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MATT DORSEY
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April 17, 2025

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Transmitted via email to: Board.of.Supervisors@sfgov.org

Response to the opposition letters from the Drug Policy Alliance (DPA) and harm-reduction advocates to the proposed "Recovery First" ordinance, File No. 250190

Dear Colleagues,

I write in response to two letters emailed from the Drug Policy Alliance (DPA) to our respective offices on March 27, 2025[1] and April 9, 2025[2] in which DPA and a number of its allied advocacy organizations and city-funded nonprofits expressed their opposition to the "Recovery First" ordinance (File No. 250190) I authored.

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[1] Email from Drug Policy Alliance Policy Manager Elle C. Chen to the Board of Supervisors, Thursday, March 27, 2025 at 12:23 p.m., https://acrobat.adobe.com/id/urn:aaid:sc:us:6274ab77-08d5-483a-8c36-9d4d934db884.

[2] Email from Drug Policy Alliance Policy Manager Elle C. Chen to the Board of Supervisors, Wednesday, April 9, 2025 at 12:47 p.m., https://acrobat.adobe.com/id/urn:aaid:sc:us:12ebebd3-7efb-45e5-b456-8371c0184e32.

As I detail in this response, the opponents' letters misstate key facts about the ordinance I am proposing, and more troublingly misrepresent published guidance from trusted public health authorities to advance policy positions that lack evidentiary support.

Outlined, too, are concerns I would hope you share — with me and I suspect the large majority of San Franciscans — about DPA's overarching policy objectives. This should be particularly concerning to us as local policymakers given that organization's high-profile role in masterminding and funding Oregon's Measure 110, which is by now nationally recognized as a "disastrous experiment with decriminalizing hard drugs"[3] that Democratic supermajorities in both houses of Oregon's state legislature effectively repealed last year.

As always, I welcome the opportunity to discuss this letter or the proposed legislation it addresses in more detail, and I would gladly convene a meeting with members of San Francisco's recovery community and addiction treatment professionals for you or your office to hear our perspective. I am confident that their lived experiences and viewpoints would help to inform why the "Recovery First" ordinance will provide needed aspirational policy direction — while also offering a cohesive and defensible framework within which harm reduction plays a worthwhile and necessary role. Without such a framework, I fear that harm reduction tactics I support will continue to face mounting public opposition.

BACKGROUND: 'RECOVERY FIRST DRUG POLICY'

On February 25, 2025, I introduced legislation entitled the "Recovery First Drug Policy,"[4] which seeks to add a single operative sentence to San Francisco's Administrative Code establishing that the cessation of illicit drug use and attainment of long-term recovery from drug addiction be the primary objective of our City's drug policy. I am grateful for the co-sponsorship of six of my colleagues, and it remains my intention to continue conversations beyond my co-sponsors in hopes of earning as much support as possible for this common-sense and necessary proposal.

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[3] "Recriminalizing drugs, Oregon offers a cautionary tale" by the Editorial Board, *The Washington Post*, April 7, 2024, https://www.washingtonpost.com/opinions/2024/04/07/oregon-drugs-decriminalization-failure-lessons/.

[4] City and County of San Francisco, Board of Supervisors, File No. 250190: Administrative Code - Recovery First Drug Policy, Version 1 introduced Feb. 21, 2025, https://sfgov.legistar.com/LegislationDetail.aspx?ID=7158850&GUID=59012E35-EF4B-41FE-ABBB-8501DF09B5C1&Options=ID|Text|&Search=250190.

In much the same way that "Transit First" has animated our aspirational urbanist vision for decades, a "Recovery First" drug policy would offer San Francisco departments and contractors a clear and unifying North Star for the new and unique challenges we face in the era of synthetic drugs. Indeed, the unprecedented preponderance of synthetic street drugs like fentanyl and methamphetamine over the last several years has been more socially disruptive to our communities than any drug preceding them. These substances are more easily manufactured, more easily trafficked, more profitable, more potently addictive, and deadlier than ever before in human history.

Far from being *oppositional* to harm reduction services that have an essential role to in a cohesive "Four Pillars" strategy I strongly support, a clearly stated primary objective — that individuals struggling with Substance Use Disorders (SUDs) should avail themselves of the multitude of recovery strategies to help them *stop* using illicit street drugs — is a common-sense and worthwhile aspiration.

Moreover, it is nothing less than what any of us would wish for a similarly situated family member or loved one struggling with addiction.

The legislation incorporates opponents' feedback, and defines 'Recovery' broadly

From the outset in developing this legislation, the recovery community members and colleagues involved agreed that "Recovery" should be defined broadly and inclusively. On April 2, 2025, I met with a number of representatives among the opponents' letter signatories to discuss their proposed amendments. As many of their recommendations broadened and further clarified the inclusive definition of "recovery," I agreed to accept amendments to include treatment options beyond Medically Assisted Treatment (MAT), and to better specify that "licensed" rather than "qualified" healthcare providers should administer MAT.

