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May 4, 2026

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

Rebuttal to the San Francisco Marin Medical Society's 'Oppose Unless Amended' letter regarding the Drug-Free Supportive Housing legislation, File No. 251003

Dear Colleagues,

As you may be aware, the San Francisco Marin Medical Society (SFMMS) on April 21, 2026 submitted an "Oppose Unless Amended" letter[1] regarding legislation I authored (File No. 251003) to expand Drug-Free Permanent Supportive Housing, or PSH, citywide.

Going back more than a decade, I've had many occasions to stand with this organization on the public health priorities we shared, including efforts while I served on former City Attorney Dennis Herrera's executive staff to help defend San Francisco's enforcement of

[1] San Francisco Marin Medical Society letter Re: Ordinance 251003 (Dorsey) Position: Oppose Unless Amended, April 21, 2026, https://acrobat.adobe.com/id/urn:aaid:sc:us:03442291-856f-4ea9-9d69-2320b6d021f1.

health warnings on ads for sugary beverages;[2] as a private-sector campaign strategist who helped lead the convincing, come-from-behind defeat of a 2019 ballot measure by Juul Labs that sought to preserve e-cigarette sales and repeal city restrictions on flavored tobacco;[3] as a supervisor in 2024 to pass legislation I authored requiring that all retail pharmacies stock sufficient quantities of buprenorphine citywide;[4] and most recently to enact a groundbreaking "Recovery First" ordinance that established a self-directed and healthy life, free from illicit drug use, as the primary goal of San Francisco's drug policy.[5]

While I appreciate SFMMS's decision to weigh in on a legislative priority that Board President Rafael Mandelman and I have been working on for the better part of two years, I was surprised and disappointed to see such an unexpectedly sweeping set of demands for amendments just 48 hours before the legislation's April 23, 2026 hearing.

Far more disappointing to me, however, was that SFMMS's eleventh hour engagement — *on a topic it had never before raised with me until two weeks prior* — advanced material mischaracterizations of my legislation that, if left unaddressed, risk misleading Board members and the public about its intent and effect if enacted. Indeed, in key respects, SFMMS critiques the proposed ordinance for doing the *exact opposite* of what it actually does. Beyond these misrepresentations, too, SFMMS proposes problematic policy changes I would strongly oppose as either antithetical to the legislation's intent, unsupported by facts or evidence, or needlessly duplicative of existing law.

I offer this rebuttal letter to set the record straight.

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[2] "Big Soda falls flat: Herrera beats back motion by American Beverage Association to preliminarily enjoin San Francisco from enforcing health warnings on fixed ads for sugary beverages," City Attorney Dennis Herrera News Release, May 17, 2016 , https://sfcityattorney.org/big-soda-falls-flat/.

[3] "Juul dominates SF ballot measure spending, shelling out $4.3 million to defend vaping" by Catherine Ho, *San Francisco Chronicle*, August 19, 2019, https://www.sfchronicle.com/business/article/Juul-dominates-SF-ballot-measure-spending-14339354.php.

[4] San Francisco Marin Medical Society letter Re: Buprenorphine Ordinance, File No. 240502, (Dorsey) Position: Support, https://acrobat.adobe.com/id/urn:aaid:sc:US:46c3e27f-c91b-4c61-82e5-05a421abab88.

[5] "Dorsey to amend 'Recovery First' legislation to win backing from the S.F. Marin Medical Society; Legislation would prioritize long-term remission from Substance Use Disorder — 'free from illicit drug use,' through process of recovery — as S.F.'s primary goal," Office of Supervisor Matt Dorsey, April 24, 2025, https://acrobat.adobe.com/id/urn:aaid:sc:US:0ce48c9d-954a-4f8a-a687-cee2a291ee58

Summary of the Proposed Drug-Free Supportive Housing Ordinance

The Drug-Free Supportive Housing Ordinance[6] I've proposed is a modest, targeted, incremental, and forward-looking policy reform that would add much-needed flexibility to address the structural imbalance in San Francisco's PSH portfolio by introducing and expanding a housing model that is almost entirely absent now: Drug-Free PSH.

