WEBVTT

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00:00:30.470 --> 00:00:33.990
Sujata Srivastava: Welcome everyone. We're gonna get started in just a minute.

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00:00:56.940 --> 00:01:07.799
Sujata Srivastava: Okay, I think we'll get started. Hi, My name is, and I am for San Francisco director. Thank you so much for joining us for this digital discourse today.

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00:01:07.860 --> 00:01:24.510
Sujata Srivastava: Um! Many of you here are spur members, and we thank you for your support. If you're not a member, I I encourage you to join. For as ongoing work and using education, policy, analysis, and advocacy to make our cities and region more prosperous, sustainable, and equitable places to live.

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00:01:24.520 --> 00:01:30.409
Sujata Srivastava: Your financial support is what enables us to continue doing our work, including hosting programs like this.

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00:01:30.500 --> 00:01:36.120
Sujata Srivastava: You'll find more information about membership online at Spur dot org slash. Join

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00:01:36.930 --> 00:01:49.499
Sujata Srivastava: Our next digital discourse is scheduled for Monday on October Twenty fourth will be doing a program called it is Bay Area Regional Black Housing Fund, an idea whose time has come.

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00:01:50.510 --> 00:01:58.670
Sujata Srivastava: For generations black communities have been stripped of access to wealth, prosperity, and opportunity, particularly the economic benefits of home ownership and affordable housing

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00:01:58.680 --> 00:02:12.219
Sujata Srivastava: the black area. The bay area black housing advisory task force a coalition of thirty-five black led organizations is proposing a five hundred million dollars State budget allocation to create the Bay Area regional black housing fund

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00:02:12.790 --> 00:02:31.749
Sujata Srivastava: which would assist black housing developers and invest in black led community Based organizations. Join us again on October twenty, fourth, at twelve, thirty Pm. To learn about the funds proposed uses. Advocacy, Efforts at the late State level, and what's necessary to ensure this request is included in the next state budget.

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00:02:31.760 --> 00:02:33.749
Sujata Srivastava: You can sign up on our website.

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00:02:34.260 --> 00:02:42.260
Sujata Srivastava: So, moving on to today's digital discourse. The title is Collaborative Solutions for addressing substance use in San Francisco.

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00:02:42.760 --> 00:02:50.970
Sujata Srivastava: Open Air Drug sales and public drug use have escalated in San Francisco in recent years, causing distress and harm in many communities,

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00:02:51.490 --> 00:03:02.670
Sujata Srivastava: understanding the root causes of this epidemic and developing policies to address them, have proved challenging, and there's widespread, widespread consensus that the status quo isn't acceptable.

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00:03:02.830 --> 00:03:19.880
Sujata Srivastava: When I put together this panel I had two principal goals. One was to learn about learn the facts about substance, use, and drug dealing, and what's really happening in San Francisco, and the second was to come away with best practices from other communities that we can apply in San Francisco,

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00:03:19.890 --> 00:03:31.069
Sujata Srivastava: because I believe that the problems that we say face are big but solvable. So to help us out with these really big questions. I'd like to introduce our impressive panelists today.

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00:03:31.940 --> 00:03:43.719
Sujata Srivastava: First, we have Dr. Hillary tunnels. Dr. Kind of recently joined the San Francisco Department of Public Health as the Director of Behavioral Health Services and Mental Health, Ss.

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00:03:43.800 --> 00:04:03.480
Sujata Srivastava: Before coming to San Francisco, Dr. Kennan served as the Executive Deputy Commissioner of Mental Hygiene at the New York City Department of Health and Mental Hygiene, where she led the reimagining of New York's Public Health approach to substance. Use um That included Mayor de Blasio Sixty million dollars healing New York City Initiative

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00:04:03.490 --> 00:04:05.630
Sujata Srivastava: to address the overdose epidemic

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00:04:05.850 --> 00:04:21.419
Sujata Srivastava: as a general internist and addiction medicine physician. Dr. Kennan has dedicated her career to health equity for people with behavioral health concerns, including substance use and serious mental illness through science-based public health and health care programs and policy. One

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00:04:22.660 --> 00:04:30.570
Sujata Srivastava: next. I'd like to introduce David Kennedy. David M. Kennedy is a professor of Criminal justice at John J. College of Criminal Justice in New York City.

