

A Report From The San Francisco Street-Level Drug Dealing Task Force

June 30, 2021

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EXECUTIVE SUMMARY

The conditions confronting those who live and work in District 6 are unacceptable. Although open-air drug sales and public drug use are not the only problems facing the Tenderloin, Civic Center, Mid-Market, and South of Market neighborhoods, they are major contributors to the trauma, insecurity, and frustration experienced by many of those who spend time in these communities. While District 6 (D6), and especially the Tenderloin, has been a hotbed for illegal drug activity for decades, the situation has intensified in recent years; coinciding with increased use of illegally produced synthetic opioids like fentanyl.

Deciding how to address these harms has proved challenging. Drug policy is a controversial issue, even in San Francisco, considered one of most liberal places in the country when it comes to drug-related issues. But no one is happy with the status quo and there is universal agreement that things need to change.

Several City agencies and departments, community-based organizations, and neighborhood residents have devoted significant time and effort to addressing these problems; however, it has not been enough. The Board of Supervisors created a Street-Level Drug Dealing Task Force (TF) to develop recommendations for the Board, the Mayor, and City departments on approaches for addressing the harms related to street-level drug dealing. The Task Force includes representatives from three government agencies (District Attorney's Office, Police Department, Public Defender's Office) and nine individuals, many of whom live and/or work in District 6, bringing to the TF a diversity of lived experiences and viewpoints. The Task Force also included a non-voting representative from the SF Department of Public Health.

Putting the interests of the community before their own, most TF members invested substantially more time and effort than they had originally envisioned. Since January 2020, the Task Force held 15 public meetings in which they discussed the harms associated with street-level drug dealing, considered how to address them, and heard from other members of the community. In addition, Task Force members participated in several subgroup meetings, allowing them to dig deeper into specific issues and further discuss the opportunities and potential consequences of various approaches.

After considering more than 20 ideas, including some proposed by members of the community who were not on the Task Force, a majority of Task Force members voted to support a package of six ideas that should be prioritized and implemented. These recommendations—which address community safety and criminal justice, harm reduction, substance use treatment and other services, as well as the creation of a new coordinating body with strong community involvement—are offered as a comprehensive package, not something from which policy makers should pick and choose.

This package represents a willingness to try something different and reflects a substantial amount of compromise. Indeed, not every TF member who voted for the package wholly endorsed all six of the recommendations. As with all public policies, they can be changed if they ultimately do not work or have negative consequences that outweigh the benefits. But the majority of TF members felt that this package should be given a realistic chance to succeed.

The package of six recommendations is briefly described below and further discussed in Section 4:

1

- **Legislate the creation of a body tasked with coordinating all community safety organizations and City departments providing street-level operations in D6, and develop a comprehensive strategy to ensure impact.** There are dozens of non-profit and government agencies/departments working to improve community safety in D6, but members of the community argue that these efforts are too often uncoordinated, leading to confusion, duplication, and missed opportunities. While it is easy to say, “we need more coordination” or “government agencies should work more with community-based organizations,” it’s another to make it happen. Coordinating efforts need wider inclusion of residents, businesses, and other stakeholders.

The TF calls for a new body that can influence prioritization of community safety efforts and ensure their intended impact in D6. This new entity should be supported by the City and be given independent funding to best address service and knowledge gaps as it sees fit. It is also hoped that this new body will lead and coordinate efforts to attract more philanthropic funding to support this work in D6.

But the TF is looking beyond coordinating resources and efforts in the short run. We believe that D6 needs to develop a strategic plan for the medium and long run, and make sure that it is adequately funded and implemented. This requires much more than typical interagency cooperation, and it is more than what is expected of an elected official. It requires a new entity with the vision, voice, and influence to make sure that community safety remains a priority in D6.

2

- **Continue to allocate additional resources to community safety programs and make sure these efforts are coordinated with the SF Police Department and the SF District Attorney's Office.** Since late 2020, some members of the Task Force have talked about the importance of increasing funding for community safety efforts in D6. Many TF members were pleased to learn of the Mayor's Mid-Market Vibrancy and Safety Plan, but as we write this report, much of the funding for this effort has only been proposed. With many non-profit organizations currently playing a role in providing community safety services in D6, it is critical that current and future efforts be coordinated to maximize their effectiveness (preferably by the new body proposed above). Efforts by non-profit organizations to help create and maintain public order cannot be fully successful without coordination with the SF Police Department and the SF District Attorney's Office.

The community also made it clear that the individuals working for these community safety organizations should be sufficiently trained on de-escalation, trauma-informed care, and other evidence-based approaches on an ongoing basis. The Task Force agrees, and an important function of the body described in the first recommendation could be to create the standards that these organizations must meet to receive City funds.

3

- **Individuals without substance use disorders who are convicted for dealing multiple times should be subject to consistent, meaningful, and transparent consequences, and offered services that are designed to reduce recidivism during and after any time in jail.** The Task Force believes that we should not treat street-level dealers as a homogenous group. For example, some have substance use disorders and are selling or holding to obtain drugs and prevent withdrawal symptoms. If these individuals are arrested, there was a general sense among TF members that drug treatment services should be made available to them. The frustration expressed by some members of the TF and the community is that sellers without substance use disorders who are arrested multiple times for selling and violating stay-away orders are not being

held accountable for their actions; thus, there is very little reason for them to stop selling. The police exert probable cause to arrest drug dealers and investigate crimes, but they do not decide the sentence for those who are convicted; that decision is shaped by the District Attorney, judges, and sentencing guidelines.

This recommendation calls for imposing meaningful consequences on those individuals without substance use disorders who are repeatedly convicted for sales and violating stay-away orders. There are multiple ways to impose these consequences, ranging from automatically revoking probation for those reconvicted for selling to only allowing individuals to serve a probation sentence after a fixed amount of time in jail (Note: no one on the TF is calling for long, harsh sentences).

Whatever the decision, it should not be a secret. It should be publicly announced so that the dealers know the full consequences of their actions; indeed, certainty of sanction is a key component to creating any type of deterrent effect (see Appendix D). While this type of announcement is not a typical practice, SF is not dealing with a typical problem. During and after any periods of incarceration, efforts should be made to provide these individuals with services, especially for those believed to be victims of human trafficking. For example, Adult Probation offers many services to justice-involved individuals. Ensuring there is a continuity of services during and after incarceration should be a goal.

4

- **Increase hours of operations for essential services, including a 24/7 location in the Tenderloin for low barrier substance use treatment and referrals to other types of treatment.** There are many barriers to entering substance use treatment in San Francisco; however, there are also several ways that the current system could be modified to make it easier for people in need of treatment to access it.

First, we learned that drug treatment is not always available when people may be most likely to seek it (e.g., late at night). Providing 24/7 access to buprenorphine and other treatment services could increase treatment utilization and help reduce the consumption of illegal drugs. Indeed, we heard from some community service providers that they would be willing to expand hours if they received additional funding.

Second, we also heard that the waiting lists are so long that people stop seeking treatment. There should be enough treatment available to meet the need.

Third, current guidelines require that individuals have an identification card, proof of Medi-Cal enrollment, and determination of medical necessity to enter publicly-funded substance use treatment. There may be additional requirements, such as a negative test for tuberculosis. Some individuals may want to enter treatment but lack the required documentation. Thus, the requirements become barriers to access. The idea of providing “low barrier” treatment access is to ensure that these requirements do not become an impediment to services.

Fourth, continued outreach to individuals who use drugs in District 6 is essential to help those in need become aware of any changes to substance use treatment delivery and assist them in accessing services. This could come in the form of peer-supported outreach to help deliver the messaging in a culturally competent manner. Adequate training and support of outreach efforts will be needed for successful execution. It is not sufficient to simply provide low-threshold services; we must also increase awareness about these services to people most likely to benefit from them.

5

- **Increase resources for substance use treatment coupled with housing, and incorporate trauma-informed and harm reduction approaches.** One of the barriers to entering and successfully engaging in substance use treatment is the lack of housing. Many individuals experiencing homelessness cannot successfully engage in outpatient treatment because their main focus is survival on the streets. Those who are eligible and engaged in residential treatment may not be able to maintain sobriety because the outcome of their treatment episode is a return to the streets where substance use is difficult to avoid.

This recommendation aims to increase access to housing as an integral part of substance use treatment. Increased access could take the form of sober living or supportive housing options during treatment and following residential treatment completion. Task Force members recommended that people have a clear pathway from completing residential treatment to ongoing community-based treatment (e.g., intensive outpatient) that includes a housing component. In other words, part of an individual's substance use treatment plan should incorporate access to stable housing during and after treatment.

Other treatment barriers that individuals confront reflect the absence of some evidence-based approaches, such as trauma-informed care. Many people who suffer from substance use disorders have also experienced trauma. Co-occurring mental health disorders are also common. Providing substance use treatment that is trauma-informed should be the rule rather than the exception.

6

- **Implement supervised consumption sites in multiple locations (not just in District 6).** Supervised consumption sites (SCS; also referred to as safe injection sites, drug consumption rooms, or overdose prevention sites) are facilities or spaces where individuals can consume drugs purchased on the street in the presence of trained staff who monitor for overdose. They also provide sterile equipment and cleaning materials to help reduce infections and offer referrals to services, including drug treatment. More than 150 of these sites have been implemented around the world, but none have been sanctioned in the United States. In 2017, the American Medical Association voted to support the creation of pilot SCS facilities in the United States. The SF Board of Supervisors also passed a resolution in 2017 urging the San Francisco Department of Public Health to convene a Safe Injection Services Task Force. The Task Force was created, and it recommended that the City support the operation of safe injection services in San Francisco. The Street-Level Drug Dealing Task Force supports efforts to implement SCS but recognizes that this is only one part of the comprehensive effort needed to help reduce overdose deaths and other complications from unsafe consumption practices in the City.

The cooperation and compromise exhibited by this Task Force have been inspiring, demonstrating how progress can be made on these complex and contentious issues. That said, it would be naïve to believe this package of recommendations can, by itself, eliminate the harms engendered by street-level drug dealing. However, a majority of the Task Force believes that as a package, these recommendations can reduce some of these harms and provide a solid foundation for developing and implementing other solutions.

ACKNOWLEDGEMENTS

The Task Force would like to thank those who served as guest speakers: Steve Adami (SF Probation), Judge Michael Begert (SF Superior Court), Sam Dennison (Faithful Fools and Tenderloin Community Council), Randy Shaw (Tenderloin Housing Clinic), Alyssa Stryker (formerly with the Drug Policy Alliance), Cristel Tullock (SF Probation), and Allyson West (SF Community Justice Center). Sam Dennison also played a particularly active and critical role in facilitating community involvement. We also owe a great deal of gratitude to those at the SF District Attorney's Office (Tara Anderson, Todd Faulkenberry, Tal Klement, and Mikaela Rabinowitz) and those at the SF Sheriff's Department (Linda Bui and Katherine Johnson) who provided us with data, answered our questions, and helped us interpret the results. The City's Department of Technology provided superb technical support for our meetings and we are especially thankful for the time and effort Sean Phillips and James Smith dedicated to the TF. Brandon Davis (SF Office of Economic and Workforce Development) and Abi Rivamonte Mesa (Chief of Staff for Supervisor Haney) provided tremendous support to the facilitators, especially with the administrative challenges caused by COVID-19. We would also like to thank Tiffany Hruby and Mary Vaiana for editorial assistance. Finally, the Task Force is extremely grateful to the members of the community who attended meetings and/or reached out with their questions and concerns. Their participation improved Task Force discussions and made this a much richer report.

This report was completed as part of the San Francisco's Office of Economic and Workforce Development contract with Local Initiatives Support Corporation (LISC). LISC subcontracted with researchers from the RAND Drug Policy Research Center to help facilitate the Task Force and assist with the writing of this report. The views presented here do not necessarily represent those of LISC or RAND.

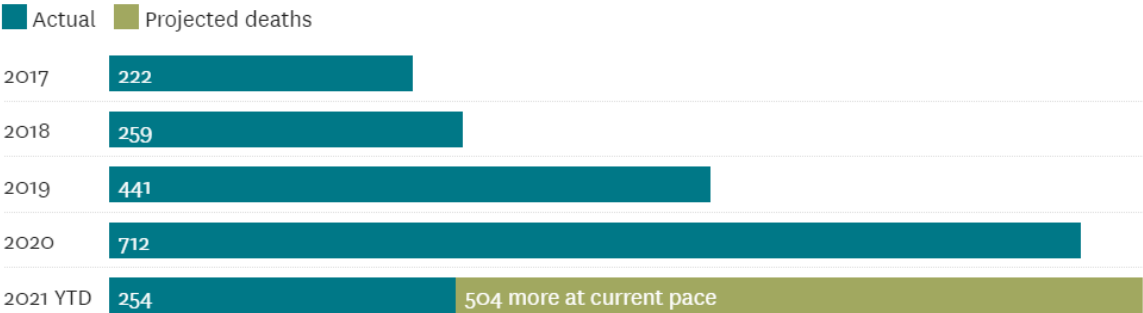
1. INTRODUCTION: A SENSE OF URGENCY

Open-air drug dealing and overdose deaths have been escalating in San Francisco at an alarming rate. City and County officials have grown increasingly concerned with the extent of problems stemming from the open-air drug market that operates in District 6, which includes the Tenderloin, Civic Center, Mid-Market, and South of Market neighborhoods. Street-level drug dealing has contributed to City residents’ concerns about public safety—the fifth most commonly mentioned issue by respondents to the Controller’s 2017 survey of San Francisco residents. Since then, the use of illegally produced fentanyl and overdoses have dramatically increased, taking San Francisco’s problems with drugs to a frightening new level. There were 222 overdose deaths in San Francisco in 2017, 712 in 2020, and some have projected that the number for 2021 will be even larger (Figure 1.1).¹ Many of these deaths are occurring in District 6, further intensifying the trauma to which the community is exposed.

FIGURE 1.1

Accidental overdose deaths in San Francisco

The 2021 value includes deaths that occurred between January and April.



Source: [Office of the Medical Examiner, Center on Substance Use & Health](#)

YTD: Year to date, 2020 and 2021 figures are preliminary

Source: Reproduced from SF Chronicle, May 22, 2021

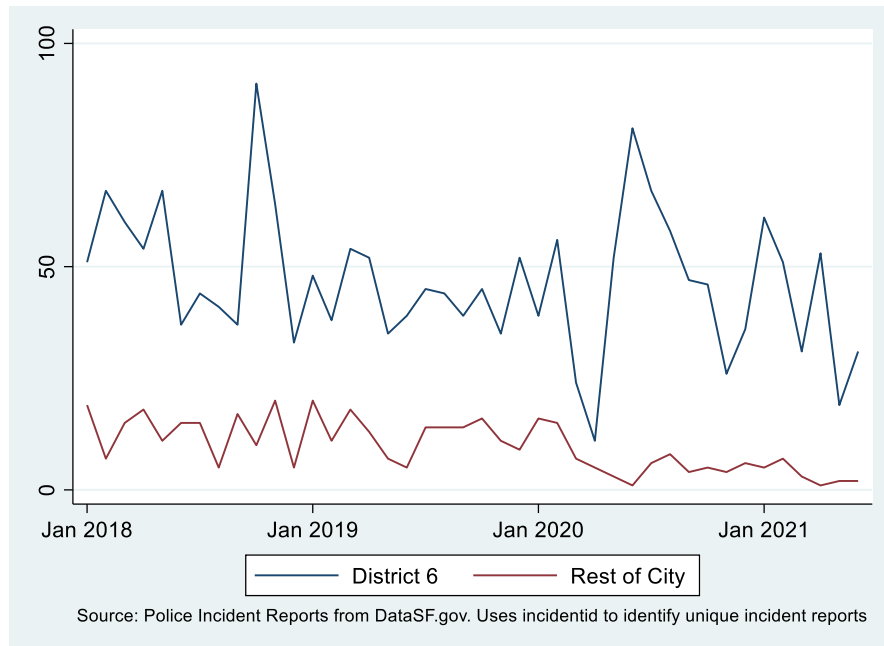
In response to this evolving crisis, in September 2019, the San Francisco Board of Supervisors (BOS) unanimously passed an ordinance to establish the Street-Level Drug Dealing Task Force to advise the Board of Supervisors, the Mayor, and City departments regarding policies to address the harms related to street-level drug dealing in the Tenderloin, Civic Center, Mid-Market and South of Market neighborhoods (more than 75% of arrests for drug sales in San Francisco since 2018 occurred in District 6; Figure 1.2). The

¹<https://sf.gov/sites/default/files/2021-05/2021%20OCME%20Overdose%20Report.pdf>;
<https://www.sfchronicle.com/local/article/San-Francisco-is-on-course-for-a-record-breaking-16195217.php>

harms range from overdoses to violence and harassment to the trauma experienced by community members, including residents, workers, visitors, businesses, and nonprofits operating in the area (further discussed in Section 3).

FIGURE 1.2

MONTHLY COUNTS OF POLICE INCIDENTS INVOLVING DRUG DEALING CHARGES IN SAN FRANCISCO



Notes: June 2021 total only goes through June 21, 2021. Excludes small number of incidents missing location information. For information on how drug dealing charges were defined, see Appendix C.

It is important to consider the context of San Francisco’s District 6 when seeking to mitigate the harms associated with street-level drug dealing. District 6 is an ethnically diverse, vibrant, caring, and committed area that is home to many different and overlapping communities (e.g., people living with disabilities, communities of color, immigrants, LGBTQ+ residents). The Tenderloin, in particular, is a densely populated neighborhood that has experienced less gentrification compared to some other parts of the City.

