



City and County San Francisco

## **City-Wide Alcoholism Advisory Board**

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### **APPROVED AND ADOPTED MEETING MINUTES**

#### **Full Board Meeting on July 26, 2000**

**Present:** Mr. Gene Coleman, Chairperson, Ms. Deborah D. Dupire, Treasurer, Rev. Timothy Downs, Program Committee Chairperson, Mr. William Bisesto, Secretary, Mr. James Matter, Mr. Robert L. Nelson, Jr., Mr. Carlos R. Soto, and Mr. John J. Malloy.

**New Board Members:** Mr. Douglas Bias, Mr. Robert Wood, Mr. Michael Lawlor, and Mr. Peter Mellett.

**Absent:** Mr. Stuart Smith, Vice Chairperson.

**CSAS Representative:** Ms. Phyllis Harding, Community Substance Abuse Services, and Director.

**Staff:** Ms. Danita L. Mathis, Executive Officer.

**Guests:** Ms. Frances Newman, Member of the General Public  
Ms. Shirley Malloy, Member of the General Public  
Mr. Alan "Mickey" Shipley, Member of the General Public  
Dr. Josh Bamberger, Medical Director, Special Projects  
Department of Public Health

#### **I. Call To Order and Introductions**

The meeting was called to order by Chairperson, Mr. Gene Coleman. A quorum was established by roll call and introductions were made.

## **Introduction of New Members**

Mr. Douglas Bias, Mr. Robert Wood, Mr. Michael Lawlor, and Mr. Peter Mellett introduced themselves to the Board and told the Board why they chose to apply for membership to the Board. Each one of the new members also shared with the Board their personal dreams and goals for being a Board member.

## **II. Approval of Minutes**

The May and June Full Board Meeting Minutes were approved by the Board unanimously.

## **III. Announcements and Correspondences**

The Executive Officer did not give a report but all Board members received articles regarding alcohol and drug treatment, announcements, and correspondences. The Board members also received the Harm Reduction Principles handout from the recent Harm Reduction Training sponsored by Community Substance Abuse Services (CSAS).

## **IV. Community Substance Abuse Services (CSAS) Director's Report**

Ms. Phyllis Harding, Director of Community Substance Abuse Services (CSAS) distributed to the Board Proposition 36 – Substance Abuse and Crime Prevention Act 2000, the Department of Public Health / Community Substance Abuse Services Organizational Chart, and the CSAS Treatment on Demand Planning Council Fiscal Year 2000-01 Funded Priority Initiatives: Services Detail. Proposition 36 is an initiative that will be on the November ballot for Californians to vote on.

To summarize Proposition 36, this initiative will provide community-based substance abuse treatment programs for non-violent offenders, probationers, and parolees charged with simple drug possession or drug offenses. This initiative is a means of treating the offender's disease of addiction with treatment rather than incarceration or re-incarceration. Proposition 36 is being sponsored by the California Campaign for New Drug Policies. Proposition 36 is bankrolled by George Soros, multibillionaire financier from New York City; John Sperling of Phoenix, Chairman of the University of Phoenix; and Peter Lewis of Cleveland, Chairman of Progressive Insurance. The state of Arizona implemented a similar initiative in 1996 and New York City implemented an initiative very similar to Proposition 36 in June of this year.

Mayor Willie Brown, Senator John Burton, Sheriff Mike Hennessey, SF Board of Supervisors, and the District Attorney's Office – Mr. Terence Hallinan endorse Proposition 36. Supervisor Gavin Newsome personally endorses the initiative. On the other hand, the California Corrections Peace Officers Association (CCPOA) also known as the "prison guards" union and Drug Court Judges opposes Proposition 36.

The Executive Officer, Ms. Danita Mathis told the Board that she would forward via US mail the information she has obtained from the Drug Reform website.

Ms. Harding presented to the Board the Treatment on Demand Planning Council's funded priority initiatives for the Fiscal Year 2000/01.

The New Substance Abuse Programs are as follows:

- ?? Medically Supported Detoxification Services budget from the Mayor's Office (\$250,000).
- ?? Methadone Treatment in Jail Setting funded budget from the Mayor's Office (\$300,000).
- ?? Nonresidential Services for African American Families budget from the Mayor's Office (\$150,000).
- ?? Substance Abuse Services for Samoans budget from the Board of Supervisors (\$100,000).
- ?? Asian Pacific Islander Women with Co-existing Mental Health Disorders budget from the Board of Supervisors (\$70,000).
- ?? Physician Managed Methadone which the scope of services will be defined by the Office Based Physician Treatment of Opiate Addiction Steering Committee and Working Group. **No budget has been allocated.**

Mr. Carlos Soto stated that he was opposed to dispensing methadone to inmates in local custody at the jail without any type of planned services for after their release from custody. Ms. Harding responded by saying the detail as to "how" dispensing methadone to inmates would work has not been defined yet. A community process will be developed that would address the differences between methadone maintenance and methadone detoxification.

