

1 [Urging the Department of Public Health to Convene a Safe Injection Services Task Force]

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3 **Resolution urging the Department of Public Health to convene a Safe Injection Services**
4 **Task Force to make recommendations to the Mayor, the Board of Supervisors, and City**
5 **departments regarding Safe Injection Services.**

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7 WHEREAS, San Francisco has an estimated 22,500 people who inject drugs (PWID)
8 according to the City’s Department of Public Health; and

9 WHEREAS, Injection drug use in San Francisco is responsible for approximately 100
10 deaths a year from overdoses and continued health risks for thousands; and

11 WHEREAS, deaths are often concentrated in high-poverty areas of San Francisco and
12 disproportionately affect African Americans,

13 WHEREAS, The public, unsupervised use of injected drugs creates dangerous and
14 alarming conditions in public spaces for residents, visitors and PWID themselves; and

15 WHEREAS, As a city, San Francisco must acknowledge that more must be done to
16 promote public safety and that the public health risks from inaction are beyond what is
17 tolerable for a caring city, and

18 WHEREAS, On September 5, 2000, the San Francisco Health Commission
19 unanimously passed a resolution adopting a Harm Reduction Policy for the Department of
20 Public Health, and

21 WHEREAS, Harm reduction is a public health philosophy that offers multiple, non-
22 judgmental approaches to meet individuals “where they are” and assist them in their
23 movement toward better health, and

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1 WHEREAS, The harm reduction model promotes methods of reducing the physical,
2 social, emotional, and economic harms associated with drug and alcohol use and other
3 harmful behaviors on individuals and their community, and

4 WHEREAS, Safe Injection Services (SIS), also known as Supervised Consumption
5 Services, are an evidence-based harm reduction strategy that allows individuals to inject or
6 consume illicit drugs in a hygienic environment under the supervision of trained staff and have
7 opportunities to engage in other health and social services; and

8 WHEREAS, SIS, embedded in a harm reduction-oriented system of care and support
9 services, has the potential to address many of the concerns and issues listed above and is
10 worth evaluating for their potential costs and benefits;

11 WHEREAS, SIS reduce overdose deaths for entire neighborhoods around the sites,
12 and there has never been a recorded overdose death in any of the nearly 100 sites around
13 the world, despite many overdoses in those sites; and

14 WHEREAS, SIS attract and retain a population of people who inject drugs and are at a
15 high risk for infectious disease and overdose, who are more likely to be homeless or
16 marginally housed, and who are at heightened risk for violence and trauma; and

17 WHEREAS, a 2010 study (Kral et. al.) entitled “Acceptability of a Safe Injection Facility
18 among Injection Drug Users in San Francisco” showed that 85% of the 602 people who inject
19 drugs that were surveyed said that they would use safe injection services, three quarters of
20 whom would use it at least three days per week; and

21 WHEREAS, SIS provide multiple health benefits, including reducing HIV and hepatitis
22 C risk behavior (i.e. syringe sharing); reducing the prevalence and harms of bacterial
23 infections; saving costs due to a reduction in disease, overdose deaths, and need for
24 emergency medical services; providing safer injection education, subsequently increasing
25 safer injecting practices; and increasing linkage to medical and social services; and

1 WHEREAS, A 2014 systematic review concluded that, “All studies converged to find
2 that SIFs [Safe Injection Facilities] were efficacious in attracting the most marginalized people
3 who inject drugs, promoting safer injection conditions, enhancing access to primary health
4 care, and reducing the overdose frequency. SIFs were not found to increase drug injecting,
5 drug trafficking or crime in the surrounding environments. SIFs were found to be associated
6 with reduced levels of public drug injections and dropped syringes;” and

7 WHEREAS, A cost-benefit analysis of potential SIS in San Francisco (Irwin et al.,
8 2016) found that the City would save \$3.5 million per year if one SIS program were opened, or
9 \$2.33 for every dollar spent on the services; and