It would accomplish this in three ways:

- **First**, it would require that all new city-funded Permanent Supportive Housing be illicit-drug-free — with the same lease rules governing evictions for the use of illicit drugs as all standard residential leases in San Francisco. (See Sec. 12K.4.)

- **Second**, it would require a survey of PSH residents *themselves* to ask which option they would prefer as PSH options scale up in years to come: whether to live in a "drug-tolerant" or "drug-free" residential community. (See Sec. 12K.5.)

- **Third**, it would establish as city policy San Francisco's intent to ultimately meet the demand of what PSH residents *themselves* want in terms of drug-tolerant or drug-free residential communities. (See Sec. 12K.3.)

Importantly, there is nothing novel about illicit-drug-free housing, which reflects longstanding lease provisions that are standard under California and local law, and which currently govern approximately 240,000 residential tenancies across San Francisco. Only PSH leases — *and PSH leases uniquely among all other residential tenancies citywide* — expressly include provisions that prohibit evictions for the use of illicit drugs on site.

As with all standard residential leases, Drug-Free PSH would prohibit unlawful activity on the premises — including the use of illicit drugs — while permitting *lawful* conduct that includes the use of such legal intoxicants as alcohol or marijuana. In this respect, the proposed ordinance would merely extend to new implementations of city-funded PSH the

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[6] File No. 251003, "Administrative Code - Expanding Drug-Free Permanent Supportive Housing" (Dorsey) Board of Supervisors of the City and County of San Francisco, https://sfgov.legistar.com/View.ashx?M=F&ID=15325376&GUID=08D77728-1F83-4632-A3A0-9EE7B8F3EDF4.

very same baseline residential expectations that protect the rights of tenants throughout the private residential rental market in San Francisco and throughout California.

In short, the defining ethos of this proposed legislation is to *center the choices of Permanent Supportive Housing residents themselves.* My legislation seeks to move city policy beyond the ill-informed and frankly arrogant presumption that everyone in Permanent Supportive Housing is an active drug user — and that all PSH residents deserve a tenancy standard substantively below that of other residential tenants in San Francisco.

I think that's unfair, and this rigidly inflexible status quo is what my legislation aims to fix.

SFMMS's Letter is at Odds with Nationally Recognized Addiction Medicine Experts

Although SFMMS acknowledges that it represents local physicians "of every medical specialty and mode of practice," its opposition makes no representation that it reflects any specialized expertise in the realm of addiction medicine beyond the summary recitation of "Housing First" principles it outlines.

By contrast, supporters of the Drug-Free Housing legislation I've proposed include two of the nation's most widely recognized experts in addiction medicine.

Keith Humphreys, PhD., endorses the Drug-Free Supportive Housing legislation.

- Dr. Humphreys is the Esther Ting Memorial Professor of Psychiatry at Stanford University School of Medicine. He served in President Obama's White House as senior policy advisor in the Office of National Drug Control Policy, is a senior research career scientist in the Veterans Administration, and is a nationally sought-after expert on drug addiction and its effect on public health and safety.

- Dr. Humphreys's letter of support[7] noted that "drug-free housing options particularly benefit people struggling with their use of methamphetamine,

[7] Keith Humphries, Ph.D., Stanford University School of Medicine, letter Re: Drug-Free Housing, File #251003 (Dorsey) Position: Support, April 22, 2026, https://acrobat.adobe.com/id/urn:aaid:sc:us:c09de162-2d24-4a35-9220-3101ec7c35e7.

fentanyl, and other drugs," citing a DePaul University study of individuals in substance-free settings "with a pro-recovery culture" that reported "double the rate of abstaining from substance use," with a 50 percent greater likelihood to have a job than those residing in non-sober settings.

