Resolution supporting California State Assembly Bill 186, introduced by Assembly Member Susan Eggman, authored by Senator Scott Wiener and Assembly Member Laura Friedman, which would authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements.

WHEREAS, San Francisco has an estimated 22,500 people who inject drugs (PWID) according to the Department of Public Health; and

WHEREAS, Injection drug use in San Francisco is responsible for approximately 100 deaths a year from overdoses and continued health risks for thousands; and

WHEREAS, The public, unsupervised use of injected drugs creates dangerous and alarming conditions in public spaces for residents, visitors and PWID themselves; and

WHEREAS, San Francisco acknowledges that more must be done to promote public safety and that the public health risks from inaction are beyond what is tolerable for a caring city; and

WHEREAS, On September 5, 2000, the Health Commission unanimously passed a resolution adopting a Harm Reduction Policy for the Department of Public Health; and

WHEREAS, Harm reduction is a public health philosophy that offers multiple, non-judgmental approaches to meet individuals “where they are” and assist them in their movement toward better health; and

WHEREAS, The harm reduction model promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community; and
WHEREAS, Safe Injection Services (SIS), also known as Supervised Consumption Services, are an evidence-based harm reduction strategy that allows individuals to inject or consume illicit drugs in a hygienic environment under the supervision of trained staff and have opportunities to engage in other health and social services; and

WHEREAS, SIS, embedded in a harm reduction-oriented system of care and support services, has the potential to address many of the concerns and issues listed above and is worth evaluating for their potential costs and benefits; and

WHEREAS, SIS reduce overdose deaths for entire neighborhoods around the sites, and there has never been a recorded overdose death in any of the nearly 100 sites around the world, despite many overdoses in those sites; and

WHEREAS, SIS attract and retain a population of people who inject drugs and are at a high risk for infectious disease and overdose, who are more likely to be homeless or marginally housed, and who are at heightened risk for violence and trauma; and

WHEREAS, A 2010 study (Kral et. al.) entitled “Acceptability of a Safe Injection Facility among Injection Drug Users in San Francisco” showed that 85% of the 602 people who inject drugs that were surveyed said that they would use safe injection services, three quarters of whom would use it at least three days per week; and

WHEREAS, SIS provide multiple health benefits, including reducing HIV and hepatitis C risk behavior (i.e. syringe sharing); reducing the prevalence and harms of bacterial infections; saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services; providing safer injection education, subsequently increasing safer injecting practices; and increasing linkage to medical and social services; and

WHEREAS, A 2014 systematic review concluded that, “All studies converged to find that SIFs [Safe Injection Facilities] were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health
care, and reducing the overdose frequency. SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SIFs were found to be associated with reduced levels of public drug injections and dropped syringes; and

WHEREAS, A cost-benefit analysis of potential SIS in San Francisco (Irwin et al., 2016) found that the City would save $3.5 million per year if one SIS program were opened, or $2.33 for every dollar spent on the services; and

WHEREAS, SIS have been supported by the Mayor’s Hepatitis C Task Force in 2011, the HIV Prevention Planning Council and HIV Health Services Planning Councils in 2015, and the Human Rights Commission’s community report on their hearing on the war on drugs in 2014; and

WHEREAS, The Mayor raised the issue in his 2017 State of the City speech, saying, “I will continue to learn about the effectiveness of safe injection facilities. We must thoroughly assess whether the public health and safety benefits outweigh any negative impacts”; and

WHEREAS, On April 11, 2017, San Francisco Board of Supervisors voted unanimously to create a Safe Injection Services Task Force to make recommendations to the Mayor, the Board of Supervisors, and City departments regarding supervised injection services; and

WHEREAS, Other cities in the United States are actively evaluating the impact of SIS, including Seattle, which has already decided to move forward with opening two sites, Baltimore, Boston, Denver, Ithaca, New York City, Philadelphia, and Portland; and

WHEREAS, There are approximately 100 SIS currently operating in over 65 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, France, Australia, and Canada); and

WHEREAS, There is momentum at the state level to address issues around injected drug use with California State Assembly Bill 186, introduced by Assembly Member Susan Talamantes Eggman and co-authored by Senator Scott Wiener and Assembly Member Laura
Friedman, which would further allow localities such as San Francisco to explore the possibility of such services and enhance legal protections for the operation and use of such services; and

WHEREAS, AB 186 provides narrow exemptions to certain controlled substance laws for programs permitted by localities by allowing the operation and utilization of live-saving public health and medical intervention programs intended to reduce death, disease, or injury related to the use and administration of controlled substances; and

WHEREAS, AB 186 as currently amended provides that only specified jurisdictions could pilot these programs and includes a four-year sunset, which will provide an opportunity to demonstrate that these programs will succeed in a California context, proving that they are cost-effective interventions to save lives and reduce public disorder; now, therefore be it

RESOLVED, That the City and County of San Francisco Board of Supervisors urges the California Legislature and Governor Brown to support and pass AB 186; and, be it

FURTHER RESOLVED, That the City and County of San Francisco Board of Supervisors directs the Clerk of the Board to transmit this resolution to the California State Legislature and Governor Jerry Brown.
Resolution supporting California State Assembly Bill 186, introduced by Assembly Member Susan Eggman, authored by Senator Scott Wiener and Assembly Member Laura Friedman, which would authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements.

June 27, 2017 Board of Supervisors - ADOPTED

Ayes: 10 - Breed, Cohen, Farrell, Fewer, Kim, Peskin, Ronen, Safai, Sheehy and Yee

Excused: 1 - Tang

I hereby certify that the foregoing Resolution was ADOPTED on 6/27/2017 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

Angela Calvillo
Clerk of the Board