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00:04:30.710 --> 00:04:43.869
Sujata Srivastava: He directs the national network for safe communities which develops and supports the implementation of innovative approaches to prevent violence and promote public safety strengthen communities and reduce the harm of the criminal justice system

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00:04:44.390 --> 00:05:02.700
Sujata Srivastava: and our Moderator. Oh, Kelmer Bo. Kilmer is Dean Mcculloughy chair and drug Policy Innovation Director of the Rand Po Drug Policy Research Center and a senior policy researcher at the Rand Corporation. His research lies at the intersection of Public Health and Public safety

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00:05:02.710 --> 00:05:08.989
Sujata Srivastava: with emphasis on crime control substance use illegal markets and public policy.

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00:05:10.480 --> 00:05:20.160
Sujata Srivastava: We want this to be an interactive conversation, and we plan on spending as much time as possible, engaging with the audience. So I encourage you to use the chat box

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00:05:20.370 --> 00:05:33.619
Sujata Srivastava: to share thoughts with each other, and use the Q. A. Box to submit questions that you might have for our panelists. Both of those boxes should appear as a button at the bottom of your screen. Or if you're using a mobile app, it'll be at the top of your screen.

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00:05:34.120 --> 00:05:40.699
Sujata Srivastava: If you are a member of the press, and you'd like to ask a question, we would ask that you please just identify yourself as such,

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00:05:40.920 --> 00:05:47.869
Sujata Srivastava: and within the next few days we'll be sharing the recording transcript and chat with everyone who registered.

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00:05:48.330 --> 00:05:53.299
Sujata Srivastava: So with all of that housekeeping put aside as beau. I'll turn it over to you

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00:05:55.330 --> 00:06:02.649
Beau Kilmer: Right? Well, thanks to Jatta, and I want to thank you and everyone at spur for creating this space to talk about an issue

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00:06:02.750 --> 00:06:08.760
Beau Kilmer: that's affecting so many people, you know, especially communities of color in San Francisco.

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00:06:09.270 --> 00:06:17.960
Beau Kilmer: Now, the conditions confronting those who live and work in the Tenderloin Civic Center, Soma mid market uh are unacceptable,

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00:06:18.300 --> 00:06:32.630
Beau Kilmer: although open-air drug sales and public drug use are not the only problems facing these neighborhoods. They are major contributors to the trauma, and security and frustration experienced by many of those who live and work in these places.

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00:06:32.640 --> 00:06:48.189
Beau Kilmer: Now look and district six, and the Tenderloin have been hot, bad for legal drug activity for years, but the situation has intensified uh, and this is coincided with increased use in sales of the legally manufactured synthetic opioids. Like Fentanyl,

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00:06:48.460 --> 00:07:04.850
Beau Kilmer: no drug policy is a controversial issue, and even in San Francisco, which is considers to be one of the most liberal places in the country when it comes to a drug related issues. But no one is happy with the status quo, and there seems to be universal agreement that things need to change.

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00:07:04.920 --> 00:07:24.249
Beau Kilmer: I just to give you a little bit of background about me. Uh I first started working on these issues in San Francisco twenty years ago, when I was doing some work with the San Francisco Adult Drug Court. Then, after that, I did work studying the San Francisco Community Justice Center, and most recently I was. I had the privilege of uh

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00:07:24.260 --> 00:07:29.009
Beau Kilmer: helping to facilitate a San Francisco Street Level drug dealing task force.

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00:07:29.020 --> 00:07:46.839
Beau Kilmer: Now this task force comprised of twelve individuals that were selected by the Board of Supervisors, including representatives from the Police Department, a public defender's office, a district attorney, but also included nine community members. Um, all with very diverse backgrounds and perspectives.

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00:07:46.870 --> 00:08:14.790
Beau Kilmer: Now, after more than a year of meetings and deliberations, uh a majority of the task force uh supported uh six recommendations, a package which included providing twenty, four, seven uh to substance use sort of treatment uh making sure there were consistent, meaningful and transparent consequences for those who get caught for those who got caught selling drugs. Um, setting up multiple supervised consumption sites throughout the city,

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00:08:14.800 --> 00:08:20.450
Beau Kilmer: creating a new coordinating body with strong community involvement, and there are a few others.

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00:08:20.490 --> 00:08:32.439
Beau Kilmer: Now let me be clear, while not everyone who voted for this comprehensive package fully supported all of the six ideas. They believe that this entire package should be given a reasonable chance to succeed.

