

Drug Policy Alliance and San Francisco and California Drug Policies

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Drug Policy Alliance
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Drug Policy Alliance

- The Drug Policy Alliance **envisions** a just society in which the use and regulation of drugs are grounded in science, compassion, health and human rights, in which people are no longer punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.
- Our **mission** is to advance those policies and attitudes that best reduce the harms of both drug use and drug prohibition, and to promote the sovereignty of individuals over their minds and bodies.

Who uses drugs?



Who develops problems?

Figure 1. Percentages of Year-Before-Last Initiates Not Using the Initiated Substance in the Past Year, by Substance: 2004-2006

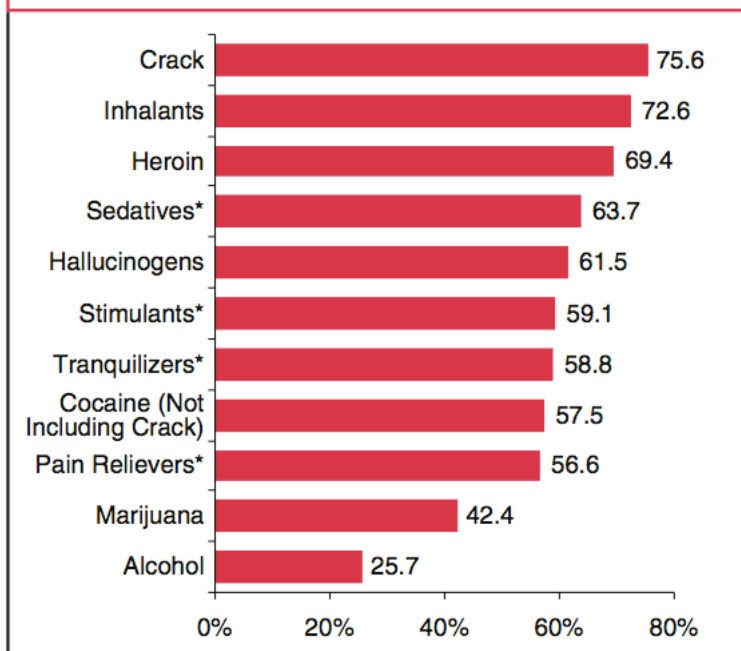
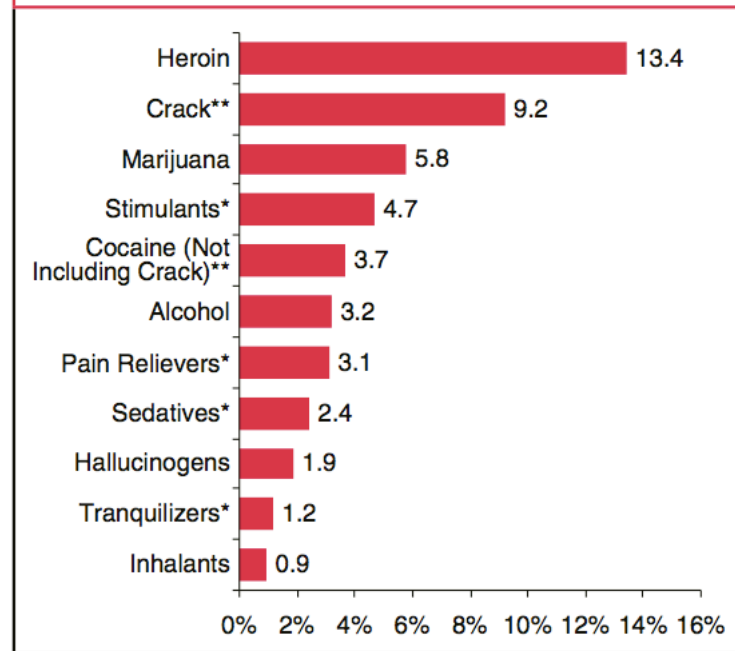


Figure 2. Percentages of Year-Before-Last Initiates Who Were Dependent on the Initiated Substance in the Past Year, by Substance: 2004-2006



History of drug prohibition in the US

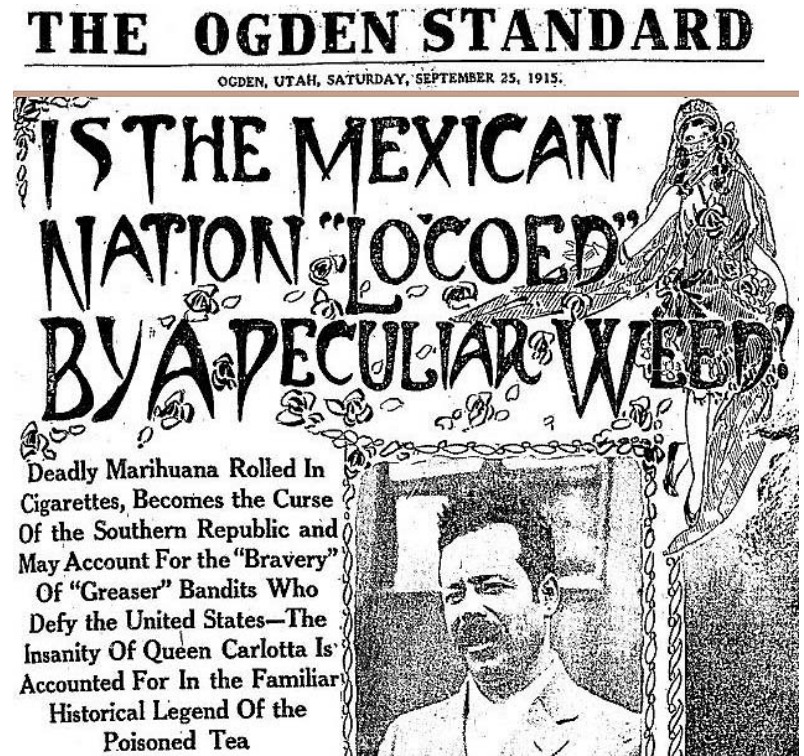


San Francisco & Opium



1910s and 20s

The first anti-marijuana laws in the Midwest and the Southwest were directed at Mexican migrants and Mexican Americans.



