AGENDA

- WELCOME & AGENDA REVIEW
- MEETING 1 FINDINGS & THEMES
- COMMUNITY SURVEY FINDINGS
- SIS MODELS AROUND THE WORLD
- DISCUSSION
- PUBLIC COMMENT
- CLOSING & NEXT STEPS
MEETING 1
FINDINGS & THEMES
MEETING 1 FINDINGS & THEMES: TASK FORCE DISCUSSION

BENEFITS

- Increasing access to compassionate and quality health care services and substance use treatment for people who inject drugs (PWID)
- Improving health outcomes for people who inject drugs by providing a safe, clean, and welcoming space
- Reducing stigma towards people who inject drugs and injection drug use behaviors, and develop a more informed public community
BENEFITS (CONTINUED)

- Increasing collective healing, commitment, and impact, including opportunities for people who inject drugs to reach sobriety and regain productive lives

- Disseminating safer injection drug use practices in drug user community

- Improve, expand, and sustain the system of care’s operations, outreach, and integration of services.
MEETING 1 FINDINGS & THEMES: TASK FORCE DISCUSSION

OBSTACLES

- Federal and state legal environment and the enforcement of those laws
- Limited funding and resources for sustainable and robust safe injection services
- People who inject drugs fearful of government, law enforcement, and system of care
MEETING 1 FINDINGS & THEMES: TASK FORCE DISCUSSION

OBSTACLES (CONTINUED)

- Negative public perceptions and misinformation about safe injection services that reinforce stigma and opposition
- Varying needs and viewpoints among those in early recovery
MEETING 1 FINDINGS & THEMES: TASK FORCE DISCUSSION

OTHER CONSIDERATIONS

- It is important that SF adapt safe injection services models to fit the diverse needs and cultures of people who inject drugs, including peer-based models.

- SF must continue being a national leader in harm reduction by demonstrating safe injection services as a way to address the opioid epidemic.

- Training and support of safe injection services staff is crucial to its success.
Largely in support of SF implementing safe injection services as a way to improve health outcomes and community benefits.

SF should consider expanding the conversation to include other drug consumption behaviors.

Safe injection services is an effective way to reduce criminality and link PWID to a network of health and social services.

The current conversation needs to be more inclusive of additional oppressed and marginalized communities.
COMMUNITY SURVEY FINDINGS
COMMUNITY SURVEY FINDINGS

RTI

NATIONAL PUBLIC DRUG USE SURVEY

SFDPH COMMUNITY HEALTH RESPONSE TEAM

JULY 21, 2017
ACCEPTABILITY OF A SAFER CONSUMPTION SITE AMONG PEOPLE WHO INJECT DRUGS IN SAN FRANCISCO

Alex H. Kral, Lynn Wenger, Lisa Carpenter, Evan Wood, Thomas Kerr, & Philippe Bourgois

OVERVIEW
- Targeted sample of PWID (n=602)
- Jan-Oct 2008
- Interviews from 3 main SF neighborhoods
- 20min Computer Assisted Personal Interviewing

KEY FINDINGS

Drug Use: In the 30 days prior to the survey, participants reported if they had injected:

- Heroin: 78%
- Methamphetamine: 38%
- Speedball: 38%
- Cocaine: 16%
- Crack: 14%
- Goofball: 14%

DEMOGRAPHICS

- Age: 24% <39, 41% 40-49, 35% 50+
- Gender: 73% Male, 26% Female, 1% Intersex
- Race/Ethnicity: 44% White, 37% Black, 10% Latino, 4% Native American, 5% Other, 1% API
OVERVIEW

- Cross-sectional observational study design (n=747)
- November 2016 to March 2017
- Convenience sample of participants enrolled in harm reduction programs across 10 cities (12 unique sites)
- Cities include San Francisco, Oakland, Los Angeles, Denver, Minneapolis, Washington D.C., Atlantic City, New York City, Paterson, and Boston

KEY FINDINGS FROM SF SAMPLE (n=198)