- Dr. Humphreys added: "Under current California law, it is unfortunately not legal to use state housing dollars to create drug-free housing options that would yield benefits like this. The only option San Francisco therefore has is what this proposal offers, namely using local funds to support such therapeutic living environments. I believe that doing so will greatly aid people who are seeking recovery from addiction and I therefore respectfully urge you to support this proposal."

Dr. Anna Lembke endorses the Drug-Free Supportive Housing legislation.

- Dr. Lembke is the Medical Director of Addiction Medicine at Stanford University School of Medicine, where she also serves as a professor and program director of the Stanford Addiction Medicine Fellowship. Her 2016 book, "Drug Dealer, MD — How Doctors Were Duped, Patients Got Hooked, and Why It's So Hard to Stop" won praise from the *New York Times* as one of the top five books to help understand the opioid epidemic. Her 2021 book, "Dopamine Nation: Finding Balance in the Age of Indulgence," is an international bestseller that examines the neuroscience of addiction and the wisdom of abstinence-based recovery traditions.

- Dr. Lembke's email of support [8] expressed gratitude to me "from the bottom of my heart for the good and important work you are doing," adding: "It strikes me as simple common sense that people would want to live in a place where illicit drug use is prohibited, especially women and families with young children, whether or not they're in recovery. Illicit drug use is closely linked to violence, crime, and trauma. People living on the street are seeking and deserve not just housing, but safe housing."

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[8] Dr. Anna Lembke, Medical Director of Addiction Medicine, Stanford University School of Medicine, Re: San Francisco legislation: "Drug-Free Supportive Housing Ordinance," May 1, 2026, https://acrobat.adobe.com/id/urn:aaid:sc:US:e5284025-f9ba-4d92-9faa-6b4998fea992.

SFMMS Would Exclude Families With Children from Drug-Free Supportive Housing

Among the contentions in its counterproposal I found surprising, SFMMS's dismissive exclusion of "families seeking a less disorderly living environment" from the likely benefits of a drug-free supportive housing option was one I would least have predicted.

In SFMMS's reimagination of the legislation I have proposed, this "set of individuals" — *families with children!* — would "likely be best served by housing with diligent property management," yet denied the choice of an alternative to the exclusively drug-tolerant standard contemplated in California's implementation of "Housing First."

SFMMS then seeks to wholly re-define Drug-Free Permanent Supportive Housing in a manner that would be strictly limited to individuals or families "in recovery" or seeking recovery services, noting that this set of individuals "would need diligent property management combined with recovery services, which require a different set of resources, staffing, and coordination with the health care system, among other considerations."

While I don't disagree with the notion that individuals and families in recovery or who seek recovery services should have access to them, the legislation as currently proposed is, *again*, intentionally designed to make voluntary residential choice (and not a medical diagnosis) the standard by which PSH residents might access a drug-free alternative.

I strongly disagree with SFMMS that families with children should be excluded from a drug-free supportive housing alternative, if that's the option that would choose. Indeed, whatever else we supervisors may disagree about on topics of drug policy, housing, or homelessness services, I would hope we could find broad agreement that families exiting homelessness face circumstances and sensitivities that deserve far better than solely "diligent property management" within explicitly drug-tolerant residential communities.

'Drug-Free Supportive Housing' is *NOT* 'Sober Housing' or 'Recovery Housing'

Although SFMMS urges this Board of Supervisors to amend the ordinance in a manner that would limit its benefits to those diagnosed with Substance Use Disorders (SUDs), the Drug-Free Supportive Housing option contemplated in the proposed legislation is not

intended to be "sober housing." Neither is it designed to be a "Recovery Residence" (as defined by AB 1556[9]) or a "Supportive-Recovery Residence" (as defined by AB 255[10]). Rather, it is intended to offer PSH residents a wholly voluntary choice — whatever their circumstances may be — to access an alternative to the solely drug-tolerant housing model now available to them.