NEGRO COCAINE "FIENDS" ARE A NEW SOUTHERN MENACE

By Edward Hestington Williams, M. D.

For some years there have been rumors about the increase in drug taking in the South—rumors that attribute to such drugs as morphine and cocaine the source of a veritable crime in the country in certain regions. Some of these rumors of alleged conditions read like the wildest fables of a sensational crime writer. Stories of murder, rape and "wilding parties" followed a wholesale murder, some like the "murder of the railroad car," that is told of that there was a "yellow" about many of these things. When one killed in Mississippi is also accused by cocaine cocaine, there is in North Carolina, there is "cocaine" these are facts that need to be investigated, and there is no ground evidence is supported by the prison records of these law-breakers, police records, jails, and penitentiaries, there is no denying the reputation that drug taking has become a new menace to certain regions of the South.

In the South drug addiction is present enough, in all conscience. The statistics for the South in New York State indicate one house drug taker a every 100 other persons last year; of New York's record is about the same as that of her immediate neighbors. But in Georgia the proportion was 1 to 45; in North Carolina about 1 to 86; in Tennessee 1 to 74, and in one of the Mississippi neighbors to 15. Blacked elsewhere, that Southern States had from five to fifteen times as many house drug takers as New York State.

And these comparisons, although sufficiently startling, fail to show the extent of drug addiction in the South. For most of these house drug users, both North and South, were the victims of morphine; whereas the house drug "fiend" was almost almost entirely

This profession is not explained by the difference in the effects of the two drugs, but rather in the manner that each was used. Morphine, when taken into the stomach, acts directly and leads to rapid digestion. It takes considerably for its effects are produced almost immediately, and gastric functions are less disturbed. But hydrocodone, containing cocaine, requires digestion, a rapid solution of the drug, and a somewhat complicated process of preparation.

Orally, on the other hand, not to be taken in the dry form by the almost absence of anything into the system in any form of acid. And the effects are almost instantaneous when taken. It acts, indeed, as if with a heavy poison that requires only a few minutes to take effect, and takes without delay under the very eyes of witnesses.

The drug produces an exhilaration which is usually simply a half-intoxication, although it may produce the effects of a full intoxication, accompanied by the extreme hallucinations and delirium that characterize some people. But this condition is followed by a state of terrible depression, a few hours later it would be followed by such depression if the drug were not again taken to prevent it. It is for this purpose of keeping this depressed state in such as to prevent the condition from becoming a permanent

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to "Sniffing" Since Deprived of Whisky by Prohibition.

snapper the man. And a second shot that pierced the arm and entered the chest had just as little effect in stopping the signs or checking his attack. Meanwhile the Chief, out of the corner of his eye, saw informed negroes rushing toward the white from all directions. He had only three men, negroes remaining in his gun, and he could not shoot to a spirit to stop the mob. So he turned his attention to "blinded the man with his fist."

The following day the Chief changed his routine for one of terror for relief. The day after with to beat the negro was a heavy army squad, using a newspaper that James Thompson, who is an authority on such matters, recently declared was large enough to "kill one person in America." And many other officers in the South, who appreciate the increased violence of the southern negroes, have made a similar exchange for guns of greater shooting power for the same purpose of conducting the "fight" when the time comes.

The fact of increasing effects produced by cocaine and its derivatives, increased violence, increased murders, increased rapes, increased kidnappings, increased to such a degree that it is almost impossible to count. But there is still another, and a most important one. This is a temporary standing of the nervous and muscular system, as so to be seen, rather than between with, good measurements.

Many of the wholesale traffic in the South may be said as following that accuracy is showing to not be so far off. Indeed, generally throughout the South, for a large proportion of such statistics have been the result of drug taking. But I believe the record of the "murderer" of New Orleans, who dropped his gun dead to their hands, using only one cartridge for each, affords evidence that is sufficiently startling. I doubt if this shooting record has been equaled in recent years, particularly in a man under the influence of any other form of intoxicant. For the fact of membership of the drug-taker is prevalent, while the deadly accuracy of the cocaine user has become notorious to Southern police circles.



Dr. Edward Hestington Williams, M.D.

small pill boxes. This is a common method of distributing the drug—a few quantities of cocaine mixed with some inert powder to give it bulk. The law prevented the easily in the pure form or in any form, and prepared the mixture to meet these demands. He was "the honored guest" in frequent parlors of the white-racing territory—black, (and perhaps) enjoying the

persons when they dropped in casually the "club" "dope," to tell about, but when in the Southern exhibition, now and then might serve as a court, and from the prison cells of police officers, although these officers expressed the law of punishing the drug they failed to seek him at it. And even when he himself accepted the drug laws himself, as most of these problems do

eventually, and was so thoroughly "doped" that he appeared to be almost apt arms away the drug, he would never reveal the source of his supply. But there is every reason to believe that he obtained regular supplies through the underground channels that flourish in every locality, whether east or west of the river.

The Mississippi River is probably the greatest highway for "wholesale" distribution, but Gulf ports and seaports are also centers of activity. It is particularly easy for a man to drop over the side of a boat coming into Mobile harbor, or one of the numerous channels at the mouth of the Mississippi, and disappear into the interior carrying a few pounds of the deadly powder, every ounce of which represents one thousand average doses.