District 6 is also a community with high crime rates and a long-standing reputation for being the City’s epicenter for drug dealing and illegal drug use. The area has a long history of providing support and shelter to people living in poverty, and multiple organizations in the area provide a range of services to people in need. Problems in the area intensified during the COVID-19 pandemic, as businesses shuttered and residents and workers were primarily following stay-at-home orders and absent from daily street life. With orders to reduce street sweeping during the pandemic, the number of people staying on the sidewalks increased, exacerbating other health and safety concerns. Meanwhile a second crisis has been raging in the streets, due to the influx of illegally produced fentanyl and its varying potency.

In addition to the plethora of services available in District 6 for low-income individuals and those experiencing homelessness, there are also multiple recent and ongoing efforts to address the harms associated with street-level drug dealing, substance use, and associated issues (see Table 1.1). In its

discussions, the Task Force acknowledged that these existing initiatives should be recognized and that they should be coordinated with any new recommendations or initiatives rather than being duplicated.

TABLE 1.1

SOME OF THE RECENT AND ONGOING INITIATIVES RELATED TO SUBSTANCE USE AND STREET-LEVEL DRUG DEALING IN DISTRICT 6

Initiative	Description
<p>The SOMA RISE (Recover, Initiate, Support & Engagement) Center <i>(projected opening Fall 2021)</i></p>	<p>On 6/8/21, the SF BOS approved a plan for DPH and HealthRight 360 to create a 24/7 trauma-informed sobering site (at 1076 Howard Street) with integrated harm reduction services for individuals who are under the influence of methamphetamine and other drugs, consistent with the recommendations from the Methamphetamine Task Force (see below).</p>
<p>Mayor’s Mid-Market Vibrancy and Safety Plan</p>	<p>On 5/18/21, Mayor Breed announced a Mid-Market Vibrancy and Safety Plan, aimed at creating a safer and more welcoming environment to the Mid-Market and Tenderloin area. The plan includes both a visible increase in police presence to deter criminal activity and a community ambassador program to connect people in need with services.</p>
<p>Mental Health San Francisco</p>	<p>On 12/6/19, the SF BOS passed an ordinance amending the Administrative Code to establish Mental Health SF. This new program will provide access to mental health services, substance use treatment, and psychiatric medications to all adult San Franciscans (regardless of insurance or housing status). The ordinance also established a 13-member Implementation Working Group to advise its development and implementation.</p>
<p>Federal Initiative for the Tenderloin (FIT)</p>	<p>On 8/7/19, U.S. Attorney David L. Anderson announced a new federal initiative to address crime in SF’s Tenderloin District. This effort involves more than 15 federal law enforcement agencies to combat drug trafficking, firearms offenses, robberies, and other crimes. Anderson pledged to assign 15 federal prosecutors to handle cases brought against individuals violating federal law in the neighborhood.</p>
<p>Methamphetamine Task Force</p>	<p>On 2/8/19, Mayor Breed and Supervisor Mandelman announced the formation of a Methamphetamine Task Force coordinated by the Department of Public Health to develop recommendations on harm reduction strategies to decrease the health risks, identify best practices, and reduce the negative medical and social impacts. In Fall 2019, the Task Force produced a report providing an overview of how methamphetamine use affects the City, and offered</p>

Initiative	Description
	recommendations on harm reduction strategies to decrease and manage methamphetamine use.
Safe Injection Services Task Force	On 4/11/17, the SF BOS enacted a resolution charging the Department of Public Health (DPH) with convening a Safe Injection Services Task Force whose goal was to develop recommendations on the operation of safe injection services (SIS) in SF. The final report of the Task Force is available here .
Tenderloin Community Action Plan	A neighborhood-driven collaboration among residents, community organizations, businesses, and City Agencies. The project schedule outlines a draft action plan in Spring/Summer 2022.

Notes: This is not an exhaustive list of activities occurring in District 6. There are also several City agencies, community-based organizations, and dedicated residents working hard to reduce the harms associated with street-level drug dealing.

Many community members firmly believe that the illegal behaviors and undue suffering witnessed in the Tenderloin and the surrounding areas would not be tolerated in other parts of the City. In many ways, the Tenderloin is treated like a ‘second-class’ citizen when compared to other areas of the City. Indeed, the need for the Task Force stems from this profound concern about how the Tenderloin and surrounding areas have been managed in relation to other parts of the City. It is widely believed that the Tenderloin is viewed as a “containment zone” for drug dealing, drug use, homelessness, and poverty—an unacceptable situation.

The remainder of this report is structured as follows. In the next section, we describe how the San Francisco Street-Level Drug Dealing Task Force was created and its activities leading up to this report. In the third section, we describe some of the harms related to street-level drug dealing in District 6. The fourth section describes how the Task Force generated ideas to address harms related to street-level drug dealing and offers the resulting recommendations. The fifth section addresses issues related to the data needed to monitor these harms and evaluate efforts to reduce them, and the last section offers some concluding thoughts. Five appendices provide additional information.

2. THE SF STREET-LEVEL DRUG DEALING TASK FORCE

The Task Force is comprised of 12 voting members: nine members appointed by the Board of Supervisors and three representing government entities, including an employee of the San Francisco Police Department appointed by the Chief of Police, an employee of the Public Defender's Office appointed by the Public Defender, and an employee of the District Attorney's Office, appointed by the District Attorney. The nine appointees represent different interests. Three seats are held by individuals with experience or expertise relevant to multifaceted approaches to addressing harms related to street-level dealing, and have a background in law enforcement, reentry, public health, harm reduction, community based-accountability and/or restorative justice. Three seats are held by individuals who are directly impacted by the harms related to street-level drug dealing, and who are persons at-risk for experiencing crime, formerly incarcerated people or their families, individuals with past experience of substance addiction, or members of other vulnerable communities. Two seats are held by individuals who are directly impacted by the harms related to street-level drug dealing in the neighborhoods of the Tenderloin, Mid-Market, South of Market, and/or Civic Center, and who are residents or small business owners in those neighborhoods. One seat is held by an individual with experience relevant to street-level drug dealing, including people with experience as/or with former street-level drug distributors, economics of street-level drug distribution, and/or local drug distribution practices.

Appointments to the Task Force were approved by the BOS in late 2019 (see Table 2.1 for membership). In addition to these members, a representative from the Department of Public Health participated in all Task Force meetings. The Task Force had its inaugural meeting in January 2020; 15 meetings occurred between that date and the writing of this report (see Table 2.2 for meeting dates). The first two meetings were held in person; the remaining were virtual meetings due to public health regulations regarding the COVID-19 pandemic.

Development of Workgroups

In August 2020, the Task Force decided to create smaller workgroups to brainstorm and have more detailed conversations around three topics:

1. Workgroup #1: Addressing street-level dealers in D6
2. Workgroup #2: Addressing the demand for illegal drugs in SF, especially in D6
3. Workgroup #3: Empowering the residents of D6 to take back their community and feel safe

Each workgroup met separately at least once a month between Task Force meetings, and some met much more often. During the full Task Force meetings, the group generally spent the first 30 minutes listening to one representative from each workgroup provide a status update and summarize progress. Discussion was then opened up to the rest of the Task Force to solicit feedback and ideas that would garner new insights. In December 2020, each group created a list of ideas to be considered, some of which conflicted with one another. Following the meeting, the ideas were compiled and served as the basis for discussion in future meetings.

Guest Speakers

At several of the TF meetings, guest speakers made presentations and answered questions from Task Force members and the public.

- **Judge Michael Begert & Allyson West (August 2020 guest speakers)** from the Superior Court of California spoke about the role of collaborative courts and the extent to which they can help District 6.
- **LeVar Michael (September 2020 guest speaker)** is a senior program officer at LISC. He discussed examples of programs to reduce harms from drug markets that have been implemented in different neighborhoods across the country.
- **Randy Shaw (October 2020 guest speaker)** is the executive director of the Tenderloin Housing Clinic and has worked in the neighborhood for more than 40 years. He spoke about how drug dealing in the Tenderloin (and its harms to the community) has changed over time as well as discussed what he believes has worked and not worked to reduce the number of dealers and these harms.
- **Alyssa Stryker (November 2020 guest speaker)** was with the Drug Policy Alliance when she wrote the report “Rethinking the Drug Dealer.” She was nominated by multiple members of the Task Force to speak to the group and offered her insights related to street-level drug dealing.
- **Steve Adami & Cristel Tullock (January 2021 guest speakers)** from Adult Probation discussed many of the programs and services they offer to justice-involved individuals.
- **Sam Dennison (February 2021 guest speaker)** from the Tenderloin Community Council presented a framework rooted in trauma-informed approaches and racial equity to help organize the Task Force recommendations (see Appendix A).

Some of these individuals also participated in workgroup meetings and the workgroup meetings sometimes included other presenters as well. The Task Force is grateful to all individuals who took time to engage in discussions with the workgroups and the larger Task Force.

TABLE 2.1 STREET-LEVEL DRUG DEALING TASK FORCE MEMBERSHIP

Seat Designation	Name
Multi-faceted experience/expertise (1)	Lindsay LaSalle
Multi-faceted experience/expertise (2)	Kenneth Kim
Multi-faceted experience/expertise (3)	Teresa Friend
Persons directly impacted by the harms, at-risk for experiencing crime, formerly incarcerated, past substance addiction or vulnerable community members (1)	Pedro Vidal*
Persons directly impacted by the harms, at-risk for experiencing crime, formerly incarcerated, past substance addiction or vulnerable community members (2)	Curtis Bradford
Persons directly impacted by the harms, at-risk for experiencing crime, formerly incarcerated, past substance addiction or vulnerable community members (3)	Porsha Dixson
Person with experience relevant to street level drug dealing	Louie Hammonds
Persons who are directly impacted by the harms in the neighborhood and who are residents or small business owners in the neighborhoods (1)	Max Young
Persons who are directly impacted by the harms in the neighborhood and who are residents or small business owners in the neighborhoods (1)	Thomas Wolf
Chief of Police, San Francisco Police Department**	Captain Chris Canning Captain Carl Fabbri Commander Raj Vaswani
San Francisco Public Defender's Office**	Clemente Gonzalez Hadi Razzaq
San Francisco District Attorney's Office**	Tara Anderson Megan Finch Rachel Marshall
Non-designated seat: Department of Public Health	Robin Candler Judith Martin

* In February 2021, Pedro Vidal stepped down because he moved out of the state. He has not been replaced.

** Each government-held seat only had one vote. Multiple people are listed because attendance changed over time.

TABLE 2.2 STREET-LEVEL DRUG DEALING TASK FORCE MEETINGS

Meeting #1	January 30, 2020
Meeting #2	February 26, 2020
Meeting #3	July 7, 2020
Meeting #4	August 4, 2020
Meeting #5	September 1, 2020
Meeting #6	October 6, 2020
Meeting #7	November 10, 2020
Meeting #8	December 1, 2020
Meeting #9	January 12, 2021
Meeting #10	February 9, 2021
Meeting #11	March 23, 2021
Meeting #12	April 6, 2021
Meeting #13	April 27, 2021
Meeting #14	May 4, 2021
Meeting #15	May 18, 2021

3. HARMS RELATED TO STREET-LEVEL DRUG DEALING IN DISTRICT 6

During the initial meetings, the TF spent much of its time identifying the harms related to street-level drug dealing. These conversations often expanded to include other issues confronting D6 (e.g., homelessness, poverty, systemic racism), some of which had only indirect connections to drug dealing. But the Task Force and members of the community appreciated hearing and voicing their concerns about all the issues confronting D6 since it made it clear that street-level drug dealing is only one source of harm, albeit an important one.

Harms related to street-level drug dealing in D6 generally fell into five categories:²

1. Quality of life for residents and other people who spend time in D6 (e.g., trauma, safety, resentment, instability, eroded community image, dealers exploiting people who use drugs)
2. Health harms from using drugs (e.g., overdose, addiction)
3. Financial issues and opportunity costs for government agencies, nonprofits, and businesses
4. Some criminal justice responses to dealing may negatively affect the community and people who use drugs (will need to balance this against potential benefits if pursued and consider how to mitigate potential harms)
5. Harms associated with being a dealer (e.g., threat of violence, consequences associated with being arrested/convicted such as deportation)

Some of these harms are largely associated with the open-air drug market in D6; others are more associated with responses to addressing the market. These five categories also highlight some of the different populations affected.

Not all members of the community or the Task Force weigh these harms equally or prioritize the same populations. It is also very difficult to quantify many of these harms or determine what share can be attributable to street-level drug dealing versus other activities happening in D6. In the following section we describe these harms, citing the relevant research when available.

1. Quality of life for residents and other people who spend time in D6 (e.g., trauma, safety, resentment, instability, eroded community image, dealers exploiting people who use drugs)

² Another harm that was discussed was the amount of money generated from drug sales and how these funds can empower organized crime groups and drug trafficking organizations. We are not aware of any SF-specific estimates of retail drug expenditures, which is not surprising given the lack of reliable data on the current number of people who use drugs and how much they spend. To help put this in perspective, if there were 25,000 people who frequently used drugs and spent an average of \$1000 month on illegal drugs (not an unreasonable spending assumption based on national figures for daily and near-daily users, see Midgette, G., Davenport, S., Caulkins, J. & Kilmer, B. (2019). *What America's users spend on illegal drugs, 2000–2016* (RR-3140-ONDPC). Santa Monica, CA: RAND Corporation.), that would generate \$300 million in retail sales each year. Of course, most of this money does not stay with the street-level sellers; it primarily goes to those higher up in the supply chain.

Words cannot describe how overwhelming it can be to walk down some of the streets of D6. The sheer number of people passed out from exhaustion and/or from using drugs as well as those openly smoking or injecting them can be shocking. Those walking down the streets of D6 are sometimes besieged by those openly selling fentanyl, methamphetamine, heroin, and other drugs. Dealers know there is little chance that they will be arrested and seriously punished for their actions. These activities as well as the proliferation of tents can make it challenging to even use the sidewalks; some individuals are walking in the streets to avoid the cumulative disorder and illegal activity on the sidewalks.

For those 107,000 people living in D6³ and the thousands of individuals working in these neighborhoods, the trauma can be relentless and exhausting. We heard from many members of the community that they and their children are engulfed with feelings of frustration, insecurity, and heartbreak. While D6, and especially the Tenderloin, has historically been a place filled with people using and selling drugs, and others struggling to get by, community members report that these problems have intensified in recent years. The record number of overdoses, many of them involving fentanyl, adds another layer of distress. Having to ask yourself “Did this person pass out or did they overdose, and should I try to help?” is an emotionally taxing exercise that increasingly confronts many of those who live and work in the area.

While it is hard to quantify the emotional and physical toll these activities impose on the community in the short run, it is even harder to appreciate the longer-term implications. This is especially true for those raising families in D6. What their kids are often seeing as they travel to and from school or go to a park in the area is unacceptable. Substantial efforts have been made to reduce this exposure through the Safe Passages program and new parks that are sometimes monitored by community-based organizations, but it is not enough. Few parents would allow their kids to watch TV shows that display the activities that children of the Tenderloin see daily.

We also heard from some community members that there are feelings of resentment: What is happening in D6 would not be tolerated in other parts of San Francisco.

Those flagrantly selling drugs and trying to sell them to people walking by contributes to these feelings. They are not the only source of the problems facing D6, but the impunity with which they sell makes some people feel hopeless. If almost anyone can come into D6 and sell with little risk of consequence (especially a substance as potent as fentanyl), what does that say about the City’s commitment to protecting public health and safety for its residents? Some of the dealers are creating additional harms by engaging in violence and exploiting those who live on the streets (e.g., having them hold drugs and other items so the sellers can shift their risk of being arrested or robbed to these individuals).

None of this information is new to City officials. Most of them know the levels of deprivation and trauma affecting D6 and in some cases have worked hard to address them, but the current efforts are not stemming the tide of this problem.