The proposed ordinance is intentionally designed to make voluntary residential choice — *and not a clinical diagnosis* — the standard for which PSH residents could seek a new drug-free option.

To be sure, individuals in recovery from SUDs would likely benefit from a new drug-free PSH option as an alternative to the mandatory drug-tolerant rules governing virtually all PSH units citywide — as would families with children, seniors and others our PSH portfolio was designed to serve. Accordingly, these vulnerable populations were referenced in the legislation's findings; but it was never to suggest that drug-free options be limited to them.

SFMMS Misrepresents the Drug-Free Supportive Housing Ordinance as Inflexible

Despite an "Oppose Unless Amended" position that, by definition, argues to retain an inflexible status quo as the preferred alternative to my proposal as written, SFMMS argues without evidence that my legislation "goes against [the] principle of flexibility."

This representation is patently false.

In truth, it is the *current system* that's wholly inflexible. San Francisco's PSH portfolio is virtually *entirely* governed by drug-tolerant policies rooted in state Housing First core components[11] — whether legally required as a condition of funding or not — and there are no meaningful drug-free options available today for PSH residents in San Francisco.

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[9] California Assembly, Assembly Bill 1556 (Haney), 2025–2026 Regular Session, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1556.

[10] California Assembly, Assembly Bill 255 (Haney), 2025–2026 Regular Session, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB255.

[11] California Welfare and Institutions Code § 8255(b), "Core Components of Housing First," https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.&title=&part=&chapter=6.5.&article=.

However, a new drug-free option is not the *only* way my proposed Drug-Free Supportive Housing legislation would add flexibility to the currently inflexible, "one-size-fits-all" status quo that SFMMS evidently prefers. The proposed legislation would additionally maximize flexibility over existing city policy in the following ways, by ensuring…

- That not a single dollar in state funding to add more Drug-Tolerant PSH models would be delayed or prohibited. (See Sec. 12K.4 (c))
- That even blended or braided funding schemes that *include* Housing-First-encumbered state funding with city dollars be exempted. (See Sec. 12K.4 (c))
- And that waivers from the ordinance's restrictions, if found broadly "in the public interest," are possible by resolution by a simple majority vote. (See Sec. 12K.4 (d))

In other words, the ordinance doesn't solely introduce a second lane to what is currently a one-lane system; it goes above and beyond in other ways to facilitate unfettered state funding for PSH, and to ensure maximum flexibility for any unforeseen eventuality.

So, SFMMS's charge of inflexibility is not a difference of opinion; it is flatly incorrect.

SFMMS Baselessly Alleges Obstacles to Housing and Needed Services

Escalating even more outrageously on its factually unsupported "Parade of Horribles" my legislation would purportedly risk, SFMMS leans in with some particularly absurd showstoppers that insultingly presume some dark ulterior motive to restrict funding as "the main reason this ordinance was introduced." To the contrary, Expanding Drug-Free Permanent Supportive Housing — exactly as the legislation is entitled — is the main reason this ordinance was introduced. As SFMMS wrote…

> Mandating exclusive funding for recovery housing, and creating obstacles to override that mandate, reduces the City's ability to meet other housing needs as they arise (e.g., mental health housing, veterans housing, or housing for those who are unable or unwilling to discontinue substance use). Presumably restrictive funding policy is the main reason this ordinance was introduced. San Francisco should not make the same mistake of creating another restricted funding source. SFMMS agrees that, due to current circumstances, a prioritization of funding for recovery housing is appropriate, but does not

> agree with creating obstacles to the City's ability to use its own housing funding in the most appropriate manner identified at any given point in time.

SFMMS's above-cited claims aren't just overstated; they are flatly contradicted by the plain text of the ordinance itself. Resting on a fictional premise that simply does not exist in the legislation, SFMMS advances scorched-earth arguments here I would expect from a negative campaign ad or political rival — but not from a good-faith policymaking partner.