Mr. John Malloy recommended to Ms. Harding that the staff at St. Vincent de Paul Medically Supported Detoxification should be trained in Alcohol and Substance Abuse.

Mr. James Matter asked Ms. Harding have contracts been awarded to community-based organizations to provide these services. Ms. Harding replied that contracts would be awarded based on the Request for Proposal (RFP) process.

Ms. Harding informed the Board that the Target Cities, Treatment Access Program (TAP), contract terminated June 30, 2000 and the employees received lay off notices. CSAS is in the process of interviewing potential candidates for positions at TAP. TAP has a \$400,000 budget for this year. TAP is primarily responsible for assessing, referring, and placement consumers to community-based organizations for services. About 5% treatment slots are controlled by TAP.

In order to facilitate communication among the Advisory Boards, Ms. Harding has scheduled a quarterly meeting with the chairs of CAAB, Drug Abuse Advisory Board (DAAB), Treatment on Demand Planning Council (TOD), and the Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ&Q) Substance Abuse Advisory Committee.

Ms. Harding suggested that she would be willing to have one of the Program Analysts present to the Board what the role and responsibilities are of a Program Analyst. The program assignments of Program Analysts rotate.

Ms. Harding informed the Board another Public Forum is being planned regarding the Uniform Grievance Policy proposed by TOD. Chairperson Gene Coleman informed Ms. Harding that this Board has not taken a position on the proposed Uniform Grievance Policy. Chairperson Coleman stated that an evaluation of the Uniform Grievance Policy would be referred to the committee.

Mr. Robert Nelson reminded Ms. Harding that members of the CAAB Board are appointed by the Board of Supervisors and report to the Board of Supervisors. Mr. Nelson asked Ms. Harding would she be informing Chairperson Coleman of what she needs from the Board. Ms. Harding stated that she needs help from the

Board in defining and measuring Cultural Competency. Ms. Harding also stated that she has scheduled monthly meetings with Chairperson Coleman and the DAAB President.

Ms. Deborah Dupire asked Ms. Harding what is the definition of Cultural Competency that is being used? Ms. Dupire stated that the definition of Cultural Competency is a moving target that is constantly changing as a result of changes in the environment and cultural competency refers to more than ethnicity.

Mr. Matter asked Ms. Harding “how” are programs going to implement Cultural Competency Plans? Chairperson Coleman stated that the philosophy of programs might need to change in order to address Cultural Competency.

Ms. Mathis told the Board that she would forward to them Policy 24 – Department of Public Health Contractors’ Compliance with Anti-Discrimination Protections and Cultural Competency, Frequently Asked Questions (FAQ’s) on Policy 24, and Substance Abuse Treatment on Demand – Summary of Recommendations dated May 1997.

## **V. Treatment on Demand Planning Council**

No report given.

## **VI. Chairperson’s Report**

Chairperson Coleman stated that he would like to plan a retreat in the August in order to orientate the new members to the Board.

Ms. Mathis will take a poll of Board members availability and plan a retreat in August.

## **VII. Committee Reports**

**No Committee Reports were given.**

- ?? Executive
- ?? Membership – Recruitment and Attendance
- ?? Program
- ?? Evaluation
- ?? Public Affairs

## **VIII. Old Business**

No old business to report.

## **IX. New Business**

Presentation – “Harm Reduction Resolution” by Dr. Josh Bamberger

Dr. Josh Bamberger gave the Board a definition of Harm Reduction. Dr. Bamberger stated that Harm Reduction is a philosophy that attempts to minimize harm to the individual, community, and society. The concept of applying harm reduction to public health issues is a new concept. Every contracting agency with the Department of Public Health must address practicing harm reduction strategies, which moves a client toward better health. Dr. Bamberger stated that the proposed Harm Reduction Resolution targets substance abuse programs for adults only.

Dr. Bamberger stated that Harm Reduction for him is trying to look at the “big picture” and try to help someone who may be living with alcohol and/or drug addiction and other living problems to not be harmed by us and to help move them towards better health by however we can do that.

Dr. Bamberger also added that means if we need to help someone find a vein in order to inject heroin and not get an abscess, then that is the right thing to do for someone’s health even though this may be promoting drug use.

