



SAN FRANCISCO
COMMUNITY
HEALTH CENTER



DOLORES STREET
COMMUNITY SERVICES
938 Valencia Street San Francisco, CA 94110

**NATIONAL
HARM REDUCTION
COALITION**

Maitri

**DRUG
POLICY
ALLIANCE.**

Community
Resource Initiative

November 10, 2023

San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, CA 94102-4689

Mayor London Breed
Office of the Mayor
1 Dr. Carlton B. Goodlett Place
City Hall, Room 200
San Francisco, CA 94102-4689

Re: Opposition to Proposed Local Measure “Substance Use Screening, Evaluation, and Treatment Requirements for CAAP Assistance”

Dear Members of the Board of Supervisors and Mayor Breed,

We, the undersigned organizations and advocates working to promote a health focused approach to addressing the overdose crisis and substance use in San Francisco, write in strong opposition to a measure sponsored by Mayor Breed titled, “Substance Abuse Screening, Evaluation, and Treatment Requirements for CAAP Assistance.” In simple terms, this measure asks the voters to cut recipients from receiving the County Adult Assistance Programs (CAAP) who may be struggling with drug use to force mandated drug “screening” and treatment. This proposal goes against the ethical standards of treatment and the substantial evidence-based approach that the public behavioral health system is built upon. While we understand the need to address the increased number of overdoses in San Francisco as well as the public’s concern to address this issue head on, to be effective we must make major investments into the system of care to treat the whole person rather than further criminalize an extremely vulnerable population. We firmly believe that these structural challenges require a robust public health

response and the mayor's proposal is extremely flawed and will instead lead to more overdoses and not increase public safety for San Franciscans.

This measure has been proposed as a way to increase participation in treatment and hold individuals who are struggling with substance use "accountable" by taking away their General Assistance (GA). Individuals struggling with substance use are battling a health crisis, one that should be handled under a behavioral and public health approach. However, there is no indication and no evidence that the mayor's proposed approach would successfully lead to significant numbers of people discontinuing substance use, reducing overdose deaths or increasing treatment retention. In fact, by taking away their GA this approach may instead place individuals into a more precarious situation. There are several reasons to believe that this proposal will significantly worsen the dual crisis of homelessness and overdose.

Additionally, there are also tangible, life altering/impacting and practical implications if this proposal were to be enacted that we find extremely troubling such as:

- **This initiative will serve to increase the number of unhoused San Franciscans and contribute to the homeless crisis.** Evidence, research and the opinions of experts in the field suggest that it is unlikely that many recipients will choose to accept treatment when they are not ready. Forcing individuals into treatment has proven to be ineffective. We need not look any further than the current policy of arresting individuals for public substance use which has led to a low number of people accepting services.¹ Individuals will choose treatment when they have made the decision to enter treatment and when they are stabilized.² A housing stipend for rent expenses and guaranteed access to meal services for 30 days for those who are non-compliant will lead to evictions of our lowest income residents who will invariably become homeless. Increasing the number of substance users who live on our streets is the exact opposite of the stated goals of this measure.
- **This initiative will subject individuals to mandated treatment, which is not effective at reducing drug use.** Involuntary substance use treatment is neither effective nor ethical. Research demonstrates that offering readily available, evidence-based treatment in community-based settings with the proper social supports produces better outcomes than forcing people into treatment against their will. Both the U.S. and the international body of research and practice have well documented that coerced treatment simply does not work.³

¹ Sjostedt, D. (2023, September 1). San Francisco Police Made 450 Arrests for Public Intoxication Under New Program. *The San Francisco Standard*. Retrieved from <https://sfstandard.com/2023/09/01/san-francisco-police-made-450-arrests-for-public-intoxication-under-new-program/>

² Szalavitz, Maia. (2022, October 30) Why Forced Addiction Fails? *NY Times*. Retrieved <https://www.nytimes.com/2022/04/30/opinion/forced-addiction-treatment.html>

³D. Werb, A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee, E. Wood. (2016). The effectiveness of compulsory drug treatment: A systematic review, *International Journal of Drug Policy*, 28, 1-9. <https://doi.org/10.1016/j.drugpo.2015.12.005>