First, leaving aside the fact that the legislation doesn't apply to "recovery housing" *at all*, there is nothing in the proposed ordinance "mandating exclusive funding for recovery housing" in the rigid, inflexible way SFMMS states. As outlined previously, the Drug-Free Supportive Housing proposal expressly preserves flexibility in two separate and meaningful ways: (1) it allows funding for drug-tolerant housing wherever required by law or funding conditions (see Sec. 12K.4 (c)); and (2) it authorizes the Board of Supervisors, by a simple majority vote, to waive the funding preference whenever doing so is in the public interest and supported by the relevant departments (see Sec. 12K.4 (d)).

That is not rigidity — it is a thoughtful, responsibly crafted policy preference paired with explicit, built-in override authority.

Second, SFMMS offers no evidence whatsoever — none — that this ordinance would reduce housing production or impair the City's ability to fund other housing needs. That omission is telling. The legislation does not reduce funding levels, redirect existing appropriations, or eliminate any funding source. It simply establishes a standard residential lease condition as a requirement for how local dollars are spent within a portion of the City's portfolio as a routine and necessary function of policymaking. To leap from that to claims about reduced production or impaired system capacity is factually unsupported and irresponsible.

Third, the SFMMS position ignores a central reality the ordinance is designed to address: San Francisco already operates under a de facto monopoly of drug-tolerant PSH, driven in large part by state Housing First requirements to which city-funded PSH adheres voluntarily — even while having long had the legal option to do otherwise.

Again, the legislation does not "reduce" flexibility — it introduces it, for the first time, by creating a meaningful alternative using local funds where the City actually has discretion. SFMMS's position effectively defends the status quo while labeling any deviation from it as "inflexible," which turns the concept on its head.

Finally, the suggestion that prioritizing drug-free housing somehow crowds out mental health housing, veterans housing, or other needs is a false tradeoff. Drug-Free PSH is not a separate population silo: it is a housing model that likely can and will serve many of the same individuals, including those with co-occurring SUDs or mental health issues. The ordinance explicitly contemplates a mixed portfolio aligned with resident demand, and informed by a required citywide survey. As drafted, this legislation creates a data-driven allocation framework; not a constraint on it.

In short, SFMMS is warning of harms that the ordinance does not create, while ignoring the flexibility it plainly offers. Its claim that this measure would undermine housing production or constrain funding decisions is unsupported by the text, unsupported by evidence, and, I hope, unpersuasive to your consideration of SFMMS's position.

The Legislation Doesn't Undermine 'Housing First,' But Adjusts For Its Limitations

In the context of the proposed ordinance, SFMMS invokes Housing First as a settled, consistently interpreted, and uniformly successful model for which there should be no amendment or alternative.

In fact, Housing First is neither consistently interpreted nor uniformly successful, and I am mystified why a public health advocacy organization would dismiss evidence from the legislation's findings — that PSH in San Francisco accounts for fully 26 percent of overdose fatalities citywide, a higher percentage than in shelters, hospitals, private homes, or on the street — and yet support retaining the status quo over a modestly incremental effort to extend the option of a drug-free residential lease provision to PSH residents who choose it. (Importantly, again, SFMMS's position on this legislation is not "Support If Amended," but "Oppose Unless Amended" — meaning it advocates for a preferred status quo over the proposed legislation, rather than mere neutrality.)

First, California's implementation of Housing First in 2016[12] defied guidance from the Obama Administration's Department of Housing and Urban Development (HUD) the prior year, which strongly encouraged the inclusion of recovery housing models "so long as entry into the program is based on the choice of the program participant." As the 2015 HUD Recovery Housing Policy Brief[13] noted:

> HUD strongly encourages CoC's ["Continuums of Care"] to adopt a system-wide Housing First orientation that removes barriers whenever possible and that addresses the housing needs of people at all stages of recovery. When operated in a manner consistent with this guidance, Recovery Housing might not be in conflict with this approach so long as entry into the program is based on the choice of the program participant. [Emphasis added.]