But in all probability the greatest wholesale traffic is carried on from South Atlantic ports, from which packages are sent to local peddlers, disguised in one of a hundred ways that escape detection. And when we consider that even a single ounce—a quantity that does not sell at an exorbitant price—will keep a "fiend" well "doped" for a week or more, we can readily understand why every effort is made to suppress the traffic activity here.

Why Do They Do It?

Many of the negroes, even those who have not yet become addicted, appreciate the slightest possibility of dealing with the drug. Why, then, do so many of them "dabble"?

There are various facts that suggest an answer to this question, and evidence to the fact of the opinion of physicians, officers, and the common sense themselves. One suggests these facts. The "fiend," when questioned, frequently gives his reason in the briefest sentences: "I can't get nothing else, boss." That seems to be the story of the whole matter.

A brief survey of conditions in the South and a bit of recent legislative history make it perfectly evident why the negro "can't get anything else." In 1909, when the South's negro prohibition constitution was 20 to 40 per cent of the total population. Most of the negroes are poor, illiterate, and ignorant. It is no wonder in this state the great masses, who are as a rule with the average negro in poverty, ignorance, and general lack of life in the entire population. Consequently, it was hardly to be expected that such a law to be enacted, even when the will of the individuals of the best are active. The resistance coming in the white-racing territory of the white-racing territory to their last accumulation.

The simplest way to remove this added menace is to remove, then, entirely, at least—should be to keep out of the hands of the lower-class negro's hands for supplying it, or at least to keep it as far as he was concerned. And

in Florida, North Carolina, South Carolina, Mississippi, Tennessee, and West Virginia negroes have been known to stretch the skin and keep whisky and the negro exposed!

These laws do not, and were not intended to, prevent the white master the white-racing negro getting his accustomed beverage through legitimate channels. They simply help to bring the pleasure of having applied a law and "taking the drug" people directly." In fact, for a large proportion of the lower-class whites were ready to make this sacrifice if by doing so they could eliminate the "fiend" negro.

That their only sacrifice was in the nature of making, not in the nature of actual sacrifice, however, is shown by the reports of those districts that go to individual members. The Southern Commerce Commission reported in 1910, using the figures given by the Southern Commerce Commission as a basis, that "the total income of the South is \$1,000,000,000" almost everywhere else prohibition has been established.

In December, 1912, the statistic in Kentucky, N. C., reported that they were receiving 800 packages daily, 10,000 packages monthly, or about 100,000 packages yearly, for each from the South. And statistics in other states are as the other well-generated effect of the South.

But some of these countless packages received the lower class negro, the "fiend" who is every thing in the South. His own ignorance and poverty make him a constant, as the primary white menace.

Of course it is nothing short of "damn ridiculous" to give the idea of this and depriving the poor. But what if it is so long as the distribution applies to whisky? Nothing, of course, provided, since, that these districts need applied to not find some solution more than the original trouble-maker.

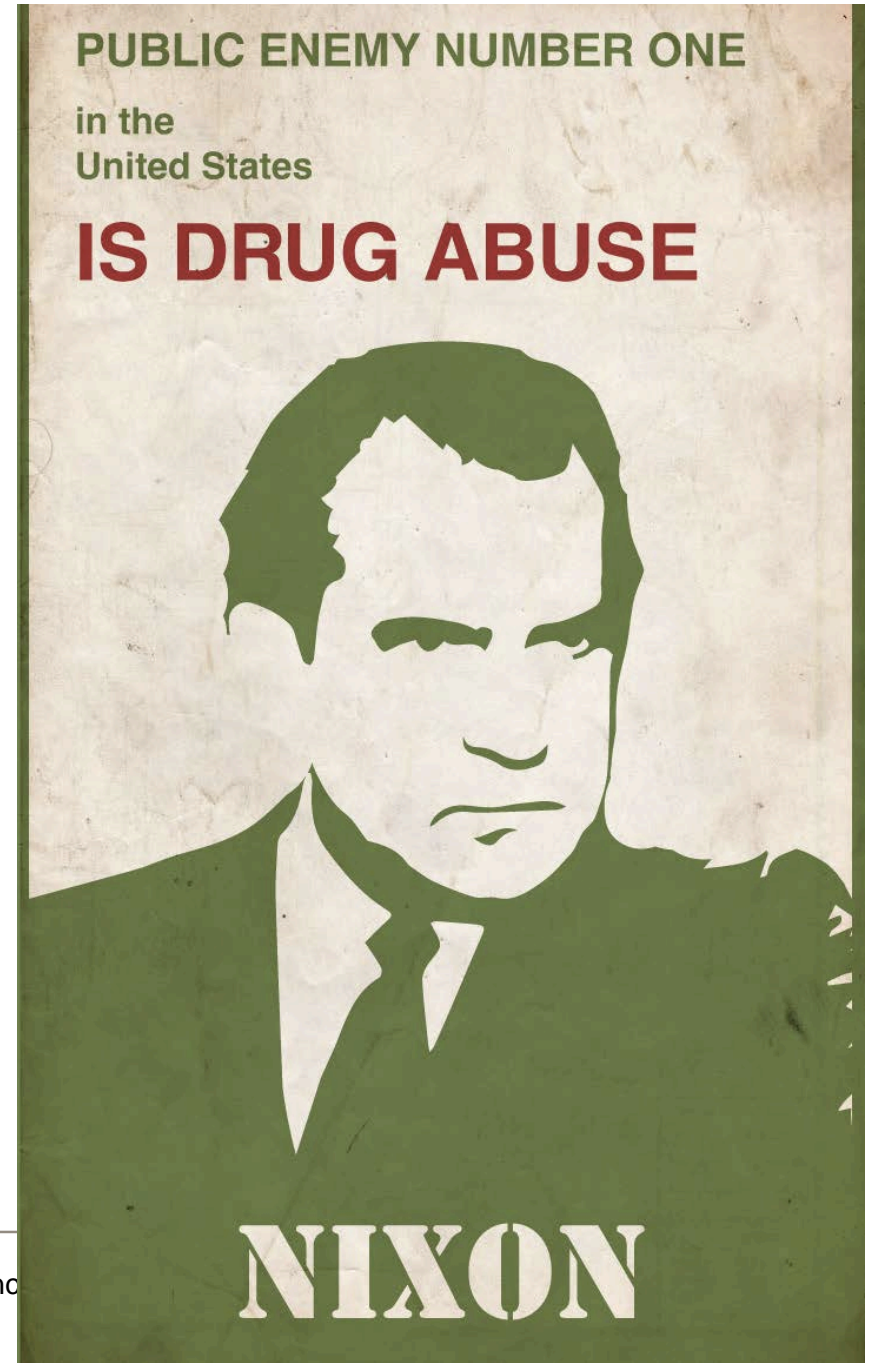
But unfortunately for the negro, and for his community, such a solution was found almost immediately—a substitute that is too readily made even—the "cocaine" white-racing negroes, who are the most to be feared. This solution, as I have pointed out, is terrible, and a trail of blood and disaster has marked the progress of its substitution.

