
Program Manager	1	1	$98,345	$98,345	$98,345
Supervising Health Worker	4	4	$124,259	$497,037	$497,037
Health Worker I	11	15	$63,662	$700,284	$954,933
Health Worker II	4	8	$78,677	$314,707	$629,414
SUD Counselor	1	1	$65,564	$65,564	$65,564
Administrative Coordinator	1	1	$65,564	$65,564	$65,564
Salary total	23	31		$1,879,418	$2,448,774
Fringe benefits @ 35%				657,796	857,071
Rent (3,000/4,000 sf at $80)				240,000	320,000
Operating Costs				495,706	645,876
Indirect costs				369,455	481,379
Total				**$3,642,375**	**$4,753,100**

Sources: HealthRIGHT 360 budget for Tenderloin Linkage Center, 2022, updated by 3 percent per year to 2024. Adjustments made to Supervising Health Workers who we assume would be Registered Nurses paid at $124,259 per year and the Program Director would be paid $137,917 to maintain a five percent differential with staff positions. Rent is based on 3,000 square feet for the Baseline Scenario and 4,000 square feet for the Increased Use Scenario, both at $80 per year per square foot per estimate from the Department of Real Estate.

Costs relative to benefits

The benefits or savings to the City and other health care providers of a safe consumption site in San Francisco for avoided hospitalizations, emergency department visits, ambulance services, and skin and sofit tissue infections would be slightly less than operating costs under our Baseline Scenario but substantially more than costs under our Increased Use Scenario. The larger the site and the more it is used, the more economies of scale would be realized and the greater the benefits. When the benefits of lives saved as a result of a safe consumption site and the hundreds of thousands of person-hours of drug use removed from the streets and public spaces are considered, the ratio of benefits to costs would be substantial under both scenarios. Exhibit 29 presents costs and benefits and savings realized by the City and, to the extent other health service providers serve the SCS visitor population, they would accrue some of the benefits as well. The amounts shown do not include the value of lives saved, estimated to be 15.7 per year for our Baseline Scenario and 23.7 for our Increased Use Scenario. We have not estimated the value of public drug use removed from the streets and public spaces of San Francisco, but those benefits would be substantial to residents and visitors.

Exhibit 29: Savings and Benefits of Safe Consumption Site in San Francisco Excluding Value of Lives Saved

	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 life estimated to be $1,282,230 not included in savings as it does not represent a reduction in actual costs for the City and County of San Francisco or other health service entities. If applied to the estimated 15.7 and 23.7 lives saved due to the SCS, the benefits would be increased by $20.1 and $30.4 million for our Baseline and Increased Use SCS scenarios, respectively.

Scale and replication of a safe consumption site

Our modeled safe consumption site in San Francisco could be scaled up or down and could be replicated if the City wants to operate more than one facility in different neighborhoods. The city of Zurich, with roughly half the population of San Francisco, operates three safe consumption sites. The cost-benefit ratio for a site in San Francisco would still be positive when including the value of saved lives even with a smaller or larger facility assuming any one of them is sufficiently large or open a sufficient number of hours to accommodate enough visitors to generate the benefits needed to justify the costs.

Policy options

The Board of Supervisors should:

1. Consider adoption of a comprehensive Citywide drug policy, along the lines of Zurich's Four Pillars, incorporating input from key stakeholders such as the Departments of Public Health and Homelessness and Supportive Housing, the Police and Fire Departments, experts in the field, consumers of City services, community-based organizations that provide substance use treatment and related services, community members, and others.
2. If interested in pursuing establishment of one or more safe consumptions sites in San Francisco as included in the City's 2022 Overdose Prevention Plan, solicit input from the City Attorney and other U.S. jurisdictions where safe consumption sites are operating or have been

authorized by state and local legislative bodies on mechanisms for addressing federal law pertaining to illicit drug use.

3. Encourage establishment of City-operated Wellness Hubs as included in the City's 2022 Overdose Prevention Plan, with or without safe consumption sites attached, to provide centers for people who use drugs to receive and find out about services available such as treatment, other health services, and housing, to get harm reduction and other basic supplies, and for respite from the street scene.

4. Encourage establishment of and regular reports back to the Board of Supervisors on the results of ongoing formal interagency collaborative efforts between the San Francisco Police Department, Fire Department, Department of Emergency Management, Department of Public Health, Homelessness and Supportive Housing Department, contract service providers, and other stakeholders with a mandate to develop and continuously improve concrete solutions and approaches and to monitor the results of these approaches on combatting the ill effects of illicit drug use on people who use drugs and the community at large.

5. Encourage cross departmental information exchanges and site visits between Police Department academy participants, patrol officers, Drug Market Agency Coordination Center (DMACC) team members, Department of Public Health Behavioral Health staff and substance use disorder treatment providers, staff of the Homelessness and Supportive Housing Department, street teams representatives, and if one or more are opened, safe consumption site staff.

