

Introduction

The HIV Prevention Planning Council (HPPC) Substance Use Work Group met over a six-month period (April – September 2014) to assess current trends in HIV prevention, treatment and substance use in the context of a harm reduction model. The group was led by two community co-chairs and an external facilitator and staffed by San Francisco Department of Public Health (SFDPH) Community Health Equity and Promotion Branch. The group focused on the broader issue of engagement of clients who use substances, access to prevention, care and treatment, messaging, stigma, barriers to services, and opportunities for improvement.

Five topic areas were prioritized based on an HPPC-brainstormed list of topics to be explored. For each of these five topic areas, the group made succinct recommendations, and suggested action steps for the SFDPH through the HPPC to consider. These topic areas are:

- Harm Reduction
- HIV Prevention, Treatment and Substance Use
- Interventions
- System of Care
- Criminalization of persons who use drugs

Preamble

Members of the San Francisco community who use alcohol and other substances and their city-wide advocates report challenges and barriers to accessing services and treatment programs. HIV prevention street or community outreach to these communities is severely lacking; therefore, engagement with individuals and communities in need of HIV prevention or substance use treatment is limited to relatively few City-funded programs. When individuals or communities are ready to engage with the health care and prevention system, they often experience persistent barriers, including lengthy waiting lists and/or restrictions for entry into treatment. Substance users have also reported receiving negative and stigmatizing messages from existing treatment service programs, as well as from society as a whole. The issues surrounding access, engagement, and messaging can be daunting for an individual in crisis. Under the current system, when an individual desires to initiate behavior change, frequently he or she is denied services for various reasons, and an important opportunity to link and engage them into care is potentially lost until he or she is ready to enter the system once again.

We believe that members of the San Francisco community who use alcohol and other substances are entitled to the same rights and responsibilities as all other community members in San Francisco. Substance users have the right to substance use services including expert HIV care, general health care, prevention services and chronic or infectious disease screening and treatment.

We encourage the City and County of San Francisco, with leadership from the San Francisco Department of Public Health (SFDPH), to endorse the philosophy of substance use as a chronic health issue which demands a coordinated health care response. Finally, where applicable, we encourage the SFDPH to

share these recommendations with the health service system and insurers under contract with the SFDPH for active and retired employees.

Definitions: substance users are people who inject drugs, and those who inhale, ingest or otherwise use non-injection means to use substances, people who use crack cocaine or other stimulants (e.g., methamphetamine, ADHD drugs); people who use opiates, people who use prescription drugs and people who use alcohol.

Priority Area #1: Harm Reduction

Recommendation 1: Align principles and philosophy of harm reduction across all substance use treatment, HIV prevention and HIV care programs.

- A. Broadly define harm reduction to emphasize the breadth of the philosophy and principles of harm reduction
- B. Recommit, restate and embrace the principles of harm reduction
 1. Build upon and strengthen leadership from the Director of the SFDPH for Harm Reduction policy and practice
 2. Define specifically how the SFDPH Harm Reduction policy is intended to be operationalized
 3. Define specifically how funded agencies are expected to operationalize harm reduction policies and principles
 4. Ensure that all funded or potentially funded agencies are aware of the harm reduction policy and the expectations for contractual implementation
 5. Define specifically how funded agencies will be held accountable for implementing the SFDPH harm reduction policy
 - a. Define required implementation practices
 - b. Define specific contract objectives
 - c. Define standard performance measures
 - d. Define contractual implications for failure to adhere to policy

Action Steps

1. Revise SFDPH Harm Reduction Policy (as needed) to meet Items #5. a-d above
2. Assess training needs of SFDPH staff responsible for overseeing contract development and contract monitoring
 - a. Provide harm reduction training for behavioral health staff /management
 - b. Provide harm reduction training for behavioral health staff/management of contracted agencies
 1. Consider peer based or other evidenced based training models
 2. Consider using global drug user union groups to provide reality based experiential learning in the training environment
 - c. Provide cross training on HIV prevention for behavioral health providers

- d. Provide cross training on HIV prevention for HIV care providers
- e. Provide cross training on behavioral health for HIV prevention providers
- f. Provide cross training on behavioral health for HIV care providers
3. Re-engage with providers
 - a. Define mechanism to track accountability for training participation
4. Provide annual cross training on the revised or renewed Harm Reduction Policy and principles at applicable SFDPH staff/management levels
5. Provide SFDPH resources for capacity building and sustainability of policy implementation
6. Invite community members and/or HIV prevention and substance use treatment experts to participate in the contract monitoring process
7. Invite community members to participate in the internal SFDPH Substance Use Workgroup
8. Create a system or method that educates clients and consumers about their rights and responsibilities under the harm reduction policy
 - a. Provide written materials and/or signage in agencies regarding harm reduction and clients' rights and responsibilities
 - b. Ensure client-directed goal setting in the substance use, HIV prevention or HIV care environment
9. Create a structure in which clients and client advocates can provide feedback on their prevention, care and treatment experiences
 - a. Develop or revise client satisfaction surveys to ensure that they specifically assess an agency's adherence to harm reduction principles
 - b. Develop a "Yelp" type service where clients can provide a review of the organization/service
 1. Engage with CEOs of Yelp or Twitter (or similar tech companies) to create this system
 2. Develop an ombudsman or client advocate service