Should any one doubt that prohibition is directly responsible for the introduction, and increase, of substituting in the South, let him consider a few sentences here supported by the opinion of competent observers. That of cocaine and police records show that during the prohibition period drug traffic has increased with alarming rapidity. Physicians, officers, and "fiends," with very few exceptions, condemn the use of cocaine in the low-class negro's hands to get the necessary beverages. Of course "fiends" are usually first and foremost officers of the law or politicians of the white-racing territory. But it is entirely impossible that all these men, from such widely different walks of life, should make the same conclusion without adequate grounds for doing so.

Moreover, in other where prohibition is directly reduced, (notably speaking) the drug trade is increasing with alarming rapidity; whereas, in other

1960s and 70s

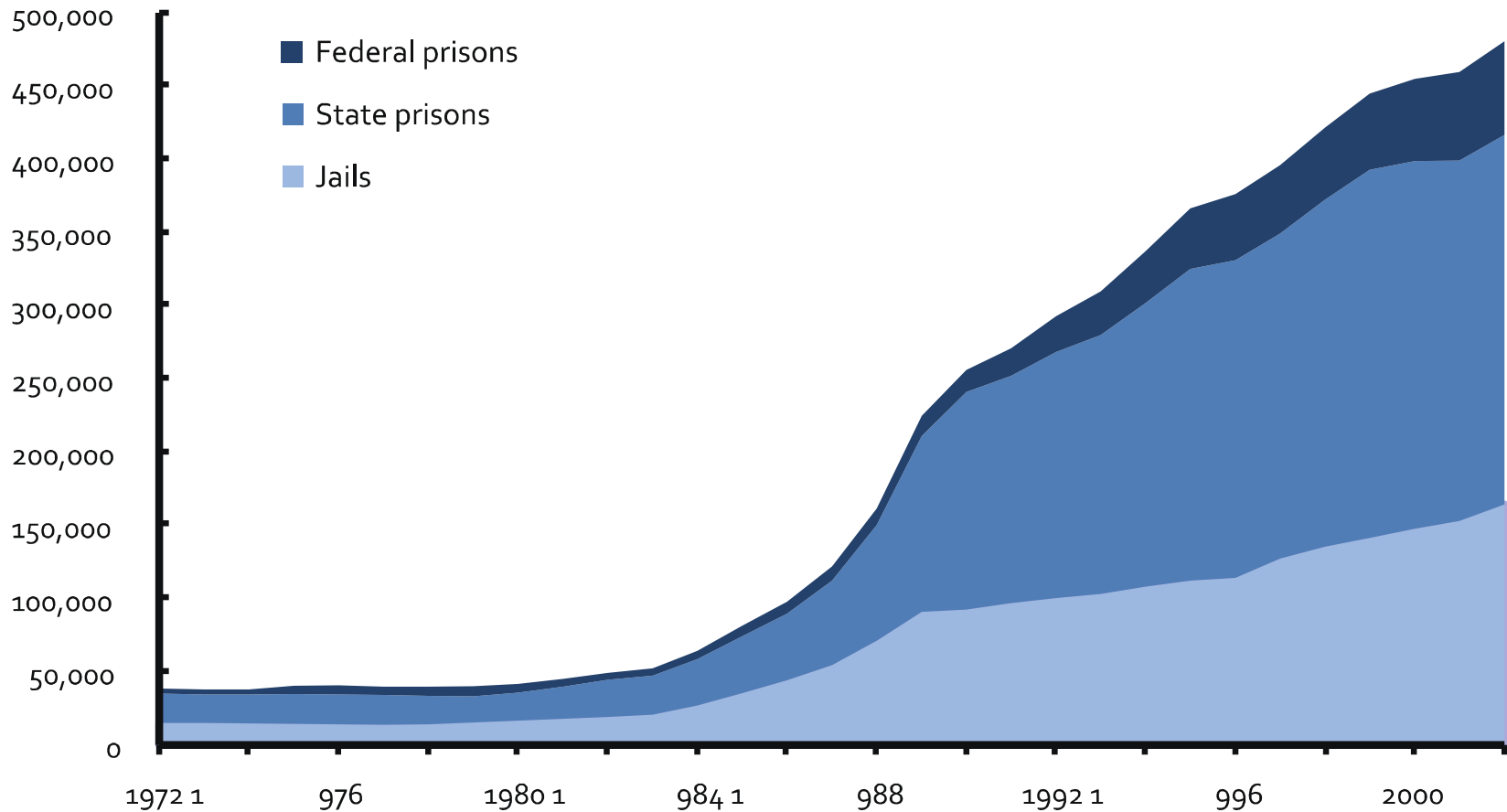
- Nixon declared the “war on drugs” in June 1971.
- 1972 Shafer commission report
- State marijuana decriminalization



