**File No.** 250190 **Committee Item No.** 2
**Board Item No.** 5

# COMMITTEE/BOARD OF SUPERVISORS

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**Committee:** Public Safety and Ngbh Services **Date:** April 24, 2025
**Board of Supervisors Meeting:** **Date:** May 13, 2025

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**Prepared by:** Monique Crayton **Date:** April 18, 2025
**Prepared by:** John Carroll **Date:** May 2, 2025
**Prepared by:** Monique Crayton **Date:** May 7, 2025

[Administrative Code - Recovery First ~~Drug~~Substance Use Disorder Treatment Policy]

**Ordinance amending the Administrative Code to establish the ~~cessation of illicit drug use and attainment of long-term recovery from~~long-term remission of substance use disorders for individuals as the primary ~~objective~~goal of the City's ~~drug~~substance use disorder treatment policy.**

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
**Additions to Codes** are in *single-underline italics Times New Roman font*.
**Deletions to Codes** are in *~~strikethrough italics Times New Roman font~~*.
**Board amendment additions** are in double-underlined Arial font.
**Board amendment deletions** are in ~~strikethrough Arial font~~.
**Asterisks (* * * *)** indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Chapter 15 of the Administrative Code is hereby amended by adding Section 15.19, to read as follows:

***SEC. 15.19. RECOVERY FIRST*** ~~**DRUG**~~**SUBSTANCE USE DISORDER TREATMENT *POLICY.***

*(a) **Title.** This Section 15.19 shall be known as the "Recovery First* ~~Drug~~Substance Use Disorder Treatment *Policy."*

*(b) **Definitions.** For purposes of this Section 15.19, the following terms have the following meanings:*

(1) "Remission" means overcoming the illness of Substance Use Disorder to the point of living a self-directed and healthy life, free from illicit drug use.

(~~1~~2) *"Recovery" means* the process by which an individual suffering from Substance Use Disorder strives to make positive changes that become part of a voluntarily adopted healthy lifestyle. Recovery ~~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*; an outpatient or residential substance use treatment program; a contingency management program; or other program determined by the program participant to support their efforts to be in Remission.

(~~2~~3) *"Substance Use Disorder" has the meaning set forth in the 5th edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, as may be amended or revised from time to time.*

*(c)* ***Policy.*** ~~The cessation of illicit drug use and attainment of long-term Recovery from~~Long-term Remission of *Substance Use Disorders* for individuals, with the help of fully supported and staffed evidence-based Recovery and behavioral health services, *shall be the primary* ~~objective~~goal *of the City's* ~~drug~~Substance Use Disorder treatment *policy.*

Section 2. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

APPROVED AS TO FORM:
DAVID CHIU, City Attorney

By: _____***/s/***_____
ANNE PEARSON
Deputy City Attorney

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City and County
of San Francisco

Board of Supervisors
Member, District 6

# MATT DORSEY
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April 17, 2025

Hon. Connie Chan, District 1
Hon. Stephen Sherrill, District 2
Hon. Danny Sauter, District 3
Hon. Joel Engardio, District 4
Hon. Bilal Mahmood, District 5
Hon. Myrna Melgar, District 7
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SAN FRANCISCO BOARD OF SUPERVISORS
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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.
>
> ("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.
>
> (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.
>
> (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.
>
> (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

Cc: Angela Cavillo,
Clerk of the Board of Supervisors
Angela.Calvillo@sfgov.org

Daniel Tsai
San Francisco Public Health Director
Daniel.Tsai@sfdph.org

Kunal Modi
Mayor Lurie’s Chief of Health, Homelessness, and Family Services
Kunal.Modi@sfgov.org

Adam Thongsavat,
Mayor Lurie’s Liaison to the Board of Supervisors
Adam.Thongsavat@sfgov.org

BOARD of SUPERVISORS

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Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

# M E M O R A N D U M

TO: Budget and Legislative Analyst

FROM: Monique Crayton, Assistant Clerk, Public Safety and Neighborhood Services Committee, Board of Supervisors

DATE: April 25, 2025

SUBJECT: LEGISLATION AMENDED - FISCAL IMPACT DETERMINATION

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The Board of Supervisors' Public Safety and Neighborhood Services Committee (a nonfiscal committee) amended the following legislation on Thursday, April 24, 2025. Pursuant to Administrative Code, Section 2.6-3, the new version is being forwarded to you since it was initially determined not to have fiscal impact, but the amendments made were substantive and another review for a fiscal impact determination is required.

**File No. 250190 (Ver 2)**

**Administrative Code - Recovery First Drug Policy**

If the new version is determined to have fiscal impact, the legislation will need to be referred to a fiscal committee before it can be referred to the full Board for approval.

Please send your determination or contact with me any questions at (415) 554-7750 or email: monique.crayton@sfgov.org.

---

**RESPONSE FROM THE BUDGET AND LEGISLATIVE ANALYST - Date: _____**

____ **This matter has fiscal impact.**

____ **This matter does not have fiscal impact.**

____ **Additional information attached.**

_____

**Budget and Legislative Analyst**

| | |
|---|---|
| **From:** | Menard, Nicolas (BUD) |
| **To:** | Crayton, Monique (BOS) |
| **Subject:** | RE: REFERRAL BLA - FISCAL IMPACT DETERMINATION REQUEST - AMENDED IN PSNS - BOS File No. 250190 - Administrative Code - Recovery First Substance Use Disorder Treatment Policy |
| **Date:** | Saturday, April 26, 2025 1:39:13 PM |

Hi Monique

This ordinance, as amended, does not have fiscal impact.

Nicolas Menard
Budget & Legislative Analyst's Office
415-484-5485

---

**From:** Crayton, Monique (BOS) <monique.crayton@sfgov.org>
**Sent:** Friday, April 25, 2025 5:09 PM
**To:** Menard, Nicolas (BUD) <nicolas.menard@sfgov.org>; Goncher, Dan (BUD) <dan.goncher@sfgov.org>; Malamut, Christina (BUD) <christina.malamut@sfgov.org>
**Subject:** REFERRAL BLA - FISCAL IMPACT DETERMINATION REQUEST - AMENDED IN PSNS - BOS File No. 250190 - Administrative Code - Recovery First Substance Use Disorder Treatment Policy

Good afternoon,

The subject ordinance was amended in the Public Safety and Neighborhood Services Committee on April 24, 2025. Pursuant to Admin Code, Section 2.6-3, please review the amended ordinance to determine whether the amendments result in the legislation having a fiscal impact.

Referral to BLA – April 25, 2025

You are invited to review the entire matter on our Legislative Research Center by following the link below.

Board of Supervisors File No. 250190

Thank you,
Monique

**Monique C. Crayton (she/her)**
***Assistant Clerk***
Board of Supervisors - Clerk's Office
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
(415) 554-7750 | Fax: (415) 554-5163
monique.crayton@sfgov.org | www.sfbos.org

**(VIRTUAL APPOINTMENTS)** To schedule a "virtual" meeting with me (on Microsoft Teams), please

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# M E M O R A N D U M

TO: Daniel Tsai, Director, Department of Public Health

FROM: Victor Young, Assistant Clerk

DATE: March 3, 2025

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Rules Committee received the following proposed Ordinance:

File No. 250190

Ordinance amending the Administrative Code to establish the cessation of illicit drug use and attainment of long-term recovery from substance use disorders as the primary objective of the City's drug policy.

If you have comments or reports to be included with the file, please forward them to Victor Young at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 or by email at: victor.young@sfgov.org.

c. Dr. Naveena Bobba, Public Health
Sneha Patil, Public Health
Ana Validzic, Public Health

President, District 8
BOARD of SUPERVISORS

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**RAFAEL MANDELMAN**

# PRESIDENTIAL ACTION

Date: 4/3/25

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,
Pursuant to Board Rules, I am hereby:

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. _____ _____ (Primary Sponsor)

Title. _____

☒ Transferring (Board Rule No 3.3)

File No. 250190 Dorsey (Primary Sponsor)

Title. Administrative Code - Recovery First Drug Policy

From: Rules Committee

To: Public Safety & Neighborhood Services Committee

☐ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: _____ Replacing Supervisor: _____

For: _____ (Date) _____ (Committee) Meeting

Start Time: _____ End Time: _____

Temporary Assignment: ◉ Partial ○ Full Meeting

Rafael Mandelman, President
Board of Supervisors

March 20, 2025

Connie Chan, Supervisor First District
Stephen Sherrill, Supervisor Second District
Danny Sauter, Supervisor Third District
Joel Engardio, Supervisor Fourth District
Bilal Mahmood, Supervisor Fifth District
Matt Dorsey, Supervisor Sixth District
Myrna Melgar, Supervisor Seventh District
Rafael Mandelman, Supervisor Eight District
Jackie Fielder, Supervisor Ninth District
Shamann Walton, Supervisor Tenth District
Chyanne Chen, Supervisor Eleventh District

Legislative Chamber, Room 250
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

**Re: Opposition to File NO. 250190 Recovery First Ordinance**

Dear San Francisco Board of Supervisors,

We write in respectful opposition to the Ordinance NO. 250190, also known as the 'Recovery First Drug Policy,' amending our city's drug policy to singularly focus on the abstention and cessation of drug use. As advocates working on policies that prioritize social support and community well-being, we believe that San Francisco's drug policies should be grounded in scientific evidence, health, and equity.