10 WHEREAS, SIS have been supported by the Mayor’s Hepatitis C Task Force in 2011,
11 the HIV Prevention Planning Council and HIV Health Services Planning Councils in 2015, and
12 the Human Rights Commission’s community report on their hearing on the war on drugs in
13 2014; now, therefore, be it

14 WHEREAS, The Mayor raised the issue in his 2017 State of the City speech, saying, “I
15 will continue to learn about the effectiveness of safe injection facilities. We must thoroughly
16 assess whether the public health and safety benefits outweigh any negative impacts”; and

17 WHEREAS, there is momentum at the state level to address issues around injected
18 drug use with California Assembly Bill 186, introduced by Assemblymember Susan
19 Talamantes Eggman and co-authored by Senator Scott Wiener and Assemblymember Laura
20 Friedman, would further allow localities such as San Francisco to explore the possibility of
21 such services and enhance legal protections for the operation and use of such services; and

22 WHEREAS, Other cities in the United States are actively evaluating the impact of SIS,
23 including Seattle, which has already decided to move forward with opening two sites,
24 Baltimore, Boston, Denver, Ithaca, New York City, Philadelphia, and Portland; and

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1 WHEREAS, There are approximately 100 SIS currently operating in over 65 cities
2 around the world in ten countries (Switzerland, Germany, the Netherlands, Norway,
3 Luxembourg, Spain, Denmark, France, Australia, and Canada); now, therefore be it

4 RESOLVED, That the Board of Supervisors urges the Department of Public Health to
5 convene a task force – and the City Attorney to advise the Department of Public Health in this
6 effort for the purpose of – advising the Mayor, the Board of Supervisors, and relevant City
7 departments regarding the possibility of operating safe injection services in the City; and, be it

8 FURTHER RESOLVED, That Board recommends that the task force consist of 15 or
9 fewer members chosen by the Department of Health from the following categories: (1) an
10 employee of the Department of Public Health designated by the Director of Health; (2) an
11 employee of the Police Department designated by the Chief of Police; (2) an employee of the
12 Department of Homelessness and Supportive Housing designated by the head of that
13 department; (4) a researcher with expertise in safe injection services and drug user health; (5)
14 a researcher or medical doctor with expertise in substance use treatment; (6) a homelessness
15 advocate or service provider; (7) a representative of a drug user advocacy organization; (8) a
16 representative of a harm reduction organization; (9) a representative of a drug policy
17 organization, with expertise in safe injection services advocacy; (10) a representative of a
18 substance use treatment organization; (11) a small business owner in a neighborhood
19 affected by public drug use; (12) a medical clinician who works with people who use drugs;
20 (13) a representative of the Tenderloin Health Improvement Project; (14) a representative of
21 the HIV Community Planning Council Substance Use Work Group; and (15) a representative
22 of the recovery community; and, be it

23 FURTHER RESOLVED, That the Board urges the Department of Public Health to
24 convene the task force within 30 days of the enactment of this resolution and to submit to the
25 task force a report regarding the questions that the task force should investigate, including the

1 potential opportunities and obstacles associated with safe injection services, the community
2 need for such services, and the feasibility of providing such services; and, be it

3 FURTHER RESOLVED, That the Board urges the task force to hold a series of public
4 meetings to solicit input from the public and from stakeholder groups, and to submit a report to
5 the Mayor and the Board of Supervisors within three months of its initial meeting; and, be it

6 FURTHER RESOLVED, That the Board urges the task force to include the following
7 information in its report: (1) Information on individuals who inject drugs in San Francisco, (2)
8 Information on safe injection services in other jurisdictions, including program models,
9 effectiveness, outcomes, (3) Potential risks and benefits of safe injection services, (4)
10 Considerations for San Francisco regarding safe injection services, including legal,
11 community, and operational considerations, and (5) Policy recommendations for
12 consideration.