Priority Area #2: HIV Prevention, Treatment and Substance Use (Programs)

Recommendation 1: Ensure that people who use alcohol and other substances have access to treatment and prevention programs that are grounded in the tenets of harm reduction.

- A. Explore the intersection and/or natural links between substance use treatment and HIV prevention programs
 1. Integrate substance use into HIV prevention programs
- B. Explore how substance use programs and policies are (or could be) integrated into HIV prevention and treatment programs/services
- C. Explore how HIV prevention and HIV care are (or could be) integrated into substance use programs and policies
- D. Review existing programs' services to fully understand the mechanism for engaging individuals and communities in prevention or treatment
- E. Review existing programs' services to fully appreciate the types of messages that are delivered and promoted – from front line staff to upper management

- F. Explore effective methods to engage with hard to reach substance users, particularly women and others who use crack cocaine
- G. Ensure services are in place to meet clients' needs
- H. Increase outreach
- I. Address major barriers to treatment
 - 1. Lack of low threshold/easy access programs
 - 2. Lack of residential treatment programs exclusively for women
 - a. Lack of treatment programs for HIV + women who use crack cocaine
 - 3. Lack of treatment programs for individuals who use stimulants including crack cocaine
 - 4. Lack of gender-specific treatment programs
 - 5. Lack of substance-specific treatment programs
 - 6. Lack of treatment programs that are *not* abstinence based
 - 7. Lack of medical or other detoxification programs
- J. Maintain and strengthen in-patient and out-patient treatment services
- K. Shift the HIV prevention/substance use system upstream – before a crisis occurs (prevention) rather than downstream (crisis intervention)
- L. Emphasize prevention of substance use disorders

Action Steps

- 1. Provide training for substance use program staff/management in harm reduction, HIV prevention and sexual health education
- 2. Provide training for HIV prevention program staff/management in harm reduction and substance use treatment
- 3. Systematically address barriers identified in I (1-7) above
- 4. Require new contracts to include deliverables and Units of Service (UOS) that define how providers access, engage and dialogue with their substance using clients
- 5. Explore resources for existing programs to engage in specialized outreach, or ensure that existing outreach programs (e.g., HOT team) have the tools and expertise necessary to engage individuals and communities who use substances in a dialogue about HIV prevention and substance use treatment
 - a. Ensure that clients are linked to the system of care
 - b. Determine feasibility of including outreach as a necessary component of funded interventions
 - c. Determine feasibility of providing outreach specifically in Single Room Occupancy (SRO) hotels
 - d. Determine feasibility of coupling outreach activities with contractual UOS
- 6. Develop a resource and referral guide to prevention and treatment services that HIV test counselors can provide to clients
 - a. Ensure that standards of care around PrEp are clear
 - b. Ensure that written or visual materials are written in simple language
 - c. Incorporate STI testing into HIV testing
- 7. Create SFDPH-sponsored messages that emphasize harm reduction for funded programs
 - a. Enhance provider understanding of substance use behaviors to normalize these

- behaviors in the context of care and treatment
8. Utilize trauma based programs such as Seeking Safety and EMDR
 9. Prevent punitive actions, such as early release from programs (prior to 30 days or before a client is stable) from being taken by substance treatment programs against clients who exhibit behaviors related to substance use
 10. Curtail the practice of using incarceration as the as a back-up plan for detoxification or treatment

Recommendation 2: Recommit to a system of care that offers treatment on demand.

- A. Recommit to Treatment on Demand policy
- B. Review Treatment on Demand policy to determine SFDPH expectations for implementation
- C. Explore how the State of California addresses Treatment on Demand
- D. Address reimbursement policies from MediCal/other
- E. Invite public comment at the monthly mental health contractors association

Action Steps

1. Revise Treatment on Demand policy to reflect current realities and the political and public health environment
2. Explore funding resources to expand out-patient and inpatient services
3. Explore funding resources to expand shelter beds and services
4. Refine or create a system for MediCal/other reimbursement
5. Support efforts to use MediCal waivers
6. Support efforts to create a more flexible reimbursement system
7. Ensure that reimbursement from MediCal/other are implemented systematically

Recommendation 3: Remove the structural barrier imposed by outmoded Civil Service policies that prohibit programs from hiring qualified staff with specialized expertise.