We share in the vision and the urgency that individuals with substance use disorders (SUD) receive the urgent treatment that they desire and need, limiting or preventing the adverse consequences associated with SUD. However, we are deeply concerned with the introduction of the Recovery First Ordinance, which, as written, signifies a drastic departure from San Francisco's long-established data-driven drug and harm reduction policies. The proposed measure presents a very narrow view of recovery, obscuring the different pathways toward recovery. ***Recovery is***

***not a one-size fits-all, rather, it exists on a spectrum.*** The federal Substance Abuse and Mental Health Service Administration crafted a consensus definition to capture the nuance of recovery as, "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential".[1]

For over thirty years, San Francisco has been at the forefront of adopting innovative strategies that reduce health risks associated with drug use and that improve the recovery of people who use drugs (PWUD). A critical component of such measures has been the implementation of harm reduction policies and practices, driven by community public health strategies that engage directly with people who use drugs to prevent overdose and infectious disease transmission, improve physical, mental, and social well-being, and offer low-barrier options for accessing healthcare services, including substance use and mental health treatment.

In 2000, San Francisco's Health Commission passed a resolution adopting a Harm Reduction Policy for Substance Use, sexually transmitted disease, and HIV treatment and prevention services, and/or programs that serve people who use drugs in their programs.[2] The adoption of this policy followed a community-led building of programming and services to support people who used drugs impacted by AIDS. It signaled San Francisco's openness to embed an evidence-based approach into their system of care and support services to meet people where they are and build trusting relationships that will connect people to health and social services. Moreover, it represented a commitment to ensure that drug policies and services to people impacted by drug use were guided by a public health approach, recognizing that cessation of all drug use is not necessary to receive supportive services. The Recovery First Ordinance will undermine a well-developed drug user health framework that maximizes the wellbeing of our communities by focusing the city's drug policy solely on one approach. The abstinence only model ignores the fact that recovery from substance use is not a linear nor rigid path and forecloses on the continuum of approaches available to support individuals in their recovery journey.

The reality is that recovery from substance use is a complex and often unpredictable process influenced by each individual's circumstances, and cessation of drug use is one part of the many components of recovery. Returning to drug use, or relapsing into substance use, is a component of the recovery change process, and for this reason it is critical to implement strategies to improve the retention of non-abstinent patients in the continuum of care. We are deeply concerned about San Francisco adopting a definition of recovery that is severely limited. This definition is not aligned with best treatment practices, but rather places abstinence-based models as the only standard for treatment when people need access to a variety of treatment options beyond medication-assisted treatment, such as contingency management, behavioral health treatment, and trauma-recovery services.[3]

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[1] "Recovery and Support," February 16, 2023. https://www.samhsa.gov/substance-use/recovery.

[2] Harm Reduction Training Institute (HRTI). https://www.sf.gov/information--harm-reduction-training-institute-hrti

[3] National Institute on Drug Abuse (NIDA). "Treatment and Recovery," July 6, 2020. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery.

We also believe that the language of this ordinance could exacerbate the existing stigma against substance use disorders and substance users and thus, inhibit successful outreach and connection of PWUD to services. Having a policy defining recovery as being "abstinent from drug use" will discourage people from seeking overdose prevention and other critical resources, knowing that any indication of their substance use could prevent access or remove them from shelter, housing or treatment. Alarmingly, this policy could redirect funding for abstinence-based models only, stripping harm reduction-based programs from critical funding necessary to distribute overdose prevention medication and life-saving harm reduction supplies, offer drug and treatment-related education, and facilitate connections to social services and treatment. We risk isolating individuals away from services when San Francisco should address this from both angles and incorporate harm reduction principles into treatment models to match people's experiences better.

Investing in public health approaches will help people stay on their path towards recovery, which include but are not limited to shelter and housing options that meet their needs before and after exiting treatment; having access to low-barrier and effective treatment services, naloxone and overdose response training and education, and drug checking services. These low barrier treatment options still lack adequate funding to meet the scale of need - we must build up the spectrum of effective programs, not narrow our scope of care. San Francisco must also deliver on the promise to establish wellness hubs, a key cornerstone of the 2022 Overdose Prevention Plan to provide linkages to care, which will strengthen our current system of services.[4]

We must prioritize the adoption of evidence-based and health-centered solutions to increase the opportunities for people struggling with substance use to seek and get treatment. This ordinance has the potential to hinder the long and established progress the City of San Francisco has developed to address the overdose crisis. We urge your "No" vote on this ordinance. For questions about our position, please contact echen@drugpolicy.org.

Respectfully,

Grey Gardner
California State Director
Drug Policy Alliance

Laura Guzman
Executive Director
National Harm Reduction Coalition

Jennifer Friedenbach
Executive Director
Coalition on Homelessness

Calder Lorenz
Director of Operations
The Gubbio Project

Celestina Pearl
Director of Outreach and Harm Reduction
Lyon Martin

Jes Distad
Vice President of Communications
Harvey Milk LGBTQ Democratic Club

[4] City & County of San Francisco Department of Public Health. "Overdose Deaths Are Preventable: San Francisco's Overdose Prevention Plan," 2022. https://www.sf.gov/sites/default/files/2022-09/SFDPH%20Overdose%20Plan%202022.pdf.

Anne Bluethenthal
Lead Artist
ABD Productions / Skywatchers

Analise Velazquez
Advocate
Underbelly Archive Project

Lucie R.
Volunteer
Martin de Porres House

Lauren Hall
Co-Founder and Co-CEO
Delivering Innovation in Supportive Housing

Britt Creech
Operations Manager
Vanguard Lab

Ann Berg
Clinical Program Director
The Harm Reduction Therapy Center

Michael E. Armentrout
Chief Executive Officer
Maitri Compassionate Care

Larisa Pedroncelli
Chair
SF Latino Task Force Street Needs Committee

Joseph Mitchell
Peer Support Specialist
Abode Services

| | |
|---|---|
| **From:** | Elle Chen |
| **To:** | Board of Supervisors (BOS); Crayton, Monique (BOS) |
| **Cc:** | Grey Gardner; Norma Palacios; Laura Guzman; Jennifer Friedenbach; Lupe Velez; lilla@cohsf.org |
| **Subject:** | Re: Recovery First Ordinance - Opposition |
| **Date:** | Wednesday, April 9, 2025 12:47:54 PM |
| **Attachments:** | Recovery First Ordinance - Letter of Opposition (April 2025).pdf |

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Good afternoon everyone,

On behalf of the Drug Policy Alliance, Coalition on Homelessness, National Harm Reduction Coalition, and our undersigned signatories, I am reaching out with an updated letter on the Recovery First Ordinance.

We extend our heartfelt appreciation to Supervisor Dorsey for meeting with our coalition and accepting the amendments below:

- Broaden treatment modalities past Medically Assisted Treatment (MAT) and
- Changing 'qualified' to 'licensed' providers

In order to withdraw our opposition, we request that the definition of 'recovery' include the consensus and standardized definition developed by the federal Substance Abuse and Mental Health Service Administration (SAMHSA) (see letter for proposed language).

We appreciate the Board and staff for their continued engagement. We are devoted to working collaboratively to align SF's drug policy with national best practices and support diverse pathways to recovery.

Warm regards,

**Elle C. Chen, MSc | Policy Manager**
**Drug Policy Alliance**
Pronouns: they.them.theirs
Phone: 510.679.2309 | Email: echen@drugpolicy.org
X | Instagram | Facebook
www.drugpolicy.org

---

**From:** Elle Chen <echen@drugpolicy.org>
**Sent:** Thursday, March 27, 2025 12:22 PM
**To:** bos@sfgov.org <bos@sfgov.org>; Victor.Young@sfgov.org <Victor.Young@sfgov.org>
**Cc:** Grey Gardner <ggardner@drugpolicy.org>; Norma Palacios <npalacios@drugpolicy.org>; Laura Guzman <guzman@harmreduction.org>; Jennifer Friedenbach <jfriedenbach@cohsf.org>; Lupe

Velez <lvelez@cohsf.org>; lilla@cohsf.org <lilla@cohsf.org>
**Subject:** Recovery First Ordinance - Opposition

Good afternoon all,

On behalf of the Drug Policy Alliance, Coalition on Homelessness, National Harm Reduction Coalition, and our undersigned partners, we are in respectful opposition to Ordinance No. 250190, also known as the 'Recovery First Drug Policy.'