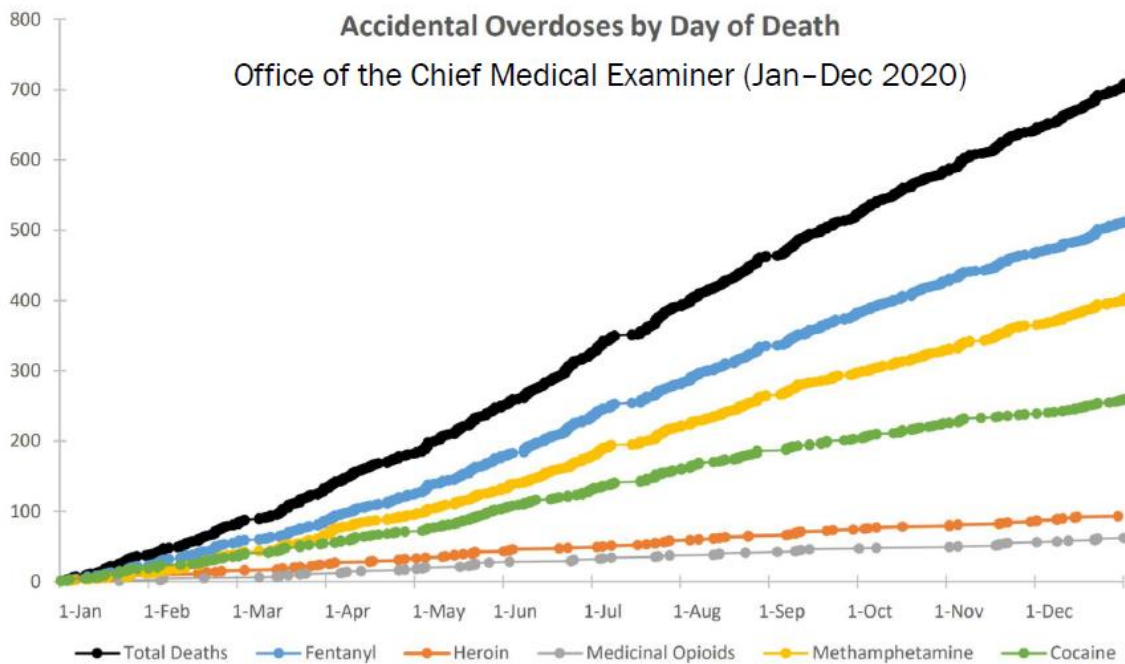
2. Health harms from using drugs (e.g., overdose, addiction)

A second category of harms stem from what the drugs dealers are selling. Fatal drug overdoses receive the most attention: They exceeded 700 in 2020 (See Figure 3.1) and if they continue at their current pace, it has been projected that the total for 2021 will be even higher (see Figure 1.1). Illegally produced synthetic opioids like fentanyl are driving the increase, and there is a large market for these substances in D6. These overdose death numbers would be higher if naloxone, the opioid overdose reversal drug, were not readily

³ https://www.sfdph.org/dph/files/sfchip/SF_SupervisorialPrintableHealthProfiles/All_Districts_Profile_Data.pdf

available; however, it's not clear by how much. In 2019 alone, it was estimated that more than 2,500 overdoses were reversed by naloxone distributed by the DOPE Project.⁴

FIGURE 3.1



"Acc. Overdoses Open" cases do not have a final cause and manner of death classification; "Acc. Overdoses Closed" cases have a final cause and manner of death classification.
"No fixed address" denotes community members who may be experiencing homelessness.
"Residence" denotes address where decedent lived; "Location of Death" denotes the location where death was declared. For "Residence" and "Location of Death", the 4 most affected neighborhoods are represented, the "Others" category refers to all other zip codes within the City and County of San Francisco and any of out county residences.
"Gender" refers to gender at time of death.
"Total Deaths" denotes Accidental Overdoses where one or more drugs contribute to the cause of death; however, every point for each drug series is inclusive, but not necessarily exclusive, of that drug. "Total deaths" represents all accidental overdoses including ones for drugs not specified above.

Source: SF Office of the Chief Medical Examiner

The harms from drug use go well beyond overdoses. The nature of the harms depends on the drug being used, the amount being used, the setting of use, and other factors (e.g., availability of syringe service programs in the community). While most people who try heroin or illegally produced stimulants do not end up becoming addicted to them,⁵ many of those publicly consuming in D6 are not occasional users. For some people who use drugs, frequent use can negatively influence mental health,⁶ affect employment

⁴ <https://harmreduction.org/our-work/action/dope-project-san-francisco/>

⁵ Anthony, J. C., Warner, L. A., & Kessler, R. C. (1994). Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology*, 2(3), 244–268.

⁶ Although in some cases the causal arrow points in the other direction (i.e., people are using drugs to address mental health problems). For more on this complex relationship, see <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/introduction>

outcomes (which is also tied in with legal status),⁷ and sometimes lead to an increase in criminal activity.⁸ Frequent, long-term use is also associated with a series of physical health conditions (varies by drug), including bloodborne diseases.⁹

Substance use disorders (SUD) can impose tremendous costs on those who experience them, their loved ones, and their communities. It is unknown how many people suffer from SUD in the City, let alone D6. Readers should note this is not a problem specific to San Francisco: Nationally, we do not have reliable estimates of the number of people using illegal drugs other than cannabis, let alone how many suffer from SUD.¹⁰ Data from treatment admissions only capture a fraction of this population, and it is getting harder to track this given the increased use of buprenorphine to treat opioid-use disorder in physician-based settings.

There are no reliable estimates of the current number of individuals using illegal drugs in San Francisco. There was one study that estimated that in 2012 there were 22,500 intravenous drug users in San Francisco.¹¹ Of course, not all people who use illegal drugs inject them, and with the increase in fentanyl smoking, it is unclear how many people may have switched to smoking from injecting drugs.¹²

Some may argue that these health harms would still be an issue if the open-air market did not exist, and most transactions were done indoors or through delivery. There is some truth to this, but there are a few ways that open-air markets can potentially increase consumption among those who use. First, like most other products, people tend to use more drugs when the price goes down.¹³ The large number of sellers increases competition, putting a downward pressure on the purity adjusted price (a dime bag will always be \$10, but the purity of what's in that bag can change). Second, an important cost associated with acquiring drugs is the time and effort it takes to locate a dealer (what economists refer to as “search costs”).¹⁴ The search costs for obtaining drugs in D6 are arguably zero. Third, the outdoor markets lead some dealers to rely on others (sometimes those who are unsheltered) to hold drugs and weapons in return for free or discounted drugs. This increases the legal risk to these individuals who are “holders” (which is low) but it also reduces the money they need to obtain drugs. Fourth, for those in recovery or seeking to reduce their consumption, continually encountering multiple dealers on the street, day after day, can make it harder for some to resist making a purchase.

⁷ E.g., see Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug and Alcohol Dependence*, 218.

⁸ https://obamawhitehouse.archives.gov/sites/default/files/ondcp/policy-and-research/drug_crime_report_final.pdf

⁹ <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

¹⁰ The numbers often reported are based on general population surveys that miss the vast majority of heavy drug users (excluding cannabis). Kilmer, B. (2020). *Reducing barriers & getting creative: 10 federal options to increase treatment access for opioid use disorder & reduce fatal overdoses*. Washington, D.C.: Brookings Institution; Reuter, P., Caulkins, J. P. & Midgette, G. (2021). Heroin use cannot be measured adequately with a general population survey. *Addiction*.

¹¹ Chen, Y. H., McFarland, W., & Raymond, H. F. (2016). Estimated number of people who inject drugs in San Francisco, 2005, 2009, and 2012. *AIDS and Behavior*, 20(12), 2914-2921. There have been some media reports that the figure increased to 24,500, but we have not been able to find the original source for this updated figure.

¹² The Task Force learned that DPH and UCSF are working on a new approach to update these figures and include more information about people who use drugs but do not inject.

¹³ Gallet, C. A. (2014). Can price get the monkey off our back? A meta-analysis of illicit drug demand. *Health Economics*, 23(1), 55-68.

¹⁴ Moore, M. H. (1973). Policies to achieve discrimination on the effective price of heroin. *The American Economic Review*, 63(2), 270-277.

3. Financial issues and opportunity costs for government agencies, nonprofits, and businesses

The federal, state, and city/county governments devote significant resources each year to address public safety issues in D6. Some of these funds are used to cover the activities of government agencies (e.g., law enforcement, prosecution, public defenders) and others are distributed via grants and contracts to non-profit organizations. If passed, the Mayor's proposed Mid-Market Vibrancy Plan alone would spend at least \$12 million over the next few years to create a "visible increase in police presence to deter criminal activity and a community ambassador program to connect people in need with services, and provide a welcoming presence for residents, workers, visitors, and businesses." Some of these funds are coming from the State and private donations.¹⁵

In April 2019, the Budget and Legislative Analyst produced a report estimating that the policing and other criminal justice costs related to drug dealing in District 6 were nearly \$13 million in FY 2017-2018.¹⁶ Fentanyl was starting to have an impact at that time, but nothing compared to what it is today. It is worth considering what government agencies and others could be doing with their time and resources if they were not having to deal with the open-air drug market in D6 (this is what economists refer to as the "opportunity costs").

There are also the costs that open-air dealing imposes on businesses and other organizations operating in the community. Once again, it's hard to distinguish between the costs imposed by dealing versus other activities (e.g., public drug use, people sleeping on the sidewalks). The TF heard from multiple business owners about the issues they have confronted, and some businesses had to close. Dealers operating in front of their establishments can create barriers for customers as well as create safety risks for them and the employees who work there. Appendix B includes some of the letters the Task Force received from individuals living and/or working in the area about the issues they are confronting.

4. Some criminal justice responses to dealing may negatively affect the community and people who use drugs (will need to balance this against potential benefits if pursued and consider how to mitigate potential harms)

Some of the Task Force discussions revealed a tension between some police operations to address street-level drug dealing and community involvement. Some police operations require planning that could be jeopardized if the information is made public; thus, the public is not notified. We heard during one of our meetings that these operations can sometimes disrupt existing community efforts.¹⁷ Some Task Force and community members also mentioned that witnessing some of the most extreme law enforcement responses (e.g., crackdown occurring around August 2019)¹⁸ was also traumatic and potentially dangerous for

¹⁵ <https://sfmayor.org/article/mayor-london-breed-announces-mid-market-vibrancy-and-safety-plan>

¹⁶

<https://static1.squarespace.com/static/58cb4339be65946ee837f5bc/t/5cc73af7ee6eb05b220d4574/1556560634892/BLA+R+eport+4.25.19+Drug+Dealing.pdf>

¹⁷ The example given during public comment involved SFPD's mobile command center parking near Turk & Hyde. Some people incorrectly assumed the individual's organization called in the police. This person noted, "after that, we experienced an incredible amount of hostility and aggression and had to spend a great deal of time working with people we had known for years to assure them that we had not called in the police in order to 'get rid of them.'"

¹⁸ <https://www.sfchronicle.com/crime/article/Feds-launch-initiative-to-crack-down-on-drug-14288145.php>

community members. Community members sometimes felt that they were caught in the middle of a “war zone,” with the potential for violence, people fleeing, and witnessing young arrestees thrown on the ground and dragged into vehicles by an overwhelming law enforcement presence. Some felt that such experiences were no less traumatic than the drug dealing itself.

We also heard from some members of the Task Force and the community that a lack of action can create problems. There was a sense among some individuals that there is little consequence for those who are dealing. This not only allows the open-air market to thrive but also sends a signal to the community that the City is not taking their concerns seriously.

There was also concern about what a crackdown on drug sellers would mean for racial and ethnic disparities. The number of people selling drugs in San Francisco and their racial composition is unknown; however, roughly 75% of those booked in the county jail for dealing are Black, Indigenous, and People of Color (BIPOC; see Appendix C), and some may be undocumented with minimal employment opportunities. The prospect of arresting and prosecuting these individuals makes some members of the TF uncomfortable; however, many TF members are more focused on the larger community (the D6 population is more than 50% BIPOC¹⁹) than the well-being of the dealers (some of whom do not live in SF).

Finally, there are also subsequent consequences associated with being arrested and convicted of drug sales. Research shows that the time immediately after people who use drugs are released from prison (when their tolerance may be low) is a period when they are at heightened risk of overdosing.²⁰ There is a body of research documenting how arrests and convictions can create long-lasting impediments to various life outcomes. As summarized by Kilmer et al.:²¹

Once someone becomes involved with the criminal justice system, they can continue to be negatively impacted via additional profiling and arrests, and this is especially true for young men of color.²² Convictions in particular can reduce employment options, disqualify applicants from government assistance programs [including housing], and lead to the revocation or suspension of professional licenses.²³ Authors have discussed a range of

¹⁹ https://default.sfplanning.org/publications_reports/SF_NGBD_SocioEconomic_Profiles/2012-2016_ACS_Profile_SupeDistricts_Final.pdf

²⁰ Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern M. F. (2013). Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of Internal Medicine*, 159, 592-600; Merrall, E. L., Karimnia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J. et al. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction*, 105, 1545-1554; Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, D. Jr., et al. (2018). Opioid overdose mortality among former North Carolina inmates: 2000–2015. *American Journal of Public Health*, 108, 1207-1213; Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G. et al. (2007). Release from prison—a high risk of death for former inmates. *New England Journal of Medicine*, 356, 157-165; Bukten, A., Stavruseth, M. R., Skurtveit, S., Tverdal, A., Strang, J., Clausen, T. (2017). High risk of overdose death following release from prison: Variations in mortality during a 15-year observation period. *Addiction*, 112, 1432-1439.

²¹ Kilmer, B., Caulkins, J., Kilborn, M., Priest, M. & Warren, K. (Forthcoming). Cannabis legalization and social equity: Some opportunities, puzzles, and tradeoffs.” *Boston University Law Review*.

²² Urban Institute (2015). Reducing harms to boys and young men of color from criminal justice system involvement, <https://www.urban.org/sites/default/files/publication/39551/2000095-Reducing-Harms-to-Boys-and-Young-Men-of-Color-from-Criminal-Justice-System-Involvement.pdf>.

²³ See Prescott, J. J. & Starr, S. B. (2020). Expungement of criminal convictions: An empirical study, *Harvard Law Review*, 133, 2460-2462.

additional consequences such as reduced income for future generations, deportation, barriers to adoption and child custody, and the inability to vote in some places.²⁴ There are also additional sanctions that are specific to being convicted for a drug offense.²⁵ All these consequences are known determinants of health and can affect individual and community health outcomes.²⁶

5. Harms associated with being a dealer (e.g., threat of violence, consequences associated with being arrested/convicted such as deportation)

Some members of the TF and community also highlighted the harms experienced by those selling drugs in D6. In addition to the consequences associated with involvement in the justice system (described above), sellers are at risk of robbery, and competition in illegal drug markets can sometimes lead to violence. Some may argue that this is a calculated risk the dealers are taking, but that does not mean that actions cannot be taken to reduce these harms. But whether the community wants to make drug dealing safer and more convenient for these individuals is far from a settled issue.

Some of those selling drugs on the streets of D6 are not from San Francisco, and there is a significant contingent believed to be from Honduras and linked with higher-level suppliers outside the City (although it's hard to know the precise number).²⁷ Questions were raised about how many of these individuals were being forced to sell (e.g., to pay back human smugglers), and it is unclear how often this is the case. This led to larger questions about the extent to which the motivation for selling should matter when deciding how to address these individuals, especially those who were arrested and convicted multiple times for selling.

A related issue came up with respect to deportation for those convicted of selling who were not U.S. residents. This is a federal decision, but as a Sanctuary City, employees of San Francisco may not use City resources to:

- Assist or cooperate with any ICE investigation, detention, or arrest relating to alleged violations of the civil provisions of federal immigration law.

²⁴ Mitnik, P. A., Grusky, D. B., Pew Charitable Trust & Russell Sage Foundation. (2015). Economic mobility in the United States. https://www.pewtrusts.org/-/media/assets/2015/07/fsm-irs-report_artfinal.pdf; Ahrens, D. M. (2020). Retroactive legality: Marijuana convictions and restorative justice in an era of criminal justice reform, *Journal of Criminal Law and Criminology*, 110, 379-440; Swinburne, M., & Hoke, K. (2020). State efforts to create an inclusive marijuana industry in the shadow of the unjust war on drugs. *Journal of Business and Technology Law*, 15, 235-253.

²⁵ Curtis, M. A., Garlington, S. & Schottenfeld, L. S. (2013). *Alcohol, drug, and criminal history restrictions in public housing*. *Cityscape*, 15(3), 37-52; Martin, B. T., & Shannon, S. K. S. (2020). State variation in the drug felony lifetime ban on temporary assistance for needy families: Why the modified ban matters. *Punishment & Society*, 22(4), 439-441; Silva, L. R. (2015). Collateral damage: A public housing consequence of the “war on drugs.” *U.C. Irvine Law Review*, 5, 783-799; Polkey, C. (2019). *Most states have ended SNAP ban for convicted drug felons*, National Conference of State Legislatures Blog, <https://www.ncsl.org/blog/2019/07/30/most-states-have-ended-snap-ban-for-convicted-drug-felons.aspx>

²⁶ Centers for Disease Control & Prevention. (2021). *About social determinants of health (SDOH)*. <https://www.cdc.gov/socialdeterminants/about.html>

²⁷ E.g., see <https://www.sfchronicle.com/bayarea/philmatier/article/Drug-dealing-in-SF-s-Tenderloin-more-organized-14546145.php>

- Ask about immigration status on any application for City benefits, services, or opportunities, except as required by federal or state statute, regulation, or court decision.
- Limit City services or benefits based on immigration status, unless required by federal or state statute or regulation, public assistance criteria, or court decision.
- Provide information about the release status or personal information of any individual, except in limited circumstances when law enforcement may respond to ICE requests for notification about when an individual will be released from custody.
- Detain an individual on the basis of a civil immigration detainer after that individual becomes eligible for release from custody.²⁸

One concern of Task Force members was whether the options for diversion, alternative employment, and other less harmful life opportunities might be limited for the young dealers who are undocumented. This is a serious issue that must be addressed.

²⁸ <https://sfgov.org/ccsfgsa/oceia/sanctuary-city-ordinance-0>

4. GENERATING RECOMMENDATIONS

During the fall of 2020, the workgroups began to generate a list of potential ideas based on workgroup and Task Force discussions, comments from the community, and their own experiences. Some of these ideas were in direct conflict but the conflicts were appropriate; the goal was to get ideas on the table for the larger Task Force to discuss. A preliminary list compiled in December 2020 served as the basis for many of the Task Force discussions in the winter and spring of 2021. During this time, the Task Force merged and added additional ideas, some of which were proposed by members of the community.

In early May of 2021, the Task Force completed a survey offering their initial thoughts on 23 ideas. For each of the ideas, members were asked to answer two questions:

1. Could this idea help reduce some of the harms related to drug dealing in District 6? There were five choices: Definitely Yes, Probably Yes, Maybe, Probably Not, Definitely Not.
2. In terms of when this idea could be implemented and reduce these harms, do you think this could make a difference in the short run (within 1 year), medium run (2-3 years), or long run (more than 3 years)?