As such, the definition of recovery in version 2 of the legislation[5] now reads as follows. (Note that the underlined text in the following block quote represents proposed additions

[5] City and County of San Francisco, Board of Supervisors, File No. 250190: Administrative Code - Recovery First Drug Policy, Version 1 introduced Feb. 21, 2025; Version 2, submission forthcoming, https://acrobat.adobe.com/id/urn:aaid:sc:us:d05bc2d3-cca6-4049-9fd0-6510fbc536b7.

to municipal codes; and the red text represents Board amendment additions or deletions to the legislation.)

> (1) “Recovery” means abstinence from illicit drugs, and ~~shall~~ may include participation in a Medication-Assisted-Treatment program administered by a ~~qualified~~ licensed healthcare provider in accordance with applicable laws and medical guidance, outpatient or residential treatment, a contingency management program, or other recovery programs as determined by the individual in need.
>
> (Source: City and County of San Francisco, Board of Supervisors, File No. 250190: Administrative Code - Recovery First Drug Policy, Version 1 introduced Feb. 21, 2025; Version 2, submission forthcoming.)

The legislation defines ‘Abstinence’ narrowly — applying strictly to ‘illicit drugs.’

Equally notable within this definition is the strictly limited scope of the word “abstinence,” which as written *solely* applies to the use of “illicit drugs.”

As a lawfully prescribed and administered medicine, MAT is logically implied even within the first clause of the definition. Still, co-authors and current opponents alike seemed to be in agreement that, for clarity’s sake, MAT, contingency management, and other approaches should be mentioned specifically.

The legislation’s one-sentence policy statement is inclusive and aspirational.

The operative portion of the proposed ordinance is a single sentence, which identifies the “primary objective” of the city’s drug policy in a manner that logically implies the certainty of *other* objectives. Although prioritizing an aspirational goal for patients struggling with Substance Use Disorders to free themselves from the addictive grip of illicit drug use, it offers no exclusion apart from abstinence from illicit street drugs.

> (c) Policy. The cessation of illicit drug use and attainment of long-term Recovery from Substance Use Disorders shall be the primary objective of the City’s drug policy.

There is a strong policy rationale for a 'Recovery First' ordinance.

As I explained when announcing the legislation at Roll Call for Introductions[6] at the Board of Supervisors meeting of February 25, 2025, its rationale is "to provide a clear and unifying policy directive for city agencies and contractors whose services relate to illicit drug use, or to mitigating its myriad and deadly harms."

In my statement announcing this legislation, I made reference to attending in January a San Francisco Department of Public Health-sponsored Overdose Prevention Summit, which afforded me some surprising examples of "public health contractors [who] seem to be rowing in a different direction" from the important and lifesaving work SFDPH does with treatment programs that "aim to help people to stop using substances."

While I could recount several statements public health contractors made at that event — which recovery community advocates and drug treatment professionals found troubling, and even potentially dangerous to individuals in contemplative stages of their recovery journeys — I could scarcely offer a better rationale than the ones the Drug Policy Alliance sent to oppose the legislation I'm proposing.

REBUTTAL TO THE DRUG POLICY ALLIANCE LETTER

DPA dishonestly portrays the legislation's priority as a 'singular focus.'

From its opening sentence, the DPA's letter wilfully misrepresents the intent of the "Recovery First Drug Policy" as one that would amend city drug policy "to singularly focus on the abstention and cessation of drug use."

It does no such thing.

As explained earlier, the ordinance identifies a "primary objective of the City's drug policy" — not an exclusive one — and the logical implication of prioritizing an objective as "primary" reasonably suggests other objectives that may be secondary, tertiary, and

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[6] City and County of San Francisco, Board of Supervisors, Regular Meeting, Tuesday, February 25, 2025, SFGovTV Agenda Item 9, Roll Call for Introductions, 4:36:35-mark, https://sanfrancisco.granicus.com/player/clip/48801?meta_id=1125538.

otherwise subsequent. As lawmakers, we're certainly familiar with examples of legislation that intend "to singularly focus" policy objectives; "Recovery First" isn't one of them.

DPA's opening contention is a "straw man" argument — rebutting an argument no one is making, because it's an easy argument to win — and it is emblematic of similarly spurious characterizations throughout the opposition letter.

DPA misrepresents the ordinance as a 'drastic departure' from established practices.

In describing the Recovery First Ordinance, DPA would have the Board of Supervisors believe that, "as written, [it] signifies a drastic departure from San Francisco's long-established data-driven drug and harm reduction policies."

It again does no such thing.

As members of the Board of Supervisors, we are likely already aware from the San Francisco Department of Public Health's Treatment on Demand Report that, "All SFDPH SUD treatment programs aim to help people to stop using substances."[7] Moreover, we likely also know about the department's efforts most recently to prioritize drug treatment and recovery services to help SUD patients abstain from illicit street drugs.

Indeed, the City's current public education campaign endeavors to raise public awareness about these drug treatment and recovery services, and it "features San Francisco residents who have benefitted from addiction treatment and recovery services, sharing their stories and that they are 'living proof' that treatment works and recovery from addiction is possible."[8]

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[7] City and County of San Francisco, Department of Public Health, Behavioral Health Services, "Treatment On Demand" Report, Fiscal Year 2022-2023 Annual Report March 15, 2024, https://media.api.sf.gov/documents/Treatment_on_Demand_Prop_T_Report_FY22-23_FINAL.pdf.