I have attached our letter which articulates our opposition to the shift in San Francisco's drug policy to singularly focus on the abstention and cessation of drug use.

We thank the Board of Supervisors and their staff for their ongoing engagement. We will continue to work diligently and collaboratively to ensure that SF's drug policy is truly health-centered, community-driven, and offers the full spectrum of the continuum of care.

Let us know if you have any additional questions about our position. Thank you!

Warm regards,

**Elle C. Chen | Policy Manager**
**Drug Policy Alliance**
Pronouns: they.them.theirs
Phone: 510.679.2309 | Email: echen@drugpolicy.org
X | Instagram | Facebook
www.drugpolicy.org

DRUG POLICY ALLIANCE.

NATIONAL HARM REDUCTION COALITION

Underbelly
ARCHIVE PROJECT

LYON MARTIN
COMMUNITY HEALTH

HARVEY MILK
LGBTQ DEMOCRATIC CLUB

SKYWATCHERS

dish
DELIVERING INNOVATION
IN SUPPORTIVE HOUSING

Maitri

HRT The HARM REDUCTION Therapy Center

TENDERLOIN SUPPORTIVE HOUSING
OVERDOSE PREVENTION NETWORK

Treatment on Demand Coalition

HOMELESS YOUTH ALLIANCE S.F. CA.

WRAP
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YOUTH SERVICES

OUR CITY
San Francisco San Francisco
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San Francisco San Francisco
San Francisco San Francisco San Francisco
San Francisco San Francisco San Francisco
San Francisco San Francisco San Francisco

Vilomah
FOUNDATION

ONE VOICE
RECOVERY

Hospitality House

HACHR

PUBLIC HEALTH ORGANIZATION OF GRADUATE STUDENTS
PHOGS
SF State

SAN FRANCISCO AIDS FOUNDATION

IN THE WORKS

LTF
LATINO TASK FORCE

RAD MISSION NEIGHBORS

HROC
HARM REDUCTION
OUTREACH
COLLECTIVE

March 20, 2025

Connie Chan, Supervisor First District
Stephen Sherrill, Supervisor Second District
Danny Sauter, Supervisor Third District
Joel Engardio, Supervisor Fourth District
Bilal Mahmood, Supervisor Fifth District
Matt Dorsey, Supervisor Sixth District
Myrna Melgar, Supervisor Seventh District
Rafael Mandelman, Supervisor Eight District
Jackie Fielder, Supervisor Ninth District
Shamann Walton, Supervisor Tenth District
Chyanne Chen, Supervisor Eleventh District

Legislative Chamber, Room 250
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

**Re: Opposition to File NO. 250190 Recovery First Ordinance**

Dear San Francisco Board of Supervisors,

We write in respectful opposition to the Ordinance No. 250190, also known as the 'Recovery First Drug Policy,' amending our city's drug policy to singularly focus on the abstention and cessation of drug use. As advocates working on policies that prioritize social support and community well-being, we believe that San Francisco's drug policies should be grounded in scientific evidence, health, and equity.

**We sincerely thank Supervisor Matt Dorsey** for meeting with our coalition and accepting amendments to broaden treatment options past Medically Assisted Treatment (MAT) as a requisite of recovery and for specifying that 'licensed' healthcare providers will administer MAT. However, **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).[1] The federal agency enlisted expert stakeholders to develop a recovery framework, acknowledging that the cessation of drug use is one of the many essential components of recovery.

(b) Definitions. For purposes of this Section 15.19, the following terms have the following meanings:

(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.

We share in the vision and and the urgency that individuals with substance use disorders (SUD) receive the urgent treatment that they desire and need, limiting or preventing the adverse consequences associated with SUD. However, we are deeply concerned with the introduction of the Recovery First Ordinance, which, as written, signifies a drastic departure from San Francisco's long-established data-driven drug and harm reduction policies. The proposed measure presents a very narrow view of recovery, obscuring the different pathways toward recovery. ***Recovery is not a one-size fits-all, rather, it exists on a spectrum.*** [2]

[1] "SAMHSA's Working Definition of Recovery | SAMHSA Library - Substance Abuse and Mental Health Services Administration." Accessed April 7, 2025. https://library.samhsa.gov/product/samhsas-working-definition-recovery/pep12-recdef.

[2] "Recovery and Support," February 16, 2023. https://www.samhsa.gov/substance-use/recovery.

Having a policy defining recovery as being “abstinent from drug use” will discourage people from seeking overdose prevention and other critical resources, knowing that any indication of their substance use could prevent access or remove them from shelter, housing or treatment. We believe that the narrow language of this ordinance could exacerbate the existing stigma against substance use disorders and substance users and thus, inhibit successful outreach and connection of people who use drugs (PWUD) to services. Alarmingly, this policy could redirect funding for abstinence-based models only, stripping harm reduction-based programs from critical funding necessary to distribute overdose prevention medication and life-saving harm reduction supplies, offer drug and treatment-related education, and facilitate connections to social services and treatment. We risk isolating individuals away from services when San Francisco should address this from both angles and incorporate harm reduction principles into treatment models to match people's experiences better.

For over thirty years, San Francisco has been at the forefront of adopting innovative strategies that reduce health risks associated with drug use and that improve the recovery of PWUD. A critical component of such measures has been the implementation of harm reduction policies and practices, driven by community public health strategies that engage directly with people who use drugs to prevent overdose and infectious disease transmission, improve physical, mental, and social well-being, and offer low-barrier options for accessing healthcare services, including substance use and mental health treatment.

In 2000, San Francisco’s Health Commission passed a resolution adopting a Harm Reduction Policy for Substance Use, sexually transmitted disease, and HIV treatment and prevention services, and/or programs that serve people who use drugs in their programs.[3] The adoption of this policy followed a community-led building of programming and services to support people who used drugs impacted by AIDS. It signaled San Francisco’s openness to embed an evidence-based approach into their system of care and support services to meet people where they are and build trusting relationships that will connect people to health and social services. Moreover, it represented a commitment to ensure that drug policies and services to people impacted by drug use were guided by a public health approach, recognizing that cessation of all drug use is not necessary to receive supportive services. The Recovery First Ordinance will undermine a well-developed drug user health framework that maximizes the wellbeing of our communities by focusing the city’s drug policy solely on one approach. The abstinence only model ignores the fact that recovery from substance use is not a linear nor rigid path and forecloses on the continuum of approaches available to support individuals in their recovery journey.

The reality is that recovery from substance use is a complex and often unpredictable process influenced by each individual’s circumstances. Returning to drug use, or relapsing into substance use, is a component of the recovery change process, and for this reason it is critical to implement strategies to improve the retention of non-abstinent patients in the continuum of care. We are deeply concerned about San Francisco adopting a definition of recovery that is severely limited. This definition is not aligned with best treatment practices, but rather places abstinence-based models as the only standard for treatment when people need access to a variety of treatment

[3] Harm Reduction Training Institute (HRTI). https://www.sf.gov/information--harm-reduction-training-institute-hrti

options beyond medication-assisted treatment, such as contingency management, behavioral health treatment, and trauma-recovery services.[4]

Investing in public health approaches will help people stay on their path towards recovery, which include but are not limited to shelter and housing options that meet their needs before and after exiting treatment; having access to low-barrier and effective treatment services, naloxone and overdose response training and education, and drug checking services. These low barrier treatment options still lack adequate funding to meet the scale of need - we must build up the spectrum of effective programs, not narrow our scope of care. San Francisco must also deliver on the promise to establish wellness hubs, a key cornerstone of the 2022 Overdose Prevention Plan to provide linkages to care, which will strengthen our current system of services.[5]

We must prioritize the adoption of evidence-based and health-centered solutions to increase the opportunities for people struggling with substance use to seek and get treatment. This ordinance has the potential to hinder the long and established progress the City of San Francisco has developed to address the overdose crisis. We urge your "No" vote on this ordinance. For questions about our position, please contact echen@drugpolicy.org.

Respectfully,

Grey Gardner
California State Director
Drug Policy Alliance

Laura Guzman
Executive Director
National Harm Reduction Coalition

Jennifer Friedenbach
Executive Director
Coalition on Homelessness

Calder Lorenz
Director of Operations
The Gubbio Project

Celestina Pearl
Director of Outreach and Harm Reduction
Lyon Martin

Jes Distad
Vice President of Communications
Harvey Milk LGBTQ Democratic Club

Anne Bluethenthal
Lead Artist
ABD Productions / Skywatchers

Anna Berg
Clinical Program Director
The Harm Reduction Therapy Center

Analise Velazquez
Advocate
Underbelly Archive Project

Michael E. Armentrout
Chief Executive Officer
Maitri Compassionate Care

Lucie R.
Volunteer
Martin de Porres House

Larisa Pedroncelli
Chair
SF Latino Task Force Street Needs Committee

Lauren Hall
Co-Founder and Co-CEO

Joseph Mitchell
Peer Support Specialist

---

[4] National Institute on Drug Abuse (NIDA). "Treatment and Recovery," July 6, 2020. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery.

