

Substance Use Policy Landscape - 2020

Strategies to Address Substance Use

Laura Thomas, MPH, MPP Director of Harm Reduction Policy San Francisco AIDS Foundation Policies Affecting the Health and Well-being of People Who Use Drugs

- Criminalization of drug use & possession
- Economic inequality
- Racism/white supremacy
- Lack of health care access/parity
- Stigma
- Housing/homelessness
- Immigration

Harm Reduction Policy Landscape

- Varies widely by state and locality
- Syringe access programs not legal/authorized in 12 states
- Syringes not funded with federal \$
- Naloxone available in all states
- 911 Good Samaritan laws in all states
- No authorized supervised consumption services
- Minimal government support for HR

Treatment Access Landscape

- Medicaid expansion/Affordable Care Act
- Parity
- Buprenorphine and the "X waiver"
- Methadone no Medicaid in 10 states
- Treatment capacity/treatment quality
- Contingency management barriers
- Correctional systems
- Funding

California Policy Landscape

- Syringe access decriminalized
- Syringe access programs authorized at state and local levels – face NIMBY resistance
- Pharmacy dispensing of naloxone
- State + local funding
- Conservatorship expansion/coerced treatment
- Medi-Cal covers treatment, including methadone, suboxone, naloxone
 - Piloting access to MAT in state prisons
 - CM programs face "kickback" concerns

COVID-19 Changes

- Harder to reach people, esp without internet access
- Telehealth bupe starts, but not methadone
 Safe supply, sort of, in quarantine hotels
- Reductions in jail and prison populations
- Increasing overdose deaths
- Public health funding diverted to covid response

Policy Gaps and Opportunities - California

- Decriminalization
- Parity, for real
- X the X Waiver
- Low threshold services
- Supervised consumption services
- Drug checking
- Cultural & linguistic accessibility

Ongoing challenges and opportunities

- Racial & economic justice
- Focus on opioids the single drug issue
- Stigma
- Housing
- Intersecting criminalizations
- Impending budget crises/increased funding for behavioral health

Established in 1982, San Francisco AIDS Foundation works to end the HIV epidemic in the city where it began, and eventually everywhere, through education, advocacy and direct services for prevention and care.



1035 Market Street // 470 Castro Street // 117 6th Street San Francisco, California

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