After answering these questions, members were then asked to choose three ideas that they thought should be the top recommendations for the Task Force. The members were assured that their individual responses would not be made public; only aggregate responses would be reported.

At the Task Force meeting on May 18, 2021, the initial results were discussed. For the eight survey respondents who chose three ideas to be the top recommendations for the Task Force (a ninth respondent only picked two), there were six ideas that included at least two of everyone's top three recommendations. These six were highlighted during the meeting and four of the seven voting members who attended the meeting supported the idea of moving forward with these six and not voting again. Others wanted to get additional feedback from the community before voting again, and since the original plan was to have two rounds of voting, that is how we proceeded.

In early June of 2021, the Task Force voted again but the structure of the survey was slightly different. Based on additional discussions and feedback, some of the language for these six emerging ideas was revised and one of the 23 ideas was dropped.²⁹ Additionally, it was argued that the five-point voting scale should be reduced, so for each question about an idea's ability to reduce harms, members were given three choices: Yes, Maybe, No.

Before offering input on specific ideas in the second survey, the respondents were asked "Do you support this package of six ideas being the main recommendations for the Task Force?", and they could respond Yes or No. In emails that went out to the Task Force as well in the body of the survey, the respondents were told:

"You will vote Yes or No on a package of ideas and Yes/Maybe/No on each individual idea. The final report will include all these results. If the majority of respondents vote Yes on the package, those 6 ideas will be highlighted as a package of recommendations in the

²⁹ There were two very similar questions about whether individuals without substance use disorders who are convicted multiple times for selling. The first focused on applying consistent and meaningful sanctions and the second was the same but also specified that they individuals should receive services during and after any possible spell of incarceration. The second survey only included the second choice.

Executive Summary. If the majority of respondents vote No on the package, the Executive Summary will only mention those ideas where the number of Yes responses is greater than the number of No responses.”

Of the nine task force members who completed the second survey, six voted in favor of the package. Since there were 11 Task Force members at the time of voting, the six Yes votes also represent a majority of the entire Task Force.

In the remainder of this section, we describe the six recommendations in detail and then report the results for the individual-level questions.

Package of Six Recommendations

1

- **Legislate the creation of a body tasked with coordinating all community safety organizations and city departments providing street-level operations in D6, and develop a comprehensive strategy to ensure impact**

There are dozens of non-profit and government agencies/departments working to improve community health and safety in D6, but members of the community argue that these efforts are too often uncoordinated, leading to confusion, duplication, and missed opportunities.

While it is easy to say, “we need more coordination” or “government agencies should work more with community-based organizations,” it is another to make it happen. Further, working with community organizations through Requests for Proposals and Memoranda of Understanding is not enough to define true community engagement. Coordinating efforts need wider inclusion of residents, businesses, and other stakeholders.

There is some very basic information that needs to be collected and a clear need for a shared strategy. Having this new entity map out all the organizations/agencies/departments that are working on community safety issues in D6, what they are focused on, and the source and amount of funding they receive is critical for identifying redundancies/gaps and making decisions about how to best allocate resources. These data will also be useful for creating benchmarks to help organizations measure their effectiveness and hold them accountable.

But more importantly, the TF calls for a new body that has some influence on how decisions are made about prioritizing community safety efforts and ensuring their intended impact in D6. The TF is not suggesting that City funds related to community safety in D6 be passed through this new entity; however, this group should be tasked with advising the Mayor, Board of Supervisors, and City departments about strategically allocating these funds. This new body should be supported by the City and be given independent funding to best address service and knowledge gaps as it sees fit (e.g., the SF Human Rights Commission has recently put out Request for Qualifications to distribute to qualified organizations for specific projects where community-based organization can provide grants to smaller partners who do not have the capacity to apply for their own grants and contracts). It is also hoped that this new body will lead and coordinate efforts to attract more philanthropic funding to support efforts in D6.

Some may argue that this new body is simply duplicating efforts that should already be occurring across City agencies. We are not suggesting that some level of coordination does not already occur among these agencies and departments, but we also must acknowledge the political and administrative sensitivities

involved. Further, this is about more than just government entities; there are several other organizations working in D6 that are making a difference.

The Office of Coordination in the Mental Health SF plan is a good model for improvement. However, Task Force members indicated a need for a separate coordinating body for street-level and community-based activities and programs in D6. This should not be buried in coordinating efforts for residential and outpatient services but remain guided by diverse community perspectives.

Finally, this isn't just about coordinating resources and efforts in the short run and it would not affect any existing contracts with the City. We also believe that D6 needs to develop a strategic plan for the medium and long run and ensure that it is adequately funded and implemented. This requires much more than typical interagency cooperation and is more than what is expected of an elected official. It requires a new entity with the vision, voice, and influence to make sure that community safety remains a priority in D6.

2

- **Continue to allocate additional resources to community safety programs and make sure these efforts are coordinated with the SFPD and SFDA's Office**

Since late 2020, some members of the Task Force have talked about the importance of increasing funding to community safety efforts in D6. Many members were pleased to learn of the Mayor's Mid-Market Vibrancy and Safety Plan, but as this report is being written, much of the funding for this effort has only been proposed. With many non-profit organizations currently playing a role in providing community safety services in D6, it is critical that current and future efforts be coordinated to maximize their effectiveness (preferably by the new body proposed by the Task Force).

Many of these organizations have strong ties to the community and can be instrumental in building trust. Another advantage of these non-profit efforts is that they can help maintain order and address some community concerns at a lower cost than the police department. In turn, they can also free up the police department to focus less on quality-of-life crimes and investigate and focus on other types of crime. These organizations can play an important role in implementing focused deterrence strategies where the initial focus may be reducing outdoor selling on a few corners or blocks, but once those areas are under community control, they can expand efforts to other parts of D6.

But efforts by non-profit organizations to help create and maintain public order cannot be fully successful without coordination with the SF Police Department and the SF District Attorney's Office. For example, if a corner is successfully cleared of street-level drug dealers, what will happen if some dealers attempt to start selling again on that corner? Ideally, they would be removed from the block immediately by SFPD and their case would be filed by the SFDA if there is enough evidence to prosecute for selling and/or violating a stay-away order (with consequences depending on their number of previous dealing offenses and substance use disorder status; see discussion below).

To be clear: There is no "silver bullet" or cost-free solution to reducing the harms associated with street-level drug dealing in D6. If these efforts are successful, the community needs to be ready for the possibility that dealers may fight back against the non-profit workers (there have been some reports of this already happening) and/or intensify conflicts with other dealers as they fight over the remaining areas to sell. The community needs to know that significantly decreasing the size of the open-air drug market could come with some short-term costs. It is critical that the SFPD and SFDA make it clear to both the major drug dealers and community that this type of violence and threats will not be tolerated and will be subject to immediate action.

We also heard from the community that they want to make sure the people working for these community safety organizations are sufficiently trained on de-escalation, trauma-informed care, and other evidence-based approaches on an ongoing basis. The TF agrees, and an important function of the body described in the previous recommendation could be to create the standards that these organizations must meet to receive City funds.

3

- **Individuals without substance use disorders who are convicted for dealing multiple times should be subject to consistent, meaningful, and transparent consequences, and offered services that are designed to reduce recidivism during and after any time in jail.**

Early on, the Task Force made it clear that we should not treat street-level dealers as a homogenous group. Some have substance use disorders and are selling or holding in order to obtain drugs and prevent withdrawal symptoms. If these individuals are arrested, there was a sense that drug treatment services should be made available to them.³⁰

For those who do not have a substance use disorder, some members thought the first time someone is arrested for sales or possession with intent to distribute (PWID), they should be able to participate in a diversion program *as long as they stop dealing and comply with stay-away orders*.

The frustration expressed by some members of the TF and the community is that sellers without substance use disorders who are arrested multiple times for selling and violating stay-away orders are not being held accountable for their actions;³¹ thus, there is very little reason for them to stop selling. There was also an argument that if they are incarcerated they will just be replaced, but this is not terribly convincing: Of course they will be replaced if there is little deterrent threat to selling (for more on the evidence on deterrence, see Appendix D).

The Task Force made it clear from Day 1 that no one is happy with the status quo. So, a decision has to be made: Should SF continue to allow these dealers with multiple arrests to continue to sell with minimal sanctions if they get convicted, or should consistent and meaningful sanctions be imposed? To be clear, no one on the TF is calling for long sentences for those repeatedly convicted who are not also convicted of a violent crime.

From January 2018-May 2020, most individuals convicted for drug sales or PWID in SF received probation; the total median time in jail (pre- and post-conviction) for anyone convicted for these offenses appears to have ranged between 5-15 days (see figures and tables in Appendix C for additional information on the distribution of jail days; this also includes those convicted for their first offense).

³⁰ The TF did not come to a conclusion about what should be done with individuals with substance use disorders who are convicted of sales or PWID, are offered services, refuse them, and are convicted again for the same offense. There are multiple options, including mandating them to one of San Francisco's collaborative court programs (e.g., Behavioral Health Court, Community Justice Center, Drug Court). After multiple offenses, they could also be treated the same as arrestees who do not have substance use disorders.

³¹ Between 1/1/2018 and 5/31/20, roughly 29% of those who were charged with sales or PWID and had their cases presented to the DA were arrested for these offenses multiple times during this period (Appendix C). The SFPD reports that of the 888 unique individuals arrested for sales or PWID in the Tenderloin between 1/1/2019 and 4/11/21, 284 (32%) were arrested for sales or possession for distribution multiple times during this period. Of course, these figures will depend on the timeframe considered and whether the focus is on those arrested, cases presented to the DA, or those convicted.

The police exert probable cause to arrest drug dealers and investigate crimes, but they do not decide the sentence for those who are convicted; that decision is shaped by the District Attorney, judges, and the sentencing guidelines.

This recommendation calls for imposing meaningful consequences for these dealers who are repeatedly convicted for sales and violating stay-away orders. There are multiple options for imposing sanctions, such as:

- Sentencing them to community service for a fixed period of time.
 - But what happens if they do not comply? Will they be remanded to jail?
- Making it policy to immediately revoke probation if reconvicted for selling.
 - Many of them are already on probation, so probation could be revoked for a new conviction.
- Releasing those convicted to probation only after they spend a certain period of time in jail.
 - Remember, it's more about certainty than severity, but there needs to be a meaningful consequence (see Appendix D).
 - There's no magic number of jail days, but there is a lot of room between what is happening now and multi-year sentences.

Whatever the decision, it should not be a secret. It should be publicly announced so the dealers know the full consequences of their actions; indeed, certainty of sanction is a key component to creating any type of deterrent effect. While this type of announcement is not a typical practice, SF is not dealing with a typical problem.

As noted above, the Task Force also realizes that roughly 75% of those jailed for dealing in SF are BIPOC. Thus, these actions could lead to more total incarceration days for BIPOC than for white individuals. This makes some members of the TF uncomfortable, but most, if not all, members are more focused on the larger community (the D6 population is more than 50% BIPOC) than the well-being of the dealers (some of whom do not live in SF). They know what is happening in D6 now is not working. They also know that these policy recommendations do not have to be permanent. If this approach does not improve the situation or has unintended consequences, it can be changed.

During and after any periods of incarceration, efforts should be made to provide individuals with services, especially those believed to be victims of human trafficking. For example, SF Adult Probation offers many services to justice-involved individuals. Making sure there is a continuity of services during and after incarceration should be a goal.

- 4
- **Increase hours of operations for essential services, including a 24/7 location in the Tenderloin for low barrier substance use treatment and referrals to other types of treatment**

There are many barriers to entering substance use treatment, and this is not specific to San Francisco. However, there are also several ways that the current system could be modified to make it easier for people in need of treatment to access it.

First, we learned that drug treatment is not always available when people may be most likely to seek it (e.g., late at night). Providing 24/7 access to buprenorphine and other treatment services could increase treatment utilization and help reduce the consumption of illegal drugs. Indeed, we heard from some community service providers that they are ready to expand hours if they have the funding.

Second, we also heard that the waiting lists are so long that people stop seeking treatment. There should be enough treatment to meet the need.

Third, current guidelines require that individuals have an identification card, proof of Medi-Cal enrollment, determination of medical necessity, and meet other prerequisites in order to enter publicly funded substance use treatment. Individuals who want to enter treatment may not have the required documentation. As a result, the requirements become a barrier to access. The idea of providing “low barrier” treatment is to ensure that these requirements do not stand in the way of someone gaining access.

To make it easier to obtain the necessary documentation, these prerequisites could be addressed onsite at treatment entry and/or by offering easy access to these services (e.g., roving mobile van units that provide these services in D6 on a semi-regular basis). Providing these services in D6 may help individuals access other relevant benefits and care. The level and frequency of these services can be monitored over time to determine whether adequate capacity is being provided.

Fourth, continued outreach to individuals who use drugs in D6 is necessary to help individuals in need become aware of any changes to delivery of substance use treatment and help them access services. This could come in the form of peer supported outreach to help deliver the messaging in a culturally competent manner. Adequate training and support of outreach efforts will be needed. It is not sufficient to simply provide low-threshold services; we must also increase awareness about these services to people most likely to benefit from them.

Finally, efforts to reduce demand for drugs by increasing access to substance use disorder treatment should be coordinated with other community safety efforts so that it can be well known across D6 that such resources exist and how to access them.

5

- **Increase resources for substance use treatment coupled with housing, and incorporate trauma-informed and harm reduction approaches**

This recommendation builds on the previous one: the Task Force recommends not only improving access to substance use treatment but also broadening the support provided to people receiving treatment. This recommendation is guided by the idea that reducing the harms related to drug dealing in District 6 involves not only addressing suppliers but also the demand for drugs.

One of the barriers people face to entering and successfully engaging in substance use treatment is the lack of housing. Many individuals experiencing homelessness cannot successfully engage in outpatient treatment because their main focus is survival on the streets. Those who are eligible and engaged in residential treatment may not be able to achieve sobriety because the outcome of their treatment episode is a return to the streets where substance use is difficult to overcome. This recommendation aims to increase access to housing as part of substance use treatment. This could take the form of sober living or supportive housing options during treatment engagement and following completion of residential treatment. Some Task Force members recommended that people have a clear pathway from completing residential treatment to ongoing community-based treatment (e.g., intensive outpatient) that included a housing component. In other

words, part of an individual’s substance use treatment plan should incorporate access to stable housing during and following treatment.

In the past, participation in substance use treatment could count against one’s eligibility for supportive housing, and being in recovery could also hinder one’s chances of accessing supportive housing. While these barriers have thankfully been eliminated, they should not be overlooked moving forward. Policies should remain in place to ensure that these barriers do not reoccur. It is also important to ensure that these changes are well known among those who are affected by them. That is, engaging in substance use treatment should increase one’s chances of becoming stably housed rather than the converse and messaging and evidence around this fact needs to be widely disseminated.

Other barriers to engaging in substance use treatment stem from the lack of evidence-based approaches, such as trauma-informed care. Many people who suffer from substance use disorders have also experienced trauma. Co-occurring mental health disorders are also common. Providing substance use treatment that is trauma-informed should be the rule rather than the exception, as should the availability of treatment for people who are dually diagnosed.

Members of the Task Force agreed that a range of substance use treatment options should be available, including harm reduction approaches. Harm reduction refers to reducing the harm associated with substance use, rather than requiring abstinence, as part of the portfolio of treatment options. Harm reduction can take many forms, ranging from syringe service programs to safe supply³² to supervised consumption sites (discussed next).

6 • **Implement supervised consumption sites in multiple locations (not just in the Tenderloin)**³³

Supervised consumption sites (SCS) are places where people who use drugs can consume them in the presence of trained staff who monitor for overdose or risky injection practices, intervening when necessary. More than 150 sites have been implemented in at least 10 countries, and they are an important component of Canada’s response to opioid-involved overdoses.³⁴ SCS provide a safe and sanitary environment for those who inject drugs, and in some sites, also have ventilated spaces for people who choose to smoke them. They offer sterile injection and cleaning materials so people who inject drugs can wash their injection site, thereby reducing the risk of infection. Some offer drug checking services (e.g., fentanyl test strips) and other services such as treatment referrals for those who want them. They also typically serve as a syringe

³² The issue of safe supply and medications for OUD not currently used in the United States did not come up much during TF discussions. For a recent review of this evidence on heroin-assisted treatment, see Kilmer, B., Taylor, J., Caulkins, J., Mueller, P., Ober, A. J., Pardo, B., Smart, R., Strang, L., & Reuter, P. (2018). *Considering heroin-assisted treatment & supervised drug consumption sites in the United States* (RR-2693-RC). Santa Monica, CA: RAND Corporation. For more on the debate about safe supply, see the discussions in Bonn, M., Palayew, A., Bartlett, S., Brothers, T. D., Touesnard, N., & Tyndall, M. (2020). Addressing the syndemic of HIV, hepatitis C, overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply. *Journal of Studies on Alcohol and Drugs*, 81(5), 556-560; and Del Pozo, B., & Rawson, R. A. (2020). Putting the horse before the unicorn: A safe supply strategy should begin with partial agonists—A commentary on Bonn et al. (2020). *Journal of Studies on Alcohol and Drugs*, 81(5), 562-563.

³³ Parts of this section are reproduced from Kilmer (2020) with permission.

³⁴ Health Canada. (2018). Supervised consumption sites. <https://www.canada.ca/en/healthcanada/services/substance-use/supervised-consumption-sites.html>

service program where those who consume at the SCS, as well as those who don't, can obtain new injection supplies for use outside the facility.