[8] City and County of San Francisco, DPH News Release: "San Francisco Department of Public Health Launches Inspirational Treatment and Recovery Public Education Campaign; With fentanyl driving overdose deaths, campaign shares life experiences from various people in recovery that 'We are Living Proof' that treatment and recovery is lifesaving," Nov. 12, 2024, https://www.sf.gov/news--san-francisco-department-public-health-launches-inspirational-treatment-and-recovery-public.

Abstinence-based drug treatment, which includes MAT, is the public health standard.

SFDPH's 100 percent abstinence-focused drug treatment strategy is hardly unique in the drug treatment field, with studies confirming "that more than 90 percent of drug and alcohol treatment programs in the United States are abstinence-based, and most use the twelve-step program of AA as a core principle."[9] Moreover, nothing about the establishment of a single-sentence priority prohibits or "departs from" the continuation of harm reduction or any other service currently offered to residents struggling with SUDs.

Contrary to what DPA argues, SAMHSA defines 'recovery' as abstinence.

In its most recent letter of opposition to the Recovery First ordinance,[10] DPA wrote that "to remove our opposition, we request that the definition of 'recovery' reference the consensus definition developed by the Substance Abuse and Mental Health Service Administration (SAMHSA)," with a footnote linking to SAMHSA's Working Definition of Recovery published in 2012.[11]

The opponents' lone remaining quarrel with the Recovery First ordinance as amended, then, is for the legislation's definition of "Recovery" to strike its existing reference to "abstinence from illicit drugs," and to replace it with the following language:

> (1) "Recovery" as defined by Substance Abuse and Mental Health Services Administration (SAMHSA) means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance use conditions or the co-occurring of the two. [Emphasis theirs.]

DPA's suspiciously truncated representation of SAMHSA's definition of "recovery" neglects to mention that in the very same publication to which it links, and on the very same page

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[9] "Abstinence-based treatment," Addictions & Substance Abuse, Salem Press, 2012, https://www.salempress.com/Media/SalemPress/samples/addictions_pgs.pdf

[10] Email from Drug Policy Alliance Policy Manager Elle C. Chen to the Board of Supervisors, Wednesday, April 9, 2025 at 12:47 p.m., https://acrobat.adobe.com/id/urn:aaid:sc:us:12ebebd3-7efb-45e5-b456-8371c0184e32.

[11] "SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery," Substance Abuse and Mental Health Service Administration, accessed April 13, 2025, https://library.samhsa.gov/product/samhsas-working-definition-recovery/pep12-recdef.

from which it quotes — under the heading, "Definition," no less — SAMHSA's health definition of recovery explicitly emphasizes the importance of "abstaining from…illicit drugs, and non-prescribed medications if one has an addiction problem."[12]

> Overcoming or managing one's disease(s) or symptoms — for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem — and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
>
> (Source: "SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery," Substance Abuse and Mental Health Service Administration, page 3. Emphasis added.)

Elsewhere in that same publication, SAMHSA's published description of recovery is again unequivocal that abstinence is the "goal for those with addictions."[13]

> Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and nonprescribed or illicit drugs is not safe for anyone.
>
> (Source: "SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery," Substance Abuse and Mental Health Service Administration, page 5. Emphasis added.)

As responsible policymakers, we should resist advocates' invitation to enshrine into San Francisco's municipal code an incomplete representation of SAMHSA's actual consensus definition of recovery. There is zero evidentiary support to adopt instead a wholly novel definition of recovery that potentially *includes* continuing to use illicit street drugs.

The American Society of Addiction Medicine also defines 'recovery' as abstinence.

The American Society of Addiction Medicine (ASAM), through its 2018 "Public Policy Statement on the Role of Recovery in Addiction Care,"[14] advances a similarly holistic

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[12] "SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery," Substance Abuse and Mental Health Service Administration, page 3, https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf.

[13] "SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery," Substance Abuse and Mental Health Service Administration, page 5, https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf.

[14] American Society of Addiction Medicine, "Public Policy Statement on the Role of Recovery in Addiction Care," adopted by the ASAM Board of Directors, April 11, 2018, https://cfpclearn.ca/wp-content/uploads/2022/08/ASAM-Recovery-Statement-2018.pdf.

definition of recovery as SAMHSA's. ASAM also similarly acknowledges abstinence to be an essential factor to its definition of recovery from Substance Use Disorders.

> In ASAM's definition, recovery from addiction is an active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction, and includes the following factors:
>
> 1. The aim of improved quality of life and enhanced wellness as identified by the individual
> 2. An individual's consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future
> 3. Relief of an individual's symptoms including substance craving
> 4. Improvement of an individual's own behavioral control
> 5. Enrichment of an individual's relationships, social connectedness, and interpersonal skills
> 6. Improvement in an individual's emotional self-regulation.
>
> (Source: American Society of Addiction Medicine, "Public Policy Statement on the Role of Recovery in Addiction Care," April 11, 2018. Emphasis added.)

The Foundation for Drug Policy Solutions also defines 'recovery' as abstinence.