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00:08:33.030 --> 00:08:48.379

Beau Kilmer: I guess, say that the cooperation and the compromise exhibited by this task. Force was really inspiring, you know, demonstrating how progress could be made on these really complex and contentious issues. It it gave me a lot of hope, but I do know that there's a lot of work to do

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00:08:49.070 --> 00:09:08.040
Beau Kilmer: today. We're going to hear from two speakers who also give me a lot of hope that we can make a real difference in the drug problem. So I can prote in San Francisco. Both are national experts. One is based here in San Francisco, running the city's behavioral system, and the other who spend most of his time helping cities across the country,

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00:09:08.050 --> 00:09:15.940
Beau Kilmer: rethink how they use law, enforcement and prosecution to minimize crime and incarceration at the same time.

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00:09:16.070 --> 00:09:26.229
Beau Kilmer: Now, before I start with my questions, I just want to remind everyone that you can submit your own by just using the Q. And a function at the bottom, and it will get to those in about twenty minutes.

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00:09:26.440 --> 00:09:38.770
Beau Kilmer: But Dr. Cuddins, i'd like to start with you. Can you, just, you know, provide a lot of information about what is behavioral health and what is the behavioral health situation in San Francisco, as you see it.

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00:09:40.110 --> 00:09:47.060
Hillary Kunins: Sure, thanks thanks so much. And thanks to spur and and colleagues for organizing

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00:09:47.160 --> 00:09:49.529
Hillary Kunins: uh this event. Excuse me

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00:09:51.100 --> 00:10:09.449
Hillary Kunins: uh first. I want to um sort of describe um, uh, what is behavioral health, and what is the behavioral health system? When we use the term behavioral health, it is come to mean. Um uh people's uh behavioral health needs with regard to their mental health

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00:10:09.460 --> 00:10:21.809

Hillary Kunins: uh, and their substance use ranging from uh, perhaps mild challenges all the way up to diagnosable conditions like

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00:10:21.820 --> 00:10:41.100
Hillary Kunins: things that we have heard about schizophrenia, serious depression, uh serious substance, use disorder or addiction. The term that the term of art now is to use the term substance, use disorder. That is the current psychiatric definition, and can range in severity from from mild to severe

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00:10:41.110 --> 00:10:59.330
Hillary Kunins: um, and so uh across the country uh counties are are charged uh again, with a great deal of variability by State with administering um the public or the safety net system for the treatment

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00:10:59.340 --> 00:11:18.660
Hillary Kunins: mit ctl, and the prevention and treatment, I should say, of of these conditions uh, as well as uh, their their consequences. So So in San Francisco, uh in California, broadly, which is a relatively wealthy state and and a wealthy, and we are in a wealthy county one

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00:11:18.670 --> 00:11:20.700
Hillary Kunins: we have um

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00:11:20.780 --> 00:11:38.290
Hillary Kunins: a number of uh uh services across the continuum of care. In Again, this specialty sector, meaning mental health, clinics, substance, use disorder, treatment, clinics, ranging from outpatient all the way up to residential care

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00:11:38.300 --> 00:11:49.699
Hillary Kunins: among the challenges here. Uh, despite uh, uh, i'll say, make two points here, despite um what has historically been in,

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00:11:49.860 --> 00:11:53.299
Hillary Kunins: and and certainly in comparison to other local.

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00:11:53.450 --> 00:11:56.549
Hillary Kunins: A rich treatment system is

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00:11:56.710 --> 00:11:57.670
Hillary Kunins: ten.

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00:11:57.780 --> 00:12:17.619
Hillary Kunins: Two things. One is affordability of housing which we all well know, uh, and housing, and the intersection of housing with mental health conditions. Both can uh worsen the condition in some, for people experiencing homelessness or unstable housing

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00:12:17.630 --> 00:12:28.410
Hillary Kunins: uh can lead to uh or or increase one's risk for having unstable housing. Um. And conversely, we know when when folks are stably housed

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00:12:28.420 --> 00:12:41.000
Hillary Kunins: mit ctl, and that can help their condition improve. And so that is a particular challenge for any behavioral health system, but certainly one intersecting with uh affordability and housing challenges. One hundred and fifty.

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00:12:41.060 --> 00:12:58.250
Hillary Kunins: Um! The other thing that I will mention uh, just about the situation here in San Francisco is that San Francisco has one of the highest over those death rates. Uh, unfortunately, in California. Um, it um it

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00:12:58.260 --> 00:13:16.329
Hillary Kunins: uh saw in in many ways uh of uh uh minimal rises and overdose deaths uh, while many counties and jurisdictions in the East and midwest parts of the country, we're seeing tremendous increases, including

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00:13:16.340 --> 00:13:32.839
Hillary Kunins: where I come from New York City, and and that has been attributed uh to to couple of things. One is that because of the strength uh here in San Francisco, of both the treatment and the availability of treatment services, as well as

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00:13:32.850 --> 00:13:48.040
Hillary Kunins: what has been often called harm reduction services that we um were successful in staving off potentially higher increases, and and seeing them as early as some other as other parts of the country.