The available research on supervised consumption sites is overwhelmingly positive³⁵ but most published studies do not have credible control groups or counterfactuals that allow for strong causal inferences.³⁶ While the causal evidence on the population-level effects of these interventions is sparse and largely focused on two locations (Vancouver and Sydney), tens of thousands of overdoses have been reversed at these sites around the world. There appears to be little basis for concern about adverse effects in communities where they operate.³⁷ Among the studies using stronger methodologies, there is no evidence that opening an SCS increases crime in the neighborhood and some evidence that it may decrease crime.³⁸

In 2017, the American Medical Association (AMA) voted to support the creation of pilot SCS facilities in the United States. In an AMA press release, Dr. Patrice Harris, chair of the AMA Opioid Task Force and former president of the AMA, noted that “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.”³⁹ The SF Board of Supervisors also passed a resolution in 2017 urging the San Francisco Department of Public Health to convene a Safe Injection Services Task Force. The Task Force was created and it recommended that the City support the operation of safe injection services in San Francisco.⁴⁰

That said, there are state and federal barriers to implementing SCS. As of June 16, 2021, there is legislation pending in Sacramento (SB 57) to allow SCS pilot programs to operate in Los Angeles, Oakland, and San Francisco. If the law passes and a city or a non-profit organization attempts to open an SCS, it is unclear whether U.S. Attorney General Garland and his staff will make it a priority to prevent it from operating.

The TF supports efforts to implement SCS, as it helps address two of the primary identified harms associated with the street-level drug dealing problem—the number of overdoses and deaths on the street, and the visible use of drugs in the community. However, the Task Force recognizes that SCS are only one part of the comprehensive effort needed to help reduce overdose deaths and other complications from

³⁵ Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48–68; Kennedy, M. C., Karamouzian, M., & Kerr, T. (2017). Public health and public order outcomes associated with supervised drug consumption facilities: A systematic review. *Current HIV/AIDS Reports*, 14, 161–83.

³⁶ Pardo, B., Kilmer, B., & Caulkins, J. P. (2018). *Assessing the evidence on supervised drug consumption sites*. Santa Monica, CA: RAND Corporation.

³⁷ Caulkins, J. P., Pardo, B., & Kilmer, B. (2019). Supervised consumption sites: A nuanced assessment of the causal evidence. *Addiction*, 114.

³⁸ Freeman, K., Jones, C. G., Weatherburn, D. J., Rutter, S., Spooner, C. J., & Donnelly, N. (2005). The impact of the Sydney medically supervised injecting Centre (MSIC) on crime. *Drug and Alcohol Review*, 24, 173–84; Fitzgerald, J., Burgess, M., & Snowball, L. (2010). Trends in property and illicit drug crime around the medically supervised injecting centre in Kings Cross: An update. *NSW Bureau of Crime Statistics and Research: Crime and Justice Statistics*, 51; Donnelly, N., & Mahoney, N. (2013). Trends in property and illicit drug crime around the medically supervised injecting centre in Kings Cross: 2012 update. *NSW Bureau of Crime Statistics and Research: Crime and Justice Statistics*, 90; Myer, A. J., & Belisle, L. (2018). Highs and lows: An interrupted timeseries evaluation of the impact of North America's only supervised injection facility on crime. *Journal of Drug Issues*, 48, 36–49; Davidson, P. J., Lambdin, B. H., Browne, E. N., Wenger, L. D., & Kral, A. H. (2021). Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019. *Drug and Alcohol Dependence*, 220: 108521.

³⁹ American Medical Association (June 12, 2017). AMA wants new approaches to combat synthetic and injectable drugs. <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>

⁴⁰ <https://www.sfdph.org/dph/files/SISTaskforce/SIS-Task-Force-Final-Report-2017.pdf>

unsafe consumption practices in SF. There was a concern that making SCS available only in the Tenderloin could attract more people who use drugs to the neighborhood. Whether this would happen is an empirical question, but the City should consider opening these sites in multiple locations.

Survey results for individual ideas

Table 4.1 displays the aggregate responses about each of the 22 ideas, noting their likely impact on harms as well as the expected timeframe for the impact. Each of the ideas listed in the “Package of Six” received more Yes votes than No votes, but they were not the only ideas that met this threshold. There were 10 others that are further described in the Table:

- Increase outreach to people who sell and/or use drugs
- Provide more comprehensive services under one roof and for free
- Implement sobering centers in SF⁴¹
- Provide grants or low-interest loans to local businesses
- Improve police-community relations/communications
- Diversion/services for first-time, non-violent sales arrestees (perhaps w/ restorative justice focus)⁴²
- Target higher-level suppliers
- Make it an enforcement priority to focus on certain types of dealers (e.g., those selling bags of fentanyl, those using holders)
- Use focused deterrence to flip blocks back to community, maybe move dealing inside
- Address poverty and root causes (e.g., universal basic income)

With respect to time until impact, Table 4.1 highlights some useful variation within the “Package of Six.” Most respondents believed that continuing to allocate additional resources to community safety programs could make a short term impact (in 1 year or less), creating a body tasked with coordinating all community safety organizations and city departments providing street-level operations in D6 could have an impact in the medium term (2-3 years), and that increasing resources to meet current need for substance use treatment coupled with housing as well as incorporating trauma-informed and harm reduction approaches would be a more long term approach (3 or more years). There was less agreement about the timing of the effects for the other three recommendations; however, every respondent except one thought that increasing hours of operations for essential services, including a 24/7 location in the Tenderloin for low

⁴¹ This was also a recommendation of the 2019 SF Methamphetamine Task Force. While the members of the current Task Force were in the process of voting, we learned Board of Supervisors and Health Commission approved the opening of the SOMA RISE Center at 1076 Howard Street.

⁴² For more on restorative justice, please see Appendix E.

barrier substance use treatment and referrals to other types of treatment, could likely make a difference in the medium or long term.

TABLE 4.1 TASK FORCE VOTES ON SPECIFIC IDEAS

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
1. Legislate the creation of a body tasked with coordinating all community safety organizations and city departments providing street-level operations in D6, and develop a comprehensive strategy to ensure impact	See text above this table	6	1	2	2	5	-	2
2. Continue to allocate additional resources to community safety programs and make sure these efforts are coordinated with the SFPD and SFDA's Office	See text above this table	5	2	2	6	1	-	2
3. Increase outreach to people who sell and/or use drugs	People who sell, hold, and/or use drugs may not know about all the services available to them in SF. It is important to reach out to these individuals and inform them of these services, especially before they are (re-)arrested. This could also include mobile units that drive around and provide information and help reduce barriers to services (e.g., helping people with Medicaid enrollment). Outreach could be performed by	6	2	1	3	5	-	1

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
	community-based organizations and/or city employees (e.g., Department of Public Health).							
4. Increase hours of operations for essential services, including a 24/7 location in the Tenderloin for low barrier substance use treatment and referrals to other types of treatment	See text above this table	7	2	-	1	4	4	-
5. Increase resources for substance use treatment coupled with housing, and incorporate trauma-informed and harm reduction approaches	See text above this table	8	-	1	1	2	5	1
6. Provide more comprehensive services under one roof and for free	Many people in D6 are in need of a range of services such as prevention, treatment, housing employment services, and help with behavioral health needs. Providing services under one roof could help reduce stigma associated with accessing any one service and may also improve referral rates and receipt of care.	4	3	2	1	4	2	2

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
7. Implement supervised consumption sites in multiple locations (not just in D6)	See text above this table	5	1	3	2	2	3	2
8. Implement sobering centers in SF	A sobering center does not supervise consumption but serves as a place where those who are under the influence can rest/socialize in a safe environment that can reduce the probability they are victimized or commit crimes while under the influence. These centers could also be combined with low-threshold case management services.	8	-	1	4	3	1	1
9. Give sellers ready access to naloxone & fentanyl testing strips	This would make it easier for dealers to test for the presence of fentanyl in bags believed to contain other drugs; dealers could also help give these strips out to people who use drugs. There are efforts in SF to get dealers to carry naloxone, although the TF heard there are some language barriers. While many recognize that dealers may not want to administer naloxone (for fear of arrest if caught by police), they could give it to another witness to administer.	2	2	5	4	-	-	5
10. Create signage to let dealers know harms they are imposing on community	This would be a low-cost approach for informing sellers of the damage they are doing to the community. This could range	2	1	6	4	-	-	5

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
	from posting information on street corners to handing out fliers with the relevant information.							
11. Changing traffic patterns/enforcement in D6	A significant, but unknowable, share of the drug transactions that occur in D6 are from purchasers who are driving in from outside D6. Some TF members suggested that changing traffic patterns (e.g., shutting down streets, making some one-way) might help disrupt or displace some of these transactions, especially if done in conjunction with other interventions.	2	4	3	4	2	-	3
12. Provide grants or low-interest loans to local businesses	Empty storefronts and reduced street traffic can make it easier for dealers to conduct business and control blocks. TF members suggested that enhanced community development by providing grants or low-interest loans to those who want to do business in D6 could help the neighborhood thrive, increase “eyes on the street”, and increase tax revenues that could be put back into the community.	4	4	1	2	2	4	1
13. Improve police-community relations/communications	Members of the community expressed concern that a lack of communication about operations/strategy has exacerbated tensions on the ground, increased challenges, and aggravated some community-based strategies to alleviate harms. Some also argued that the police should be more engaged in the	5	2	2	5	1	1	2

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
	community; not just making arrests. With SFPD reported to be understaffed, this might require adding or shifting resources within the agency.							
14. Evaluate D6 policing capacity/roles/across-station communications	There are multiple police stations covering D6 and there was a call to determine whether resources are being allocated efficiently across and within stations. Of course, one's definition of "efficient" will likely depend on one's goals for policing services.	1	4	4	1	1	2	5
15. Diversion/services for first-time, non-violent sales arrestees (perhaps with a restorative justice focus ⁴³)	The TF seemed to agree that when it comes to criminal justice interventions for addressing street-level drug dealing, we should distinguish between different types of sellers. For example, those arrested for sales/possession with intent to distribute (PWID) with substance use disorders could be referred to treatment and/or other services. It was also suggested that for those detected by police for selling/PWID for the first time (and there was no violent charge associated with the arrest), the person could be diverted to a LEAD-type	5	2	2	1	4	1	3

⁴³ There was some discussion within the Task Force and from community feedback about restorative justice. The Task Force did not delve into this approach deeply but encourages more exploration of this approach (for more information, see Appendix E).

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
	program or a pre-plea court that could connect them with services.							
16. Those without substance use disorders who are convicted for dealing multiple times should be subject to consistent, meaningful, and transparent consequences, AND offered services that are designed to reduce recidivism during and after any time in jail	See text above this table	5	1	3	3	1	2	3
17. Those without substance use disorders who are convicted for selling multiple times should be offered services and NOT be subject to incarceration	During the TF meeting on May 4, it seemed as if some members of the TF did not believe that those individuals repeatedly arrested for dealing (and often violating stay-away orders) should be incarcerated. There was a suggestion that these individuals could be referred to a diversion program that could link them with the appropriate services.	3	2	4	-	3	2	4
18. Target higher-level suppliers	While this TF is focused on street-level dealing which tends to involve relatively small transactions, the sellers are being supplied by those higher up the chain. Some TF members called for a focus on these higher-level suppliers not only because that would be more likely to disrupt the flow of drugs,	4	3	2	-	3	4	2

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
	but also because of how they may be exploiting some of these lower-level dealers.							
19. Make it an enforcement priority to focus on certain types of dealers (e.g., those selling bags of fentanyl, those using holders)	Illegally produced fentanyl is a major factor in the skyrocketing overdose death rate in SF. Unlike many parts of the country, SF has a separate market for fentanyl and the dealers know they are selling those bags of fentanyl. One suggestion was to make these dealers an enforcement priority for the police and prosecutors. There was also a call for making it a priority to go after dealers who are exploiting D6 residents and having them hold drugs, money, and/or weapons.	4	2	3	3	2	1	3
20. Use focused deterrence to flip blocks back to community, maybe move dealing inside	One approach for addressing open-air markets is to pick a certain area/block, push the dealers out (e.g., using police enforcement and/or community safety organizations) and then make it clear that anyone caught dealing in that area will be prosecuted and sanctioned. Once that block is “flipped” back to the community, the process is then repeated for the next block/corner, and so on. If anyone goes back to dealing on one of the flipped blocks/corners, they will be immediately arrested and prosecuted.	5	1	3	2	2	2	3

Idea	Description	Could this idea help reduce some of the harms related to drug dealing in District 6?			In terms of when this idea could be implemented and reduce these harms, when do you think this could make a difference?			
		Yes	Maybe	No	< 1 year	2-3 yrs	> 3 yrs	NA
21. Reparations for Black Americans	Black Americans have been subjected to systemic racism for centuries. Providing financial reparations for the harms caused—and their compounding effects—not only acknowledges these injustices and provides a meaningful step toward reconciliation, but it could improve economic opportunities for thousands of San Franciscans; however, much will depend on the specifics of the program.	3	3	3	-	-	5	4
22. Address poverty and root causes (e.g., universal basic income)	Street-level drug dealing is only one of a myriad of problems facing D6 residents. Many of these problems (e.g., lack of housing, reduced access to medical care) can be linked to poverty. Anti-poverty programs like universal basic income could increase economic opportunities and improve the well-being of thousands of San Franciscans, but much will depend on the specifics of the program.	5	2	2	-	-	6	3

5. IMPROVING THE DATA INFRASTRUCTURE FOR MONITORING AND EVALUATING EXISTING AND FUTURE INITIATIVES

Some of the discussions surrounding the harms related to street-level drug dealing are rooted in anecdotes rather than data. That does not mean insights from personal experiences are not useful, but it is hard to know how representative they are. This sometimes makes it difficult to have productive discussions, and the lack of data makes it harder to monitor and evaluate interventions intended to address these harms. While information on the number of arrests, overdose deaths, and drug treatment admissions in San Francisco is readily available, these are not the only outcomes of interest.

This section offers some ideas for generating information that can be used to inform debates and future evaluations of efforts to reduce harms from street-level drug dealing. Of course, it takes time and resources to collect and analyze the data, and then report the results. Resources for these efforts will likely have to come from City/County agencies or analysts will need to seek funding from other sources (e.g., federal agencies, foundations, philanthropic gifts). The Task Force recognizes that the City has many data collection needs and there are limited funds for these activities; however, given the severity of the situation in D6 and the Task Force's hope that its recommendations will be implemented and evaluated, this will require data collection, analysis, and monitoring.

- **Regularly producing information about what happens to individuals after they are arrested for drug sales or possession with intent to distribute**

There was substantial debate about what typically happens to someone after they are arrested in San Francisco. Much of the discussion stemmed from the fact that there is no single place to go for this information. To help inform these discussions, the Task Force worked closely with data analysts at the SF District Attorney's Office and the SF Sheriff's Department to obtain and merge some of these data (see Appendix C). In theory, each of these entities as well as others (e.g., SF Police Department, SF Probation) could produce separate reports, but this would not be very efficient given the amount of interaction that would be required to make sure they are focused on the same populations.⁴⁴ An alternative would be to have one agency obtain all the data on a quarterly or semi-annual basis and produce one report that would be released to the public. Once the computer code is written to clean and merge these datasets as well as generate results, the process should be fairly automatic.⁴⁵ Given the controversy surrounding this topic, it might be best to have an

⁴⁴ For more than 20 years, San Francisco has been working to create the Justice Tracking Information System (JUSTIS) which aims to "integrate all of the criminal justice agencies' case management systems and retire costly outdated technologies for the City and County of San Francisco" (<https://tech.sfgov.org/services/justis/>). In early 2019, a new 5-year roadmap and implementation plan for JUSTIS was published (<https://tech.sfgov.org/media/doc/justis/RoadmapandImplementationPlan.pdf>). While this effort should be able to produce the type of integrated data analyses discussed above, it will depend on commitments to sharing data and it's unclear when it will be fully operational. In the meantime, other efforts should be implemented to collect, merge, and report these data about those arrested for drug sales.

⁴⁵ The code produced for Appendix C by the Task Force could serve as a useful foundation for these efforts.

independent entity lead these efforts (e.g., SF Controller’s Office, Office of the Chief Information Officer).

This information would not only be useful for the various justice agencies involved; it would also make it easier for policy makers and the public to understand what happens after someone is arrested. The public includes those who are dealing drugs as well as those thinking about dealing. The consequences should be transparent to everyone.

- **Systematically reporting certain data only available from police reports**

Information on the number of arrests for drug offenses in San Francisco that involve fentanyl versus other drugs is not readily available. This is largely due to the fact that there is not a separate penal code for fentanyl sales, so these arrests tend to get lumped with offenses for other drugs. This information is usually included in police reports, but it is not readily available to the public (requests can be made but may not be made available if the information could put someone at risk or if it would affect an ongoing investigation).

There is other information included in these reports that can be useful, such as whether the arrest was an observed sale or the result of a “buy and bust” operation, the weight of the drugs seized, and whether a weapon or threat of violence was allegedly involved.⁴⁶ It would be useful if these pieces of information (and perhaps others) could be systematically pulled from the reports, aggregated so individuals cannot be identified, and reported to the public on a regular basis. Once again, this will take time and effort, either from departments with access to these data or a third party that is authorized to use them. If this is pursued, additional resources will be required.

