From: Carroll, John (BOS) To: Kellen Russoniello

Cc: Jeannette Zanipatin; Board of Supervisors, (BOS)

RE: DPA Public Comment on May 27 PSNS Cmte Hearing - File No. 210270 Subject:

Date: Tuesday, June 1, 2021 3:59:00 PM

Attachments: image005.png

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I will also add your letter to the official file for this hearing matter.

### John Carroll **Assistant Clerk**

**Board of Supervisors** San Francisco City Hall, Room 244 San Francisco, CA 94102 (415) 554-4445

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From: Kellen Russoniello < krussoniello@drugpolicy.org>

**Sent:** Friday, May 28, 2021 2:13 PM

**To:** Carroll, John (BOS) < john.carroll@sfgov.org> Cc: Jeannette Zanipatin < jzanipatin@drugpolicy.org>

### Subject: DPA Public Comment on May 27 PSNS Cmte Hearing

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Hello Mr. Carroll,

Please find attached Drug Policy Alliance's public comment on agenda item 3 of the 5/27/21 Public Safety and Neighborhood Services Committee. Please let me know if you have any questions.

Thank you,

Kellen Russoniello | Senior Staff Attorney, Department of Legal Affairs Drug Policy Alliance and Drug Policy Action

Phone: (657) 216-1525 Pronouns: *he/him/his* 

http://www.drugpolicy.org/; drugpolicyaction.org









May 28, 2021

San Francisco Board of Supervisors Public Safety and Neighborhood Services Committee City Hall 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102

Re: Drug Policy Alliance Public Comment on May 27, 2021 Public Safety and Neighborhood Services Committee Meeting Agenda Item 3: Treatment on Demand Report

Dear Chair Mar and members of the committee:

The Drug Policy Alliance (DPA) respectfully submits this public comment regarding May 27, 2021 Public Safety and Neighborhood Services Committee meeting agenda item 3: treatment on demand report. We echo the concern raised by many stakeholders of continuing to focus on abstinence-based treatment approach to substance use disorder. To effectively engage and retain people in treatment and other health services, investments should be made in treatment programs able to provide services to people regardless of whether they want or are ready to abstain from drug use.

According to the National Survey on Drug Use and Health, not being ready to stop using drugs is the number one reason given for not accessing substance use disorder treatment among people who perceive a need for such treatment. This finding was recently bolstered by a nationwide survey finding that achieving abstinence is not a top priority among respondents with a substance use disorder. Rather, people prioritized staying alive, improving quality of life, and reducing harmful substance use. For Black survey respondents, stopping all alcohol and drug use was ranked even lower than for white respondents, suggesting that non-abstinence-based treatment approaches may be even more successful in engaging Black people in treatment. Treatment programs with as few barriers to entry are needed, including those that do not require abstinence, to engage people in treatment who would otherwise be deterred. Safe consumption sites, drug checking, and syringe service programs are also important ways to save lives and connect people with treatment.

Abstinence-based treatment programs are often indifferent or even hostile to treatment of opioid use disorder with methadone and buprenorphine. However, these medications are the gold standard for treating opioid use disorder, leading to dramatic reductions in overdose deaths and improvements in quality of life.<sup>3</sup> Funding should ensure that treatment providers are actively providing or at least encouraging people to use the most effective treatments appropriate for individuals. While use of methadone and buprenorphine is not only compatible with, but increases the effectiveness of abstinence-based treatment programs, people should have treatment options not based in abstinence because they may be deterred by a program that they see as in opposition to their medication.

Contingency management, or the provision of incentives when an individual completes a certain behavior like attending treatment or submitting a negative urinalysis, is a highly effective treatment for substance use

We are the Drug Policy Alliance.

Board Members
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Derek Hodel
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Jason Flom
Josiah Rich, MD
Joy Fishman
Kemba Smith Pradia
Mary Travis Bassett, MD, MPH
Pamela Lichty
Rev. Edwin Sanders

<sup>&</sup>lt;sup>1</sup> Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (2020), https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf.

<sup>&</sup>lt;sup>2</sup> Community Catalyst, Faces & Voiced of Recovery, & American Society of Addiction Medicine, Peers Speak Out: Priority Outcomes for Substance Use Treatment and Services (2021),

https://www.communitycatalyst.org/resources/tools/peers-speak-out/pdf/Peers-Speak-Out.pdf.

