



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**  
 Friday, July 21<sup>st</sup>, 2017 @ 9am-11am  
 25 Van Ness Ave, Room 610

**WELCOME & AGENDA REVIEW**

Director Barbara Garcia, of the San Francisco Department of Public Health (DPH), opened the Safe Injection Services (SIS) Task Force meeting and welcomed members.

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

| Name                 | Affiliation  |
|----------------------|--|
| Holly Bradford       | San Francisco Drug Users Union                         |
| Lydia Bransten       | St. Anthony's  |
| Lt. Troy Dangerfield | San Francisco Police Department                        |
| 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 (DPH) |
| Isaac Jackson        | Urban Survivors Union                                  |
| 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              |

Colleen Chawla, DPH, reviewed the Task Force timeline of topics and milestones. The focus of this meeting is to discuss operational and service considerations.

London Breed, President, Board of Supervisors, thanked the Task Force for discussing this critical issue for San Francisco. She shared about her ongoing learning of safe injection services, including visiting InSITE in Vancouver, and how her views are evolving as she gains more information. Supervisor Breed acknowledged the sensitivities around the topic, and indicated her appreciation for the manner in which the Task Force members are discussing the topic and seeking first-hand observations into InSITE's model. Moreover, she urged that the Task Force continue listening to the array of support and opposing views to best understand this topic and its impact on San Franciscans.

Barbara Garcia, DPH, echoed the need to respectfully listen to all perspectives in order for the public process to achieve its goals.

**MEETING 1 REVIEW**

Colleen shared a summary of the themes and findings from Meeting 1. For more information, refer to the Meeting 2 Presentation Slides on the [Safe Injection Services Task Force website](#).

## COMMUNITY SURVEY FINDINGS

Eileen Loughran, DPH, presented on the themes and findings of three community surveys conducted with people who inject drugs. For more information, refer to the Meeting 2 Presentation Slides on the [Safe Injection Services Task Force website](#).

## SIS MODELS AROUND THE WORLD

Colleen provided an overview of safe injection service models from around the world, including their advantages and disadvantages. Currently, there are 10 countries that operate safe injection services:

- 9 countries employ an integrated model that incorporates other medical and/or social services;
- 4 countries also utilize a mobile site
- Common traits at facilities include: disposal bins for injection equipment, booths designed for user privacy, and site staff observing from behind

For more information, refer to the Meeting 2 Presentation Slides on the [Safe Injection Services Task Force website](#).

## FOR DISCUSSION: OPERATIONS & SERVICES

Task Force members responded to DPH's considerations for operations and services, and the themes are summarized below:

- While there is wide agreement that an integrated model is generally the best fit for San Francisco's population and existing system of care, circumstances and needs vary distinctly across SF's diverse neighborhoods and may require a variety of sites, models, and scales of services.
- Planning for a safe injection service site will need to include a host of operational elements such as capacity, work flow, line management, discharge safety, hours of operation, terms of use, staff training, and how to minimize impacts on surrounding neighborhood. Given the rising prominence of methamphetamine use in SF, it is critical to engineer precautions and measures to minimize the negative impacts of users on that substance.
- Recognize there is opposition, and engage all members of a prospective neighborhood throughout the planning process to develop ideas, address concerns, and provide feedback for evaluation.
- The process must recognize that people who inject drugs value their own health, and their perspective is essential to best ensure SIS are optimized as a safe, respectful, and comfortable space where staff treat them with compassion and understanding.
- The legal environment prohibiting activities related to SIS and real estate limitations are the primary systemic challenges to operating SIS in San Francisco.
- Planning for a SIS facility must be data-driven, rigorous, flexible, and account for unique neighborhood characteristics to determine the most favorable model type, service scale, and staffing mix.
- Because individuals that consume drugs in other ways experience health disparities similar to injection drug users, consider expanding the types of drug consumption allowed on-site.

## PUBLIC COMMENT

Erica Sandberg stated that the Task Force was not an objective group. Speaking on behalf of some neighborhood groups opposed to SIS, she shared that they are in favor of addiction services instead.

Noni Richen shared that she lives within a block of a methadone clinic and observed a client leave the facility and become unconscious on a nearby staircase as a family attempted to walk past him down the same steps. She stated that all residents make up our communities, and it's important that individuals not only seek what is best for themselves.