[5] City & County of San Francisco Department of Public Health. "Overdose Deaths Are Preventable: San Francisco's Overdose Prevention Plan," 2022. https://www.sf.gov/sites/default/files/2022-09/SFDPH%20Overdose%20Plan%202022.pdf.

Delivering Innovation in Supportive Housing

Britt Creech
Operations Manager
Vanguard Lab

Kevin Liu
Community Organizer
Supportive Housing Overdose Prevention Network

Marnie Regen
Division Director of Government
Larkin Street Youth Services

Kenneth B Hughs
Pastor
St. Mark Institutional Missionary Baptist Church

Justice Dumlao
Community Mobilization Manager
Treatment on Demand

Susan Ousterman
Executive Director
Violomah Foundation

Patrick Rezac, SUDRC
Founder/Executive Director
One Voice Recovery, Inc.

Katia Padilla
COO Policy, Equitable and Strategic Partnerships
Latino Task Force

Kaylena Katz
Member
SFSU Public Health Organization of Graduate Students

Laura Thomas
Senior Director of HIV and Harm Reduction Policy
San Francisco AIDS Foundation

Ry Dalporto
Volunteer
Harm Reduction Outreach Collective (HROC)

Abode Services

Mary Howe
Executive Director
Homeless Youth Alliance

Paul Boden
Director
Western Regional Advocacy Project

Eric Brooks
Campaign Coordinator
Our City San Francisco

Kathleen Cochran
Founder
Moms for All Paths

Justice Dumlao
Community Mobilization Manager
Safer Inside Coalition

Taeko Frost
Principal & Co-Founder
In the Works

Ethan Makulec
Executive Director
Humboldt Area Center for Harm Reduction (HACHR)

Kevin Liu
Community Organizer
Rad Mission Neighbors

Joseph Wilson
Executive Director
Hospitality House

Jenn Autry
Founder
Black Heart Harm Reduction

| | |
|---|---|
| **From:** | Board of Supervisors (BOS) |
| **To:** | BOS-Supervisors; BOS-Legislative Aides |
| **Cc:** | BOS-Operations; Crayton, Monique (BOS); Calvillo, Angela (BOS); De Asis, Edward (BOS); Entezari, Mehran (BOS); Mchugh, Eileen (BOS); Ng, Wilson (BOS); Somera, Alisa (BOS) |
| **Subject:** | FW: Letter regarding Administrative Code – "Recovery First Drug Policy," File No. 250190 — SUPPORT |
| **Date:** | Wednesday, April 16, 2025 9:51:22 AM |
| **Attachments:** | Outlook-1504893741.png<br>Letter in Support of Recovery First in San Francisco.doc |

Hello,

Please see attached regarding **File No. 250190:**

Ordinance amending the Administrative Code to establish the cessation of illicit drug use and attainment of long-term recovery from substance use disorders as the primary objective of the City's drug policy.

Regards,

John Bullock
Office of the Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
(415) 554-5184
BOS@sfgov.org | www.sfbos.org

***Disclosures:*** *Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

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**From:** Keith Humphreys <knh@stanford.edu>
**Sent:** Tuesday, April 15, 2025 2:25 PM
**To:** Board of Supervisors (BOS) <board.of.supervisors@sfgov.org>
**Cc:** Dorsey, Matt (BOS) <matt.dorsey@sfgov.org>
**Subject:** Letter regarding Administrative Code – "Recovery First Drug Policy," File No. 250190 — SUPPORT

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Dear Board of Supervisors

Please find attached my letter supporting this policy.

Thank you
Keith Humphreys

Keith Humphreys, Ph.D.
Esther Ting Memorial Professor
401 N. Quarry Road, Room C-305 (MC:5717)
Stanford University School of Medicine
Stanford, CA 94305-5717
KNH@Stanford.edu

April 16, 2025

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

Re: Administrative Code – "Recovery First Drug Policy," File No. 250190 — SUPPORT

Dear Honorable Members of the San Francisco Board of Supervisors:

As someone who has studied addiction for over 35 years, served as a drug policy advisor in multiple White Houses, and currently volunteers in the Tenderloin, I am writing in strong support of the measure introduced by Supervisor Dorsey to make recovery the primary goal of drug policy in San Francisco.

As we all know, addiction to drugs – particularly to fentanyl and methamphetamine – is doing enormous damage to San Francisco. This damage is experienced not only by those who use drugs but also by their families, their communities, local businesses, and health and social service agencies. The city is blessed with many talented, committed individuals and organizations that attempt to respond to the addiction crisis, but to date they have lacked a North Star, i.e., a clear statement of what the ultimate goal of these efforts should be and to what standard they should be held.

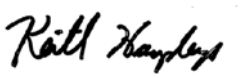
The "Recovery First" ordinance would provide such a North Star. It reflects compassionate optimism about the potential and dignity of every person who experiences addiction and simultaneously assures the city's taxpayers that the resources they provide are being wisely employed.

I recognize that some have characterized aiming for recovery as a rejection of harm reduction, so please let me take a moment to say why I disagree. I support harm reduction; indeed I wrote the first White House endorsement of bringing the overdose rescue drug naloxone into communities and also helped expand funding for syringe

exchange when I worked for President Obama. At the same time I recognize that a life of continued fentanyl addiction *even if we can make it less harmful than usual* does not generate anywhere near the health and quality of life as does recovery from addiction. Harm reduction will continue under a recovery first policy as a way to address immediate needs and help addicted people survive each day, and this will be coupled with a longer-term aspiration for something more, namely a life without illicit drugs.

Just as we aim for the best possible outcome for San Franciscans who experience less stigmatized disorders like cancer and heart disease, we should also aim for full recovery for those who experience addiction. They deserve that high level of aspiration and so do all the San Franciscans who are suffering along with them.

Sincerely,



| | |
|---|---|
| **From:** | Ellen Grantz |
| **To:** | Calvillo, Angela (BOS); Crayton, Monique (BOS); Board of Supervisors (BOS); BOS-Legislative Aides; BOS-Supervisors |
| **Cc:** | Lurie, Daniel (MYR); Jacqui Berlinn; Gina McDonald; Tanya Tilghman |
| **Subject:** | MADAAD's Support for San Francisco's Recovery-First Ordinance (File No. 250190) |
| **Date:** | Thursday, April 17, 2025 11:39:37 AM |
| **Attachments:** | MADAAD Letter in support of Recovery First ordinance file 250190 4-17-2025.pdf |

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Dear Honorable Members of the San Francisco Board of Supervisors:

We, the members of Mothers Against Drug Addiction & Deaths (MADAAD), write to express our strong support for the "Recovery First" ordinance introduced by Supervisor Matt Dorsey and co-sponsored by Board President Rafael Mandelman and Supervisors Bilal Mahmood, Stephen Sherrill, Myrna Melgar, Joel Engardio and Danny Sauter, that establishes the cessation of illicit drug use and the attainment of long-term recovery as the ***primary goal*** of San Francisco's response to the overdose crisis. As an organization of mothers who have witnessed the devastating toll of addiction on our children, our families, and our communities, we believe this policy offers the clarity and hope needed to save lives and help individuals reclaim their futures.

MADAAD was founded to fight for the lives of those struggling from addiction, drawing on the shared experiences of mothers who have searched for their children on the streets, mourned their losses, and advocated for systemic change. We have seen firsthand how drugs like fentanyl and methamphetamine fuel cycles of addiction and homelessness, tearing families apart. Our mission is to prevent more communities from enduring this pain by promoting policies that prioritize recovery and provide a clear path to a life free from drug addiction.

We understand the concerns some may have about a recovery-first approach. There's a fear that prioritizing abstinence from illicit drugs might oversimplify the complex, often non-linear nature of recovery. As mothers who have watched our loved ones struggle—and, in too many cases, lose their lives to addiction—we know recovery isn't always a straight path. Setbacks are real, and each person's journey is unique. The "Recovery First" ordinance recognizes this by embracing multiple pathways, including Medication-Assisted Treatment (MAT) when prescribed by licensed professionals, while keeping recovery from addiction as the ultimate goal. We believe that setting this clear target and allowing for multiple pathways to reach it will provide the focus and structure needed for lasting change, offering hope to those trapped in addiction's grip.