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00:13:48.050 --> 00:14:03.450

Hillary Kunins: The other important factor is, as Dr. Kilmer just already mentioned, is the an introduction of fentanyl into the drug markets here, and, as this audience likely knows, and as you just heard, Fentanyl is an extremely potent opioid one,

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00:14:03.460 --> 00:14:21.210
Hillary Kunins: it is both available for paint as a pain regulated pain medicine. But the fentanyl that we are contending with is um illicit fentanyl uh without regulation, and incorporated into the drug supply by an increasing It's

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00:14:21.220 --> 00:14:25.509
Hillary Kunins: um risk for people who might be encountering Fentanyl,

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00:14:25.550 --> 00:14:30.029
Hillary Kunins: either intentionally or unintentionally increasing risk of overdose.

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00:14:30.170 --> 00:14:49.399
Hillary Kunins: And then, lastly, if I have time, I just will make one more point is as an addiction medicine position, and thinking about um, addressing the problems that we're seeing in San Francisco, and in in some ways uh very similar to those that we were encountering in New York City.

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00:14:49.430 --> 00:14:50.390
Hillary Kunins: Um,

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00:14:50.440 --> 00:15:07.539
Hillary Kunins: the the the the disease of addiction as as um those of us in the medical field describe. It is a disease or illness that can be chronic, meaning long lasting can come and go, relapse and remit,

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00:15:07.550 --> 00:15:10.949
Hillary Kunins: and can be characterized

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00:15:11.570 --> 00:15:29.940
Hillary Kunins: according to again invoking um. Some of the science um behavior change sort of work that's been done uh scientifically characterized by change in readiness or motivation, to make steps to improve one's health by

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00:15:29.950 --> 00:15:39.389
Hillary Kunins: by stopping drug use, for example, and so often we have designed and have robust systems of care treatment, one

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00:15:39.400 --> 00:15:50.950
Hillary Kunins: for people who are motivated and interested in in stopping drug use and our treatments um, some of which are highly effective. For example, those,

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00:15:50.990 --> 00:16:08.069
Hillary Kunins: including the use of the medications meth, or or buprenorphine, are uh, can be highly effective in supporting somebody to stop using opioids and to engage broadly in recovery. Um um

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00:16:08.150 --> 00:16:22.409
Hillary Kunins: um! But our challenges in the field is finding ways to reach and pull people into care who might not be interested in the moment in making a change in their substance use.

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00:16:22.450 --> 00:16:29.870
Hillary Kunins: These are folks who need help, of course, to reduce their risk of dying of overdose,

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00:16:29.880 --> 00:16:47.920
Hillary Kunins: to increase their likelihood of having stability in other parts of their life. In work, in community, in housing um and part of the work here that we've been very much engaged in, and I think, consonant with, the uh, the recommendations

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00:16:47.930 --> 00:17:05.960
Hillary Kunins: of the task force that Dr. Kilmer just referenced, is finding ways to increase accessibility of effective services, whether they are treatment services supporting people in a journey towards a cessation of drug use towards recovery one hundred and fifty

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00:17:05.970 --> 00:17:25.760
Hillary Kunins: or supporting people in the moment who might not be ready for those larger steps, but nonetheless, maybe, in fact, engaging in public drug use which we want to decrease. The incidence of the prevalence of um weather and and other positive steps in their health.

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00:17:26.240 --> 00:17:31.549
Hillary Kunins: So I think i'll stop there. Yeah, no, I just. I kind of wanted to follow on um

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00:17:31.560 --> 00:17:49.489
Beau Kilmer: to that kind of what you're saying, especially with respect to the medication treatments, and I was wonder if you could speak a little bit more um about what Dpa, the Department of Public Health is doing, you know, especially in the Tenderloin and some of the neighboring communities that have been hit hardest by the illegally manufactured ventil.

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00:17:50.620 --> 00:18:02.049
Hillary Kunins: Yeah, So let me. I'll speak. I'll speak both uh specifically. Um tender line specific, but really broadly, um uh as well.