<sup>&</sup>lt;sup>3</sup> National Academies of Sciences, Engineering, & Medicine, Medications for Opioid Use Disorder Saves Lives (2019), https://www.nap.edu/catalog/25310/medications-for-opioid-use-disorder-save-lives.

disorders, especially for stimulant use disorders. Unfortunately, contingency management is rarely used in practice, partially due to perceived conflicts with dominant abstinence-based treatment modalities. Providing contingency management to engage and retain people in treatment would help to establish low-barrier treatment access. Funding should be allocated to make this treatment more widely available.

Finally, attention should be paid to increasing more culturally responsive services. Providing resources to treatment generally will not be enough to meet the needs of communities of color. Resources will need to be tailored to the needs of populations that have long been disproportionately impacted by enforcement of drug laws and lack of access to treatment, health services, housing, and other resources.<sup>5</sup> Any plan to provide treatment on demand must account for culturally differences, including as reference above, not necessarily prioritizing abstinence.

For these reasons, among others, Drug Policy Alliance strongly encourages any plans to increase treatment on demand to include adoption of treatment programs not solely based on abstinence. If you have any questions about our position, please contact me directly at 707-386-7142. Thank you for your continued leadership for all San Franciscans.

Respectfully,

Jeannette Zanipatin, Esq.

fromthe Camput

CA State Director

<sup>&</sup>lt;sup>4</sup> Higgins, Stephen T., Kurti, Allison N., & Davis, Danielle R. "Voucher-Based Contingency Management Is Efficacious but Underutilized in Treating Addictions." *Perspectives on Behavior Science* 42 (2019): 501-524. doi:10.1007/s40614-019-00216-z; Petry, Nancy M. et al. "Contingency Management Treatment for Substance Use Disorders: How Far Has It Come, and Where Does It Need to Go?" *Psychology of Addictive Behavior* 31, no. 8 (2017): 897-906. doi:10.1037/adb0000287.

<sup>&</sup>lt;sup>5</sup> James, Keturah & Jordan, Ayana. "The Opioid Crisis in Black Communities." *Journal of Law, Medicine & Ethics* 46 (2018): 404-421. doi: 10.1177/1073110518782949.

 From:
 Carroll, John (BOS)

 To:
 Avellan, Fatima (PDR)

 Cc:
 Board of Supervisors, (BOS)

Subject: RE: Public comment - Treatment on Demand - File No. 210270

**Date:** Friday, May 28, 2021 8:43:22 AM

Attachments: <u>image001.png</u>

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Regards,

## John Carroll Assistant Clerk

Board of Supervisors San Francisco City Hall, Room 244 San Francisco, CA 94102 (415) 554-4445

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From: Avellan, Fatima (PDR) <fatima.avellan@sfgov.org>

Sent: Thursday, May 27, 2021 12:44 PM

**To:** Carroll, John (BOS) <john.carroll@sfgov.org> **Subject:** Public comment - Treatment on Demand

Hello,

I am sending my public comment for the Treatment on Demand agenda item currently (Public Safety and Neighborhood Services). Please confirm if this was received. Thank you!

My name is Fátima Avellán. My pronouns are she/her/ella. I was born and raised in San Francisco and today I submit public comment in my role as a Licensed Clinical Social Worker at the Office of the Public Defender. We are a member of the Treatment on Demand Coalition, and I am here to share my support for Treatment On Demand.

We believe Treatment Access priorities can do more than address the visual aspects of community members who are unhoused, have mental health symptoms, or substance use histories. Focusing only on visual aspects correlates with further criminalization of our communities during the ongoing Coronavirus pandemic.

Incarcerated San Franciscans are being further punished with barriers and limited options for wanting treatment. As it was just acknowledged in DPH's presentation, there is still insufficient expansion of bilingual and bicultural community-based treatment options – in addition to harm-reduction, low-threshold, and age and TGNC specific options.

Our office is also extremely concerned about clients and incarcerated folks who continue to linger in jail waiting for a treatment bed. We have several clients who have been waiting more than 3 months for a bed who are still in jail today. We urge DPH to work with community members who have accessed services and the Mental Health SF working group to expand access to services and prevent overdoses. We believe in public health and community led solutions - not law enforcement led or carceral gatekeepers to access rehabilitative services. This is what we believe is in the best interest of public health and public safety.

We are here to call upon San Francisco's elected leadership to trust in the request and need for long-term solutions for our access to Treatment On Demand. Priorities must center the dignity, care, and support of individuals in recovery — especially those who are incarcerated. We ask for leadership support that considers the physical, mental, and emotional safety of all community members of San Francisco.

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#### Fátima Avellán, LCSW

(FAH-tee-mah ah-vey-YAN)
Pronouns: she/her/ella
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Office of the Public Defender
555 7<sup>th</sup> Street, San Francisco, CA
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