- **The role of the Human Services Agency should not be expanded to conduct substance use evaluations or screenings.** HSA has a unique role in supporting San Franciscans access essential services and their focus should not be shifted to surveillance and sanctioning nor adopting policies that are not based in science or evidence that have proven to be ineffective.⁴ It is reckless to hand over the reins of treatment services to an administrative agency with no healthcare record in neither public nor behavioral health.
- **A reliance on screening methods that have been proven to be flawed, misleading and costly⁵ will jeopardize the health and stability of Black, Latine/x, and Indigenous and low-income people.** Instituting drug screenings and drug testing will erode the trust between recipients and the health system, people will feel the need to hide their drug use and engage in more risky behavior leading to an increase in overdose deaths and hospitalizations. More troubling, people may opt to not engage in honest, open conversations about healthcare needs or about how to reduce drug use harms for fear of losing critical financial assistance. The impact will fall disproportionately on communities of color who are more likely to be screened and have suffered from disinvestments in their communities. On the other hand, this policy will deter people from applying and completing the enrollment process. People who are afraid of testing positive may not apply and forgo the benefits that would help their family gain financial security.⁶ *The question remains: how will the screening operations be staffed with city employees or private entities? Will the funding be diverted from other critical needs? How will the screenings ever produce reliable results in this context, where people will face punitive measures if they reveal the truth about their behavior and use? Will there be a process to account for false positives and will individuals be allowed to retest if they believe the test results are flawed?*
- **This measure will create discrepancies in treatment services and accessibility.** Currently, not all who request treatment are able to receive it. Our current system is inadequate to meet the needs of all those who should be provided treatment by law and for those who come from underserved communities or whose primary language is not English. *How, given this inadequate system, is it possible for the city to expand treatment capacity enough to meet the needs of people who will be required to enroll into treatment? This measure will produce a situation where those who ask for help and are ready to enter into treatment must wait behind those who are not.* Prioritizing CAAP recipients for treatment over more needy individuals struggling with substance use will result in a set aside of treatment slots for this population, decreasing access for those actively seeking and needing treatment.

⁴ Drug Policy Alliance. (2021). Putting an End to Drug Testing. Retrieved from https://drugpolicy.org/wp-content/uploads/2023/05/Putting_an_End_To_Drug_Testing.pdf

⁵ Gomez, A.M., Israel, J. (2018, May 7). States waste hundreds of thousands on drug testing for welfare, but have little to show for it. *Think Progress*. Retrieved from <https://thinkprogress.org/states-waste-hundreds-of-thousands-on-drug-testing-for-welfare-3d17c154cbe8/>

⁶ Drug Policy Alliance. (20221). Snapshot: The War on Drugs Meets the Public Benefits System. Retrieved from https://uprootingthedrugwar.org/wp-content/uploads/2021/02/uprooting_snapshot_PDF_publicbenefits_01.26.21_v1.pdf

- **The language used in this proposal will contribute to the stigma of substance use.** The terminology used in this measure like “abuse,” “dependent,” “illegal drugs,” “reasonable suspicion,” demonstrates that this policy is not grounded nor informed by public or behavioral health. Language in this instance matters, since these words represent a regression to language that has been historically used to perpetuate stigma, criminalization primarily of communities of color, and result in negative bias and discrimination when discussing addiction impacting the care that people struggling with substance use receive. Stigmatization, criminalization and discrimination serve to drive more individuals underground who are struggling with substance use causing individuals to use alone which is one of the leading causes of overdose.⁷

Members of this board held a hearing on Treatment on Demand and the presentations shared a common theme that San Francisco is failing to meet the demand and needs of a population experiencing challenges with drug use. Rather than creating a new system that relies on surveillance and punishment, San Francisco residents would be better served by continuing to invest and building out a treatment infrastructure that is centered on the needs of individuals struggling with substance use. San Francisco must lead on this issue by creating the conditions for individuals to enter into treatment voluntarily, by setting them up for success through the proper investments, accessible points of entry, and one that is tailored to the communities it serves including those with limited English proficiency. With more than 600 overdoses as of last September,⁸ San Francisco must move away from punitive measures that would only alienate people from services. Funding and expanding a robust social safety net will help improve individuals, families and communities health and wellbeing. To reduce drug use and overdose deaths, San Franciscans need evidence-based drug education; harm reduction services like overdose prevention sites, drug checking, syringe exchange programs, and increased naloxone access; and an array of low-threshold treatment options and sobering centers that can serve to stabilize individuals struggling with substance use and set them up for success. The mayor cannot continue to put forth measures with no proven track record and instead cause irreparable harm to San Franciscans. For these reasons, we stand in opposition to the mayor’s initiative. For questions about our opposition, please contact Drug Policy Alliance’s California State Director, Jeannette Zanipatin at california@drugpolicy.org

Respectfully Submitted,

The undersigned.