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00:18:02.060 --> 00:18:15.549
Hillary Kunins: Um, I think we are as I just alluded to really uh seeing the need for strengthening the continuum of services and care um under uh something called proxy,

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00:18:15.870 --> 00:18:34.740
Hillary Kunins: which is a local taxpayer initiative, addressing the needs of people, experiencing homelessness, importantly housing and stabilizing housing. Part of those dollars have been uh allocated for improving the behavioral health treatment of people experiencing homelessness.

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00:18:34.750 --> 00:18:43.579
Hillary Kunins: So to that. And we have worked uh to extreme to increase uh of access to treatment

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00:18:43.590 --> 00:19:05.960
Hillary Kunins: uh including um uh to our uh, a Methadone maintenance program or opioid treatment program increasing hours into well into the evening increasing hours uh for folks to be able to be assessed for access to treatment for what is called our behavioral Health Access Center.

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00:19:05.970 --> 00:19:14.180
Hillary Kunins: Um uh, by expanding to evening and weekend hours with rapid referral to uh treatment.

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00:19:14.190 --> 00:19:34.159
Hillary Kunins: We, uh at in San Francisco have a program run uh uh through contract with uh our colleagues at Ucsf, called the Office Space and Duxon Center Induction Center. That program has the ability to rapidly engage people again with expanded hours.

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00:19:34.170 --> 00:19:41.769
Hillary Kunins: Uh, for both opioid use disorder, and we are adding all in methamphetamine use or stimulant use disorder. Um.

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00:19:41.780 --> 00:20:00.739
Hillary Kunins: We are also contemplating, and have expanded, and we continue to expand. Um sort of assertive follow up for folks who again, as I was alluding to, uh upfront with the goal of pulling people into care, offering, finding out what

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00:20:00.750 --> 00:20:16.550
Hillary Kunins: their needs are, and meeting those needs, and aiming to reduce their risk of overdose and aiming to increase their motivation, to enter into formal um treatment or effective treatment. So, for example,

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00:20:16.560 --> 00:20:29.060
Hillary Kunins: with our colleagues, the Department of Health, along with our colleagues in in fire and Ems Um have established a something called Sort Street opioid response teams

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00:20:29.070 --> 00:20:57.229
Hillary Kunins: in which uh, uh ems calls where there is a suspected overdose, gets a special response, including the um motivational interviewing, including the offer of linkage to care, including the offer of naloxone and harm reduction information additionally a um, as in follow up to that initial event. And we know, by the way, people experience a non fatal overdose

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00:20:57.240 --> 00:21:04.910
Hillary Kunins: are at heightened risk for a subsequent, including fatal overdose. So this is really a very high risk

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00:21:04.920 --> 00:21:27.609
Hillary Kunins: group of folks. Um, We additionally have a follow up team to follow up with folks we have identified through this overdose response team again to offer linkage to care and offer connection to treatment. Um to um find ways that support the person to reduce their risk of overdose,

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00:21:27.620 --> 00:21:36.430
Hillary Kunins: and part of that is helping them meet other needs. I sort of mentioned housing, but I mention it, but also material and other assistance.

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00:21:37.520 --> 00:21:52.160
Beau Kilmer: It sounds like a lot. So I wonder is there anything else they would like to be doing in these neighborhoods? Um, you know, to reduce overdoses and addiction. And And what are some of the barriers that that that you've confronted in terms of trying to do more.

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00:21:52.590 --> 00:21:57.620
Hillary Kunins: Um. Well, as you know, there's a great question, and I and I think um

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00:21:57.670 --> 00:22:03.659
Hillary Kunins: uh for for all of us working in the field through this really um

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00:22:04.050 --> 00:22:15.429
Hillary Kunins: erez agmoni. Terrible, terrible epidemic, in which we have lost more than one thousand people in the one hundred thousand people in the country over the last several years. Two hundred and fifty.

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00:22:15.460 --> 00:22:19.449
Hillary Kunins: There's always more to be done, and I just want to

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00:22:19.610 --> 00:22:49.559
Hillary Kunins: say that it is a time. It has been a time of great innovation uh, compared to earlier parts of my career as we are tackling the epidemic. Some of these, the outreach work and the really centering the need to um. Again, I keep using, returning to the phrase like help, pull people into effective care, effective interventions. The rise of naloxone distribution as an emergency response. Um is both a way to stop people from dying, but all

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00:22:49.570 --> 00:22:59.500
Hillary Kunins: also a way to connect with people. Um! There's always more to be done. We recently uh released um an overdose um

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00:22:59.900 --> 00:23:07.509
Hillary Kunins: the plan it's available on our Sf. Website. We can um sure share that with attendees,

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00:23:07.520 --> 00:23:22.950

Hillary Kunins: and we lay out a number of things uh in this, in in our plan that we think are needed, and to do. First of all, I I want to mention uh in San Francisco, and this is through in many jurisdictions, that

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00:23:22.960 --> 00:23:29.879
Hillary Kunins: there are uh enormous and tragic racial disparities, and who is dying of overdose deaths.