Another concern is that a recovery-focused policy might increase stigma, discouraging people from seeking help. At MADAAD, we've lived the pain of watching our children battle shame and isolation—we know how stigma can keep them from reaching out. Far from being discouraging, the "Recovery First" ordinance embraces

effective harm reduction services as vital entry points to care, ensuring no one is turned away. Having recovery as a goal isn't about judgment; it's about honoring the potential of those we love to heal and rebuild their lives, giving them a future beyond the perpetual management of their addiction. At the same time, we must affirm that cessation of illicit drugs is our health policy because it is essential for long-term wellbeing.

San Francisco's overdose crisis demands a bold new approach. The rise of deadly synthetic drugs like fentanyl and methamphetamine has shattered families, with 3,900 people in San Francisco lost to overdoses since 2019. The "Recovery First" ordinance will provide the direction our overdose response needs without sacrificing the best elements of our current system.

We urge the Board of Supervisors to adopt the "Recovery First" ordinance that prioritizes recovery as the primary goal of our city's drug response. The stories of MADAAD's kids—stories of loss, struggle, and determination—underscore the urgent need for a system that offers hope to every person fighting this battle. Let's build a future where no child has to wonder if a life of addiction is the best they can ever hope for.

In solidarity:
Jacqui Berlinn, Bay Area mother of Corey, an unsheltered resident in San Francisco
Gina McDonald, Bay Area mother of a Sam, in recovery after surviving on the streets of SF
Tanya Tilghman, SF mother of Roman, currently incarcerated in SF after relapsing
Ellen Grantz, San Francisco mother of two teenagers in San Francisco public schools

MOTHERS AGAINST DRUG ADDICTION & DEATHS

San Francisco Board of Supervisors
City Hall
1 Dr Carlton B Goodlett Pl
San Francisco, CA 94102

April 17, 2025

Subject: MADAAD's Support for San Francisco's Recovery-First Ordinance (File No. 250190)

Dear Honorable Members of the San Francisco Board of Supervisors:

We, the members of Mothers Against Drug Addiction & Deaths (MADAAD), write to express our strong support for the "Recovery First" ordinance introduced by Supervisor Matt Dorsey and co-sponsored by Board President Rafael Mandelman and Supervisors Bilal Mahmood, Stephen Sherrill, Myrna Melgar, Joel Engardio and Danny Sauter, that establishes the cessation of illicit drug use and the attainment of long-term recovery as the ***primary goal*** of San Francisco's response to the overdose crisis. As an organization of mothers who have witnessed the devastating toll of addiction on our children, our families, and our communities, we believe this policy offers the clarity and hope needed to save lives and help individuals reclaim their futures.

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We urge the Board of Supervisors to adopt the "Recovery First" ordinance that prioritizes recovery as the primary goal of our city's drug response. The stories of MADAAD's kids—stories of loss, struggle, and determination—underscore the urgent need for a system that offers hope to every person fighting this battle. Let's build a future where no child has to wonder if a life of addiction is the best they can ever hope for.

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Gina McDonald, Bay Area mother of a Sam, in recovery after surviving on the streets of SF
Tanya Tilghman, SF mother of Roman, currently incarcerated in SF after relapsing
Ellen Grantz, San Francisco mother of two teenagers in San Francisco public schools

**From:** Charlton Yu
**To:** Crayton, Monique (BOS)
**Subject:** Support Supervisor Dorsey's Recovery First Ordinance
**Date:** Friday, April 18, 2025 8:51:31 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Clerk Monique Crayton,

I'm writing to express my support for Supervisor Dorsey's "Recovery First" ordinance which calls for the cessation of illicit drug use to be the primary goal of our public health policy for people struggling with addiction.

For too long San Francisco has failed to prioritize long-term recovery for people who are struggling with addiction. Instead, our City has acted as if the best we can do is give drug users clean supplies and Narcan, while we look the other way and hope they don't die.

Supervisor Dorsey's legislation is pragmatic. By calling for the cessation of illicit drug use as the "north star" for our public health policy, it will align our health policy with virtually every other public health system in the world. His policy is also progressive, embracing treatments like prescription medicines such as Methadone and Suboxone, as well as harm reduction, as part of the continuum of care.

Without Supervisor Dorsey's "Recovery First" ordinance, our public health policy is deeply flawed, suggesting that people should not expect to recover, despite mountains of evidence that people can overcome addiction to illicit drugs. At a time when synthetic drugs are flooding our City, our policy of tolerating illicit drugs sends a dangerous message to our children.

I urge you to support the "Recovery First" ordinance. This approach isn't about choosing between compassion and accountability; it's about a common sense reform that's long overdue.

Sincerely,

Charlton Yu
charlton_yu@yahoo.com

San Francisco, California 94118

Keith Humphreys, Ph.D.
Esther Ting Memorial Professor
401 N. Quarry Road, Room C-305 (MC:5717)
Stanford University School of Medicine
Stanford, CA 94305-5717
KNH@Stanford.edu

April 16, 2025

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

Re: Administrative Code – "Recovery First Drug Policy," File No. 250190 — SUPPORT

Dear Honorable Members of the San Francisco Board of Supervisors:

As someone who has studied addiction for over 35 years, served as a drug policy advisor in multiple White Houses, and currently volunteers in the Tenderloin, I am writing in strong support of the measure introduced by Supervisor Dorsey to make recovery the primary goal of drug policy in San Francisco.

As we all know, addiction to drugs – particularly to fentanyl and methamphetamine – is doing enormous damage to San Francisco. This damage is experienced not only by those who use drugs but also by their families, their communities, local businesses, and health and social service agencies. The city is blessed with many talented, committed individuals and organizations that attempt to respond to the addiction crisis, but to date they have lacked a North Star, i.e., a clear statement of what the ultimate goal of these efforts should be and to what standard they should be held.

The "Recovery First" ordinance would provide such a North Star. It reflects compassionate optimism about the potential and dignity of every person who experiences addiction and simultaneously assures the city's taxpayers that the resources they provide are being wisely employed.

I recognize that some have characterized aiming for recovery as a rejection of harm reduction, so please let me take a moment to say why I disagree. I support harm reduction; indeed I wrote the first White House endorsement of bringing the overdose rescue drug naloxone into communities and also helped expand funding for syringe

exchange when I worked for President Obama. At the same time I recognize that a life of continued fentanyl addiction *even if we can make it less harmful than usual* does not generate anywhere near the health and quality of life as does recovery from addiction. Harm reduction will continue under a recovery first policy as a way to address immediate needs and help addicted people survive each day, and this will be coupled with a longer-term aspiration for something more, namely a life without illicit drugs.

Just as we aim for the best possible outcome for San Franciscans who experience less stigmatized disorders like cancer and heart disease, we should also aim for full recovery for those who experience addiction. They deserve that high level of aspiration and so do all the San Franciscans who are suffering along with them.

Sincerely,

Outlook

## Administrative Code - "Recovery First Drug Policy," File No. 250190 - SUPPORT

**From** stanton.glantz@sonic.net <stanton.glantz@sonic.net>
**Date** Mon 4/21/2025 8:24 AM
**To** Board of Supervisors (BOS) <board.of.supervisors@sfgov.org>
**Cc** Dorsey, Matt (BOS) <matt.dorsey@sfgov.org>

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I am a retired UCSF professor of medicine and founding director of the UCSF Center for Tobacco Control Research and Education where, among other things, I conducted research on the health effects of secondhand tobacco smoke and tobacco control policies including smoke-free policies. I have testified for every tobacco control Laws introduced at the Board of Supervisors since the 1980s and assisted in the implementation of some of those laws. I served as treasurer for the 1983 Proposition P campaign, which successfully dedended San Francisco's new workplace smoking law against a referendum by the tobacco industry, handing the industry its first electoral defeat.

The original meaning of "smoke-free" was "free from secondhand tobacco smoke." We were not urging smokers to quit smoking, viewing that is a matter for their personal choice; all we wanted was for them to exercise that choice in a way which did not hurt bystanders who chose not to smoke. We now know in hindsight that by creating smoke-free environments, we fundamentally change the social norms around smoking in a way to create an environment that supported smokers in their decisions to stop smoking and undermined decades of tobacco industry efforts to create a social support system which made smoking the norm.

In particular, we now know that the creation of smoke-free environments (including workplaces and homes) help smokers quit by…

- Encouraging and facilitating quit attempts
- Longer duration of quit attempts
- Greater use of smoking cessation medications and increase medication effectiveness
- Reduced cigarette consumption

The combined effect of these factors is increased number of smokers who were freed themselves from nicotine addiction.[1]

In addition, smoke-free environments are associated with less smoking initiation by young people.

Over time, as a result of these changes, the definition of "smoke-free" came to apply to individual smokers, meaning "free from giving money to the tobacco industry," i.e., no longer smoking or using other tobacco products.