In Dr. Bamberger’s presentation he stated that this Harm Reduction Resolution acknowledges that “everyone” is doing the best they can and to approach people where they are. This resolution attempts to address some of the serious health problems in San Francisco such as in heroin overdoses, Hepatitis C infections, transmission of HIV, soft tissue infections (STI), and transmission of sexually transmitted diseases (STD). Dr. Bamberger added that the resolution states that if you are an abstinence-based program, you must address “how” harm reduction could be practiced in your program. Dr. Bamberger added that the point is to get people thinking as to whether or not if abstinence is the best way or is it the most humane way of delivering services to an individual.

Dr. Bamberger concluded his presentation by asking for feedback and comments from the Board.

Chairperson Coleman lead the discussion by stating that “humane approach” is a primary underwriting fact for substance abuse treatment providers. Chairperson Coleman stated that an individual may need to be in an abstinence-based program and may not know that and consequently the individual will be placed in a program that allows for an individual to participate in what substances they abuse.

Chairperson Coleman stated that in this scenario one is creating more harms to the individual.

Dr. Bamberger responded by saying that abstinence-based programs can be harm reduction programs he added that it is the attitude goes on in abstinence-based programs.

Dr. Bamberger stated that abstinence-based programs work particularly in the area of alcohol abuse.

Chairperson Coleman asked Dr. Bamberger what are the consequences of an individual abusing a substance in a harm reduction program? Dr. Bamberger stated that he hopes that question would be addressed in substance abuse treatment programs contracts.

Mr. Matter pointed out that there is confusion between Harm Reduction Public Health Strategies versus Harm Reduction Substance Abuse Treatment Strategies. Mr. Matter asked Dr. Bamberger to define and separate the two strategies. Mr. Matter also asked Dr. Bamberger what is the ultimate goal of Harm Reduction Substance Abuse Treatment Strategies? Dr. Bamberger stated abstinence could be the ultimate goal of Harm Reduction Substance Abuse Treatment Strategies. Mr. Matter stated that he has concerns regarding the implementation of Harm Reduction as a Public Policy and that he would like to save the City and County monies.

Mr. Carlos Soto stated that he agreed with Mr. Matter's statements. Mr. Soto stated that administering and distributing methadone to heroin addicts is compromising the disease of addiction and that keeping an individual on methadone maintenance without providing follow-up care in the forms of case management and transitioning the individual to methadone detoxification is keeping a human being sick. Dr. Bamberger responded by saying that administering and distributing methadone to a heroin addict including needle exchange is a way of reducing harm to the individual. He also added that people on a methadone are able to seek and secure employment and are able to reduce the transmission of STD's, HIV, STI's, and Hepatitis C.

Ms. Dupire informed Dr. Bamberger that this Board is the Alcoholism Advisory Board and the current Harm Reduction Resolution does not address alcoholism and/or alcohol abuse.

Ms. Dupire also suggested that the name of the resolution could be changed to Individualized Treatment Modification as opposed to Harm Reduction since harm reduction strategies are extremely controversial.

Ms. Dupire also added that harm reduction should have zero tolerance for pregnant women.

Dr. Bamberger responded to Ms. Dupire, by saying that abstinence-based programs work well for alcoholics and asked the Board how should he address alcohol abuse in the Harm Reduction Resolution?

Mr. Robert Nelson, Jr. and Mr. Douglas Bias stated that they are both in support of the concept of Harm Reduction. However, Mr. Nelson added that if the Department of Public Health (DPH) plans to implement Harm Reduction Strategies to substance abuse treatment, then the DPH should increase their funding allocations for Prevention, Education, and Outreach Services.

Mr. Michael Lawlor informed Dr. Bamberger that the biggest problem residential treatment, total abstinence-based, program face is a lack of funding for expansion and the City Planning Commission. Chairperson Coleman informed the Board that he may a presentation to the Board of Supervisors regarding the escalating rents for non-profit agencies. Mr. Nelson stated that he was concerned about the escalating rents South of Market. Chairperson Coleman added that long-term leases are being converted to month to month leases.

Dr. Bamberger concluded his discussion with the Board by stating the Harm Reduction differs from individual to individual and it is not clear what is the difference, if any, between Harm Reduction versus Harm Production. Dr. Bamberger also mentioned that community-based organizations receiving funding from the City who are providing substance abuse treatment must define what is acceptable levels of drug use (i.e. relapse) by clients.

## **X. Adjournment of Public Meeting.**

**Next Full Advisory Board Meeting  
Wednesday, October 25, 2000 at  
1380 Howard Street at 10<sup>th</sup> Street  
4<sup>th</sup> Floor CSAS Conference Room from 4p to 6p**

*Minutes Respectfully Submitted by Danita L. Mathis*