In its recently published "Blueprint for Effective Drug Policy: The Hyannis Consensus," the Washington, D.C.-based Foundation for Drug Policy Solutions cited concerns about drug decriminalization advocates "questioning whether abstinence should even be the goal of recovery" as a motivating rationale for the creation of a public-health-oriented drug policy advocacy organization.

Founded by Kevin A. Sabet, PhD, and guided by a Leadership Council that includes former Congressman Patrick Kennedy (D–Rhode Island), Clinton Administration Director of the Office of National Drug Control Policy Gen. Barry McCaffrey, and Harvard Medical School Professor of Psychiatry in Addiction Medicine Dr. John F. Kelly, among others, the Foundation for Drug Policy Solutions centers health- and wellness-related imperatives in its description of recovery, defining it as follows:[15]

> Recovery is a voluntarily maintained lifestyle composed and characterized by sobriety, personal health, and citizenship. Wellness from a substance use disorder takes place on a

[15] Foundation for Drug Policy Solutions, https://gooddrugpolicy.org/council/.

> continuum, where a life without the use of illicit substances and activity is the ultimate goal for individuals and families.[16]
>
> (Source: Foundation for Drug Policy Solutions, "Blueprint for Effective Drug Policy: The Hyannis Consensus," page 9, March 2025. Emphasis added.)

No reputable public health authority defines 'recovery' to *include* illicit drug use.

In summary, while harm reduction approaches to SUDs clearly don't require abstinence, there is no mainstream clinical definition of recovery that fails to include abstinence from illicit street drugs, which by definition includes MAT. Like the "Recovery First" ordinance I am proposing, the cessation of illicit drug use is an overwhelmingly accepted and agreed upon objective for the treatment of SUDs among reputable public health authorities and virtually all recovery traditions (e.g., 12-Step, Recovery Dharma, and LifeRing Secular Recovery among others).

SAN FRANCISCO SHOULD RESIST FOLLOWING THE DRUG POLICY ALLIANCE'S LEAD

As the lead author for both the March 27, 2025[17] and April 9, 2025[18] emails to our offices to oppose the "Recovery First" ordinance (File No. 250190), the Drug Policy Alliance's position should come as no surprise to those familiar with the organization's work in the State of Oregon to divert public resources *away* from evidence-based drug treatment programs to help those with SUDs stop using illicit substances in favor of harm reduction models aspiring to nothing more than making illicit drug use safer. Indeed, the ratio of Measure 110's funding beneficiaries favored harm reduction over treatment and recovery by a greater-than 60-to-1 margin.

For background, DPA is a New York–based nonprofit that has for nearly 25 years…

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[16] Foundation for Drug Policy Solutions, "Blueprint for Effective Drug Policy: The Hyannis Consensus," page 9, March 2025, https://blueprint.gooddrugpolicy.org/wp-content/uploads/2025/03/FDPS-blueprint-final-2025.pdf.

[17] Email from Drug Policy Alliance Policy Manager Elle C. Chen to the Board of Supervisors, Thursday, March 27, 2025 at 12:23 p.m., https://acrobat.adobe.com/id/urn:aaid:sc:us:6274ab77-08d5-483a-8c36-9d4d934db884.

[18] Email from Drug Policy Alliance Policy Manager Elle C. Chen to the Board of Supervisors, Wednesday, April 9, 2025 at 12:47 p.m., https://acrobat.adobe.com/id/urn:aaid:sc:us:12ebebd3-7efb-45e5-b456-8371c0184e32.

- Fought to fully decriminalize (and in many cases legalize) all recreational drugs, including such deadly synthetic substances as fentanyl and methamphetamine;[19]
- Worked to "promote the sovereignty of individuals over their minds and bodies" to normalize the phenomenon of public drug use;[20] and
- Advocated to destigmatize drug traffickers and drug dealers, whom DPA has praised as "harm reductionists"[21] — and who, in its judgment, "policymakers should include…in every step of the policymaking process."[22]

The Drug Policy Alliance masterminded Oregon's failed Measure 110.

As mentioned previously, the Drug Policy Alliance was the principal advocate and campaign funder in 2020 for Oregon's Measure 110,[23] which for a time eliminated criminal penalties for the possession of any drug for personal use, effectively including public drug use. Measure 110 also drastically reduced all penalties for the possession of large quantities of hard drugs — which would in other jurisdictions give rise to "possession-for-sale" charges — from felonies to misdemeanors.

As reimagined by the drug-decriminalization law Oregon voters enacted on November 3, 2020, drug possession was still punishable under Measure 110 by a ticket that carried a fine of up to $100. That fine could be waived, however, if the offender called a toll-free number for a health assessment to receive an offer of treatment for Substance Use Disorder. A state audit would later reveal "that just 119 people called the 24-7 treatment

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[19] Drug Policy Alliance website: Regulate Drugs for Health & Safety, accessed April 11, 2025, https://drugpolicy.org/issue/regulate-drugs-for-health-safety/.

[20] Ballotpedia, Encyclopedia of American Politics, "Drug Policy Alliance," accessed April 4, 2025; https://ballotpedia.org/Drug_Policy_Alliance.

[21] Drug Policy Alliance X post, June 24, 2020 at 11:41 a.m., https://x.com/DrugPolicyOrg/status/1275861709425688576.