1980s and 90s – Reagan, crack, and HIV



Estimated number of adults incarcerated for drug law violations in the United States, 1972–2002

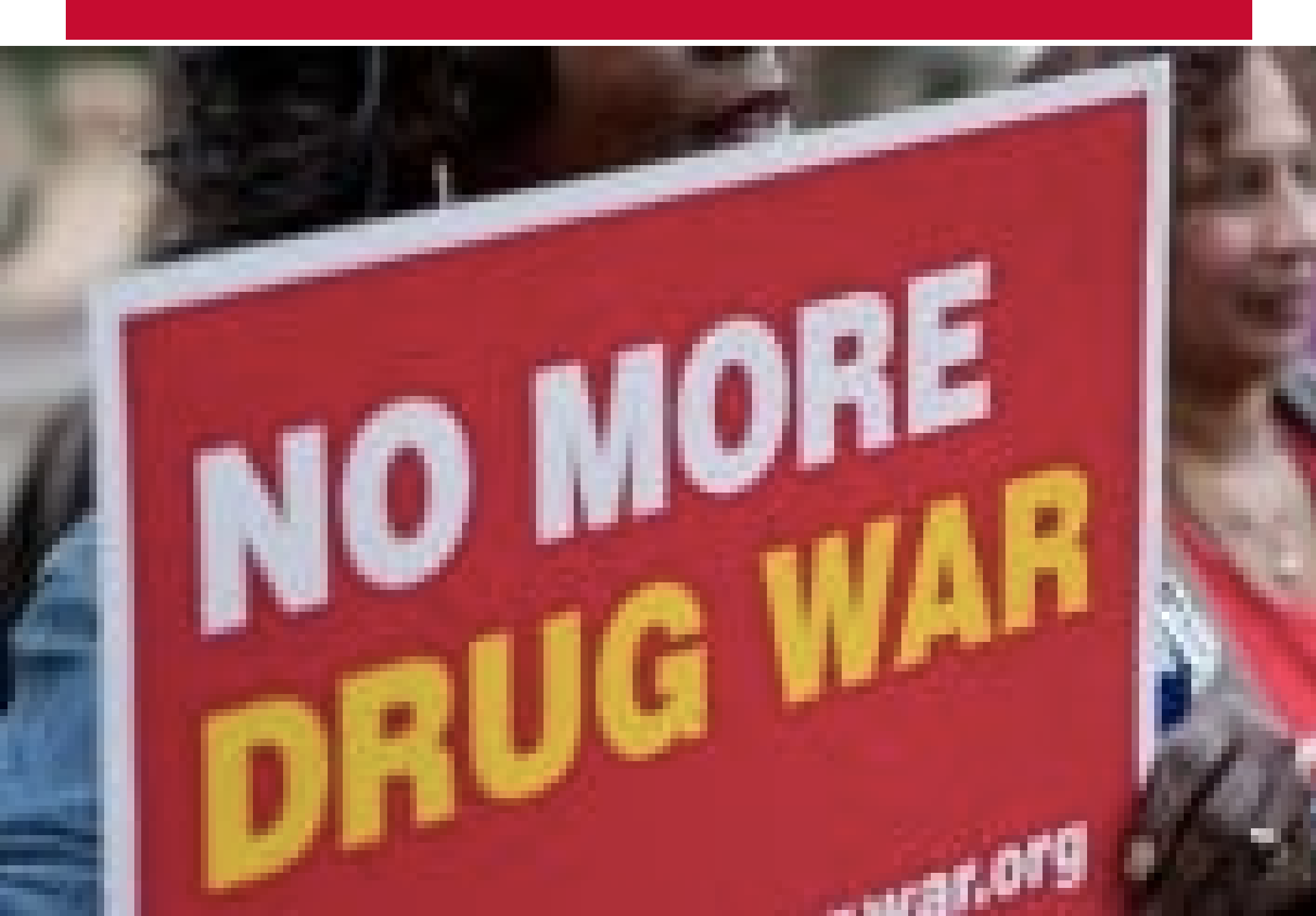


Collateral consequences of a drug offense conviction

- Federal student loans
- Public housing
- Employment – licensing, certification, “check the box”
- Food stamps (only for drug offenses)
- Child custody
- Right to vote
- Gun ownership
- NOT getting into treatment

Racial disparities

- We still incarcerate a larger proportion of our population than any other country, with African Americans bearing the heaviest burden of incarceration and its collateral consequences.
- Two-thirds of people incarcerated for a drug offense in state prison are black or Latino, although these groups use and sell drugs at similar rates as whites
- Crack/powder cocaine sentencing



Drug Policy Alliance's Work

- Marijuana legalization
 - Racial justice, repairing the harms
 - Prop 64
- Criminal justice reform
 - Sentencing reform
 - Asset forfeiture
 - Decriminalization
- Harm reduction/public health
 - Syringe access
 - Naloxone/overdose prevention
 - Access to treatment, esp. MAT
 - Supervised consumption services

What are supervised consumption services/facilities?

“legally protected places where drug users consume pre-obtained drugs in a safe, non-judgmental environment and may receive health care, counseling, and referrals to other health and social services, including drug treatment.”