Drug Use: In the 3 months prior to the survey, participants reported if they had ever used:

- Methamphetamine: 75% (Ever), 49% (Daily)
- Heroin: 74% (Ever), 63% (Daily)
- Crack: 53% (Ever), 47% (Daily)
- Opioid analgesics: 41% (Ever), 26% (Daily)
- Methadone: 36% (Ever), 75% (Daily)
- Cocaine: 35% (Ever), 29% (Daily)
- Benzodiazepines: 31% (Ever), 13% (Daily)

DEMOGRAPHICS

- Age:
  - <30: 8%
  - 30-39: 25%
  - 40-49: 31%
  - 50+: 36%

- Gender:
  - Male: 68%
  - Female: 30%
  - Trans: 2%

- Race/Ethnicity:
  - White: 48%
  - Black: 32%
  - Latinx: 11%
  - Other: 8%
CHEP SAFE INJECTION SERVICES SURVEY RESULTS

OVERVIEW
- In-person interviews with PWID in SF (n=40)
- May 23 to June 7, 2017
- 10-20 min surveys in the field
- 3 neighborhoods
  - Tenderloin (13 interviews)
  - Civic Center (12 interviews)
  - South of Market (15 interviews)

KEY FINDINGS

Drug Use: Participants reported they had injected:

- Heroin: 65%
- More than 1 item: 65%
- Methamphetamine: 58%
- Crack: 25%
- Speedball: 28%
- Cocaine: 25%
- Dilaudid: 5%
- Alcohol: 3%
- Ketamine: 3%

DEMOGRAPHICS

AGE
- <20: 5%
- 21-30: 30%
- 31-40: 40%
- 41-50: 12.5%
- 51-60: 7.5%
- 61-70: 2.5%
- 71-80: 2.5%

Gender
- Female: 35%
- Male: 57%
- Transgender: 8%

Race/Ethnicity
- White: 36%
- African American: 34%
- Latinx: 15%
- API: 8.5%
- Native American: 4%
- Other: 2%
WHERE PEOPLE REPORT INJECTING

PUBLIC LOCATIONS
- STREETS OR ALLEYS
- PARKS
- PUBLIC BATHROOMS
- PUBLIC TRANSPORTATION

PRIVATE LOCATIONS
- OTHER’S APARTMENT, HOTEL ROOM, OR TENT
- OWN APARTMENT, HOTEL ROOM, OR TENT
- ABANDONED BUILDINGS
- VEHICLES
- STAIRWELLS OR HALLWAYS
WILLINGNESS TO USE SAFE INJECTION SERVICES

- AT LEAST 85% OF PEOPLE WHO INJECT DRUGS REPORT THEY WOULD USE SAFE INJECTION SERVICES
WILLINGNESS TO USE SAFE INJECTION SERVICES

- At least 3 out of 4 people who inject drugs report they would use safe injection services multiple times a week.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>63%</td>
</tr>
<tr>
<td>3-6 times/wk</td>
<td>18%</td>
</tr>
<tr>
<td>1-2 times/wk</td>
<td>10%</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>8%</td>
</tr>
</tbody>
</table>

JULY 21, 2017
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
PREFERRED HOURS OF OPERATION

PREFERRED HOURS BY PERCENT OF RESPONSES

- 62%
- 35%
- 20%
"WHAT OTHER SERVICES WOULD MAKE IT MORE INVITING FOR COMMUNITY MEMBERS TO USE THE SPACE?"

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Food</td>
<td>45%</td>
</tr>
<tr>
<td>Shower</td>
<td>45%</td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>43%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>30%</td>
</tr>
<tr>
<td>Injection Supplies</td>
<td>28%</td>
</tr>
<tr>
<td>Place to Hang Out</td>
<td>25%</td>
</tr>
<tr>
<td>Case Management</td>
<td>20%</td>
</tr>
<tr>
<td>Housing</td>
<td>13%</td>
</tr>
<tr>
<td>Access to Drug Treatment</td>
<td>13%</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>10%</td>
</tr>
<tr>
<td>Clothing</td>
<td>10%</td>
</tr>
<tr>
<td>Vocational</td>
<td>10%</td>
</tr>
<tr>
<td>HIV/HEP C Testing</td>
<td>10%</td>
</tr>
</tbody>
</table>
STAFFING & ENVIRONMENT

“What would make you feel safe and trust a place that offers this service?”