- **Conducting more qualitative research with people who use and sell drugs**

While much could be learned by regularly merging data that are already collected by City agencies and departments (and not just across criminal justice agencies),⁴⁷ it should also be a priority to interview people who use and/or sell drugs outside of standard assessments by service organizations. For example, there is substantial discussion about barriers to treatment and other services, but how will we know if the situation is improving? Simply obtaining information from those who end up using these services does not provide a complete picture. This type of research could expand our understanding of trends in non-fatal overdoses, victimization, and other

⁴⁶ The San Francisco Public Defender’s office analyzed 931 reports involving drug sales or possession from January 2017 through April 2019 and submitted their findings to the Board of Supervisors on November 7, 2019. The findings and implications were the subject to a fair amount of debate within the Task Force and it would be ideal to see this work extended, preferably by an independent entity.

⁴⁷ An example of a successful effort to merge data across different departments in SF is DPH’s Coordinated Care Management System, which is “an integrated data system that paints a single picture of a client by integrating medical, psychological, and social information about high risk, complex, and vulnerable populations (i.e. high users of multiple systems, homeless individuals and the elderly)” from more than a dozen different databases <https://sf-wpc-ccms.gitbook.io/ccms-user-guide/>. The County of Los Angeles has developed a similar, but more comprehensive data system, InfoHub (formerly known as the Enterprise Linkages Project), that links individual-level data across diverse county service departments so that one can track individual service utilization and justice system involvement over time. For more on this, see <https://escholarship.org/uc/item/4jm557wp>.

experiences. It can also be used to help inform evaluations of programs such as the new sobering center and supervised consumption sites (if they are implemented).

Fortunately, San Francisco is home to some of the country's best qualitative researchers focused on people who use drugs and drug markets. Researchers affiliated with UCSF, RTI, DPH, and other organizations have extensive experience doing this type of research in San Francisco and elsewhere.⁴⁸ There are multiple directions to take this work, and efforts should be made to ensure that new work in this space is not redundant with current or recent efforts. One idea would be to follow a representative sample of people who use drugs in San Francisco over time and regularly interview them. Respondent-driven sampling is one approach that has been used by qualitative researchers to generate information from a population that resembles a representative sample (after weighting). This approach has also been used to help understand how focused deterrence efforts affect drug market participants.⁴⁹

- **Systematic surveys/interviews with San Francisco residents and those who work here**

How will we know if the trauma and frustration experienced by those living and working in D6 is getting better or worse? We need to talk to these individuals, have them answer questions that will allow us to understand their experiences/feelings/needs, and track these results over time. If their experiences of trauma and feelings of frustration have changed, why did this happen?

While much of the work of this Task Force focused on D6, it is important to talk to those who spend most of their time in other parts of the City. Not only will this be useful for understanding conditions outside of D6, it is also critical to have a “comparison group” against which we can compare changes in D6.⁵⁰ Was there something specific to D6 that led to these changes or was there something that happened City-wide that led to changes in multiple neighborhoods?

⁴⁸ See, for example, Mars, S. G., Bourgois, P., Karandinos, G., Montero, F., & Ciccarone, D. (2016). The textures of heroin: User perspectives on “black tar” and powder heroin in two US cities. *Journal of Psychoactive Drugs*, 48(4), 270-278; Enteen, L., Bauer, J., McLean, R., Wheeler, E., Hurliaux, E., Kral, A. H., & Bamberger, J. D. (2010). Overdose prevention and naloxone prescription for opioid users in San Francisco. *Journal of Urban Health*, 87(6), 931-941.

⁴⁹ Ober, A. J., Sussell, J., Kilmer, B., Saunders, J., & Heckathorn, D. D. (2016). Using respondent-driven sampling to recruit illegal drug purchasers to evaluate a drug market intervention. *Evaluation Review*, 40(2), 87-121.

⁵⁰ Of course, it will be necessary to make sure enough people are sampled from the various neighborhoods or Districts being compared.

6. CONCLUSION

Now that the Task Force has conveyed its position on what needs to be done to address the harms associated with street-level drug dealing in District 6, adequate resources need to be allocated to support the needed changes.

Concerns regarding support for previous initiatives in District 6 were consistently voiced by members of the TF. One concern was the need to fully support pilot initiatives. If a decision is made to implement a particular program, policy, or practice, it should be implemented at the level recommended by the existing evidence and not “half-done” with minimal resources.

Second, an initiative, pilot or not, needs to be fully implemented before judging its worth. We heard from Task Force members that new initiatives are often not given the chance to succeed; starting and stopping before reaching full implementation and potentially demonstrating expected outcomes. “Full implementation” refers to the stage at which an initiative has all the required resources and the initiative is running as intended. Many social service programs take a year or longer to reach full implementation (especially with respect to staffing) and deliver high quality services. Determining an initiative’s success should be done only after an initiative is fully operational. The Task Force recommends that pilot programs be implemented and fully supported for at least three years in order to adequately judge their effectiveness.⁵¹

Associated with these concerns and the resources required, it will behoove the City to monitor and track progress, not only with the initiatives themselves but with resources allocated to them. These allocations should be tracked against the what the research indicates is necessary to fully implement and achieve desired outcomes.

The cooperation and compromise exhibited by this Task Force have been inspiring, demonstrating how progress can be made on these complex and contentious issues. That said, it would be naïve to believe this package of recommendations can, by itself, eliminate the harms engendered by street-level drug dealing. However, a majority of the Task Force believes that as a package, these recommendations can reduce some of these harms and provide a solid foundation for developing and implementing other solutions.

⁵¹ For more on this, see Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

APPENDIX A. FRAMEWORK OFFERED BY THE TENDERLOIN COMMUNITY COUNCIL

Many of the Task Force members found these slides presented by Sam Dennison of the Tenderloin Community Council at our 2/2/21 meeting very helpful.



Tenderloin Community Council: Strategic Approach to Addressing Harms Related to Open Air Drug Market

PRESENTED BY
SAM DENNISON
FEBRUARY 9, 2021



Purpose:

- Provide a framework for an actionable plan for the short-term & long-term

TL Community Council

- Formed in Spring 2019
- In-person meetings 20-25 people
- TL residents, business owners, non-profit
- Each mtg 30% to 60% POC
- Long term residents--many in the TL for 10+ years.

TL Community Council Purpose

- Honest talk among the multiple communities of the TL
- Identify harms related to open-air drug sales and use
- Review, evaluate, and advocate for effective ways to address those harms

TL Community Council

- Participated in City Hearings April 2019
- Negotiated for broader representation on this Task Force
- Negotiated framing the issue as addressing harms and not just sales

URGENCY TODAY

- INCREASES IN VIOLENCE
- INCREASES IN OVERDOSES
- COVID HAS CHANGED WHO IS ON THE STREETS AND FOR WHAT PURPOSE
- LOSS OF LIFE, LOSS OF BUSINESS, LOSS OF STABILITY

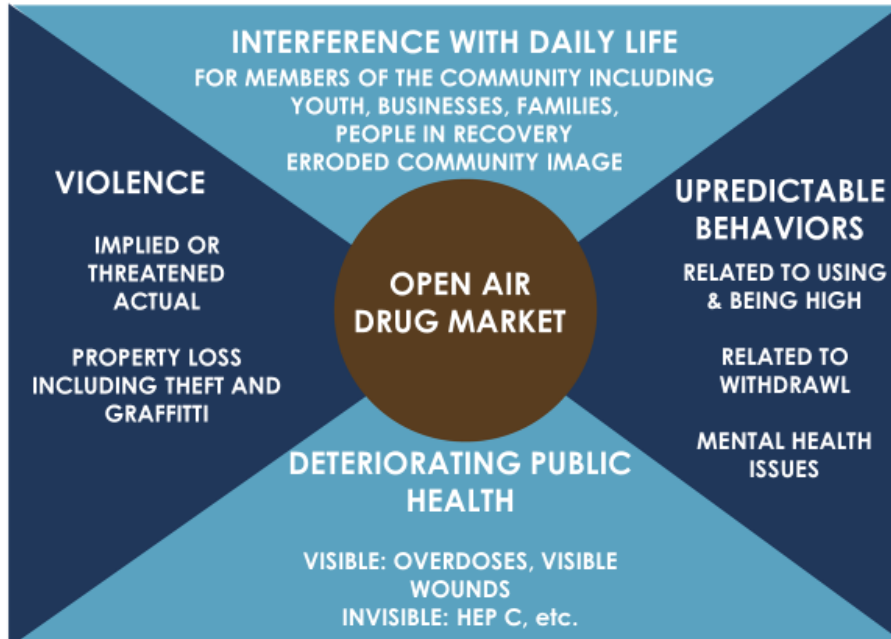
Assumptions

- The drug market has existed for decades and impact is getting worse
- The TL is a traumatized community
- These conditions didn't occur overnight, are deeply entrenched, & require a strategic approach/plan

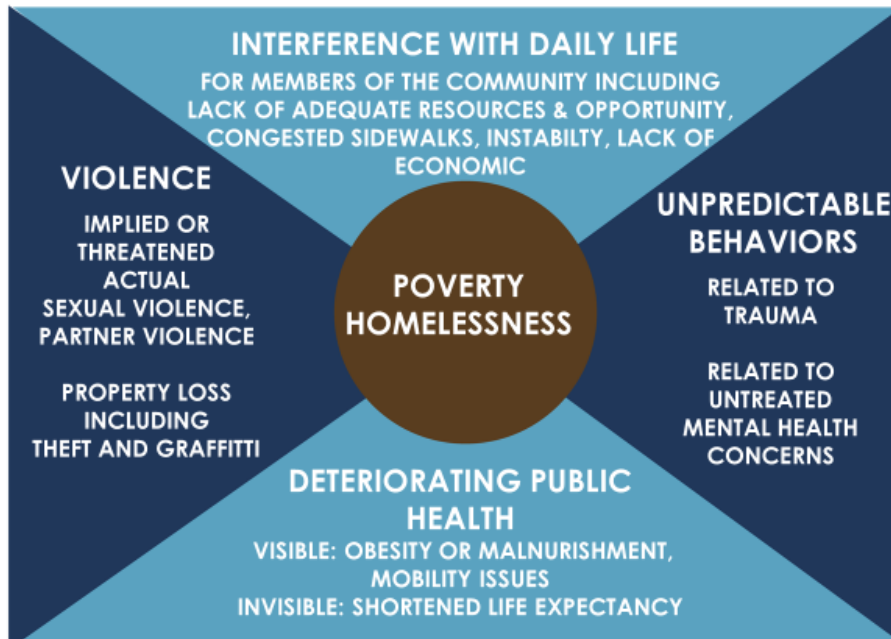
Further Assumptions

- Law enforcement & treatment are equally important
- Participants in the market must be engaged
- Success should be measured objectively and subjectively
- This problem can't be dealt with in isolation
- Chronic, wide-spread poverty is a driver

HARMS & CONCERNS RELATED TO OPEN AIR DRUG MARKET



HARMS & CONCERNS RELATED HIGH RATES OF POVERTY



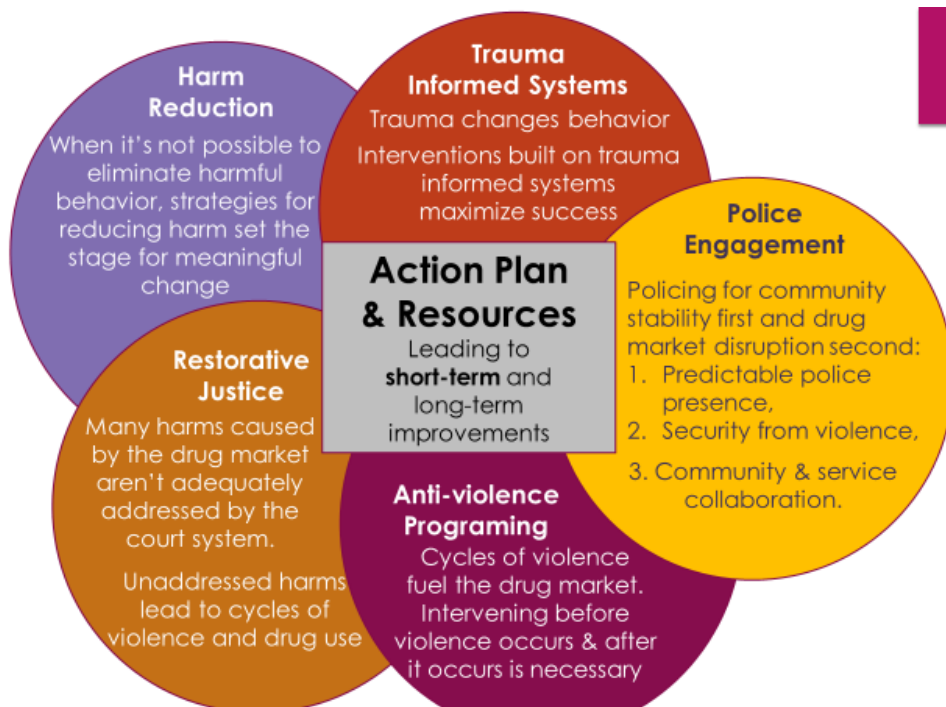
Race and Racism :

- Chronic under investment and over enforcement have created on-going, chaotic conditions in the TL. These conditions are, in part, the result of historical racism and on-going structural racism.
- Any initiative to address open-air drug market will be more effective if accompanied by public race conscious process.
- If we want a process of accountability and repair to be effective in changing conditions in the neighborhood, it will have to include a commitment to economic repair and investment for addressing the historical harms of racism.

Recommendation:

A plan that is

- Actionable & Effective
- Multifaceted
- Builds on existing resources
- Accountable to diverse communities within the TL



Next Steps

What Does Short-term action look like?

Coordinated Efforts

- Support existing calming activities (police, HSOC, HOT, etc.)
- Prepare other resources for immediate activation to maintain calm through presence and services to follow on calming activities
- Monitor the area for upticks in activity
- Respond to upticks with appropriate resources (enforcement, HSOC, etc.)

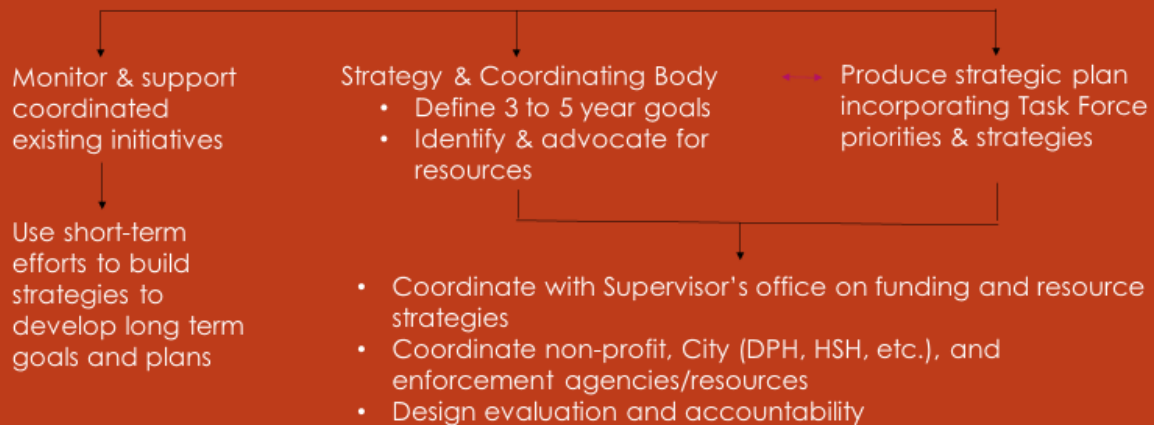
Supporting Existing Successes

- At safe sleeping sites and existing encampments focus efforts on maintaining and enhancing safety and calm
- Use outreach teams with credibility to monitor and address problems
- Enhance harm reduction, street medicine and other services

Next Steps

Build Community Based/Supported Long-term Plan

SHORT TERM 6 TO 12 MONTHS



APPENDIX B. SELECT LETTERS FROM MEMBERS OF THE COMMUNITY

Unedited emails from community members (made available to the public with permission)

1. Email from Lee Kumutat, LightHouse Director of Communications

I am writing to inform you of our significant concerns about open air drug dealing in the Mid-Market neighborhood. LightHouse for the Blind owns 1155 Market St. where our community based services are headquartered and we also lease a large portion of our building to the City and County of San Francisco. With a great deal of foot traffic to and from BART from our building the drug dealing atmosphere causes significant safety concerns for the blind community who must walk through a gauntlet just to enter our building. Our staff and clients work in an atmosphere of fear and intimidation from the drug dealers around our building that is disturbing that many staff will not leave the building even for lunch once they arrive for the day. The dealers will block accessible access to BART stairs and the sidewalk. We have had multiple blind community and staff who have fallen down the stairs by tripping over users who are being protected by dealers. The blind person is helpless to identify who pushed them or tripped them because they cannot see them. Because of all of this we have paid hundreds of thousands of dollars for off duty police officers and now work with Urban Alchemy at the same cost annually. There is a hidden tax on businesses and community providers who operate on mid-market called the protect yourself tax because the city is not enforcing the law in our neighborhood. This must be addressed by the DA who is the only one who can actually file charges against drug dealers who have crated a magnet for use in our neighborhood.

2. Email from Kristen and Raul Villalobos, Tenderloin Residents

I heard you were looking for letters from tenants and business owners living in the TL, and my husband and I wanted to offer our perspective. We have lived on the corner of Golden Gate and Larkin for many years: 20 for my husband, and almost 13 for me. Over those years, we've watched the quality of life on this block deteriorate dramatically. The real decline began about 3 years ago then nosedived when the pandemic began. Prior to that, though this corner was "in the TL" and more lively than say, Hayes Valley, it wasn't bad. It was fine. We could laugh about the occasional crazy thing we saw or heard outside. We were happy to stay here forever in a rent controlled building full of neighbors we know and care about. I always felt safe walking around alone- always.