(City of Vancouver Four Pillars Drug Strategy)

History of supervised consumption services

- The first SCS opened in Switzerland in 1986.
- Now around 150 SCS in twelve countries: Switzerland, Germany, the Netherlands, Spain, Australia, Norway, Luxembourg, Denmark, Portugal, Belgium, France, and Canada.
- Insite in Vancouver, British Columbia opened in September 2003 and received permanent authorization in 2011. Canada has opened dozens of facilities in the last few years.
- There are no authorized programs in the United States but one underground program is described in the research literature.

Insite



Research findings from Insite

- The SCS has resulted in **reductions in public disorder** related to injection drug use. It has been “associated with reductions in public drug use and publicly discarded syringes and reductions in syringe sharing among local injecting drug users.”
- Use of the SCS has been associated with increased uptake of detoxification services and other addiction treatments. Drug users who use the facility are **more likely to enter detox programs**, especially if they have had contact with the on-site substance use counselor. In Vancouver, use of detox *increased* by over 30% after Insite opened.
- A number of overdoses have occurred at the SCS, and were managed in the facility by staff through the administration of oxygen, naloxone, and calls for ambulance support. Importantly, none of the overdose events resulted in a fatality.

HIV/HCV impact

- The SCS has **attracted and retained a high risk population** of IDU who are at heightened risk for HIV and hepatitis C infection and overdose and more likely to be homeless and to frequently inject heroin and cocaine.
- Use of the SCS has been associated with **reductions in HIV and HCV risk behavior** (syringe sharing) and overall injectors used safer injections practices after attending Insite.
- Many individuals at risk for HIV and HCV infection are receiving safer injection education at the SCS, and **increases in safe micro-injecting practices** have been observed

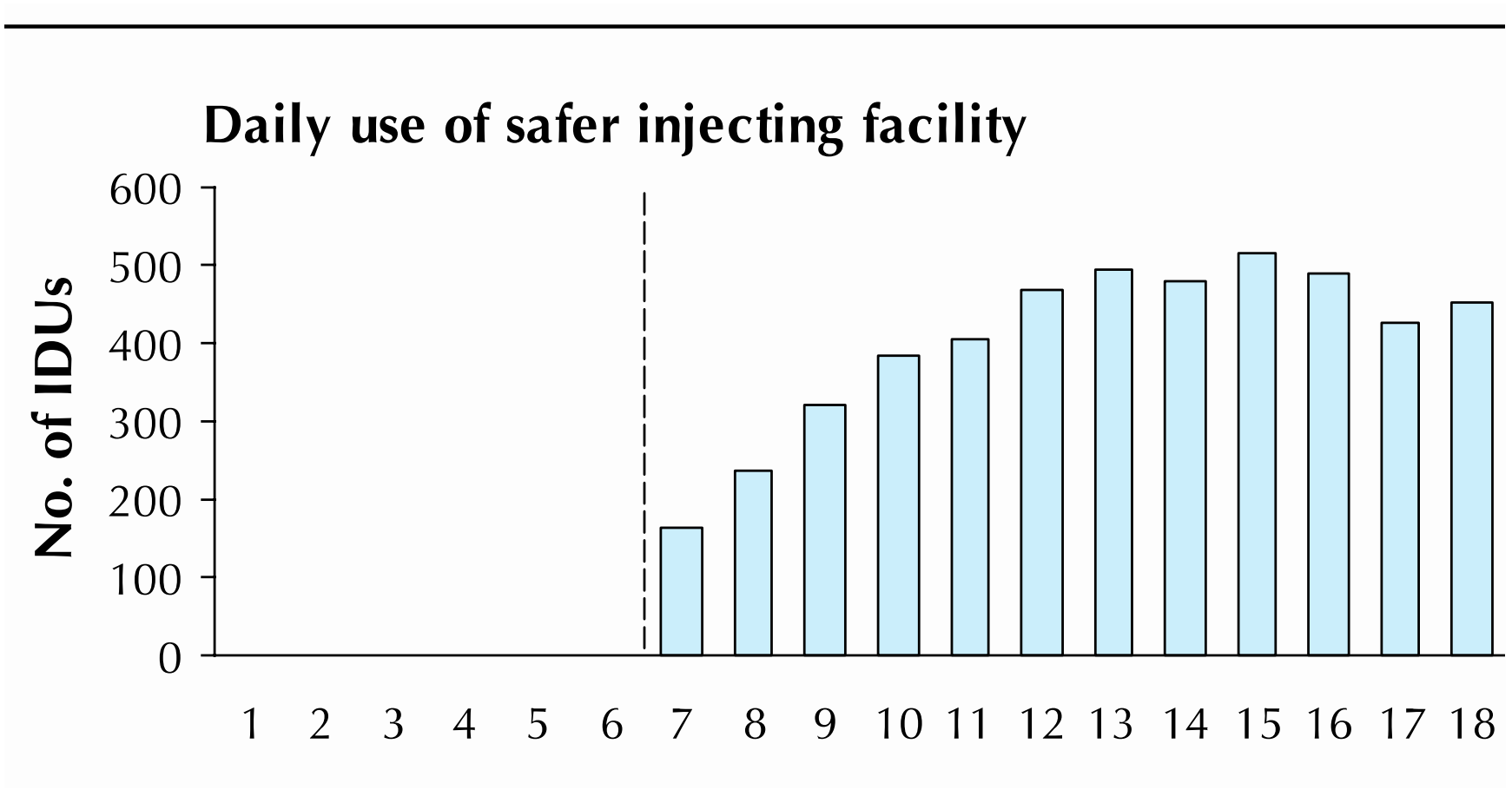
More findings

- The establishment of the SCS has **not prompted adverse changes in community drug use patterns**
- The establishment of the SCS has **not prompted initiation into injection drug use**
- The establishment of the SCS has **not led to increases in drug-related crime**