[22] Drug Policy Alliance, Rethinking the "Drug Dealer" (New York: Drug Policy Alliance, 2019), https://drugpolicy.org/wp-content/uploads/2023/05/Rethinking_the_Drug_Dealer_Report.pdf.

[23] Ballotpedia, Encyclopedia of American Politics, "Oregon Measure 110, Drug Decriminalization and Addiction Treatment Initiative (2020)," accessed April 4, 2025, https://ballotpedia.org/Oregon_Measure_110,_Drug_Decriminalization_and_Addiction_Treatment_Initiative_(2020)

referral hotline during its first 15 months," and that given the price of running the hotline, "each phone call cost the state $7,000."[24]

Measure 110 "also redirected state cannabis tax revenue (about $40 million in the 2019-2021 biennium and over $100 million in the 2021-2023 biennium) away from the existing addiction treatment system, police, and other programs to create a grant program overseen by a new body that would fund a reimagined system of harm reduction, low barrier treatment, and other services (e.g., housing) for people who use drugs."[25]

Less than 1 percent of Measure 110 funding beneficiaries entered drug treatment.

Although Measure 110 was *sold* to Oregon voters as a means to dramatically expand drug treatment and recovery — DPA even entitled it the "Drug Addiction Treatment and Recovery Act" — the addiction recovery centers contemplated by the new law were, in fact, legally mandated to be "centered on principles of harm reduction."[26] Indeed, DPA's Measure 110 specifically required that the goal of intervention plans and case management should be to address clients' Substance Use Disorders "without… mandating abstinence" from illicit street drugs.[27]

60 percent of Measure 110 funding beneficiaries received harm reduction services.

The disparity between what political advocates *said* Measure 110 would do and what the law actually *did* would give rise in subsequent years to damning news coverage like the Oregon Public Radio report, "Few obtain treatment in first year of Oregon drug-decriminalization grants."[28]

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[24] "Recriminalizing drugs, Oregon offers a cautionary tale," Editorial Board, *The Washington Post*, April 7, 2024, https://www.washingtonpost.com/opinions/2024/04/07/oregon-drugs-decriminalization-failure-lessons/.

[25] Humphreys, K., "The rise and fall of Pacific Northwest drug policy reform, 2020-2024," December 4, 2024, Brookings Institution, https://www.brookings.edu/articles/the-rise-and-fall-of-pacific-northwest-drug-policy-reform-2020-2024/.

[26] "Drug Addiction Treatment and Recovery Act," Oregon Secretary of State Elections Division, August 15, 2019, page 3, https://sos.oregon.gov/admin/Documents/irr/2020/044text.pdf.

[27] Ibid., https://sos.oregon.gov/admin/Documents/irr/2020/044text.pdf.

[28] "Few obtain treatment in first year of Oregon drug-decriminalization grants" by Emily Green, Oregon Public Broadcasting, The Lund Report, Feb. 14, 2022, https://www.opb.org/article/2022/02/14/oregon-drug-decriminalization-measure-110-grants-treatment-recovery-services/.

In stark contrast to the paucity of Measure 110 beneficiaries who sought treatment to *stop* using addictive drugs, fully 60 percent of those helped by Measure 110 funding availed themselves of harm reduction programs, "such as syringe exchanges and naloxone distribution," to continue using illicit street drugs albeit more safely.[29]

> More than 16,000 Oregonians accessed services through the new grant program set up under Oregon's landmark drug-decriminalization law in its first year, but less than 1% of those helped with Measure 110 dollars were reported to have entered treatment, new state data shows.
>
> Most of those who accessed the grant-funded services last year, nearly 60%, engaged with harm reduction programs such as syringe exchanges and naloxone distribution…
>
> …while Measure 110 was pitched to voters as a way to expand access to addiction treatment and recovery, the early spending has only led to about 136 people entering treatment — and that's out of hundreds of thousands in Oregon who need but are not receiving treatment for substance use.
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> ("Few obtain treatment in first year of Oregon drug-decriminalization grants" by Emily Green, Oregon Public Broadcasting, The Lund Report, Feb. 14, 2022. Emphasis added.)

Measure 110 drove a fatal OD spike far worse than the national average.

Far from ameliorating Oregon's problems with illicit drugs, Measure 110 quantifiably exacerbated them, with a fatal drug-overdose rate that "increased by 43 percent in 2021, its first year of implementation — and then kept rising."[30] In fact, Oregon's spike in drug overdose deaths under Measure 110 was significantly worse than the national average, with no other state posting a higher rate of increase.

> The latest CDC data show that in the 12 months ending in September 2023, deaths by overdose grew by 41.6 percent, versus 2.1 percent nationwide. No other state saw a higher rise in deaths. Only one state, Vermont, ranks higher in its rate of illicit drug use.
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> (Source: "Why Oregon's Drug Decriminalization Failed" by Keith Humphreys and Rob Bovett, *The Atlantic*, March 17, 2024. Emphasis added.)

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[29] "Few obtain treatment in first year of Oregon drug-decriminalization grants" by Emily Green, Oregon Public Broadcasting, The Lund Report, Feb. 14, 2022, https://www.opb.org/article/2022/02/14/oregon-drug-decriminalization-measure-110-grants-treatment-recovery-services/.