GENERAL THEMES

- positive staff attributes: friendly, non-judgmental, trustworthy, down to earth, understanding, can relate
- ex-addicts, peers, and community members as staff
- general safety (for vulnerable populations, OD prevention, safety from stealing and rules to ensure safety)
- a comfortable and inviting environment
- services that provide comfort
- harm reduction and links to treatment
THE MAJORITY OF SURVEY RESPONDENTS:

- indicated **willingness to use SIS** if available
- who reported injecting in **public locations**, reported **injecting in streets, parks, alleys**
- expressed interest in **other on-site services**
- desired **linkages to other services**
- emphasized the importance that SIS **include a peer component**
- preferred that SIS be **open 24 hours a day** or **during regular business hours**
SAFE INJECTION SERVICE MODELS AROUND THE WORLD
SAFE INJECTION SERVICES

Professionally supervised facilities where drug users can inject pre-obtained drugs in safer conditions
SAFE INJECTION SERVICE MODELS AROUND THE WORLD

- TERMS USED TO DESCRIBE FACILITIES THAT PROVIDE SAFE INJECTION SERVICES

  - Supervised Injection Facilities (SIFs)
  - Safe Consumption Facilities (SCFs)
  - Drug Consumption Rooms (DCRs)
  - Supervised Consumption Services (SCS)
GOALS & PRIORITIES OF SAFE INJECTION SERVICES

- attract hard-to-reach populations of drug users
- reduce morbidity and mortality by providing a safe environment for more hygienic drug use
- provide education on safe injection practices
- reduce public drug use
- improve public areas surrounding urban drug markets
- promote access to social, health, and drug treatment facilities
SAFE INJECTION SERVICE MODELS AROUND THE WORLD

<table>
<thead>
<tr>
<th># OF SITES</th>
<th>Australia</th>
<th>Canada</th>
<th>Denmark</th>
<th>France</th>
<th>Germany</th>
<th>Luxembourg</th>
<th>Netherlands</th>
<th>Norway</th>
<th>Spain</th>
<th>Switzerland</th>
<th>USA</th>
<th>TOTAL</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>MULTIPLE</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>8</td>
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<tr>
<td>NONE &amp; EXPLORING</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>1</td>
</tr>
</tbody>
</table>
SAFE INJECTION ROOM - MONTREAL
SAFE INJECTION ROOM - VANCOUVER
SAFE INJECTION ROOM - AUSTRALIA
SAFE INJECTION SERVICE MODELS AROUND THE WORLD

SAFE INJECTION SERVICE MODELS

- INTEGRATED
- SPECIALIZED
- MOBILE
## SAFE INJECTION SERVICE MODELS AROUND THE WORLD

<table>
<thead>
<tr>
<th>MODEL</th>
<th>DESCRIPTIONS</th>
<th>KEY ADVANTAGES &amp; DISADVANTAGES</th>
</tr>
</thead>
</table>
| **INTEGRATED** | • most common type  
• part of a broader and interlinked network of services housed in the same facility  
Examples of services offered  
• showers  
• laundry  
• counseling  
• testing for blood borne viral infections  
• needle and syringe exchange  
• psychosocial care  
• employment programs  
• medical services, wound care, medication-assisted treatment (MAT) | **Advantages**  
• convenient access to other important health and social services  
• consistent with current emphasis on offering integrated and coordinated care for persons with complex medical conditions  
**Disadvantages**  
• integrating with medication-assisted treatment places burden on individuals picking up their medication  
• individuals may be trying to stay away from areas of active drug use  
• complexity  
• cost |