While I am not an expert on illicit drug use and its treatment, this experience with tobacco suggests a comparable change in the way we think about illicit drug use leads me to support the "Recovery First Drug Policy" because it clearly establishes freedom from giving money to the organizations that sell drugs as the desired norm. It also could lead to the encouragement of facilities, including housing, for people who are committed to becoming drug-free. Providing drug-free environments for these people would likely facilitate their efforts to become drug-free by removing visual and behavioral cues created by other people using drugs.

While the proposed legislation still allows for intermediate steps, particularly harm reduction efforts operated independently of organizations that sell drugs, clearly stating that the long-term goal is a drug-free society would reflect what we have learned in the progress against tobacco.

Thank you for your consideration.

NOTE: An excellent summary of the research supporting these conclusions can be found in the following publication: *Office on Smoking and Health (US). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2006*; pages 609-628. Available from: https://www.ncbi.nlm.nih.gov/books/NBK44324/

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[1] An excellent summary of the research supporting these conclusions can be found in the following publication: *Office on Smoking and Health (US). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2006*; pages 609-628. Available from: https://www.ncbi.nlm.nih.gov/books/NBK44324/

# POSITIVE DIRECTIONS EQUALS CHANGE INC.


***- Our Mission –***

*To inspire personal and social responsibility to the African American community through advocacy, education and results- oriented service.*

*For more Information:*

***Administrative Office***

*Phone (415) 401-0199*
*Fax (415) 401-0175*

***Cedric Akbar:***

*Phone (415) 740-5587*


Supervisor Matt Dorsey
San Francisco Board of Supervisors
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

**Re: Letter of Support for the "Recovery First" Drug Policy Ordinance**

Dear Supervisor Dorsey,

I am writing to express my strong support for your proposed *"Recovery First"* ordinance, which establishes the cessation of illicit drug use and long-term recovery from addiction as the primary objective of San Francisco's drug policy. This is a bold and necessary step toward aligning our city's fragmented approaches to addiction under a unified and compassionate goal: recovery!

Your legislation brings long-overdue clarity to the city's drug policy by ensuring that harm-reduction efforts are clearly framed as essential pathways—not endpoints—toward treatment and long-term healing. This reframing is especially critical in today's crisis climate, where the rise of synthetic drugs like fentanyl and methamphetamine continues to claim lives and devastate our San Francisco neighborhoods.

As someone who has an intimate relationship with addiction and is now in long-term recovery, and as a San Francisco resident working in the substance use field, I know firsthand the life-and-death stakes of this issue. I support a range of recovery pathways—including faith-based programs, 12-step fellowships, therapeutic communities, and evidence-based treatment—and I've witnessed the profound impact each can have. But I've also seen the challenges that arise when our city's approach to addiction lacks a clear and unifying direction.

Without a clearly defined goal, even the most well-intentioned services can become disconnected or lose their purpose. The *"Recovery First"* ordinance provides the guiding principle our city urgently needs.

By adopting this ordinance, San Francisco has an opportunity to lead once again—this time in reimagining drug policy with integrity, urgency, and a humane commitment to transformation.

Thank you for your leadership and for sharing your own recovery journey in service of helping others. I urge the full Board of Supervisors to pass this vital ordinance without delay.

Sincerely,

Cedric G. Akbar CADC, RAS, NAADAC
Behavioral Health Specialist/Program Director

May 5, 2025

The Honorable Matt Dorsey
Supervisor
City & County of San Francisco
1 Dr. Carlton B. Goodlett Dr.
San Francisco, CA

**Re: Recovery First Ordinance**

Dear Supervisor Dorsey,

Thank you for introducing legislation to prioritize long-term remission from Substance Use Disorder as San Francisco's primary addiction treatment goal. For too long, San Francisco has been seen as a symbol of addiction and despair when it can—and should—instead become a symbol of health and recovery.

Since 2011, overdose deaths among homeless Californians have increased a tragic and inexcusable 488 percent. By some estimates, drug overdose claims the lives of two San Franciscans every day. San Francisco cannot maintain its reputation as a world class city—for people, workers, tourism, and business—with such despair on our streets. That's why the Bay Area Council is co-sponsoring legislation—AB 255 (Haney)—with Mayor Daniel Lurie and the Salvation Army to allow existing state homeless housing programs to support permanent drug-free housing. This ordinance is consistent with efforts at the state level to elevate the importance of supporting recovery from substance use disorder wherever possible as an urgent humanitarian, moral, and economic necessity.

By enshrining recovery as official city policy, this ordinance ensures all city agencies are rowing in the same direction to achieve the same goal. For that reason, the Bay Area Council is happy to support this legislation.

Sincerely,

Jim Wunderman
President & CEO
Bay Area Council

Castro Country Club
A SOBER COMMUNITY CENTER

May 4th, 2025

Dear Supervisor Dorsey,

On behalf of the Castro Country Club, I am writing to express support for your Recovery First ordinance.

The Castro Country Club is a safe and sober community center for all people and a refuge for the LGBTQ recovery community. We provide programs and services that help people change their lives by supporting personal growth. For more than 40 years, through peer-to-peer recovery meetings, camaraderie, community and caring, our supportive events and workforce development opportunities encourage individuals to find hope and strength in their recovery. Our mission and values are firmly rooted in the idea that everyone deserves the possibility of recovery and that everyone has value.

In my ten years of work, I have seen remission from substance use disorder. Your Recovery First amended language gives me hope that all service providers can row in the same direction and help people suffering find the help they need to live meaningful, self-directed lives. I am also of the opinion that abstinence is also harm reduction. I say that as a person in Recovery that needed the gentle nudge, not a mandate to quit. Recovery First, in the form I currently understand, seems like compassionate accountability.

We look forward to continuing talks that further the reach of city services to help our resident neighbors find the help they need.

If you have any questions, please reach out.

Thank you,

Billy Lemon
Executive Director Castro Country Club
wlemon@castrocountryclub.org
(415)684-5587

General Truck Drivers, Automotive and Allied Workers. General jurisdiction in Marin, Sonoma, Mendocino and Lake Counties and Automotive in San Francisco, San Mateo, Santa Clara and San Benito Counties, California

# TEAMSTERS LOCAL UNION No. 665

AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS & TEAMSTERS JOINT COUNCIL No. 7

**Tony Delorio**
Principal Officer
Secretary-Treasurer

**Michael Yates**
President
Business Agent

**Florencio Sinogui**
Vice President
Business Agent

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Recording Secretary
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**Mark Malouf**
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**Tom Woods**
Business Agent

**Peggy Condori**
Member Services

**Isela Jacques-Ramirez**
Office Manager
Bookkeeper

**Carla Wong**
Titan Operator

**David Svoboda**
Titan Operator

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

Re: Recovery First Ordinance

Dear President Mandelman and the San Francisco Board of Supervisors:
On behalf of the members of **Teamsters Local 665**, I write to express our strong support for the *"Recovery First" Ordinance* authored by Supervisor Matt Dorsey.

Our members serve the public every day—operating shuttle buses, staffing parking facilities, working in hotels and event venues, and supporting key public services. Many of them work in areas deeply affected by open-air drug use and the visible impacts of untreated addiction. Some have personally struggled with substance use disorder or supported loved ones through recovery. They are witnesses to the human toll of this crisis—and they know the status quo isn't working.

The Recovery First Ordinance rightly establishes a clear and long-overdue objective for San Francisco's drug policy: helping individuals achieve long-term remission from substance use disorder and live self-directed, healthy lives free from illicit drug use. For too long, our City's response has lacked coordination and clarity. This legislation provides a necessary North Star for city departments, contractors, and service providers alike.

We believe that every San Franciscan deserves the opportunity to recover and rebuild. The Recovery First Ordinance affirms that belief—and it aligns the City's public health strategy with what we would want for our own families.

We commend Supervisor Dorsey's leadership and urge the full Board of Supervisors to adopt this critical legislation. San Francisco must act with both urgency and compassion to reverse the overdose crisis and support recovery at every level.

Sincerely,

*Tony Delorio*

Tony Delorio
Principal Officer
Teamsters Local Union No. 665

Main Office
150 Executive Park Boulevard, Suite 4400, San Francisco, CA 94134 415-347-7406 Email: memberservices@teamsters665.org

# UNITED • PLAYAZ

**1038 Howard Street · San Francisco, CA 94103** **www.unitedplayaz.org**

April 29, 2025

Supervisor Matt Dorsey
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Supervisor Dorsey,

On behalf of **United Playaz**, I write to express our full support of the goals that will be accomplished through your **Recovery First** legislation and the amendments you are proposing to strengthen it. We commend your leadership for placing long-term remission and true recovery at the center of San Francisco's substance use disorder treatment policies — a direction we believe is critical if we are going to save lives and heal our city.