[30] "Why Oregon's Drug Decriminalization Failed; The sponsors of the law fundamentally misunderstood the nature of addiction" by Keith Humphreys and Rob Bovett, *The Atlantic*, March 17, 2024, https://www.theatlantic.com/ideas/archive/2024/03/oregon-drug-decriminalization-failed/677678/.

And yes, Measure 110 was found to have *caused* more overdoses.

Importantly, independent research that sought to measure whether and to what extent Measure 110 actually *drove* Oregon's spike in drug overdose deaths identified a causal effect of drug decriminalization on that state's unintentional drug overdose deaths.[31]

> Using the synthetic control method, I find that when Oregon decriminalized small amounts of drugs in February 2021, it caused 182 additional unintentional drug overdose deaths to occur in Oregon in 2021. This represents a 23% increase over the number of unintentional drug overdose deaths predicted if Oregon had not decriminalized drugs.
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> (Source: Spencer, Noah, 2023. "Does drug decriminalization increase unintentional drug overdose deaths?," Journal of Health Economics, Elsevier, vol. 91(C). Emphasis added)

Oregon DOT blamed Measure 110 for more drug-related 'crashes than ever before.'

Fatal drug overdoses are obviously not alone among negative consequences of decriminalizing deadly street drugs like fentanyl and methamphetamine, and the Oregon Department of Transportation was emphatic in identifying Measure 110 as at least partly responsible for the state "experiencing more poly-drug use DUII [Driving Under the Influence of Intoxicants] crashes than ever before."[32]

> In 2020, the state also legalized therapeutic usage of psilocybin, or what's commonly referred to as 'mushrooms,' a hallucinogenic plant; and Ballot Measure 110 which decriminalized personal usage amounts of controlled substances like heroine, meth, and cocaine (the violator either pays $100 fine or agrees to go into a treatment program). As a result, the state is experiencing more poly-drug use DUII [Driving Under the Influence of Intoxicants] crashes than ever before, and continues to work on this significant challenge to affect this risky driving behavior.
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> (Source: ODOT FFY 2023 Highway Safety Plan, Page 134. Emphasis added.)

Oregon DOT noted that while alcohol-related traffic fatalities "appear to be on a sustained decline," there were "marked increases for drug-only and alcohol and drug polysubstance fatal crashes." These, in Oregon DOT's perspective, were "likely related to the

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[31] Spencer, Noah. 2023. "Does Drug Decriminalization Increase Unintentional Drug Overdose Deaths? Early Evidence from Oregon Measure 110." Journal of Health Economics 91: 102798. https://doi.org/10.1016/j.jhealeco.2023.102798.

[32] Oregon Department of Transportation, FFY 2023 Highway Safety Plan, Aug. 11, 2022, https://www.oregon.gov/odot/Safety/Documents/Oregon_FY_2023_1300_NHTSA_Grant_Application_08-11-2022.pdf.

implementation of Ballot Measure 110, which decriminalized possession of user quantities of many controlled substances in many circumstances."

Measure 110 drove 'an explosion of public drug use,' unsheltered homelessness.

Going into its third year in effect, Measure 110's unavoidably visible failures were beginning to command national headlines. In mid-2023, for example, *The New York Times*[33] reported from Portland, Oregon, that "open-air drug use, long in the shadows, [had] burst into full view, with people sitting in circles in parks or leaning against street signs, smoking fentanyl crushed on tinfoil."

> Within months of the measure taking effect in February 2021, open-air drug use, long in the shadows, burst into full view, with people sitting in circles in parks or leaning against street signs, smoking fentanyl crushed on tinfoil.
>
> Since then, Oregon's overdose rates have only grown. Now, tents of unhoused people line many sidewalks in Portland. Monthslong waiting lists for treatment continue to lengthen. Some politicians and community groups are calling for Measure 110 to be replaced with tough fentanyl possession laws. Others are pleading to give it more time and resources.
>
> ("Scenes From a City That Only Hands Out Tickets for Using Fentanyl" by Jan Hoffman, *New York Times*, July 31, 2023. Emphasis added.)

Public support for Measure 110 collapses statewide.

Unsurprisingly, the drug policy bait-and-switch represented the Drug Policy Alliance's Measure 110 eventually became obvious to Oregon's electorate, whose support for an experiment it once enacted with 58 percent of the vote collapsed within a few years.

Nearly two-thirds said Measure 110 'made drug addiction and overdose worse.'

In April 2023, Portland, Ore.-based DHM Research surveyed Oregon voters about their appetite to repeal portions of Measure 110.[34] The online survey of 500 Oregon voters

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[33] "Scenes From a City That Only Hands Out Tickets for Using Fentanyl; Oregon's experiment to curb overdoses by decriminalizing small amounts of illicit drugs is in its third year, and life has changed for most everyone in the city of Portland" by Jan Hoffman, *New York Times*, July 31, 2023, https://www.nytimes.com/2023/07/31/health/portland-oregon-drugs.html?searchResultPosition=7.

