



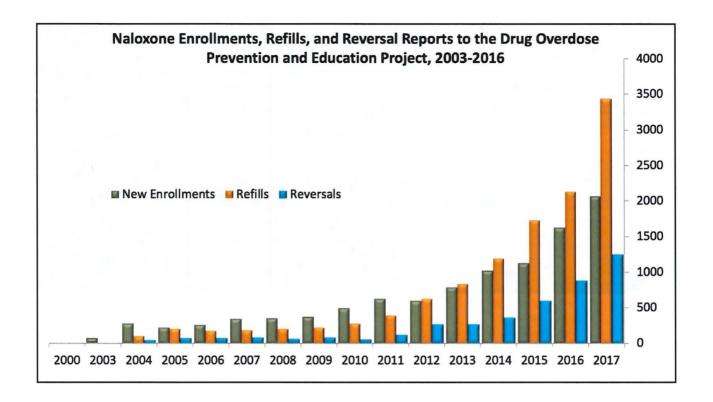
### **INJECTION DRUG USE IN SF**

- Estimated 24,500 people who inject drugs in SF
- SF has continued to see overdoses from heroin, methamphetamine, and fentanyl poisoning
- People who inject drugs are at-risk for
  - unhealthy substance use
  - acquisition and transmission of HIV and hepatitis C
  - serious physical and mental health conditions
  - premature death

April 11, 2019

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2





### **SAFE INJECTION SERVICES**

- Professionally supervised facilities where drug users can inject pre-obtained drugs in safer conditions
- Service models:
  - Integrated
  - Specialized
  - Mobile

April 11, 2019

SAIN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



## POTENTIAL BENEFITS OF SIS FOR SAN FRANCISCO

### ANNUALLY

















1

1



4 I 5

STAYS

3.3
HIV CASES

HEP C CASES

PWID ENTERING TREATMENT

LIFE SAVED EVERY 4 YEARS NET SAVINGS

NET SAVINGS

\*Source: Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2017). A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. Journal of Drug Issues, 47(2), 164-184.

April 11, 2019

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

5



### POTENTIAL BENEFITS OF SIS FOR SAN FRANCISCO

**POTENTIAL SAVINGS TO SF\*** 

\$2.33

SAVINGS FOR EACH DOLLAR SPENT ON SIS





\$3.5M

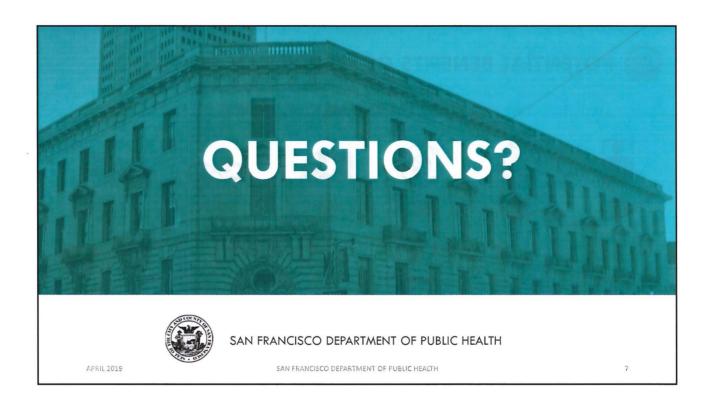
TOTAL ANNUAL NET SAVINGS FOR A SINGLE 13-BOOTH SIS SITE

\*Source: Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2017). A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. Journal of Drug Issues, 47(2), 164-184.

APRIL 2019

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

6



Board.of.Supervisors@sfgov.org,

Supervisor Rafael Mandelman (District 8) <MandelmanStaff@sfgov.org>, Supervisor Catherine Stefani (District 2) <Catherine.Stefani@sfgov.org>, Supervisor Shamann Walton (District 10) <Shamann.Walton@sfgov.org>, Supervisor Gordon Mar (District 4) <<u>Gordon.Mar@sfgov.org</u>>, Supervisor Vallie Brown (District 5) <Vallie.Brown@sfgov.org>, Supervisor Matt Haney (District 6) <Matt.Haney@sfgov.org>, Supervisor Hillary Ronen (District 9) <Hillary.Ronen@sfgov.org>,

April 10, 2019

San Francisco Board of Supervisors Public Safety and Neighborhood Services Committee attn: Supervisors Rafael Mandelman, Catherine Stefani, Shamann Walton

San Francisco Board of Supervisors attn: Clerk of Board of Supervisors City Hall, Room 244

1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689
(415) 554-5184
(415) 554-5163 - fax
E-mail: Board.of.Supervisors@sfgov.org

Re: Vote NO on File No. 190221 [Supporting California State Assembly Bill No. 362 (Eggman, Wiener, Friedman) - Three-Year Pilot Program for Supervised Drug Consumption]. Sponsors: Matt Haney, Shamann Walton, Hillary Ronen, Vallie Brown Thursday, April 9, 2019, 10:00am

Dear Supervisors Mandelman, Stefani, Walton,

Please register my OPPOSITION to the proposed Three-Year Pilot Program for Supervised Drug Consumption. "Drug consumption" is a misnomer – the reality is operation of tax-payer subsidized injection sites for illegal drugs for drug addicts.