For over 30 years, United Playaz has been on the ground, working directly with youth, families, and community members who have been devastated by drugs, violence, and the lack of opportunities. We know firsthand the pain addiction brings to our streets and the generational damage it causes. That is why we strongly back your efforts to make the City's **primary goal** one that supports people in achieving a *self-directed and healthy life, free from illicit drug use*.

At United Playaz, we always say, *"It takes the hood to save the hood."* That means we believe in solutions that combine compassion, accountability, and real resources. Your **Recovery First** ordinance is exactly that: a policy that brings together our city's health system, treatment providers, and public safety agencies with a common goal of helping people *truly recover*. It also rightly recognizes that San Francisco's biggest barrier right now is not a lack of will, but a lack of treatment facilities, staff, and resources. We stand with you in calling for investment in the beds, services, and trained professionals our community desperately needs.

Supervisor Dorsey, your personal journey in recovery gives this legislation the authenticity and heart that our city needs in this fight. United Playaz is proud to support the goals that will be accomplished through your **Recovery First** legislation. We look forward to standing with you as this moves forward and to working together to ensure that recovery is not just possible, but expected, supported, and celebrated in every corner of our city. Please feel free to contact me if you have any questions or require additional information at 415-716-4100.

In peace,

Rudy Corpuz Jr.
Founder/ Director

SAN FRANCISCO MARIN MEDICAL SOCIETY

April 22, 2025

Supervisor Matt Dorsey
City Hall
1 Dr. Carlton B Goodlett Place
San Francisco, CA 94102

**Re: Ordinance 250190 (Dorsey)**
**Position: Support if Amended**

Dear Supervisor Dorsey:

The San Francisco Marin Medical Society (SFMMS), representing more than 3,500 physicians of every medical specialty and mode of practice in San Francisco and Marin Counties, has adopted a Support if Amended position on your Ordinance 250190 – Recovery First Policy. We greatly appreciate your tireless work to improve the lives of those suffering from substance use disorder and believe some adjustments to the Ordinance will advance those efforts and help build consensus.

SFMMS's proposed amendments seek to:

1) Add nuance and clarification to what we believe is the aspirational goal of substance use disorder treatment, the paths to achieve that goal, and the prerequisite elements San Francisco must provide to ensure the goals can be reached.
2) Center the fundamental need to ensure availability of evidence-based substance use disorder treatment facilities and providers (regardless of program type), without which any definition or policy goal is meaningless.
3) Rise above the heated rhetoric and mistrust that have needlessly complicated an already challenging issue to move the city toward consensus.

SFMMS's proposed amendments are as follows, with explanation below:

(b) Definitions. For purposes of this Section 15.19, the following terms have the following meanings:

(1) "Remission" means overcoming the illness of substance use disorder to the point of living a self-directed and healthy life, free from illicit drug use.

(2) "Recovery" means the process by which an individual suffering from substance use disorder strives to make positive changes that become part of a voluntarily adopted healthy lifestyle. This may include participation in a Medication-Assisted-Treatment program administered by a licensed healthcare provider in accordance with applicable laws and medical guidance, outpatient residential treatment, contingency management, and injury prevention services as determined by the individual in need. ~~abstinence from illicit drugs, and shall include participation in a Medication-Assisted-Treatment program administered by a qualified healthcare provider in accordance with applicable laws and medical guidance.~~

(~~2~~3) "Substance Use Disorder" has the meaning set forth in the 5th edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, as may be amended or revised from time to time.

(c) Policy. ~~The cessation of illicit drug use and attainment of long-term Recovery from~~ Long-term remission of substance use disorders for individuals, with the help of fully supported and staffed evidence-based recovery and behavioral health services, shall be the primary ~~objective~~ goal of the City's substance use disorder treatment ~~drug~~ policy.

**Background**

After the substantial rise in overdose deaths caused by fentanyl and exacerbated by the COVID-19 pandemic, policymakers have sought strategies to combat this devastating trend. Physicians and other health care professionals on the frontlines of care have been guided by evidence-based population-level interventions across a variety of settings that link individuals to care, initiate medications, and support sustained treatment and recovery.

In San Francisco, the rise of overdose deaths has been accompanied by an increase in publicly visible drug dealing and drug use. While causation cannot be proven between these co-occurring situations, the resulting public debate about where and how to deal with those suffering from substance use disorder has been greatly influenced by these circumstances. This has led to an increasingly polarizing public debate that oversimplifies the complex issues involved, leading to a narrative that policymakers must choose between supporting "abstinence" based approaches or "harm reduction" based approaches. This narrow debate has also caused substance use disorder-related terms (e.g., abstinence, harm reduction, recovery) to become politically and emotionally charged. As such, there is a significant lack of trust between all sides.

The mistrust has led some opponents of this ordinance to claim (though it is not mentioned anywhere in the text) that it is part of an effort to require compulsory detox and treatment through police action. It has also led some supporters to characterize those with concerns about the ordinance as irresponsible in their treatment strategies and blinded to the public safety dangers on San Francisco streets.

Despite this narrative, the data shows that recovery is often a non-linear process of self-actualization where harm reduction efforts, abstinence, and treatment are not in opposition with one another or mutually exclusive. If properly provided, they are all complementary components of optimal substance use disorder systems. What gets lost in the debate is that the biggest obstacle to recovery and remission facing San Franciscans with substance use disorder is the severe lack of facilities and the staff necessary to provide robust behavioral health services, without which none of these strategies will be effective.

**Rationale for Amendments**

Ordinance 250190 has the laudable goal of creating a "North Star" for San Francisco's government services to combat substance use disorder. While it is clear by your actions and comments that you support harm reduction strategies, if someone were to read the Ordinance without any background of you as a legislator, they could come to the incorrect conclusion that your goal is to prioritize abstinence at the expense of alternative policies like harm reduction. We fully believe that you share SFMMS's goal to maximize evidence-based treatment for all who need it, with seamless transition to ongoing recovery and sobriety by whatever such program works for the individual. SFMMS's proposed amendments seek to clarify that goal through a more inclusive definition of "Recovery," so that the Ordinance is not misinterpreted.

One major challenge when defining the word "Recovery" is that different groups within the health community have pre-existing definitions of the word. Some define it as the process by which individuals improve their health (e.g., "I am in Recovery"). Others define it as the end point of the healing process (e.g. "I have recovered"). In the context of substance use, it has traditionally meant the journey an individual undertook or is currently going through to improve their health, often with the ultimate goal of sobriety. The proposed amendments seek to clarify the journey (i.e., Recovery) from the destination (i.e., Remission).

Lastly and most importantly, SFMMS believes that any policy, prioritization, or goal related to San Francisco's substance use disorder services and strategy must recognize the largest barrier to improved

health: a severe lack of access to care and treatment due to an insufficient supply of substance use disorder treatment facilities, beds, and providers. An overarching San Francisco goal related to substance use disorder treatment must recognize this primary obstacle to care and seek to address it.

Should you have any questions about these proposed amendments, please do not hesitate to contact Adam Francis, Senior Director of Advocacy and Policy (afrancis@sfmmf.org). As always, we greatly appreciate your efforts on this matter, as well as your openness to continued dialogue as we work through these complicated important issues.

Sincerely,
Heyman Oo, MD
Chair, Advocacy and Policy Committee
San Francisco Marin Medical Society

CC: San Francisco Board of Supervisors
Angela Cavillo, Clerk to the Board of Supervisors

**To the Honorable Members of the San Francisco Board of Supervisors**

As a retired physician anesthesiologist who administered fentanyl daily under tightly controlled medical conditions, I write to express my strong support for Supervisor Matt Dorsey's "Recovery First" ordinance (File No. 250190). My perspective is shaped not only by my professional experience but also by painful personal truths: I am the son of a mother who suffered from mental illness and prescription drug abuse and died by suicide. I am the father of a son who endured a ten-year struggle with benzodiazepine addiction but with a better outcome. And now, I am a resident of San Francisco's downtown Yerba Buena District, where I witness daily the humanitarian and civic toll of unchecked substance use.

In addition to my medical background, I serve on the Board of Directors of our Condominium Association and on The Board of the Yerba Buena Community Benefit District (Yerba Buena Partnership). From both positions, I see how the ongoing public health and safety crisis directly impacts residents, businesses, and visitors alike.

I respect the harm reduction community's contributions over the last decades. However, the reality on our streets today tells us this model—on its own—has not delivered the compassionate outcomes it intended. Supervisor Dorsey's Recovery First ordinance is not a rejection of harm reduction; it is a course correction that places long-term recovery and public health—not mere survival—as our shared goal. That is the most compassionate approach of all.