[34] "Oregon voters support bringing back criminal penalties for drug possession," DHM Research, May 12, 2023, https://www.dhmresearch.com/oregon-voters-support-bringing-back-criminal-penalties-for-drug-possession/.

conducted between April 24 and 30, 2023 had a 4.4 percent margin of error,[35] and found the following:

- A majority of Oregon voters thought that "Measure 110 has been bad for Oregon";
- Nearly two-thirds of Oregon voters — 65 percent — thought Measure 110 "made drug addiction and overdose worse," compared to 5 percent who said better;
- Measure 110 "made homelessness worse," according to 63 percent of Oregon voters — compared to only 3 percent saying it made homelessness better;
- And 63 percent blamed Measure 110 for "making crime worse," compared to just 7 percent who thought Measure 110 made crime better.
- 63 percent expressed support to "bring back criminal penalties for drug possession while continuing to use cannabis taxes to fund drug treatment programs."

Nearly two-thirds supported restoring penalties for low-level drug possession.

In August 2023, the Foundation for Drug Policy Solutions published the results of a separate statewide public opinion survey of Oregon voters.[36] That poll, by Emerson College Polling,[37] surveyed 1,000 registered voters in Oregon between August 8 and 9, 2023 and had a 3-percent margin for error.

- Nearly two-thirds of all Oregon voters — fully 64 percent — agreed that "parts of Measure 110 should be repealed that bring back penalties for the possession of small amounts of hard drugs."

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[35] DHM Research, "Measure 110 Oregon Voter Survey," April 2023, https://www.dhmresearch.com/wp-content/uploads/2023/05/DHM-Panel-Oregon_Measure110_May-2023.pdf.

[36] Foundation for Drug Policy Solutions, "New poll finds Oregonians regret Measure 110, blame law for increases in crime and homelessness," August 24, 2023, https://gooddrugpolicy.org/2023/08/new-poll-finds-oregonians-regret-measure-110-blame-law-for-increases-in-crime-and-homelessness/.

[37] Emerson College Polling, Oregon Survey: Voter Attitudes Towards Measure 110, commissioned by Foundation for Drug Policy Solutions, August 23, 2023, https://gooddrugpolicy.org/wp-content/uploads/2023/08/ECP_OR-exec-summarypollcrosstabs.pdf.

Black and Latino Oregonians favored restoring drug penalties most strongly.

- Black and Hispanic or Latino voters' support to re-criminalize possession of small amounts of hard drugs significantly exceeded that of white voters:
    - Black voters expressed 74.1 percent support for a partial Measure 110 repeal to bring back drug possession penalties;
    - Hispanic or Latino voters expressed 79.4 percent support for a partial Measure 110 repeal to bring back drug possession penalties; and
    - White voters expressed 61 percent support for a partial Measure 110 repeal to bring back drug possession penalties;
- Fully half of Oregon voters — 50 percent —reported that Measure 110 made their own community less safe, with one-third (33 percent) reporting that their community was "much less safe," and 17 percent saying "somewhat less safe."
- A majority Oregon voters — 54 percent — said Measure 110 increased homelessness in their communities; while 38 percent said the measure had no effect on homelessness, and only 8 percent saying it decreased homelessness.

DPA praises drug dealers as 'harm reductionists' and 'part of the solution.'

But even the nation's most high-profile drug-decriminalization failure isn't the most egregiously out-of-touch position taken by the Drug Policy Alliance. For that, San Francisco policymakers should familiarize themselves with the organization's 2019 publication, "Rethinking the 'Drug Dealer,'"[38] in which DPA argues that, "We must urgently assess how drugs are sold and how we as a society can respond in ways that will actually keep people and communities safer and healthier."

In promoting its publication on social media, DPA praised drug dealers — using its preferred euphemism, "drug sellers" — as "harm reductionists."[39]

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[38] Drug Policy Alliance, Rethinking the "Drug Dealer" (New York: Drug Policy Alliance, 2019), page 7, https://drugpolicy.org/ wp-content/uploads/2023/05/Rethinking_the_Drug_Dealer_Report.pdf.

[39] Drug Policy Alliance, "Image stating 'Our current approach to people who sell drugs in the U.S. does not reduce the harms of drug use or the availability of drugs, nor does it improve public safety. It's time to rethink the "drug dealer."

> Drug sellers are harm reductionists: "The absolute number one way that we know of right now to prevent overdose and take care of yourself is to have a trusting relationship with the person you're buying drugs from." @WeezieBeale.
>
> (Source: Drug Policy Alliance, @DrugPolicyOrg, "Image stating 'Our current approach to people who sell drugs in the U.S. does not reduce the harms of drug use or the availability of drugs, nor does it improve public safety. It's time to rethink the "drug dealer." drugpolicy.org/drugsellers.'" X, June 24, 2020 at 6:41 p.m. Emphasis added.)

In the same X thread, DPA described prohibition as "the problem," and "people who use & sell drugs" as part of the solution.[40]

> Prohibition is the problem. People who use & sell drugs are part of the solution. Despite purported concern for people who use drugs, policymakers continue to support harsh penalties for people who sell drugs. Join @DrugPolicyOrg as we rethink the "drug dealer."
>
> (Source: Drug Policy Alliance, "Image stating 'Our current approach to people who sell drugs in the U.S. does not reduce the harms of drug use or the availability of drugs, nor does it improve public safety. It's time to rethink the "drug dealer." drugpolicy.org/drugsellers.'" X, June 24, 2020 at 11:51 a.m. Emphasis added.)