Your agenda states "This legislation would create a three-year pilot program allowing San Francisco to implement an overdose prevention program through the operation of safe injection sites." (Safe injection sites = SIS.)

Your committee is charged with public protection, public health and public safety: "The Public Safety and Neighborhood Services Committee shall be referred measures related to public works, infrastructure, traffic and parking control, parks and recreation, utilities, <u>PUBLIC</u>
<u>PROTECTION</u>, delinquency prevention, <u>PUBLIC HEALTH</u>, emergency services, seniors, the

disabled, children and their families, as well as measures related to the City's coordination, strategies, policies, programs, and budgetary actions surrounding *PUBLIC SAFETY*."

This resolution is the antithesis (direct opposite) of <u>public protection</u>, <u>public health and public safety</u>. This legislation makes a mockery of <u>public protection</u>, <u>public health and public safety</u>.

My objections are as follows:

### Illegal drug use and addiction are increasing because of SF policies

There are about 24,500 drug injection users, aka addicts in San Francisco. (SF Chronicle, 01/30/19, "Addicts outnumber high school students"), and the number has increased since the last study in 2012. This estimate represents 2.45% of the overall daily population of about 1 million people, including residents, tourists, and commuters. According to the article, there is an opioid epidemic, last year there were 193 drug overdose deaths, and the city handed out a record 5.8 million free syringes (about 500,000 more than in 2017), but the Department of Health handed out about 2 million more syringes than it got back, meaning 3.8 syringes were discarded, probably on city streets.

These statistics show that the city's policies in dealing with drug addicts is not working. The city's generous and too-liberal policies are encouraging more drug use, and more drug addicts to come to San Francisco, rather than treating and/or discouraging drug use. The city's policies are clearly enabling illegal drug use and endorsing drug addiction. Further, these policies have led to unintended consequences of visible in-your-face drug use on city streets (so very noticeable at Civic Center especially) and excessive used needle debris throughout all neighborhoods in San Francisco.

#### Another city bureaucracy, more waste of tax-payer dollars

The proposed pilot program would create another city bureaucracy, with more waste of tax-dollars, while insulting the hard-working tax-paying citizens of San Francisco and their children, who are forced to see addicts shooting up in public, and forced to try to avoid used needles and human filth (urine, feces, vomit) everywhere.

### No guarantee addicts will even go to a "safe injection site"

Creating a Safe Injection Site (SIS) is no guarantee that a zonked-out drug addict will actually go there to inject drugs. Drug addicts get their drugs because they need a fix right now, and inject right now, and get high right now, and drop their needle on the street right now – they are not going to go catch MUNI to take them to some drug-injection site run by the city (as if MUNI would even arrive on schedule to do so). In the meantime, the employees will be sitting around for hours with nothing to do, while getting paid a princely sum by the hard-working taxpayers of San Francisco, and while taxpayers foot the bill for yet another bureaucracy with emergency and

health care services available – a total and complete waste of money.

Drug addicts need mandatory in-patient treatment in medical facilities, not coddling and endorsement of their illegal drug use. Use the emergency and health care services available at the many hospitals and clinics in San Francisco.

# <u>Public protection, public health and public safety for ALL people in SF, not just addicts</u>

The 4.45 million needles handed out in fiscal year 2015-2016 were at a cost of \$523,363 (SF Chronicle, 05/09/18, "City gives out needles that litter the street") – paid for by our hard-earned tax-dollars. That article notes that the program originally was billed as a "needle exchange", i.e, one-for-one, but that there never have been strict rules for returns, and the number has steadily climbed. The city distributes 400,000 needles monthly, retrieves about 246,000 monthly through its "syringe access site" and city crews pick up about 8,000 needles per month, plus 12,640 needles per month when it cleans out homeless hot spots and encampments. The bottom line is that about 150,000 needles per month go uncollected. It is time to institute a strict one-on-one needle exchange immediately and focus on the *public protection*, *public health and public safety* of the 1 million people in San Francisco every day.

Health officials maintain that the unlimited syringe access program actually lowers the risk that a used needle on the street carries disease. "When clean needles are available, there is less sharing, less disease transmission, and the discarded needles are less likely to be infectious," according to Rachel Kagan. (SF Chronicle, 05/09/18, "City gives out needles that litter the street"). Excuse me? A drug addict with an infectious disease who throws a used needle on the sidewalk is still throwing an infectious needle on the sidewalk. There is no logic to saying new clean needles are less infectious – it all depends where the needle was put. And it is ridiculous that the city is more concerned about transmission of diseases between 2.45% of the population rather than transmission of disease to the innocent, unsuspecting 97.5% of the population who risks stepping on and sitting on needles while walking around or taking public transportation.

It is ridiculous that so much attention is being paid to a small percentage of people who have chosen a degenerate lifestyle, while forcing hard-working taxpayers to subsidize a degenerate, dangerous, and filthy habit. And to keep adding insult to injury, tax-payers are now footing the bill for \$750,000 a year to pay the AIDS Foundation to hire 10 people to pick up used needles (SF Chronicle, 05/09/18, "City gives out needles that litter the street") – that is \$75,000 per year per person to clean up after 2.45% of the population.