Larry Rosenfeld expressed his support of SIS to provide opportunities for people who inject drugs to reach sobriety. He also requested that the impact on the surrounding community be considered from various points of view. He is interested in discussions on ensuring proper syringe disposal, monitoring and mediating potential anti-social behaviors, management of clients exiting a facility, and the need for a 24-hour facility and hotline service.

Lauren Kahn added that SIS can provide the following benefits to the community: offer a space for individuals who are ready to seek and access drug treatment; reduce dangerous items discarded on street that may endanger others; and result in cost-savings.

Nancy Oliveira stated that what the City has been doing to address public injection drug use has been insufficient; moreover, there is a crucial piece of the puzzle missing that SIS could fit. She shared that SIS offers elements of success and hope for recovery and for residents trying to improve their neighborhoods' quality of life. She considered it courageous and in alignment with SF's innovative spirit to explore SIS.

Andrew Reynolds fully supports supervised consumption services as good for individual and public health.

Courtney Mulhern-Pearson stated she strongly supports SIS, and it is time to offer them as a part of integrated services that value human dignity. She stressed the importance of engaging the community throughout the process.

Emily Huriaux shared her support for SIS as an evidence-based strategy to improve health and safety for the entire community.

Dr. Derek Kerr stated that the survey results that Eileen Loughran presented show high acceptability of SIS, yet individuals' acceptability rates decreased if providing personal information were a condition of SIS use. He asked whether DPH's survey showed similar results.

Sonny Trauss is supportive of SIS and felt they will benefit residents in District 6. She further hopes there would be multiple sites across San Francisco that are open 24-hours. Still, even if they are only operating 5 hours a day, it would be better than none at all. She added that there is some bias in how communities react to these topics – that we only hear when things go wrong. She suspects that if a facility opened and used best practices, then it would likely prevent issues or opposition.

Alex Mitra asked whether the Task Force considered “regular business hours” to include weekends.

Sebastian Paine stated it is better to start at a smaller scale than not at all. Because overdoses will take place regardless, he encourages the conversation stress scalability rather than whether capacity can immediately meet the full demand for SIS. He echoes the perspective of having a robust multi-pronged approach to address the public health issue and reduce mortality rates.

Erica Sandberg expressed that drug dealers are quite enterprising, and is concerned that they would congregate near a SIS facility.

Paul Harkin state that drug dealing has taken place as long as he has been in his neighborhood, adding that it is not a law enforcement issue. He does not anticipate any disadvantages to any operating SIS. While he understands there is a moral objection, he felt the research indicates that SIS connect individuals to other services and leads to improved health outcomes. As with syringe access programs, the US was slow to adopt them, but now attitudes and practices have embraced them resulting in better public health outcomes.

Dr. Andrew Desruisseau views his role as one to represent those he provides care for. He related a story of a patient that felt safe at a SIS facility and eventually was cured of Hepatitis C, reach sobriety, and is now fully employed. He added that the evidence in favor of SIS is clear and supported by ASAM.

Mike Rouppet shared his experiences abroad observing SIS and communicating with people who inject drugs. He echoed that SIS is a system that is available that can work, provide a safe place to go, and support proper syringe disposal. He is supportive of safe consumption, not just injection.

Ellen Stein stated that public drug use and homelessness are not new problems in San Francisco. The City has tried to address them over many years to no avail. Drug users are our families and friends, and it is incumbent on all to listen to those opposed to SIS, understand why, and partner with them. She urged that SIS be funded to the highest possible level.

Ross Hayduk recounted his experiences living in various parts of San Francisco, including the hardships he has faced. Despite his health and economic circumstances, the City's services have allowed him to live a healthy life. He stated that these are a part of living in a major urban city, and because of San Francisco's generous services, he can move forward.

## **CLOSING COMMENTS & NEXT STEPS**

The next Task Force meeting will take place on Thursday, August 10<sup>th</sup> at 9am, and the topic areas will be:

- Themes and findings from DPH's business owner and neighborhood focus groups
- Themes and findings from HealthRight 360's survey with patients in early recovery
- Location and siting considerations