Drug Policy Alliance urges policymaking roles at 'every step' for drug dealers.

But the Drug Policy Alliance's advocacy isn't limited to de-stigmatizing and normalizing drug dealing. In furtherance of its belief that people who "sell drugs are part of the solution," DPA specifically advocates that…

> Policymakers should include people who are or have been involved in drug selling- and distribution-related activity in every step of the policymaking process.[41]
>
> (Source: Drug Policy Alliance, Rethinking the "Drug Dealer," 2019, page 56)

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drugpolicy.org/drugsellers.'" X, June 24, 2020 at 6:41 p.m., https://x.com/DrugPolicyOrg/status/1275861709425688576.

[40] Drug Policy Alliance, "Image stating 'Our current approach to people who sell drugs in the U.S. does not reduce the harms of drug use or the availability of drugs, nor does it improve public safety. It's time to rethink the "drug dealer." drugpolicy.org/drugsellers.'" X, June 24, 2020 at 11:51 a.m., https://x.com/DrugPolicyOrg/status/1275864140989575169.

[41] Drug Policy Alliance, Rethinking the "Drug Dealer" (New York: Drug Policy Alliance, 2019), page 56, https://drugpolicy.org/ wp-content/uploads/2023/05/Rethinking_the_Drug_Dealer_Report.pdf.

A final point on the importance of collaboration.

In the coming months, San Francisco has an unprecedented opportunity to make substantive progress on the drug-related challenges facing our City given the emerging consensus around "Four Pillars" strategies that many European cities have successfully employed for many years.

Last year, former Supervisor Dean Preston requested a Budget and Legislative Analyst Report on one such implementation in San Francisco's sister city of Zurich, Switzerland,[42] and Supervisor Jackie Fielder[43] on March 4, 2025 called for a hearing on the approach that I have co-sponsored together with Supervisors Mahmood, Walton, and Chen.

Given the possibility of genuine consensus on San Francisco's drug policy challenges, it is probably worth highlighting another important political lesson European cities offer on the progress they have made. A 2014 study of open drug scenes in five European cities — Amsterdam, Frankfurt, Vienna, Zurich, and Lisbon — made observations from its examination of "shared and non-shared interventions and strategies in order to increase the understanding of this type of problem."[44]

Among the most commonly observed obstacles: political discord. And among its most commonly observed requirements: political consensus. In fact, according to the study, only "when consensus had been reached" had "real progress been achieved."

> A common observation was that where there had been political and professional disagreements and conflicts, these obstructed the implementation of any effective policy. A common theme was that on-going political and ideological conflicts seem to have prevented

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[42] City and County of San Francisco Board of Supervisors Budget and Legislative Analyst, Report to Supervisor Dean Preston, "Comparison of San Francisco's Policies and Practices Regarding Drug Services to Zurich, Switzerland's Four Pillars Approach," November 19, 2024, https://sfgov.legistar.com/View.ashx?M=F&ID=13911545&GUID=BB66498E-FE20-4D53-9F49-AB17167D1BA6.

[43] City and County of San Francisco, Board of Supervisors, File No. 250219: Hearing - Four Pillars Strategy, introduced March 4, 2025, "Hearing on the 'Four Pillars Strategy,' a comprehensive initiative to address public drug use and open air drug markets," https://sfgov.legistar.com/LegislationDetail.aspx?ID=7253055&GUID=1FFA7DF8-013C-41DB-910D-2555243FCF9F&Options=ID|Text|&Search=250219.

[44] Waal, H., Clausen, T., Gjersing, L., & Gossop, M., 2014, "Open drug scenes: responses of five European cities," BMC Public Health, 14, 853, page 9, https://acrobat.adobe.com/id/urn:aaid:sc:us:22834532-3347-4fc4-90e8-3b584617ed73.

> solutions and effective measures for several years. Only when consensus had been reached at sufficiently high political and administrative levels, has real progress been achieved.
>
> (Waal, H., Clausen, T., Gjersing, L., & Gossop, M., 2014, “Open drug scenes: responses of five European cities,” BMC Public Health, 14, 853, page 9. Emphasis added.)

By sharing a common and common-sense aspiration with San Francisco’s drug treatment programs — that the cessation of illicit drug use and long-term recovery from addiction should be our City’s primary drug policy objective — we have a real chance to forge requisite consensus. Working together in the spirit of compromise, we can make needed progress in the months ahead on the most serious and deadly crisis of our time.

I’m convinced that the “Recovery First” ordinance, as amended, will provide much-needed policy direction to our city departments and nonprofit partners, while also helping to win wider public support for the necessary panoply of diverse tactics — at least some of which would likely continue to face public scorn — without such a cohesive framework.

I thank you for your consideration of this letter, its supporting documentation, and the underlying legislation before you. As always, I welcome the opportunity to talk further with you or your staff at your convenience.

Thanks so much!

Sincerely,

MATT DORSEY

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