



City and County of San Francisco
 Edwin M. Lee
 Mayor

San Francisco Department of Public Health
 Barbara A. Garcia, MPA
 Director of Health

SF SAFE INJECTION SERVICES TASK FORCE: MEETING MINUTES

Thursday, June 15th, 2017 @ 9am-11am
 25 Van Ness Ave, Room 610

WELCOME/OPENING REMARKS

Director Barbara Garcia, of the San Francisco Department of Public Health (DPH), opened the Safe Injection Services (SIS) Task Force meeting and welcomed members with her appreciation for their commitment to serving on the group.

AGENDA REVIEW & INTRODUCTIONS

The following table summarizes the present Task Force members and their affiliation:

Name	Affiliation
Erick Arguello	
Holly Bradford	San Francisco Drug Users Union
Lydia Bransten	St. Anthony's
Mike Discepola	San Francisco AIDS Foundation
Sam Dodge	Department of Homelessness and Supportive Housing
Vitka Eisen	HealthRight 360
Barbara Garcia	Chair, San Francisco Department of Public Health
Isaac Jackson	Urban Survivors Union
Alex Kral	RTI International
Wilma Long	Homeless Outreach Team
Paula Lum	University of California, San Francisco
Laura Thomas	Drug Policy Alliance
Joe Wilson	Hospitality House
Barry Zevin	San Francisco Department of Public Health

PROCESS AND OVERVIEW

Eileen Loughran, DPH, presented the Task Force’s role, process, timeline, topic areas, deadlines, and public input process related to developing policy recommendations. The final report to the Mayor, Board of Supervisors, and City agencies will be released in September 2017, and it will include the Task Force’s policy recommendations.

OVERVIEW OF ISSUE BRIEF

Dr. Phillip Coffin, DPH, presented on injection drug use estimates and trends in San Francisco, its public health consequences, and the City’s history of harm reduction services. SUD is a medical condition, and this population is the most vulnerable to overdose deaths, HIV, Hep C, soft tissue infections, and other chronic health conditions. Most PWID in SF are in the Tenderloin, South of Market, Mission, and Bayview-Hunters Point neighborhoods.

Colleen Chawla, DPH, presented an overview of SIS and their place as part of the harm reduction evidence-based service continuum. She presented on evidence of their benefits, potential health benefits and cost savings to SF, their employment

in countries around the world, and the types of services models. Most common are integrated services models that are linked with other services. While there are no sanctioned sites in the US, Seattle, King County is the furthest along in discussions. Based on research by Dr. Kral and his colleagues, if SF implemented a SIS facility similar to InSITE in Vancouver, the City could experience an array of potential health benefits and cost savings.

An important consideration is the legal risk of operating SIS in the US since both state and federal laws prohibit activities related to controlled substances pursuant to the federal *Controlled Substances Act*. Attorneys General Jeff Sessions of the Department of Justice (DOJ) has authority of enforcement and has directed all federal prosecutors to pursue maximum penalties under the law for drug crimes. Although state law mirrors federal law, Assembly Bill 186 is moving forward in the California legislature and seeks to lift these limits and prohibitions to allow SIS in specific counties.

Laura Thomas clarified that Canada has expanded SIS and opened additional sites in the last few years. Vancouver now has two sites, and Montreal has one. The issue brief will be updated to reflect these developments.

TASK FORCE DISCUSSION

Task Force members responded to the following three questions, and the themes are summarized below:

1. **How would SIS impact injection drug use in SF?**
2. **What are the potential obstacles associated with implementing SIS in SF?**
3. **What are the potential opportunities associated with implementing SIS in SF?**

The potential impacts and benefits of implementing SIS include:

- **Increasing access** to compassionate and quality **health care services and substance use treatment** for PWID
- **Improving health outcomes** for PWID by providing a **safe, clean, and welcoming space**
- **Reducing stigma** towards PWID and IDU behaviors, and develop a **more informed public community**
- **Increasing collective healing, commitment, and impact**, including opportunities for **PWID to reach sobriety and regain productive lives**
- Disseminating **safer IDU practices in drug user community**
- **Improve, expand, and sustain the system of care's** operations, outreach, and integration of services.

The potential obstacles to implementing SIS include:

- Federal and state **legal environment** and the **enforcement of those laws**
- **Limited funding and resources** for sustainable and robust SIS
- PWID **distrust of government, law enforcement, and system of care**
- **Negative public perceptions and misinformation about SIS** that **reinforce stigma and opposition**
- **Varying needs and viewpoints among those in recovery**

Other considerations in implementing SIS include:

- **SF is a national leader in harm reduction** and must have courage to move forward and **demonstrate SIS as the best way to address the opioid epidemic**.
- It is important that SF **adapt SIS models to fit the diverse needs and cultures of PWID**, including peer-based models.
- **Training and support of SIS staff** is crucial to its success.

PUBLIC COMMENT

Nancy Oliveira stated that SIS can benefit not only PWID, but also her grandson and the community. PWID want to change their lives, but don't know how. SIS could provide that opportunity and services, and she definitely supports opening SIS.

Lauren Kahn stated that injection drug users face the risk of disease transmission, and open drug use is unsafe for all. HR360's mission is to help people abstain or quit, and mandating they do doesn't guarantee that people stop. SIS are also budget friendly.

Michael Wilk shared about a client at Walden House who was fortunate to get arrested and be able to opt for treatment over incarceration. SIS is an opportunity for SF and its residents, and he strongly supports SIS in SF.

Emalie Huriaux represents various organizations and all strongly support SIS. She stated her commitment to support moving harm reduction forward in any way, and SIS is one part of the body of services that is needed.

Mary Howe shared that as a former user, she believes youth must be more included in the conversation. Because drug users often start use in their early teens and 20's, it is important to have services targeted to them.

Andrew Reynolds stated that the City needs to think beyond SIS, because people take drugs in many other ways and face the same risks as injectors. He wants to talk about safer consumption services.

Paul Harkin shared that a SIS space would really help and reduce the chance of children observing public drug use. He stated the evidence for SIS is overwhelming, and it's imperative to implement safe consumption services.

Eric Deiters agreed with Wilma Long's statement, and emphasized the need for access to case management services without first being arrested.

Scott Steiger stated that his organization is ready to receive PWID patients. He is in favor of providing 24-hour services and would like that discussed in the future. He shared that another opportunity is to provide the medicine and drugs so harms that come from the drug itself are more limited, including considerations for expanding medication-assisted treatment.

Colleen Rivecca shared that St. Anthony's board supports SIS in SF. She appreciates that the conversation include the need for respect and hospitality towards drug users and the homeless with hopes that it can extend to other more marginalized SF populations.

CLOSING COMMENTS & NEXT STEPS

The next Task Force meeting will take place on Friday, July 21st at 9am, and the topic areas will be operations, services, and training.