Critics argue that emphasizing abstinence increases stigma or limits care options. But this ordinance does not remove harm reduction—it reframes it within a broader, hopeful framework that reaffirms recovery as the goal. Recovery is not linear, but we still need to define the path forward. A policy without direction leaves people stranded in cycles of addiction. That is neither humane nor just.

While I agree with Supervisor Dorsey's definition of recovery as the cessation of illicit drug use, I believe it is essential to emphasize that this definition should serve not as a rigid barrier but as an aspirational goal—one that affirms

the dignity and potential of every person struggling with addiction, while also restoring public trust that San Francisco stands for both compassion and accountability.

Much has been said about San Francisco's leadership in drug policy, but what is truly progressive now is to acknowledge when a strategy is no longer working and course correct. Oregon's experiment with decriminalization was intended as a bold step, but it has proven deeply flawed. Overdose deaths rose, public spaces deteriorated, and treatment engagement was minimal. The absence of accountability and incentives led to more suffering—not less. We should learn from that outcome, not repeat it.

Our current system in San Francisco—overly permissive, lacking consequences—has made our city a magnet for dealers and drug users while disempowering residents who simply want to live in dignity and safety. As John Chachas, CEO of Gump's, stated in 2023, "San Francisco now suffers from a 'tyranny of the minority'—behavior and actions of the few that jeopardize the livelihood of the many." I see this daily, not only as a physician and father, but as a local leader and neighbor.

Supervisor Dorsey's ordinance reflects the values and mission that Mayor Daniel Lurie has set forth: a safer, healthier San Francisco where public health and personal accountability work hand in hand. The inclusion of licensed providers and Medication-Assisted Treatment (MAT) ensures this ordinance is modern, data-informed, and deeply humane.

Recovery is possible. I've seen it. But we must create conditions that make it probable—through clarity, structure, and compassion. I fully support this legislation and commit myself, both professionally and personally, to be part of the solution.

With gratitude and conviction,

Laurence Brett Wiener, MD
*Retired Anesthesiologist*
*Resident, Yerba Buena District, San Francisco*

**From:** Jaime Ballew Zerbe
**To:** Board of Supervisors (BOS)
**Subject:** Letter in support of Supervisor Dorsey"s Recovery First Language
**Date:** Tuesday, May 6, 2025 9:08:07 AM
**Attachments:** advisory board–SF-2.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

Please find attached a letter in support of Supervisor Dorsey's Recovery First language signed by leaders and members of the FDPS team. We would humbly request for this to be a part of the official record surrounding the debate of this language.

Please let me know if you have any questions or are unable to read the document.

Thank you!

Jaime Ballew Zerbe
Chief of Staff
Smart Approaches to Marijuana
Foundation for Drug Policy Solutions
(540) 849-0107

6 May 2025

Supervisor Dorsey,

On behalf of the Leadership Council of the Foundation for Drug Policy Solutions (FDPS), a non-partisan organization that advocates for a health-first approach to drug policy, we write in support of your "Recovery First" ordinance. We concur that the "Recovery First" vision will "provide needed aspirational policy direction" and that it would offer "a clear and unifying North Star for the new and unique challenges we face in the era of synthetic drugs," as you outlined.

San Francisco has been facing an unrelenting drug crisis. The overdose death rate in San Francisco has increased from a rate of 80.2 per 100,000 in 2020 to 99.5 per 100,000 in 2023. Among Black individuals in the city, the rate increased from 403.2 to 606.1 per 100,000. It is evident that a new approach is needed—too many Americans are needlessly dying from drugs.

San Franscisco's approach to drug policy must be grounded in evidence and feature recovery as a central pillar. A recent editorial in the *New England Journal of Medicine* by John Kelly, Nora Volkow, and Howard Koh noted that "a growing array of highly cost-effective, community-based recovery-support services in the United States is helping to catalyze and sustain long-term healing," concluding that the incorporation of recovery-support services into the traditional treatment infrastructure "could help reduce people's susceptibility to SUD recurrence...and increase the odds that some of the most vulnerable members of society will not only survive, but ultimately thrive." The nation's response to the drug crisis is evolving by placing treatment and recovery at the forefront, and San Francisco has the opportunity to be a leader in this movement.

Similar to your point that "the logical implication of prioritizing an objective as 'primary' reasonably suggests other objectives that may be secondary, tertiary, and otherwise subsequent," officials must not forget about the other central tenets of drug policy, including prevention, treatment, harm reduction, and supply reduction. The "Recovery First" ordinance will serve to orient the city's services toward helping people currently experiencing addiction to achieve recovery, while continuing to prevent use, reduce harm, and disrupt the illicit market.

The millions of Americans in recovery provide hope to those currently experiencing substance use disorder and demonstrate that it can be overcome. It is our position that the "Recovery First" ordinance will help more San Franciscans to achieve recovery and ultimately live healthy, drug-free lives.

Sincerely,

Kevin A. Sabet
Co-Founder and CEO, Foundation for Drug Policy Solutions

Luke Niforatos
Co-Founder and EVP, Foundation for Drug Policy Solutions

Tom Wolf
Director, West Coast Initiatives, Foundation for Drug Policy Solutions

Thomas Mutryn
Foundation for Drug Policy Solutions Board Member

James William Down
Foundation for Drug Policy Solutions Leadership Council

Marc J. Bern
Smart Approaches to Marijuana Board Member

**From:** Adrian Covert
**To:** Board of Supervisors (BOS)
**Cc:** Donovan, Dominica (BOS)
**Subject:** Support (Recovery Ordinance)
**Date:** Monday, May 5, 2025 6:56:06 PM
**Attachments:** image001.png
image002.png
image003.png
image004.png
image005.png
DorseySupport.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Greetings Clerk of the Board,

Please see the attached letter of support for supervisor Dorsey's recovery ordinance from the Bay Area Council. Please let me know if you have any questions.

Best,

Adrian Covert

**Adrian Covert**
Senior Vice President, Public Policy
**Phone**: 415-519-9141 | **Email**: acovert@bayareacouncil.org
The Historic Klamath, Pier 9, The Embarcadero, San Francisco
**www.bayareacouncil.org**

BAY AREA COUNCIL

HISTORIC KLAMATH
BAY AREA COUNCIL

May 5, 2025

The Honorable Matt Dorsey
Supervisor
City & County of San Francisco
1 Dr. Carlton B. Goodlett Dr.
San Francisco, CA

**Re: Recovery First Ordinance**

Dear Supervisor Dorsey,

Thank you for introducing legislation to prioritize long-term remission from Substance Use Disorder as San Francisco's primary addiction treatment goal. For too long, San Francisco has been seen as a symbol of addiction and despair when it can—and should—instead become a symbol of health and recovery.

Since 2011, overdose deaths among homeless Californians have increased a tragic and inexcusable 488 percent. By some estimates, drug overdose claims the lives of two San Franciscans every day. San Francisco cannot maintain its reputation as a world class city—for people, workers, tourism, and business—with such despair on our streets. That's why the Bay Area Council is co-sponsoring legislation—AB 255 (Haney)—with Mayor Daniel Lurie and the Salvation Army to allow existing state homeless housing programs to support permanent drug-free housing. This ordinance is consistent with efforts at the state level to elevate the importance of supporting recovery from substance use disorder wherever possible as an urgent humanitarian, moral, and economic necessity.

By enshrining recovery as official city policy, this ordinance ensures all city agencies are rowing in the same direction to achieve the same goal. For that reason, the Bay Area Council is happy to support this legislation.

Sincerely,

Jim Wunderman
President & CEO
Bay Area Council

# Introduction Form

*(by a Member of the Board of Supervisors or the Mayor)*

I hereby submit the following item for introduction (select only one):

- [x] 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- [ ] 2. Request for next printed agenda (For Adoption Without Committee Reference)
  *(Routine, non-controversial and/or commendatory matters only)*
- [ ] 3. Request for Hearing on a subject matter at Committee
- [ ] 4. Request for Letter beginning with "Supervisor _____ inquires…"
- [ ] 5. City Attorney Request
- [ ] 6. Call File No. _____ from Committee.
- [ ] 7. Budget and Legislative Analyst Request (attached written Motion)
- [ ] 8. Substitute Legislation File No. _____
- [ ] 9. Reactivate File No. _____
- [ ] 10. Topic submitted for Mayoral Appearance before the Board on _____

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

☐ Yes ☐ No

*(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)*

Sponsor(s):

Dorsey; Mandelman; Mahmood; Sherrill; Melgar; Engardio; Sauter

Subject:

Administrative Code - Recovery First Drug Policy

Long Title or text listed:

Ordinance amending the Administrative Code to establish the cessation of illicit drug use and attainment of long-term recovery from substance use disorders as the primary objective of the City's drug policy

Signature of Sponsoring Supervisor: /s/ Matt Dorsey