Insite

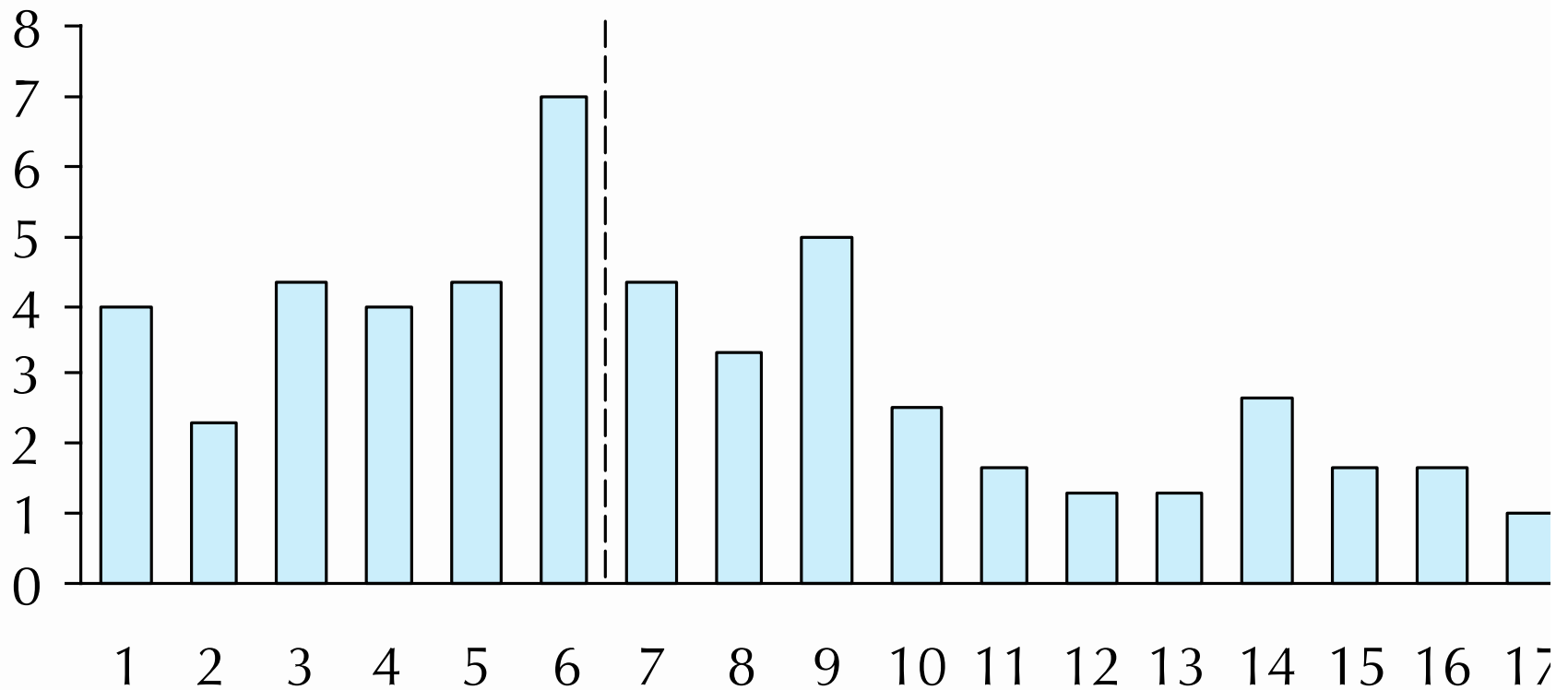


As use of Insite went up...