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00:23:29.890 --> 00:23:49.240
Hillary Kunins: Black African-americans in San Francisco, Uh. Are dying at four or five times the rate of other San Francisco from overdose, and we must look for new ways, new partners, new engagement strategies to reach um uh folks at highest risk

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00:23:49.250 --> 00:24:05.329
Hillary Kunins: uh beyond people experiencing homelessness. We I also want to really mention uh the racial disparity between black African Americans and San Francisco, and we are. We have that as a goal of our plan to reduce racial disparities by thirty percent,

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00:24:05.340 --> 00:24:23.480
Hillary Kunins: and we know that we need more and and and new partners to do so. We also mentioned in our plan uh the an idea uh call a concept called wellness hubs. These are would be drop in spaces where folks can come indoors.

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00:24:23.490 --> 00:24:45.849
Hillary Kunins: Um. And and with the goal of connection to care, connection to services and a reduction in in presence. Um uh of public drug use on the street. We know that all of these elements are important, both to our um folks at risk, their loved ones and and other community members, as you, as you mentioned Dr. Kilmar.

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00:24:46.290 --> 00:24:56.970
Hillary Kunins: Um. Well, i'll also just mention um. The Department has taken a stance in support of safe consumption as being part of the strategy

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00:24:56.980 --> 00:25:10.090
Hillary Kunins: that we must undertake. Um that remain legal challenges at the Federal level. Um uh um, That and that need to be work continued to be worked through.

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00:25:10.910 --> 00:25:12.110

Beau Kilmer: Thank you.

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00:25:12.320 --> 00:25:28.600
Beau Kilmer: Now, David, I want to. I want to switch gears here a little bit, and and spend some time talking about interventions that are focused more on the people who are selling drugs as opposed to those who are using um in the potential or in other areas uh in San Francisco.

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00:25:28.610 --> 00:25:44.139
Beau Kilmer: But before we get into it, can you tell us a little bit about You know, we talk. We typically talk about open air drug markets, but you have a different approach in terms of thinking about them as over markets. Can you talk a little bit about these overt markets, and kind of what's head to harms they do to communities.

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00:25:45.920 --> 00:25:47.409
Beau Kilmer: Oh, you're on mute David.

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00:25:49.480 --> 00:26:09.349
David Kennedy: I am indeed thanks for. And again, thanks to spur my colleagues here, i'm glad to be able to be part of this. Um, so what i'm. I'm a crack baby. I I I am here because I got drawn into communities that were devastated by the crack epidemic starting in the mid East,

121
00:26:09.360 --> 00:26:24.440
David Kennedy: and the the absolute worst harms in those communities were the soaring rates of of homicide and gun violence. Um! So that was uh the first focus of the the world that I've become part of when

122
00:26:24.870 --> 00:26:33.669
David Kennedy: something was invented that would make a big difference there. The next most important issue in these communities

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00:26:33.680 --> 00:26:50.529
David Kennedy: were what people called open air markets, the public drug markets that were so prevalent in in the crack days, and some of that is literally out out in the open, so that turns out to be from houses and apartments and shops, and such. So um

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00:26:51.240 --> 00:26:58.420
David Kennedy: came to the term overt. But it means what people mean when they see, say Street drug market, and

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00:26:58.540 --> 00:27:14.760
David Kennedy: those are um the most toxic immediate issue in any place where there is an overwork market. So when when you have that kind of drug dealing and drug use. And and um,

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00:27:15.260 --> 00:27:25.569
David Kennedy: my colleague, Dr. Kilmer, I will politely say, this is not necessarily stuff that's focused on drug dealing. It is, it's focused on this phenomenon of the open market

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00:27:25.840 --> 00:27:45.159
David Kennedy: which turns out to need to to tango, which we'll we'll get to. But where you have those markets. You have very high levels of violence and chaos. You have loss of public space. You typically have a relatively young and often armed dealers,

128
00:27:45.170 --> 00:27:55.769
David Kennedy: or operating. They are properly nervous. They're scared of everybody. They're most scared of each other and of getting robbed, and that's why the weapons need to be there

129
00:27:55.810 --> 00:28:15.120
David Kennedy: um over markets bring in users, most of them usually from outside the neighborhood. So people come and do tremendous damage in those neighborhoods, and then uh, very often drive back out and and leave the the neighborhood and the damage behind.