6. Request outcome reports one or more times a year on the following:

    a. *From the Department of Public Health*: expand on information provided in Treatment on Demand reports to include the number of individuals enrolled in treatment for substance use disorder and the duration of their enrollment, number of individuals completing treatment, all by type of treatment (including identification of overlapping cases such as individuals receiving Medication for Opioid Use Disorder treatment and outpatient treatment simultaneously), treatment provided while in jail, and outcomes for all of these services.

    b. From the Police Department: number of quarterly incidents and arrests for drug use and drug dealing.

    c. From the Police Department and District Attorney: number of incidents and arrests, number of cases charged, case outcomes including number of cases resulting in jail sentences and duration of such sentences, and number of cases diverted to programs such as drug court, including number receiving treatment services, for both drug use and drug dealing cases Citywide and separately reporting cases initiated by the Drug Market Agency Coordination Center (DMACC).

7. Request that the Department of Public Health report to the Board of Supervisors on how it could make drug testing more available to people who use drugs with the goal of reducing substances cross-contaminated with fentanyl unbeknownst to users.

8. Due to its demonstrated effectiveness, request that the Department of Public Health report back to the Board of Supervisors on further strategies it could employ for increasing enrollment in Medications for Opioid Use Disorder, including more public outreach and education, working with physicians and providers to go beyond guideline dosages of medications when medically appropriate but remaining in line with federal and state regulations that allow greater flexibility.

9. Request that the Departments of Public Health (DPH) and Homelessness and Supportive Housing (HSH) report back to the Board of Supervisors on how referrals to substance use disorder treatment can be integrated with HSH shelter stays and processes employed by HSH's Access Point contractor staff who provide access to the HSH Coordinated Entry system for homeless individuals, including helping find treatment placements when housing placements are not available, and developing a workflow and accountabilities to ensure that individuals exiting residential treatment or residential step-down programs have housing secured in advance.

10. Request that the Department of Public Health report back on methods for expediting access to residential drug treatment care, including the possibility of covering the first days of treatment with City General Fund dollars while enrollees are being processed for Medi-Cal or some other coverage, and on approaches that could be employed to make residential treatment more attractive and feasible for a larger percentage of people who use drugs.

Appendix I: Details on sources, assumptions, and methods for SCS analysis

	Characteristic/published sources	Baseline Scenario	Increased Use Scenario
1	Size of Facility	3,000 square feet	4,000 square feet: ***to allow for more seats and visitors***
2	Capacity: clients injecting drugs	6 booths	
3	Capacity: clients smoking drugs	25 seats	40 seats: ***Tenderloin Center had 45***
4	Number of hours of operation/day, days/week	18 hours/day, 7 days a week: ***to allow for SCS availability evenings and weekends***	
5	Average length of time occupying booth per injection visitor (churn)	0.5 hrs. (30 minutes) plus 0.5 hours at site socializing and taking care of other matters. ***Estimate of average time based on input from expert advisers and Zurich safe consumption site administrators.***	
6	Average length of time per chair for smoking visitor): Kral, et al. *Evaluation of a Government-sanctioned Overdose Prevention Site in San Francisco.* Presentation at Institute for Health Policy Studies, UCSF, December 20, 2022	1.0 hour in chair in two sessions plus 3 hours at site socializing and taking care of other matters, mirroring the experience in Zurich where visitors are reported to stay between 4 and 7 hours per day. ***Estimate of average time based on input from expert advisers and Zurich safe consumption site administrators.***	
7	Average utilization time for each consumption booth/seat	70% injection booths 80% smoking chairs: ***BLA assumptions that not all booths and seats will be filled at all times and that some visitors will be consuming non-opioid substances at the SCS and thus are not included in estimates of overdose deaths and adverse health effects since they are calculated for opioid users only.***	75% injection booths 85% smoking chairs: ***BLA assumptions that not all booths and seats will be filled at all times and that some visitors will be consuming non-opioid substances at the SCS and thus are not included in estimates of overdose deaths and adverse health effects since they are calculated for opioid users only.***
8	Number of visitors per day for injecting	Open 18 hours/day @ 0.5 hours per visit x 6 booths x 70% utilization	Open 18 hours/day @ 0.5 hours per visit x 6 booths x 75% utilization= 162