- A. Provide flexibility among specific departments (e.g., Mental Health, Jail Services, HIV Prevention, Substance Use Treatment) with respect to hiring policies and practices
- B. Ensure that Civil Service exams reflect the expertise needed for specialized positions

Action Steps

1. Permit input from department managers on exam structure, content, and timing
2. Expedite the process for exams for positions that have been open for greater than 3 months

Priority Area #3: Interventions

Recommendation 1: Ensure that people who use alcohol and other substances have access to evidenced based interventions for HIV prevention, substance use treatment and HIV care.

- A. Consider the evidence (and reality) base of innovative substance use, harm reduction interventions

- B. Explore feasibility of supervised drug consumption rooms including Safe Injection Facilities
 - 1. Consider using Single Room Occupancy Hotels as a site for harm reduction services including safe drug consumption
- C. Explore feasibility of crack pipe distribution to engage crack users in system of care
- D. Explore models of medical detoxification for stimulant use
 - 1. Review research on stimulant replacement therapies
 - 2. Explore best practices and a balanced approach for pain and symptom management
- E. Explore feasibility of providing heroin assisted treatment
- F. Explore feasibility of providing after hours programs
- G. Improve naloxone availability and accessibility
- H. Explore feasibility of providing drug safety testing
- I. Support gender-informed treatment for all women (including trans women and gender non-conforming women)
- J. Review policies and goals of behavioral health programs in context of HIV prevention and HIV care
- K. Make mental health treatment on demand more accessible
- L. Communicate across SFDPH divisions on best practice and reality based interventions.
- M. Emphasize overlapping areas of mental health, substance use and HIV prevention
- N. Explore how the investment in innovative programs may outweigh the cost of doing nothing

Action Steps

- 1. Review research and program experience related to outcomes of participation in drug consumption rooms
 - a. Include safe injection facilities in review
- 2. Create detoxification programs/services for stimulant users
 - a. Prioritize peer based models
 - b. Prioritize engaging people who use substances in program design, operation and evaluation
- 3. Create safe Drop In Space
 - a. Late night and after hours
 - b. Appropriate setting and furnishings
- 4. Create a medical home/specialty clinic for people who use substances
 - a. Ensure staff have expertise to treat clients
- 5. Provide drug testing for club and festival scene
 - a. Model on Dance Safe and Rock Medicine
- 6. Support drug user unions
 - a. As organizing tool for empowerment
 - b. As tool for engagement
 - c. As location for public health interventions
- 7. Develop procedures to ensure safety of women in behavioral health interventions
- 8. Provide HCV testing
 - a. Ensure testing and treatment is accessible to people who use substances

Priority Area #4: System of Care

Recommendation 1: Ensure that people who use alcohol and other substances have access to a system of care that is coordinated, cohesive, comprehensive, non-punitive and non-stigmatizing.

- A. Address clients in holistic manner with emphasis on the social determinants of health
 1. Provide gender specific services
 2. Provide mentoring options for navigating the system of care by experienced clients
- B. Ensure that substance use status is not a structural barrier
- C. Ensure that substance users have access to the same health care options/services that non-drug or alcohol using people have
- D. Explore partnerships between the SFDPH and various public agencies who interact with people who use substances
- E. Explore evidence-based approaches to safe drug consumption
- F. Develop best practices for supporting new and existing programs within the system of care
- G. Examine health insurance policies (3rd party payers) for punitive practices
- H. Examine policies around opiate prescriptions for pain management; treat dependence
- I. Review professional training opportunities to support City/County department staff who work with people who use substances
- J. Explore creation of a community engagement team to respond to client needs
 1. Enhance community engagement
- K. Eliminate punitive policies that are grounded in “morality”
- L. Address stigma associated with people who use substances and people with HIV
- M. Address stigma based “NIMBY ism”
- N. Support recovery organizations
 - a. Redefine substance use as on a spectrum from casual use to chronic use to addiction
 - b. Explore City/County employees’ ability to “speak out, come out” as former or active substance users
 - c. Use Castro Country Club as model
 - d. Identify culturally specific programs
- O. Scale up gender-specific treatment on demand across the system of care (e.g., Portugal)
- P. Strengthen and maintain out-and in-patient treatment services that are exclusively available to meet the needs of gay men and other MSM
- Q. Strengthen and build capacity of treatment program(s) that serve LGBT people across the entire age spectrum in order to meet the cultural diversity and sexual health needs of those served
- R. Eliminate barriers to care for people who use psychiatric and pain medications
- S. Eliminate barriers to care and treatment for people with hepatitis C
- T. Coordinate with other local systems of care and treatment
- U. Articulate how consumers/clients are involved in:
 - a. Pre-planning for services
 - b. Planning for services
 - c. Development of services
 - d. Delivery of services
 - e. Evaluation of services