130
00:28:15.130 --> 00:28:30.390
David Kennedy: Um. Other other clients are very disorderly and damaging behavior. Follow the markets, especially uh stick up crews for obvious reasons, and have the sex trade for obvious reasons,

131
00:28:30.490 --> 00:28:31.870
David Kennedy: and

132
00:28:32.230 --> 00:28:38.600
David Kennedy: it's really bad right. This is. This is a formal scholarly term. It's really bad,

133
00:28:38.830 --> 00:28:40.080
David Kennedy: and

134
00:28:40.650 --> 00:28:44.799
David Kennedy: but nothing traditionally worked on those markets.

135
00:28:45.250 --> 00:29:03.410
David Kennedy: Um! They resist everything anybody can think of, and i'm going to try to bow to some of the questions that I've been seeing as we go through this. Um, so it is absolutely right that law enforcement doesn't doesn't stop this. We We absolutely cannot arrest our way out of these markets.

136
00:29:03.470 --> 00:29:21.919
David Kennedy: Uh, it's also true when we should be a little bit humble about this uh prevention doesn't shut them down, either, and I, I don't generally hear people on the prevention side say we can't prevent our way out of this, but as long as we're talking about these sorts of markets that has been true as well,

137
00:29:22.160 --> 00:29:27.330
David Kennedy: and one of the the big thoughts that shaped this work was that

138
00:29:27.420 --> 00:29:34.919
David Kennedy: everything that we've been talking about here are results of the form of the market.

139
00:29:35.230 --> 00:29:41.399
David Kennedy: And I remember talking about this with you, you know, years and years and years and years ago.

140
00:29:41.410 --> 00:29:55.549
David Kennedy: Um, and saying things like that. We know that we're. I used to say this to my drug Enforcement front. We know we're not flooding the suburban white high schools with undercovers, because we know there's no dope there right,

141
00:29:55.600 --> 00:30:14.980
David Kennedy: and they would fall down laughing because everybody knows what those high schools are like. Um, I've spent a lot of time in South of Market, and before south of Market was an open drug market. I guarantee you that in those lovely, expensive buildings there were a lot of drugs being sold and used. Um,

142

00:30:15.170 --> 00:30:22.019
David Kennedy: but those are quiet markets. They don't generate the kind of

143
00:30:22.380 --> 00:30:27.169
David Kennedy: public safety harms that the overt markets do.

144
00:30:27.180 --> 00:30:43.839
David Kennedy: They are not infested with weapons. They're not driven by scared young people. They operate along webs of personal connection, and they don't for the most part draw outsiders in, and if outsiders come in, they can't connect. So there's no point. They don't

145
00:30:43.850 --> 00:30:48.910
David Kennedy: become magnets for this other kind of of violence and disorder,

146
00:30:49.150 --> 00:30:50.460
David Kennedy: and

147
00:30:51.100 --> 00:31:03.429
David Kennedy: the the notion that what we were looking at as a drug problem was really a market phenomenon was one of the keys to thinking about this stuff.

148
00:31:03.660 --> 00:31:17.940
David Kennedy: Um, Not all of the drugs. And to to one of the questions point absolutely not all of the drugs i'm not all the opioids being being sold and used in San Francisco, are moving through these overt markets,

149
00:31:17.950 --> 00:31:32.230
David Kennedy: and where they're not. The public health issues are very real, particularly with with Fentanyl, But the kind of community damage that comes from the openness is not part of those other forms of the market.

150
00:31:32.390 --> 00:31:44.109
David Kennedy: The second big thing that emerged was that the reason that the market is so persistent and so resistant to anything anybody knew how to do was because it was an over market.

151
00:31:44.120 --> 00:31:54.220

David Kennedy: It was a place that anybody who wanted to sell, and anybody who wanted to buy knew that they could go, and they would be able to connect successfully.

152
00:31:54.780 --> 00:31:57.530
David Kennedy: And as long as that's true,

153
00:31:57.920 --> 00:32:15.369
David Kennedy: Nothing is going to make the market go away, because as long as there is broad social knowledge that this is a place where you can go and connect. There will always be more dealers. There will always be more users, Nothing we do breaks that connection.