Second, even leading experts in addiction policy have informed this debate that Housing First has *not* been uniformly successful for all the residents it endeavors to serve. As noted by Dr. Keith Humphreys in his letter of support for the legislation[14] I've proposed, a review by the National Academies of Sciences found no evidence that Housing First programs help in reducing substance use.

These distinctions matter.

My proposed ordinance would *not* dismantle Housing First. It would leave it intact where it is required, and it wouldn't undo it wherever it is already implemented. What it *would* do is acknowledge that a single, harm-reduction-only model is insufficient to meet the full range of needs in our PSH population, particularly given that many PSH residents have substance use or mental health challenges. Adding a drug-free option is not a rejection of Housing First. It is a recognition of limitations that would be informed by data on residential choices.

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[12] California Senate, Senate Bill 1380 (Mitchell) Homeless Coordinating and Financing Council, 2015-2016 Regular Session, https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB1380.

[13] U.S. Department of Housing and Urban Development, Recovery Housing Policy Brief, December 2015, https://acrobat.adobe.com/id/urn:aaid:sc:us:c09de162-2d24-4a35-9220-3101ec7c35e7.

[14] Keith Humphries, Ph.D., Stanford University School of Medicine, letter Re: Drug-Free Housing, File #251003 (Dorsey) Position: Support, April 22, 2026, https://acrobat.adobe.com/id/urn:aaid:sc:us:c09de162-2d24-4a35-9220-3101ec7c35e7.

Section 12K.4 Is a Deliberate Policy Correction, Not an Arbitrary Constraint

SFMMS proposes wholly deleting Section 12K.4, which governs the use of City funds. This would effectively eliminate the ordinance's operational mechanism. The purpose of Section 12K.4 is to ensure that local funding is used to address an unmet need — namely, the absence of drug-free housing options — while preserving…

- Legal compliance with state and federal funding rules; and
- Board discretion through a waiver process based on findings.

Without this provision, the City would simply continue its existing funding patterns, and the "choice" the ordinance seeks to create would remain largely theoretical.

Eviction and Relapse Protections Are Built In

SFMMS raises concerns about eviction practices and proposes writing highly prescriptive procedural requirements into the legislation. It would do so in a way that, in my view, reflects exigencies more appropriate to the SUD-restricted approach SFMMS seeks in its "gut-and-amend" recommended amendments, and that should be left to departmental experts in developing rules and regulations.

As written, the ordinance already provides important guardrails on some of what SFMMS seeks:

- A single relapse is not grounds for automatic eviction. (See Sec. 12K.6 (a)(2))
- Residents must be offered relapse support. (See Sec. 12K.6 (a)(2))
- Eviction is tied to behavior that disrupts the community, not mere use alone. (See Sec. 12K.6 (a)(3))
- HSH must use its best efforts to provide alternative housing or shelter for any individual at risk of displacement for illicit drug use. (See Sec. 12K.6 (b))

In its wholesale reimagination of the Drug-Free Supportive Housing legislation, SFMMS's proposal would layer on prescriptive clinical requirements that would be more

appropriate to licensed treatment programs than for a housing model based on standard, non-PSH residential leases in San Francisco and elsewhere. The likely result would be to deter providers from participating and to limit the scalability of Drug-Free PSH.

Beyond the fact that SFMMS's proposed changes to this section reflect half-baked public policy, I think we also recognize as elected policymakers that it is a generally sound lawmaking practice to avoid overly prescriptive elements when assigning rulemaking responsibilities to those with relevant expertise, as Section 12K.6 of the proposed legislation does with the Department of Homelessness and Supportive Housing (HSH) in consultation with the Department of Public Health (PDH).