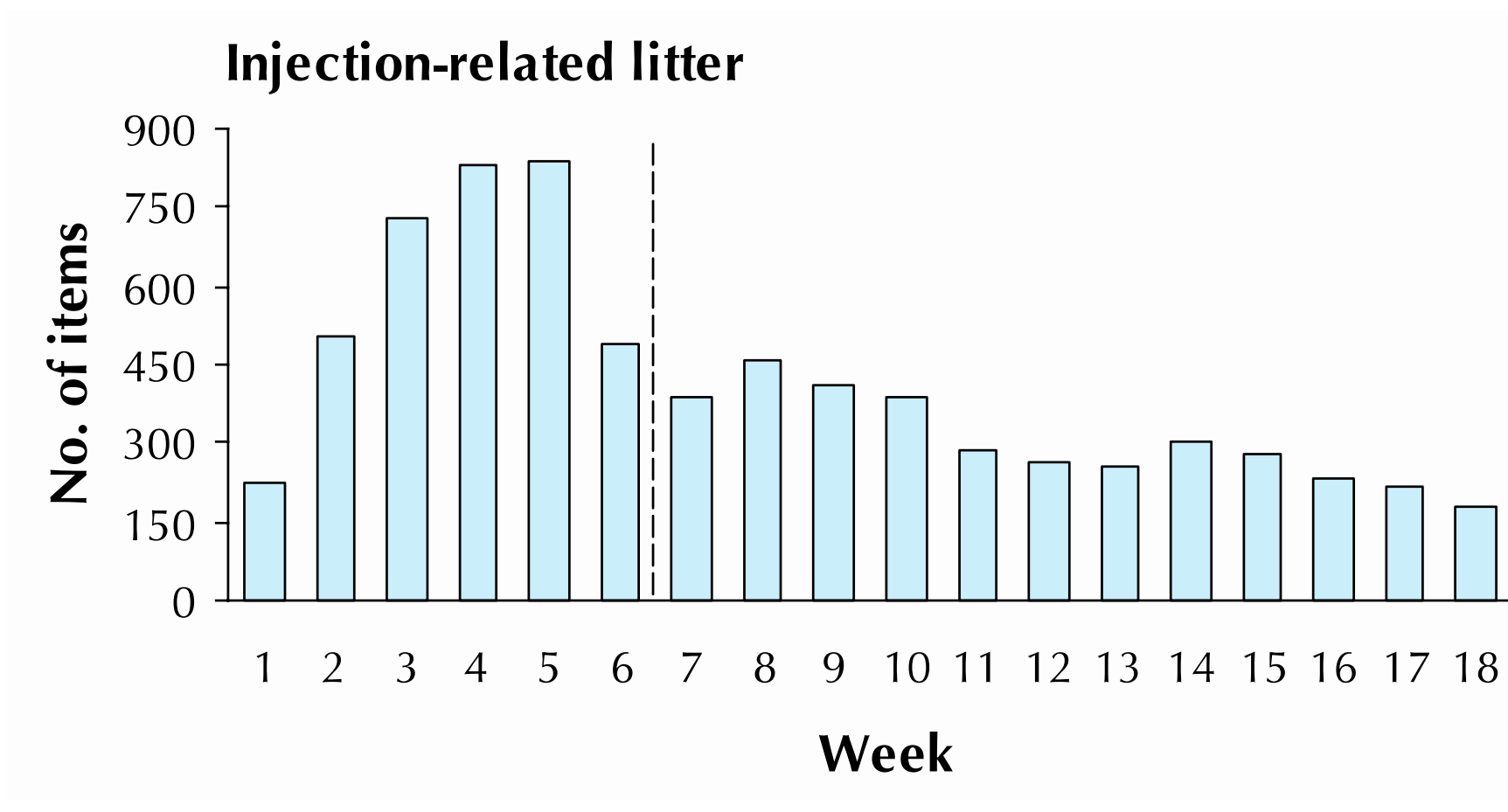


Public injection drug use went down

Public injection drug use



And public disposal of syringes and other injection litter decreased



2010 *Addiction* article on cost

“Insite’s safe injection facility and syringe exchange program reduce substantially the incidence of HIV infection within Vancouver’s IDU community. The associated savings in averted HIV related medical care costs are more than sufficient to offset Insite’s operating costs.

Pinkerton S. ***Is Vancouver Canada’s supervised injection facility cost-saving?*** *Addiction*, **105**, 1429–1436 S

San Francisco



San Francisco research

- **People who inject drugs will use a SCS (although they will not travel far for them.) (Kral, 2010)**
 - 85% of people who inject drugs said that would use it
 - Only 28% reported that they would walk more than 20 minutes to it.
- An informal 2015 survey of 90 Tenderloin businesses found:
 - 81% had seen public injection in the TL; 65% thought public drug use was a problem for their business
 - 87% had never heard of SIFs
 - 81% supported the idea, once it was explained, and 65% thought it should be in the TL.

Cost-benefit analysis in San Francisco (Irwin et al, 2016)

- At least 3.3 averted HIV cases per year. With a lifetime treatment cost of more than \$402,000, this translates to annual savings of \$1.3 million. (Or six percent of the IDU-related HIV cases.)
- At least 19 hepatitis C cases prevented per year. At a lifetime treatment cost of US\$68,000, annual savings of \$1.3 million.
- "Establishing a SIF would create a natural center for locating PWID, providing them with testing, connecting them directly with treatment providers, and monitoring them long-term to retain them in treatment."
- Total savings of \$6.1 million per year. It would be cost-effective: every dollar spent would generate \$2.33 in savings.

Why isn't syringe exchange enough?

- Hepatitis C is more easily transmissible and sterile syringe access alone is not enough
- HCV can be transmitted through sharing cookers, cottons, and other injection equipment
- Many harm reduction workers/peers/clinicians already talk about safer injecting practices and distribute sterile supplies
- The “accidental” SIF
- Disposal issues
- Some injectors are more vulnerable to sharing equipment or using risky injection practices
 - Homeless/marginally housed
 - Those who need others to inject them

American Medical Association

“Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.”

- “State and local governments around the nation are currently involved in exploratory efforts to create supervised injection facilities to help reduce public health and societal impacts of illegal drug use,” said Dr. Harris. “Pilot facilities will help inform U.S . policymakers on the feasibility, effectiveness and legal aspects of supervised injection facilities in reducing harms and health care costs associated with injection drug use.”

California legislation

- AB 2495 (2016): Failed to pass out of Asm. Public Safety Committee
- AB 186 (2017): Vetoed by Governor Brown
- AB 362 (2019): Currently in Assembly
- Co-sponsored by DPA, California Society of Addiction Medicine, San Francisco AIDS Foundation, HealthRIGHT360, Tarzana Treatment Center, CAADPE, and Harm Reduction Coalition
- Creates legal protections for staff, volunteers, participants, and program operators, for programs allowed by the local health jurisdiction. Covers San Francisco only.
- Yesterday, Oakland City Council voted unanimously to endorse and request to be added to the bill.



Portugal model

Components

- Health-based, social inclusion approach
- Decriminalized possession for personal use
- Scaled up treatment capacity, mostly for opiate dependence
- Dissuasion Commissions with health and social workers
- Civil penalties

Results

- Lower HIV rates: *IDU went from 54% of HIV incidence in 2001 to 30 % in 2007*
- Fewer overdose deaths
- Reduced drug use: *prevalence of any drug use among 15-19 year olds dropped from 10.8% to 8.6%*
- Reduced crime
- Increased numbers of people in treatment



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