Coalition on Homelessness

Community Resource Initiative

⁷ Rosen, J. G., Glick, J. L., Zhang, L., Cooper, L., Olatunde, P. F., Pelaez, D., Rouhani, S., Sue, K. L., & Park, J. N. (2023). Safety in solitude? Competing risks and drivers of solitary drug use among women who inject drugs and implications for overdose detection. *Addiction (Abingdon, England)*, 118(5), 847–854. <https://doi.org/10.1111/add.16103>

⁸ Preliminary unintentional drug overdoses. Retrieved from <https://sf.gov/data/preliminary-unintentional-drug-overdose-deaths>

Dolores Street Community Services

Drug Policy Alliance

Maitri Compassionate Care

National Harm Reduction Coalition

San Francisco Community Health Center

Safer Together



November 30, 2023

San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, CA 94102-4689

Mayor London Breed
Office of the Mayor
1 Dr. Carlton B. Goodlett Place
City Hall, Room 200
San Francisco, CA 94102-4689

Re: Opposition to Local Measure “Substance Use Screening, Evaluation, and Treatment Requirements for CAAP Assistance” and Request for Withdrawal

Dear Mayor Breed and Members of the Board of Supervisors,

We, the undersigned organizations and advocates working to promote a health focused approach to addressing the overdose crisis and substance use in San Francisco, write in strong opposition to a measure sponsored by Mayor Breed titled, “Substance Abuse Screening, Evaluation, and Treatment Requirements for CAAP Assistance” and urge the removal of this initiative from the March 2024 ballot. In simple terms, this measure asks the voters to cut recipients from receiving the County Adult Assistance Programs (CAAP) who may be struggling with drug use to force mandated drug “screening” and treatment. This proposal goes against the ethical standards of treatment and the substantial evidence-based approach that the public behavioral health system is built upon. While we understand the need to address the increased number of overdoses in San Francisco as well as the public’s concern to address this issue head on, to be effective we must make major investments into the system of care to treat the

whole person rather than further criminalize an extremely vulnerable population. We firmly believe that these structural challenges require a robust public health response and the Mayor's proposal is extremely flawed and will instead lead to more overdoses and not increase public safety for San Franciscans.

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⁶ Drug Policy Alliance. (20221). Snapshot: The War on Drugs Meets the Public Benefits System. Retrieved from https://uprootingthedrugwar.org/wp-content/uploads/2021/02/uprooting_snapshot_PDF_publicbenefits_01.26.21_v1.pdf

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Respectfully Submitted,

The undersigned.

ABD / Skywatchers

⁷ Rosen, J. G., Glick, J. L., Zhang, L., Cooper, L., Olatunde, P. F., Pelaez, D., Rouhani, S., Sue, K. L., & Park, J. N. (2023). Safety in solitude? Competing risks and drivers of solitary drug use among women who inject drugs and implications for overdose detection. *Addiction (Abingdon, England)*, 118(5), 847–854. <https://doi.org/10.1111/add.16103>

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AIDS Legal Referral Panel

Asian Law Caucus

California Immigrant Policy Center

Center on Juvenile and Criminal Justice

Chinese for Affirmative Action

Coalition on Homelessness

Community United Against Violence

Community Resource Initiative

Dolores Street Community Services

Drug Policy Alliance

End Hep C SF

Haight-Ashbury Neighborhood Council

Immigrant Legal Resource Center

Lutheran Social Services of Northern California

Maitri Compassionate Care

National Harm Reduction Coalition

Safer Inside Coalition

Safer Together

San Francisco Community Health Center

San Francisco Gray Panthers

San Francisco Public Defender

San Francisco Rising

San Francisco Treatment on Demand Coalition

The Gubbio Project

Young Women Freedom Center