Note: Adapted from Wright, N. M. (2004). Supervised injecting centres. British Medical Journal, 328(7431), 100-102. doi:10.1136/bmj.328.7431.100
## Safe Injection Service Models Around the World

<table>
<thead>
<tr>
<th>Model</th>
<th>Descriptions</th>
<th>Key Advantages &amp; Disadvantages</th>
</tr>
</thead>
</table>
| Specialized | - focus on providing a safe place for hygienic consumption of drugs in a non-judgmental environment, while providing referrals to other services  
- usually located in close proximity to other services and where drug users already congregate | **Advantages**  
- requires less operational complexity  
- referrals to other services are available, just not in house  
- less expensive to site and operate than more comprehensive models | **Disadvantages**  
- access to additional services less convenient than integrated model  
- creates a potential barrier to accessing other services |

Note: Adapted from Wright, N. M. (2004). Supervised injecting centres. *British Medical Journal*, 328(7431), 100-102. doi:10.1136/bmj.328.7431.100
## SAFE INJECTION SERVICE MODELS AROUND THE WORLD

<table>
<thead>
<tr>
<th>MODEL</th>
<th>DESCRIPTIONS</th>
<th>KEY ADVANTAGES &amp; DISADVANTAGES</th>
</tr>
</thead>
</table>
| MOBILE | • specially outfitted vehicles that provide space for 1-3 injection booths inside  
• offer a limited range of other services  
• able to provide referrals to other services not available directly on the van | **Advantages**  
• able to reach populations outside the service range of stationary supervised consumption facilities  

**Disadvantages**  
• low capacity  
• limited services offered  
• access to additional services less convenient than integrated model  
• creates a potential barrier to accessing other services |

Note: Adapted from Wright, N. M. (2004). Supervised injecting centres. British Medical Journal, 328(7431), 100-102. doi:10.1136/bmj.328.7431.100
# Safe Injection Service Models Around the World

<table>
<thead>
<tr>
<th>Model Type</th>
<th>Australia</th>
<th>Canada</th>
<th>Denmark</th>
<th>France</th>
<th>Germany</th>
<th>Luxembourg</th>
<th>Netherlands</th>
<th>Norway</th>
<th>Spain</th>
<th>Switzerland</th>
<th>USA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Specialized</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√</td>
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<td></td>
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<td></td>
<td></td>
<td>√</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

**Note:** The table provides an overview of safe injection service models around the world as of July 21, 2017.
## SAFE INJECTION SERVICE MODELS AROUND THE WORLD

### NUMBER OF COUNTRIES WITH STAFF TYPE (OUT OF 10)

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Number of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>10</td>
</tr>
<tr>
<td>Physician</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
</tr>
<tr>
<td>Social Workers</td>
<td>7</td>
</tr>
<tr>
<td>Other Non-Medical</td>
<td>7</td>
</tr>
<tr>
<td>Health Educators</td>
<td>6</td>
</tr>
<tr>
<td>Peer Workers</td>
<td>3</td>
</tr>
<tr>
<td>Law Enforcement / Security</td>
<td>2</td>
</tr>
</tbody>
</table>
CONSIDERATIONS FOR SIS OPERATIONS & SERVICES

- Support an integrated model that includes on-site services
- Provide linkages to other services
- Utilize trained & non-licensed staff
- Include peer component
- Design as a safe, clean, & welcoming space
- Open during regular business hours
- Develop clear & measurable program goals

INFORMATION SOURCES:
- Research/Literature
- Community Surveys
- Focus Groups
- Task Force
DISCUSSION QUESTION
DISCUSSION QUESTION

WHAT ARE YOUR THOUGHTS ON THESE CONSIDERATIONS FOR SIS IN SAN FRANCISCO?
PUBLIC COMMENT

2 MINUTES PER PERSON
CLOSING COMMENTS & NEXT STEPS
NEXT MEETING

- BUSINESS & NEIGHBORHOOD FOCUS GROUPS
- LOCATION & SITING

THURSDAY • AUGUST 10TH • 2017 • 9AM-11AM
25 VAN NESS AVE • ROOM 610