We live on the second floor with 100 year old windows, so it often sounds like what is happening on the street is happening inside our home. We feel trapped by sound: there is no escaping the constant sirens, the screaming of people in crisis, the smashing of bottles (why??), the dealers whooping to each other (it must be some sort of signaling, because it's bizarre) and the constant, never ending, incredibly loud music. Sometimes the music is only there for a few minutes as the car blaring it or the person with a blue tooth speaker stops to buy drugs, but other times the music will go on for hours while people party. In the daytime, in the evening, in the middle of the night: the music is a constant. It may seem like a small thing, but very often the music being played is violent and misogynistic, which makes it that much more intrusive

and upsetting. For a woman to be subjected to the constant sound of "bitch" inside her own home is.....not cool. It feels like we can't escape the negative- the suffering- the misery, the constant reminder that bad things are happening outside and no one seems to give a damn about it. I've been working from home for a year now, and sometimes have to run to our closet in an attempt to keep whoever I'm speaking with from hearing either the profanity being screamed, or the incredibly loud music going by.

The 19 bus shelter on Larkin provides a great cover for the dealers to stand behind, and a great spot for drug fueled parties. They can last all night (even when we call the police), sometimes ending in an overdose. We hear it all, as the bus shelter is directly underneath our bedroom window. A few mornings ago, we were woken to the sound of medics bringing someone back from an overdose. Sometimes we'll see two overdoses in the same spot on the same day. Last October, a dealer was shot and killed under our bedroom window. When I've brought up removing the shelter in various town halls, I've been told that it won't happen- the company who bought advertising has a contract, yada yada. No one can use the shelter for its intended use, since it's always full of people using. I know shelters have been removed in the past for these reasons (in 2014 on Eddy, I believe), and the shelter on Larkin has absolutely become a public danger/nuisance. It needs to go.

Most any day, at any moment, I can look out my window and see someone holding a little piece of foil. If we walk outside our front gate and the sidewalk isn't full of dealers, users, feces or garbage, we're very pleasantly surprised- the expectation is always that we're going to have to dart through something potentially dangerous, including a cloud of meth/fentanyl(?) smoke. When we come home, we're strategic about where we'll cross the street and which path we'll take to enter our building as safely as we can, avoiding the people congregated in front of it. Sometimes people are using directly in front of the gate and we have to ask them to move to get in. Sometimes they react in a hostile manner, which is always really scary.

We've had a huge increase in people coming into our building and stealing mail. Many times, they've tried to rip the mailboxes off the wall and have almost succeeded. We have a group chat with neighbors now, so we can warn each other when packages are in, but it's still really stressful when we're expecting something. The last few weeks, we've had a woman come in and pull the fire alarm a few times, wasting SFFD's time.

I haven't left the building by myself after dark in years. My husband doesn't want me out there, and I don't want to be out there without him. Since the pandemic, neither of us leave after dark. Neither of us will take the garbage out after dark because of all the drug activity in Dodge Alley- it just doesn't feel safe. We want to get a dog, but have refrained because all the walking would fall on my husband at night, which isn't fair. This may be a small, somewhat privileged complaint, but it has affected our quality of life.

The state of things has led to tension in our relationship, as my husband has reached the end of his patience and wants to move, but I'm not there yet. I'm on the board of the TLCBD as a resident member, and if we leave I'll have to give up my seat. I hate the idea of giving up and letting the dealers win. I want to stay and fight on behalf of our neighbors who can't afford to move like we can. Almost every neighbor in that position that I'm thinking of has children. I grew up poor and my family moved almost yearly, something that continued into my young adult years. The 13 years I've spent in this building has been the most stable period of my entire life, and I'm tearing up as I type this, thinking of leaving my community behind. I am continually inspired by the people I see fighting to make this neighborhood better, and then I'm furious when I think about how hard we have to fight for what almost every other neighborhood in this city gets to enjoy: cleanliness, peace, the presence of 'law and order'.

Living in the Tenderloin means trying to tamp down my own empathy, because there's too much suffering to bear. The suffering I see on the street has me crying regularly. I don't understand why our society allows

people to fall through the cracks this way. I don't understand why we aren't doing EVERYTHING to help people overcome their addiction issues. While I definitely think the police need to step up their game to get (and keep) these dealers off the street, I know that there's no way to arrest our way out of this problem. We MUST stop the demand, which means we MUST help people get better.

Every person who OD's should be offered a bed in a treatment program. There should be multiple teams of people going out every day offering treatment- no conditions, no hoops, just genuine help. I know that not every user is going to take help the first time it's offered, but we have to keep trying until they do. I don't understand why I don't hear more of this when there are conversations about drug dealing. It seems so obvious to me. Supply-demand: it's a real thing. I'm cautiously optimistic that the Mental Health SF program will really ramp up this effort in a way that makes a difference.

I also very strongly believe that we need to change how the law treats the sale of fentanyl. It is unlike any other drug out there, and I don't have to tell you that it's killing people. Anyone selling it should be charged with attempted manslaughter, because that's essentially what they're doing. I understand that that is something that probably needs to be addressed at the state level, but if there is anything we could do on the local level to keep anyone dealing it from being released, we should do it. To be clear, the hammer should come down on the dealers. Users should be treated with compassion and offered treatment.

Thank you for the work you've done to tackle these issues, and for asking for and being open to community perspectives. This was an email about the bad parts of our neighborhood, but I could write a longer one talking about the good! The Tenderloin is a beautiful community, and we deserve safety. Please help us get back to where we were before! (as I close this email, there is a woman screaming outside, clearly in crisis. She's the fourth person I've heard screaming since I began typing)

3. Email from Catherine and Dimitrios Kalessis

My husband and I are the owners of The Argentum Project located at 47 6th street.

<https://www.yelp.com/biz/the-argentum-project-san-francisco?osq=the+argentum+project>

We built and opened a beautiful cafe which was often called a bright spot on 6th street. While supporting the business and residents in the area, we also showed kindness and compassion to the homeless and even drug dealers who stood in front and around our business daily. My theory was to take any steps necessary to protect my family, our staff, and our business.

How did this affect us?

A well-known drug dealer stood [name redacted] with his buddies only feet from our door smoking pot, selling drugs, and blaring music. Over time he threatened our business, my husband, and our employees. He attacked someone in front of our cafe and pushed them into my employee's car but she was too afraid to report it and had over \$2000 in-car damage to pay herself. This is only one specific example of the many personal and property threats we endured from him and his buddies.

I was followed and threatened by a drug dealer on a bicycle as I drove down Stevenson from 7th -6th. I was in my car and he on his bike rode in front of me, up to my window and over to 6th, and Jesse continuing his baseless threats. It was terrifying!! I have also had to call the police to assist me in removing drug addicts with visible drugs and syringes from my cafe. We even had a drug addict completely change her clothes inside our restaurant and there was nothing I could do!

My husband and I have twins who from the age of 9-13 have been witness to far too much drug use, sales, craziness, and violence in front of our cafe. As working parents, we couldn't leave them at home yet they were too scared to ever go with us even if they just had to wait in the car for a few minutes. They would run into the restaurant and hide in fear for themselves and fear for our safety every day. It is so wrong and painful to have to subject our children to this kind of psychological assault and concern!

The overall effect of the drug dealers prevented many friends and associates from supporting our business out of fear and filth in the neighborhood. I cannot tell you how many times we were told how much more successful we would be if only we were in a different neighborhood.

We chose this location on the basis of rebuilding and supporting the neighborhood with freshly made food served with a true passion. We truly want to be part of the rebirth of what was once a beautiful, vibrant and safe neighborhood. We were very grateful for all the kindness and support we received from the Tenderloin police department. They are an absolutely terrific group of officers and it was our great pleasure to meet them. We were also very grateful for the MMCBD. They too were always kind, helpful, and responsive.

In October of 2020, there was a fire between the SRO hotel lobby and our cafe which caused tremendous damage to the structure of the building and it continues to be under repair. For this reason, we have had to clear out our restaurant and are unsure when we can rebuild. If the area does not improve, we will not rebuild in the mid-market area due to the state of the drugs, appearance, and overall safety of the area.

Thank you for giving us the opportunity to share some glimpses of our experience.

APPENDIX C. DATA ANALYSES

Criminal justice analyses focus on 3 data sets

1. Police incident report data submitted to DataSF
 2. Cases presented to the SF District Attorney
 3. Jail booking information from SF Sheriff's Department
- These data systems are designed for operational purposes, not necessarily for research
 - Data made available do not allow us to single out fentanyl
 - There's a lot more that can be done with these datasets, and additional information that can be pulled from other sources

Analyzing police incident reports at DataSF

- These reports are filed by officers or self-reported by members of the public using SFPD's online reporting system.
- Data are uploaded to the database once incident reports have been reviewed and approved by a supervising Sergeant or Lieutenant.
- Incident reports may be removed from the dataset if in compliance with court orders to seal records or for administrative purposes such as active internal affair investigations and/or criminal investigations.
- Disclaimer: The San Francisco Police Department does not guarantee the accuracy, completeness, timeliness or correct sequencing of the information as the data is subject to change as modifications and updates are completed.

Source: <https://data.sfgov.org/Public-Safety/Police-Department-Incident-Reports-2018-to-Present/wg3w-h783>

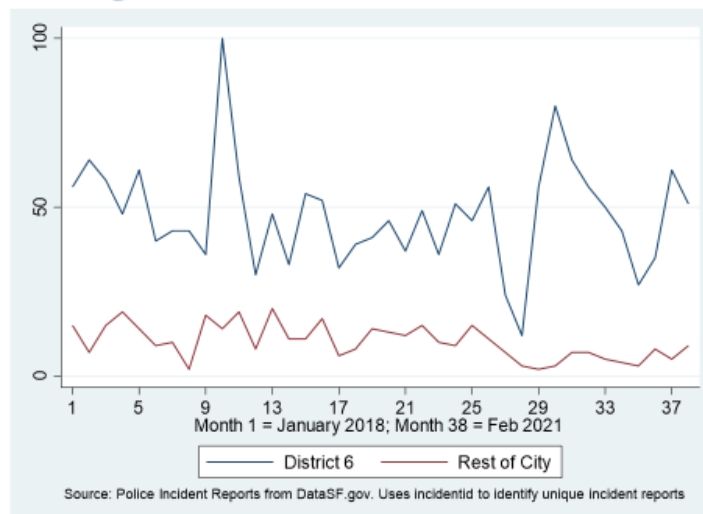
An incident in the DataSF dataset was defined as involving drug sales if the “incident description” included at least one of these charges:

- Amphetamine, Possession For Sale
- Amphetamine, Transportation
- Barbiturates, Possession For Sale
- Barbiturates, Transportation
- Cocaine, Base/rock, Possession For Sale
- Cocaine, Base/rock, Sale
- Cocaine, Possession For Sale
- Cocaine, Sale
- Cocaine, Transportation
- Controlled Substance, Possession For Sale
- Controlled Substance, Sale
- Controlled Substance, Transportation
- Hallucinogenic, Possession For Sale
- Hallucinogenic, Sale
- Hallucinogenic, Transportation
- Heroin, Possession For Sale
- Heroin, Sales
- Heroin, Transportation
- Marijuana, Cultivating/Planting
- Marijuana, Possession For Sale
- Marijuana, Sales
- Marijuana, Transporting
- Methadone, Possession For Sale
- Methadone, Transportation
- Methamphetamine, Possession For Sale
- Methamphetamine, Sale
- Methamphetamine, Transportation
- Opiates, Possession For Sale
- Opiates, Sale
- Opiates, Transportation
- Opium Derivative, Possession For Sale
- Opium, Possession For Sale
- Sales of Cocaine Base/Schoolyard Trafficking Act Violation

1. Drug selling arrests in SF

- Between January 1, 2018 – February 28, 2021, there were 5,736 arrest charges involving drug sales, possession for distribution, or other distribution-related offenses
- These 5,736 charges were associated with 2,928 unique incident ids. Of these 2,928 incidents, 2,890 included location information and approximately **78% of them occurred in District 6.**

Monthly counts of police incidents involving drug dealing charges, Jan 2018-Feb 2021



Arrests involving drug dealing in District 6

- Of the 2,250 incidents involving drug dealing in D6 over this period, they were associated with 5,836 charges (not all for drugs)
- 96% involved more than one offense
 - Average # offenses per incident = 2.8; median = 3
- Of these 5,832 charges, nearly 84% were for drug-specific charges
 - 4 were missing data for “incidentcategory”
- Of the 949 other charges:
 - 22.4% involved a warrant
 - 6.8% involved a weapon
 - 2.4% involved assault and/or robbery
 - 52.8% involved “Non-Criminal”, “Other Miscellaneous”, or “Other Offenses”

2. Cases presented to the DA

- Focus on cases presented to the DA from January 2018-May 2020
 - Covers a different period from previous arrest analysis
- Analytic sample includes 2,242 cases involving at least one charge for drug selling or possession with intent to distribute
 - Identified 2,303 cases and dropped 61 because of missing/repeated data
 - Excludes cannabis
 - Most of these cases involve other charges
- 1,522 unique individuals account for these 2,242 cases
 - 1,088 (71.5%) individuals show up once over this period
 - 257 (16.9%) show up twice
 - 177 (11.6%) show up three or more times

What happened to the 2,242 cases involving drug selling/PWID that were presented to the SFDA, 1/18-5/20?

Was the case filed by the DA?			
No (N=440; 42 cases missing disposition code)		Yes (N=1802; 896 cases pending or missing disposition code)	
Most common reasons why the case wasn't filed (N=398)		Most common dispositions for these cases (N=906)	
Further investigation needed	24.9%	County jail w/ probation condition or court probation	43.5%
Lack of evidence	24.6%	Dismissal in the interest of justice	13.4%
Discharged to proceed w/ probation/parole/other violation	15.3%	Guilty plea to other charge	12.6%
Dismissal in the interest of justice	13.8%	County jail	9.8%
Questionable search and seizure	7.8%	Released to another agency	4.6%
Other reason	13.6%	Other disposition	16.1%

Notes: The "Other disposition" category includes 4 people who were sentenced to state prison. **Sources:** DAMION data (date, suspectcharge, casefiled, dispocode); DA's disposition file (dispocode, dispodes2)

3. MEMO ON CALCULATING JAIL DAYS FOR CASES PRESENTED TO THE SF DISTRICT ATTORNEY INVOLVING DRUG SALES OR POSSESSION WITH INTENT TO DISTRIBUTE, 1/1/18-5/31/20

The remainder of this Appendix focuses on cases presented to the SF District Attorney (DA) involving a charge for drug sales or possession with intent to distribute from 1/1/18 to 5/31/20. It uses data from the Court Management System provided by the DA as well as information about jail days provided by the SF Sheriff's Department.

DATA

The information provided by the DA includes a separate row for each case. For this analysis we use the following variables: *sfnnumber* (a unique number assigned to almost everyone arrested in SF), *courtno* (which is specific to the case and usually involves multiple charges), *arrestdate*, *suspectchargelist* (if there are multiple charges, they are separated by commas), *casefiled*, *dispocode* (a numeric code for the disposition), *dispodes2* (a variable that provides a definition for each *dispocode*), and *outcome*⁵² (which categorizes the *dispocode* into 6 major categories plus pending/missing); these last two variables were merged in from a separate Excel file provided by the DA. For this analysis, we focus the subset of data involving these charges for arrests made between 1/1/18-5/31/20:

- 11351—Possession with intent to distribute (PWID)
- 11351.5—Cocaine PWID

⁵² We only use Outcome to help us identify those who were convicted.

- 11352(A)—Drug Sales
- 11353.6B—Selling near school
- 11357.5A—Synthetic cannabis sales
- 11378—Methamphetamine PWID
- 11379(A)—Methamphetamine Sales

This analysis does not focus on charges involving cannabis.

The jail data provided by the Sheriff’s Department include a separate observation for each charge linked to a jail booking (e.g., if someone is booked on five different charges, that booking number would account for five rows in the data). If that individual was booked on five charges, released, then returned to jail after being convicted of those five charges, there would be 10 observations linked to that individual and the court number for the original case. For the jail data provided by the Sheriff, we use the following variables: *SF* (same as *sfnumber*), *DocketNumber* (same as *courtno*), *BookingNumber* (a number identifying a booking event), *BookingDateTime* (time person was booked into jail), and *ReleaseDate* (date released from jail). We have this information for 1/1/2018-1/22/2021.

To calculate jail days, we used the *BookingDateTime* and *ReleaseDate* variables (i.e., *ReleaseDate* minus *BookingDateTime*). If a *DocketNumber* was linked to multiple *BookingNumbers*, we summed up the jail days across the multiple *BookingNumbers*.⁵³ For the 7 people in the analytic sample who were still in custody as of 1/22/21 (the cutoff for the jail data), we imputed 1/22/21 for that person to calculate jail days.

CREATING THE ANALYTIC SAMPLE

The ultimate goal is to link each case presented to the DA with the total number of jail days associated with that case. Because some individuals were arrested multiple times during this period, we cannot only focus on the SF Number. We created a new person-case identification code, *SFCourtNum*, which is a combination of the SF Number and Court Number, where the Court Number represents a new case presented to the DA.

The first step is to determine which cases presented to the DA involve drug sales or PWID. Since the *suspectchargetlist* variable usually includes multiple charges separated by commas, we need to create a separate variable for charge (e.g., Charge 1, Charge 2, etc.) and then loop through them to determine which observations involve drug sales and/or PWID. Doing this for arrests occurring between 1/1/18 and 5/31/20 identifies 2,303 observations. We drop 43 of these observations which are duplicates, giving us an analytic sample 2,260. We also remove 18 observations missing an SF number, leaving us with 2,242 cases that are uniquely identified by *SFCourtNum*.