There are so many things wrong with this situation.

It is time to focus on the needs of the hard-working tax-paying citizens of San Francisco and their children, and to focus on their *public protection*, *public health and public safety* – focus on the 97.5% of the people who just want to go about their daily lives without having to worry about

getting stuck by a dirty infected needle or stepping in a puddle of human urine or a pile of human feces or vomit.

### Federal crime status

Further, it remains a federal crime to manage and maintain sites where illicit narcotics are used and distributed. Federal law makes it a felony, punishable up to 20 years in prison, fines and forfeitures of the property, to knowingly operate a place for the purpose of unlawfully manufacturing, distributing or using a controlled substance (illegal drug). An "injection site" is no more than a drug den, akin to the opium dens of the 1800's. Drug injection sites normalize illegal drug use and all drug use and facilitate addiction and promotes the idea that government thinks drugs, illegal and legal, can be used safely.

### **CONCLUSION**

Having "safe injection sites" will do nothing to promote Mayor Breed's desire for a "solution to get people off the streets and into treatment." "Safe injection sites" will just continue and perpetuate the problem, while the politicians wring their collective hands, and hard-working taxpaying citizens need to fear walking the streets of San Francisco, for what they might step in or on, and fear taking MUNI or BART for what they might sit on. At the same time, Mayor Breed is endorsing developing programs similar to "safe injection sites" where people could smoke or inject methamphetamine in an environment where they have immediate access to care if something goes wrong. (SF Chronicle, 02/08/19, "Answers elusive as meth toll rises.") Drug addicts should be in in-patient treatment facilities, not on city streets.

Prior Governor Brown vetoed similar legislation last year, saying, "enabling illegal and destructive drug use will never work. The community must have the authority and the laws to require compassionate but effective and mandatory treatment." (SF Chronicle, 02/05/19, "Renewed push for safe sites for drug injectors.")

It is time to clean up San Francisco and make it safe, clean and healthy for everyone. Stop helping drug addicts maintain their degenerate, dangerous habit.

Our elected and appointed officials should not be scofflaws. You should respect and uphold the Constitution of the Unites States. You should set an example for the general populace. VOTE NO!

We do not want our standard of living and our quality of life reduced to the lowest common denominator while San Francisco tries to be "trendy" and "cutting edge." We do not want to expose our children and families to drugs of any kind. We do not want our communities trafficking in illegal drugs. And we do not want our government supporting and encouraging actions that harm public safety.

No responsible parent or citizen would vote yes on this legislation. It is the height of hypocrisy to make cigarette smokers and soda drinkers pariahs, yet encourage illegal drug use and drug injections to turn the population into drug addicts, sprawled on the streets of San Francisco in pools of filth with their used needles nearby, causing a huge public risk. VOTE NO!

Thank you for your consideration of my letter.

Very truly yours, Lou Ann Bassan 3338 Noriega Street San Francisco, CA 94122 415.753.8315 louann.bassan@gmail.com

cc: Supervisor Gordon Mar (District 4) < <u>Gordon.Mar@sfgov.org</u>>, Supervisor Vallie Brown (District 5) < Vallie.Brown@sfgov.org>, Supervisor Matt Haney (District 6) < Matt.Haney@sfgov.org>, Supervisor Hillary Ronen (District 9) < Hillary.Ronen@sfgov.org>



### **AB 362 Resolution Hearing**

Public Safety Committee San Francisco City Hall | RM 263 Thursday, April 11th 10am - 12pm

## **Talking Points**

We created these basic talking points to aid you in giving your public comment. You will only have a minute or two to speak, so please keep your public comment short and concise.

Please share why you think Overdose Prevention Services are needed in San Francisco and why you support them. There are also fact sheets available that provide statistics about Overdose Prevention Services in case you would like to incorporate those into your public comment (<u>Drug Policy Alliance SCS Fact Sheet</u>, <u>Yes to SCS Fact Sheets</u>).

#### 1. We need Overdose Prevention Services

- Describe the need in your own words: Talk about overdose deaths, the impact of HIV/HCV, public drug use, syringe litter, concerns about the health of people who use drugs.
- 2. Homelessness and the eviction crisis in SF pushes people to the streets & until we can house everyone, we need to meet their health needs on the streets

#### 2. Overdose Prevention Services WORK.

- 1. OPS prevent overdose death, HIV, HCV, soft tissue infections.
- 2. Connect people with services, especially treatment
- 3. They have existed for over 30 years in over 11 different countries
- 4. Reduce public drug use and syringe litter
- 5. OPS do not increase crime in surrounding areas
- 6. These interventions treat people with dignity and respect
- 7. OPS saves money by preventing the need for preventable medical interventions

## 3. There is broad public support in San Francisco for these public health interventions.

- 1. Name your organization & why it supports OPS
- 2. Mayor, DA, Sheriff all support these public health interventions
- 3. Chamber of Commerce, SF Travel support
- 4. 77% public support in recent Chamber of Commerce poll
- 5. People who use drugs \*strongly\* support these services and will use them