I would welcome SFMMS's advocacy and participation in the rulemaking process, of course. In addition, we as members of the Board of Supervisors will have ample opportunity to review and provide feedback on the rules and regulations "prior to the implementation of any new Drug-Free PSH site," given Section 12K.6 of the legislation, which will require HSH to submit its rules and regulations to the Board.

SFMMS's Equity and Oversight Amendment Betrays Its Ignorance of Existing Law

Lastly, SFMMS expressed reasonable concerns "about the historic pattern of eviction disproportionately affecting marginalized communities" in its request for specific additions to the legislation that would monitor eviction patterns in Drug-Free PSH.

Common sense, of course, would suggest such worthwhile metrics be compiled for the full panoply of shelter and supportive housing services HSH provides — rather than solely for a discrete category of Drug-Free PSH, which would be likely to start out small and take years to build out.

Fortunately, more than a decade ago, San Francisco already enacted the "Tenant Eviction Annual Reports Ordinance" (S.F. Admin. Code § 20.500),[15] which together with HSH's

[15] San Francisco Administrative Code, Article XIV: Tenant Eviction Annual Reports, added by Ord. 11-15, File No. 141122, App. 2/2/2015, Eff. 3/4/2015, https://codelibrary.amlegal.com/codes/san_francisco/latest/sf_admin/0-0-0-50453.

Home by the Bay Plan[16] and Home by the Bay Equity Analysis[17] already does what SFMMS now seeks to legislate anew.

No one doubts the value of monitoring homeless services for inequitable outcomes, of course, including in Drug-Free Supportive Housing, if enacted. In the unlikely circumstance that existing law somehow prevented HSH from assessing outcomes in Drug-Free PSH, that would more properly be addressed as a clean-up amendment to S.F. Admin. Code § 20.500.

I have asked the City Attorney for guidance on whether updates to HSH's tenant eviction equity analyses would be advised if the proposed legislation passes; I have asked that this guidance be shared with the full board and Mayor's Office before Tuesday's vote.

Conclusion

At its core, SFMMS's position is not whether drug-free supportive housing should exist. SFMMS agrees it should. Rather, its stated opposition is rooted in its belief that Drug-Free PSH be strictly medicalized — supporting *only* "individuals and families in recovery or seeking to recover from substance use disorders ('SUDs')" — rather than reflecting voluntary choices PSH residents may wish to make for themselves or their families.

Indeed, SFMMS's proposed amendments would effectively redefine Drug-Free PSH into a legal synonym for "Recovery Residence," as currently contemplated under pending state legislation.[18] While I strongly support expanding funding to Recovery-Supportive PSH models, that is far more complex than what the proposed ordinance coming up on a vote on first reading Tuesday seeks to accomplish.

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[16] "Home by the Bay: An Equity-Driven Plan to Prevent and End Homelessness in San Francisco, 2023 – 2028," City and County of San Francisco, Department of Homelessness and Supportive Housing, https://www.sf.gov/sites/default/files/2024-08/Home-by-the-Bay-Single_Page-Layout.pdf.

[17] "Home by the Bay Equity Analysis: Executive Summary," City and County of San Francisco, HSH, Nov. 2025, https://media.api.sf.gov/documents/Equity_Analysis_-_Executive_Summary.pdf.

[18] California Assembly, Assembly Bill 1556 (Haney), 2025–2026 Regular Session, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1556.

As stated earlier, the defining ethos of the Drug-Free Supportive Housing legislation is to center the choices of PSH residents themselves, and to move city policy beyond ill-informed and arrogant presumptions that all PSH residents deserve a drug-tolerant tenancy standard substantively different from that of all other residential tenants.

It's about basic fairness.

I am happy to answer any questions your or your legislative staffers may have before you vote tomorrow and (hopefully) next week on second reading. I hope this modest, thoughtfully crafted and incremental effort to create drug-free options in San Francisco's PSH portfolio will earn your support.

Sincerely,

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