We then merge in the information about jail days using *SFCourtNum*. The merge identified 61 cases in the DA database that are not in the jail data.⁵⁴ This could be because these individuals didn’t spend any time in

⁵³ If a person is booked on 5 charges, each of the charges will include the *ReleaseDate* and *BookedDate* for the entire event; it’s not charge specific.

⁵⁴ We manually dropped one of these individuals who accounted for more 300 observations in the jail data. This person also had negative jail days for some cases because the Booking Date was overwritten.

jail, or it could be because there is missing data or some sort of data entry mistake. These cases are dropped from the analysis, and if the true number of jail days is 0, this would bias these jail day estimates upwards. This leaves us with 2,181 cases (2,242-61).

While a court number could be associated with multiple booking numbers (i.e., the person is booked multiple times for a particular case), it also turns out that some booking numbers are linked to multiple *SFCourtNums*. Fortunately, this only happens for *SFCourtNums* involving the same person, but this still creates analytic challenges for generating the number of jail days. For example, if a person has two Court Numbers with different dispositions (let’s say one is “County Jail with Probation” and the other is “Dismissed”) and they have the same booking number that is linked to 20 jail days, it would be wrong to assume person spent 40 days in jail; they only spent 20 days for that jail booking. When a booking number is linked to multiple court numbers, we refer to this as the *duplication problem*. Table A1 presents a stylized example.

TABLE A1. A STYLIZED EXAMPLE OF THE BOOKING NUMBER DUPLICATION PROBLEM

Row	Person	Court Number	Booking #	Booking Date	Release Date	Jail Days
1	A	111	1000	1/1/2018	1/15/2018	14
2	A	111	2000	5/1/2018	5/31/2018	30
3	A	222	2000	5/1/2018	5/31/2018	30
4	B	333	3000	1/1/2019	1/3/2019	2
5	B	333	4000	4/1/2019	4/15/2019	14
6	B	444	5000	2/15/20	2/17/2020	2

In this example, Person A has 2 cases (Court Numbers 111 and 222) and Person B has two cases (Court Numbers 333 and 444). The duplication problem only affects Person A as we can see in Rows 2 and 3 where Booking Number 2000 and 30 days of jail is linked to 2 Court Numbers: 111 and 222. If we count both, we’d overestimate the total amount of time Person A spent in jail.

Of the 2,181 cases, 1,614 are not affected by the duplication problem; 567 are. It’s unclear how to address these 567 cases, so we had to make some decisions. Since the goal of this exercise is to help the TF get a sense of the order of magnitude of jail time (are we talking days, weeks, months?), we decided to generate two estimates: one that is likely too low and another that is likely too high:

- Low estimate: Drops these cases affected by the duplication problem (which means dropping some of the more complex cases associated with longer terms of incarceration)
- High estimate: Does not split booking days and keeps the court case with the largest number of total jail days. (When there is a tie, keep case with more serious disposition)

To be clear, this range is not a formal confidence interval; the “right” number is likely in between these values and not necessarily the mid-point.

For the likely too high estimate, we made two choices which prioritize keeping cases linked with more jail time and/or a more severe disposition. First, for these bookings associated with multiple court numbers, we kept the booking for the case that had the most jail days associated with it. Second, if this method resulted in tie, we focused on the case with the largest disposition code (in general, the larger the disposition code, the more serious it is).⁵⁵ This approach led to 242 cases being dropped, bringing the final analytic sample to 1,939 cases (=2,181-242).

RESULTS

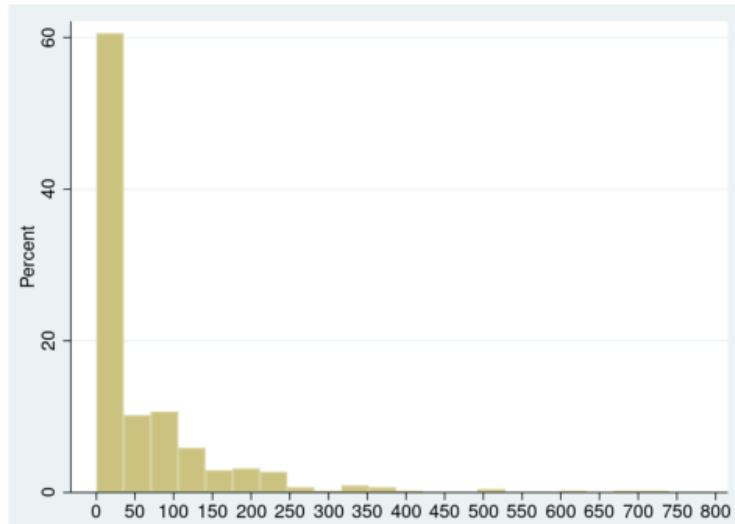
Total jail days linked to dealing/PWID cases

Cases considered (1/1/2018-5/31/2020 unless otherwise noted)	Likely Too Low			Likely Too High		
	N	Average	Median	N	Average	Median
1. All cases presented to the DA	1,614	17.1	1.8	1,939	27.9	2.8
2. Cases not filed by the DA	386	9.2	1.1	387	11.6	1.1
3. Cases filed by the DA	1,228	19.6	2.3	1,552	32.0	4.2
4. Filed cases that are pending or missing disposition data	644	13.2	1.8	757	19.0	2.5
5. Filed cases with disposition information	584	26.5	3.5	795	44.3	6.2
6. Filed cases involving a sentence to probation and/or jail	292	38.5	5.0	441	59.3	15.1
7. Filed cases dismissed in the interest of justice	96	12.3	2.0	105	15.0	2.4
8. Filed cases dismissed due to guilty plea to another charge	48	17.0	4.0	87	48.1	15.2
9. All cases presented to the DA (excluding 2020)	1,381	18.6	2.0	1,695	30.7	3.2

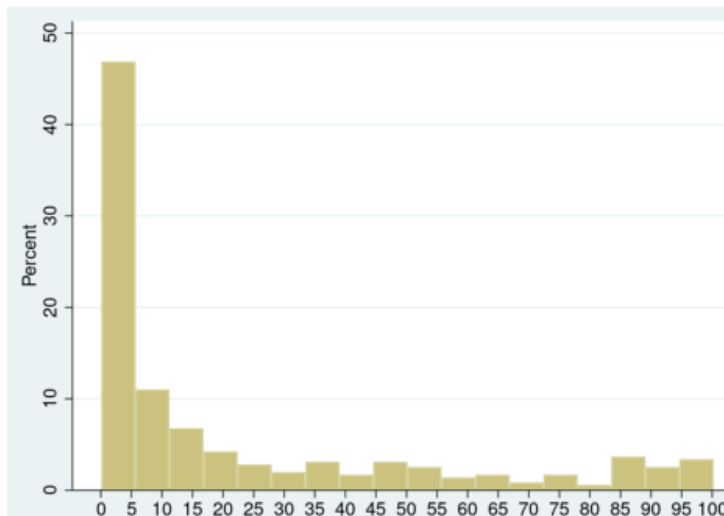
Notes: Do not treat these as formal confidence intervals or assume the midpoint is the best estimate; true value is likely in between the low and high values. Most of these cases include charges for offenses other than dealing. Since the average will be heavily influenced by really large or really small values, it is also useful to look at the median, which represents the middle value (i.e., half of the cases are below this value and half are above).

⁵⁵ Pending cases or those with missing disposition data are coded 999; for this calculation we recoded them to 0

Distribution of jail days for those convicted and sentenced to probation and/or jail (high)



Same chart, but zoomed in on 0-100 days



These figures may overestimate or underestimate the true number of incarceration days linked to sales/PWID arrests. On one hand, most of these arrests involved charges beyond drug sales/PWID, so those other charges could be influencing time served. It could also be the case that some of those cases not found in the jail data resulted in no jail days (this small number of cases are not included in the analytic sample). On the other hand, this approach doesn't account for the time spent in state prison for 4 cases. It is also the case that 7 people in our sample were still being held in custody at the time the jail data were extracted. Finally, it should also be noted that a small number of these cases were presented to the DA after

SF declared a public health emergency because of COVID and there was an effort to reduce the number of people in jail to reduce the risk of spreading the virus.⁵⁶

In terms of the characteristics of these individuals, there are 1,476 unique individuals who account for the 1,939 cases used to generate the high estimates. 1,137 of the individuals (59%) had only one case presented to the DA involving drug sales/PWID over this period; 242 show up twice for drug sales/PWID (25%); 72 show up 3 times (11%); and about 5% show up on more than 3 occasions.

Characteristics of these individuals

- Publicly available arrest data do not include arrestee characteristics
 - The following data are from the Sheriff's Dept, except age is from DA
- 1,476 individuals account for these 1,939 cases
- Characteristics of these 1,476 individuals
 - 88% Male
 - Average age: 33 years (median = 30 years)
 - Race/ethnicity (Hispanic based on Ethnicity variable, Others based on Race variable)
 - 4% Asian/Pacific Islander
 - 27% Black, Non-Hispanic
 - 48% Hispanic
 - 20% White, Non-Hispanic
 - City of residence
 - 38% SF
 - 11% Oakland
 - 39% Transient/Homeless
 - 12% Other

⁵⁶ <https://www.sfchronicle.com/bayarea/article/SF-s-jail-population-drops-25-after-inmates-15165428.php>

APPENDIX D. WHAT DOES THE RESEARCH SAY ABOUT DETERRENCE?

The Task Force spent a lot of time discussing the merits of using criminal justice interventions to help reduce some of the harms related to street-level drug dealing. One issue that repeatedly came up in the meetings and subgroups is whether it is possible to deter some people from engaging in criminal activity.

Reviews of the published research suggest deterrence can make a difference if implemented correctly; however, long and severe sentences to incarceration is not the way to do this.

Deterrence is a function of three components: the **certainty** that a sanction is applied after someone commits a crime, how **swiftly** the sanction is applied, and the **severity** of the sanction.⁵⁷ Since detection of many crimes can be difficult, many of our criminal justice interventions tend over-rely on severity to produce deterrence (i.e., there may be a really low chance of getting caught, but if they do get caught, there will be a large punishment).⁵⁸ But relying on a low probability of a severe sanction is often ineffective since people tend to discount long-term sanctions (what psychologists refer to a “hyperbolic discounting”).⁵⁹

There is a lot of research on deterrence and one major review of these studies concluded that “the evidence base demonstrates that lengthy prison sentences are ineffective as a crime control measure. Specifically, the incremental deterrent effect of increases in lengthy prison sentences is modest at best” (Page 155).⁶⁰

Another more recent review of this research concluded that “Overall, the evidence suggests that individuals respond to the incentives that are the most immediate and salient. While police and local labor-market conditions influence costs that are borne immediately, the cost of a prison sentence, if experienced at all, is experienced sometime in the future. To the extent that offenders are myopic or have a high discount rate, deterrence effects will be less likely” (Page 38).⁶¹

While both theory and research suggest that long prison sentences are not very effective at producing a deterrent effect, there does need to be some swift and certain consequence for deterrence to work. While very few people are sentenced to prison for dealing-related charges in San Francisco, those who are convicted for sales or possession with intent to distribute also spend little time in jail pre- and post-adjudication (the median for total days served is likely between 5-15 days; see Appendix C).

⁵⁷ Beccaria, C. (1963). *On crimes and punishments* (introduction by H. Paolucci, Trans.). New York: Macmillan. (Original work published 1764).

⁵⁸ Kleiman, M. A. R. (2009). *When brute force fails: How to have less crime and less punishment*. Princeton, NJ: Princeton University Press.

⁵⁹ Ainslie, G., & Haslam, N. (1992). Hyperbolic discounting. In G. Loewenstein & J. Elster (Eds.), *Choice over time* (pp. 57–92). New York: Russell Sage Foundation.

⁶⁰ National Research Council. (2014). *The growth of incarceration in the United States: Exploring causes and consequences*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/18613>.

⁶¹ Chalfin, A., & McCrary, J. (2017). Criminal deterrence: A review of the literature. *Journal of Economic Literature*, 55(1), 5-48.

This is some evidence suggesting that focused deterrence strategies can be used to reduce crime related to open-air drug markets,⁶² but the effectiveness largely depends on how these efforts are implemented.⁶³ Places that have been more successful have had strong coordination between the community, police, and prosecutors.⁶⁴

⁶² Braga, A. A., Weisburd, D., & Turchan, B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy* 17(1), 205-250.

⁶³ Saunders, J., Robbins, M., & Ober, A. J. (2017). Moving from efficacy to effectiveness: Implementing the drug market intervention across multiple sites. *Criminology & Public Policy*, 16(3), 787-814.

⁶⁴ Saunders, J., Ober, A. J., Kilmer, B., & Greathouse, S. M. (2016). *A community-based, focused-deterrence approach to closing overt drug markets*. Santa Monica, CA: RAND Corporation.

APPENDIX E. RESTORATIVE JUSTICE

When one hears the phrase “restorative justice” in contemporary form, a number of programs, strategies and approaches can quickly come to mind. Over the years, the practice of restorative justice has evolved as public safety practitioners have found new and innovative ways of utilizing the strategy. However, according to Howard Zehr, one of the founders of modern restorative justice practices, the end goal of any restorative justice program should be to meet the needs of those who were harmed, ensure the individual understands the damage caused by their actions and they are willing to “right the wrong”, and all those affected by or involved in the incident are willing to be part of the solution.⁶⁵ The overarching objective to any restorative justice program should be to bring about healing for all involved and promote understanding and empathy.

While some may think of restorative justice (RJ) programs as a way of rectifying low level non-violent crimes, advocates who have been engaged in promoting RJ practices for several years have implemented RJ strategies for some of the most severe forms of violence.⁶⁶ Moreover, practitioners have also found value in using RJ practices as a way to address offenses which are known to drive community violence such as gang activity or drug distribution. In most cases, when being utilized to address these types of offenses, RJ practices flow out of a number of prevention and intervention models (e.g., [Cure Violence](#))

To achieve the acknowledgment of harm and the development of solutions designed to advance the healing process, most RJ programs rely on approaches such as “healing circles” (a practice developed by First Nation communities in Canada) as a way to heal and build the community.⁶⁷ These healing circles provide the community the opportunity to discuss issues related to particular incidents in a safe and supportive environment. “Conferences” are also a tool used by RJ advocates. Conferences are similar to reconciliation/mediation meetings, in that they involve the victim and the individual convicted of the crime in an extended conversation about the crime and its consequences.⁶⁸

As it relates to interpersonal crime (conflicts or beefs) or crime impacting an entire community such as drug dealing - providing safe environments for dialogue and exchange can go a long way in promoting community healing and reconciliation. Most community-based violence intervention programs encompass components of RJ practices through one-on-one conflict resolution, mediation sessions, cognitive behavioral therapy, and community-driven dialogue as a way of engaging in reconciliation and reestablishing community trust. Aside from engaging in community dialogue as a way to advance peace and reduce community harm, community-based violence intervention programs also focus their attention on addressing overall community trauma through intensive service delivery and trust building.⁶⁹

Likewise, some interventions and programs which focus on addressing issues related to street-level drug dealing also encompass RJ practices. In the District of Columbia, the D.C. Attorney General’s office works in partnership with the D.C. Office of Neighborhood Safety and Engagement to divert individuals with low level drug crimes to RJ programs. However, in jurisdictions like Alameda County and Philadelphia,

⁶⁵ [Restorative justice? What's that? | Zehr Institute \(zehr-institute.org\)](#)

⁶⁶ Zehr, H. (2015). *The Little Book of Restorative Justice: Revised and Updated*. United States: Good Books.

⁶⁷ Zehr, H. (2015). *The Little Book of Restorative Justice: Revised and Updated*. United States: Good Books

⁶⁸ RestorativeJustice.org: [Conferencing | Restorative Justice](#)

⁶⁹ Research Psychiatry College of Medicine Violence Prevention and Trauma Intervention :[UYTC](#)

referrals are made for more serious crimes known to cause harm. According to the national RJ technical assistance provider organization [Impact Justice](#), these types of RJ practices are a part of restorative justice diversion programs. This model specifically targets high-level misdemeanor and felony offenses where there is an identifiable person harmed.⁷⁰

While RJ program models can be extremely diverse and implemented to address a number of different criminal offenses, below are two examples of programs which encompass RJ components which specifically address needs associated with street-level drug dealing.

Examples of Restorative Justice at Work

DC ONSE Office: [Pathways Program](#)

For young adults arrested in the District for drug possession/distribution, a large number of these individuals are referred to the DC Pathways program where restorative justice practices are utilized, including: peace circles, conferences, therapeutic services, and mediations. These practices are designed to support both those impacted by violence directly and indirectly, as well as those responsible for harm.⁷¹

Drug Market Initiative: [High Point](#)

When it comes to RJ practices embedded in drug trafficking initiatives, most people overlook the High Point Drug Market Initiative's "Second Chance" component which allows for a select group of individuals to receive a "second chance" with assistance from the community.

Related Resources:

[Restorative Justice Webinars from Zehr Institute](#)

[Center for Restorative Justice](#)

[Taking Restorative Justice Seriously](#)

[Restorative Justice and Violence Reduction](#)

[Annie E. Casey Foundation RJ Webinars](#)

⁷⁰ www.impactjustice.org (restorative justice diversion)

⁷¹ www.onse.dc.gov: [Restorative Justice | onse \(dc.gov\)](#)