		= 151 visits/day: ***BLA calculation***	visits/day: ***BLA calculation***
9.	Number of visitors per day for smoking	Open 18 hours/day @ 1.0 hour per visit x 25 seats x 80% occupancy = 360 visits/day: ***BLA calculation***	Open 18 hours/day @ 1.0 hour per visit x 40 seats x 85% occupancy = 612 visits/day: ***BLA calculation***
10	Total number of visits/year	365*(151+360) = 186,588 visits/day: ***BLA calculation***	365*(162+612) = 282,510 visits/day: ***BLA calculation***
11	Number of unique visitors per day/month/year	22.5 visits per unique individual = 8,293 individuals/year: 22.5: ***average number of visits per unique individual based on experience at OnPoint Overdose Prevention Center in New York City***	22.5 visits per unique individual = 12,556 individuals/year: 22.5: ***average number of visits per unique individual based on experience at OnPoint Overdose Prevention Center in New York City***
12	Opioid using population in San Francisco SAMSHA Point in Time Survey	19,190: BLA calculation	
13	Overdose deaths and adverse health effect rates Department of Public Health. *Substance Use Trends in San Francisco through 2021.* 2022. Data in report appendices supplemented by unpublished supporting data provided by Department of Public Health.	See Exhibit 18 above	
14	Unit benefits/savings for overdose deaths and adverse health effects averted for opioid users due to SCS Department of Public Health. *Substance Use Trends in San Francisco through 2022* California Department of Health Care Access and Information: Hospital Chargemasters. Emergency	***Overdose deaths:*** value of statistical life of $1,282,230 based on U.S. Census Bureau reported San Francisco per capita income in 2023 of $86,186 x 20 years based discounted at 3% on assumed 20 years of wage earning remaining with average age of death of opioid users due to overdose of 46 (Department of Public Health data). ***Emergency Room visits:*** California Department of Health Care Access and Information: Hospital Chargemasters. Emergency Room Visit Data for San Francisco hospitals ($3,934). Assumes ER visits for calculations would be coded as moderate severity.	

	Room Visit Data for San Francisco hospitals Length of hospital stay: Mallow PJ, Belk KW, Topmiller M, Strassels SA. Geographic variation in hospital costs, payments, and length of stay for opioid-related hospital visits in the USA. J Pain Res. 2018 Dec 4;11:3079-3088. Ambulance Billing: San Francisco Fire Department *Skin & soft tissue infections*: Kral, A., et al *Evaluation of a Government-sanctioned Overdose Prevention Site in San Francisco.* Presentation at Institute for Health Policy Studies, UCSF, December 20, 2022	***Hospitalizations:*** Length of stay: National Center for Biotechnology Information: Library of Medicine. *Average Length of Opioid-Related Inpatient Stay in Pacific Region.* Average cost: California Department of Health Care Access and Information: Hospital Chargemasters. Average Cost of hospital room for San Francisco hospitals ($6,947). ***Ambulance transports:*** Based on fees charged by City for basic life service transports in FY 2024-25, as published on the Fire Department website. ($2,552) ***Skin & soft tissue infections***: Amos, et al reports rates ranging from 3.0 to 9.11 percent of people who inject drugs averting skin and soft tissue infections and reducing hospitals stays averaging six days by 67%. We used 4.43% rate for Increased Use Scenario based on personal communications to Amos, et al from Y. Hsieh based on experience in Baltimore. We used 2.2% rate for Baseline Scenario, or half the rate of the Increased Use Scenario. Hospitalization costs for six days, as reported by Amos, et al, assumed to be $6,947 per day based on California Department of Health Care Access and Information: Hospital Chargemasters: Average Cost of hospital room for San Francisco hospitals.	
15	Medication for addiction treatment Amos, I, Jozaghi, E., Blumenthal, R.N., and Kral, AH, *A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco.* Journal of Drug Issues. 2017, Volume 4(2): 164-184 NIDA. "How much does opioid treatment cost?" *National Institute on Drug Abuse*, 13 Apr. 2021.	Assumes 1.45% of visitors to SCS enroll in medication-assisted treatment, or half the low end rate reported in Amos, et al. Assumes 29 percent of those who enroll in medication-assisted treatment remain in the programs for its full course based on Amos, et al. Savings for those individuals no longer using substances based on calculations explained above for impacts on: overdose deaths, ambulance transports, hospitalizations and emergency room visits.	Assumes 1.45% of visitors to SCS enroll in medication-assisted treatment, of whom 29 percent remain in the program for its full course based on Amos, et al. Savings for those individuals no longer using substances based on calculations explained above for impacts on: overdose deaths, ambulance transports, hospitalizations and emergency room visits. $7,000 annual cost based on National Institute of Health for methadone and

		$7,000 annual cost based on National Institute of Health for methadone and buprenorphine treatment.	buprenorphine treatment.
16	Safe consumption site annual expenditure budget	Modelled SCS annual budget based HealthRight 360's budget for Tenderloin Center in 2022, updated by 3 percent per year for salaries and benefits to 2024 costs. Adjustments made to Supervising Health Workers who are assumed to be Registered Nurses paid at $124,259 per year. The Program Director position annual salary would be $137,917 to maintain a five percent differential with staff positions. Rent is based on 3,000 square feet for Baseline Scenario and 4,000 square feet for Increased Use Scenario, both at $80 per year per square foot per estimate from the Department of Real Estate.	