Action Steps

1. Enhance existing partnerships between SFDPH and SFPD
2. Provide education on community values and community culture to “new neighbors”
 - a. Engage with neighborhood associations
 - b. Engage with local tech industries
 - c. Engage with Community Benefit District Boards
 - d. Connect with various Arts and Social groups
 1. Create messages that normalize harm reduction programs and policies
 2. Use community organizing strategies
 3. Use drug users as spokespersons to humanize and reduce stigma for people who use substances
3. Advocate for realignment of substance use as a chronic disease
 - a. Eliminate practice in system of care that is punitive to people who use alcohol and other substances
4. Explore and expand best practices for pain management
5. Advocate at state and national level for full access to hepatitis C treatment regardless of an individual’s use of alcohol and other substances
6. Explore options for anti-stigma social marketing campaigns
7. Provide training on working with substance using clients
 - a. Support providers who fear substance using clients
8. Assess outcome monitoring of programs that serve gay men and MSM
 - a. Provide technical assistance and training to ensure programs are meeting needs
9. Assess outcome monitoring of programs that serve LGBT
 - a. Provide technical assistance and training to ensure programs are meeting needs

Priority Area #5 – Criminalization of Persons who use Drugs (PWUD)

Recommendation 1: Ensure that people in San Francisco who use alcohol and other substances do not face criminalization as a result of substance use.

- A. Decriminalize drug use in San Francisco
- B. Acknowledge that a public health approach *is* decriminalization
 1. Eliminate and/or advocate for elimination of criminal penalties for substance use
 2. Eliminate and/or advocate for elimination of collateral consequences
 1. Felony records
 2. Housing and employment discrimination
 3. Voting prohibition
- C. Create a more humane approach to substance use: care versus punishment
 1. Investigate restorative justice programs
- D. Redirect funding for criminalization substance use to public health programs for people who use alcohol and other substances

- E. Request Human Rights Commission to convene discussion process of decriminalization of substance use
 - 1. Move forward with existing process model of “condoms as evidence”
- F. Address racist roots of substance use and the “War on Drugs”
 - 1. Driver of racial/ethnic disparities in HIV and other health outcomes
- G. Address racial disparities among incarcerated people
- H. Evaluate public health impact of other approaches to decriminalization of drugs (e.g., Portugal, Switzerland)
- I. Support/endorse efforts to legalize and regulate adult recreational use of marijuana

Action Steps:

1. Convene broad based discussion with Human Rights Commission as the objective leader
2. Advocate with elected officials and politicians to adopt a new approach to drug use as a health issue
 - a. Probation Department
 - b. San Francisco Police Department
 - c. Sheriff’s Department
 - d. San Francisco Courts
 - e. Reentry Council
3. Define and implement a public health approach to decriminalization of substance use
 - a. No mandated treatment
 - b. No drug courts
 - c. No punitive policies
4. Define a method of welcoming people back into communities - make reparations to people who have been part of the criminal justice system
 - a. Invest in communities
 - b. Provide job training and skills development
 - c. Address racial/economic/health disparities
 - d. Provide for family reunification and stabilization
 - e. Non-discrimination in housing options
 - f. Non-discrimination in educational opportunities
 - g. Non-discrimination in employment opportunities
 - h. Treat people with dignity, and ensure basic and civil human rights
5. Invest in broad-based media, social marketing campaign regarding what works (and does not work) to reduce drug use/drug harms
 - a. Use medical and public health spokespersons to deliver messages
 - b. Promote on mainstream media
 - c. Provide examples of success
 - d. Engage elected officials

6. Reconstruct financing systems (e.g., MediCal) to eliminate policies that penalize providers for treating people who use substances
7. Provide additional outreach/crisis intervention and de-escalation services
 - a. Non-law enforcement approaches
 - b. Hot team expansion
 - c. LEAD (Seattle example)
 - d. Laura's Law team
8. Eliminate reliance on law enforcement as 1st response to health problems or behaviors
9. Make drug possession the lowest law enforcement priority (e.g., marijuana)
 - a. Identify stakeholders with credibility to align with this approach
 - b. Identify advocates including California Society of Addiction Medicine
 1. Get endorsements from APHA, local chapters of public health organizations, medical groups, faith based groups
 2. Review Vienna Declaration (2010) for pertinent guidelines
 - c. Include drug sellers in new approach
 - d. Recognize the importance of their role in the system
10. Send staff to Public Health and Law Conference in Seattle in 2016