154
00:32:15.540 --> 00:32:21.360
David Kennedy: And the theory was, if something could be figured out that would break that connection,

155
00:32:21.660 --> 00:32:30.449
David Kennedy: the market would go back to being just another place where people don't think you can go to buy drugs in public, and

156
00:32:31.120 --> 00:32:40.339
David Kennedy: much of the selling and much of the use would go into different forms. Right displacement is our friend. Here. We want displacement,

157
00:32:40.430 --> 00:32:51.079
David Kennedy: and the public health issues associated with with that buying and selling would continue. But the the incredible community toxicity

158
00:32:51.090 --> 00:33:01.010
David Kennedy: that comes with things like the Tenderloin market would not be part of those new markets. So that was both the analysis and the challenge.

159
00:33:01.070 --> 00:33:01.900
Mhm

160
00:33:02.960 --> 00:33:04.750
Beau Kilmer: So you got it,

161
00:33:05.030 --> 00:33:18.489
Beau Kilmer: you know, having conversations and being in San Francisco, and people just see what's happening in the Ten to one it's hard in areas. And they, How are we going to do this? And so trying to help them understand that you know other places have confronted these issues.

162
00:33:18.710 --> 00:33:27.259
Beau Kilmer: And so, um and you've been a part of that, David, in terms of helping them, you know, working with law enforcement and prosecutors and the community

163
00:33:27.270 --> 00:33:42.219
Beau Kilmer: to kind of come together to, you know, to implement strategies Um, that increase deterrence, but at the same time Don't necessarily increase the number of person years uh in prison. So so have you been able to do that.

164
00:33:42.230 --> 00:33:55.090
David Kennedy: This it just turns out as a practical matter, at at least typically addressing the supply side is easier than dressing, addressing the supply side. There. There are fewer actors, and they're more identifiable. Um!

165
00:33:55.100 --> 00:34:10.010
David Kennedy: Nobody has solved this yet for this extraordinary current development of the intersection of the fentanyl epidemic and impacts of the pandemic

166
00:34:10.020 --> 00:34:22.769
David Kennedy: and the unhoused, and I haven't been in the tenderly market recently. I have been in Kensington and Philadelphia, which is probably the other one nationally, that this this, that,

167
00:34:22.780 --> 00:34:43.599
David Kennedy: And you know anybody who thinks that our way of thinking about these issues are okay, and we should continue in them, should spend an afternoon at one of these markets and see what that kind of thinking has produced. This is the most tripled, is still human misery I've ever seen in my life anywhere. So this is just not okay.

168
00:34:43.670 --> 00:34:45.020
David Kennedy: But the

169

00:34:45.130 --> 00:34:59.789
David Kennedy: the the move that's worked in other settings has been to your point uh to figure out how to throw sand in the gears of the functioning of the public market.

170
00:34:59.830 --> 00:35:22.129
David Kennedy: So the drill for the crack era markets was that it turned out typically to be driven by relatively small numbers of front line dealers. You could have a market that was taking down an entire neighborhood, but it would typically have not more than a couple of dozen of front line dealers willing to stand out in public or behind a crack house door and sell to strangers.

171
00:35:22.140 --> 00:35:27.500
David Kennedy: Um Enforcement meant nothing there. Right? Our old friends Um,

172
00:35:27.780 --> 00:35:40.639
David Kennedy: Peter Reuter and David William did the calculation that said the prison risk for a single cocaine transaction at the height of the crack epidemic was one in fifteen thousand sales,

173
00:35:40.650 --> 00:35:55.290
David Kennedy: and when that was your your win of the lottery there is no way to tell you. On the day that you were going to get arrested later in the day. So law enforcement was absolutely, literally pointless in terms of deterrent. Um,

174
00:35:55.450 --> 00:35:56.520
but

175
00:35:57.220 --> 00:36:07.680
David Kennedy: doing a deep investigation in one of these markets, getting a well documented, prosecutable case on each of these front line dealers, and then sitting down with their

176
00:36:07.690 --> 00:36:37.079
David Kennedy: their family, and them giving them evidence of the the prosecutable case against them, offering all kinds of of of support and diversion, and saying to them, We want to help you. We don't want to walk you up, but if you are known to be dealing again in this area, we we will be able to take action immediately, because we have the fact pattern turned out to be a almost universally effective to turn,

177
00:36:37.610 --> 00:36:51.530

David Kennedy: and the markets would collapse. They were pretty easy to keep from coming back, because you just stopped the cycle from succeeding every time somebody tried, and within months usually they would revert to just another place.

178
00:36:51.610 --> 00:37:11.309
David Kennedy: Um, we've done something similar in one New England opioid market, which turned out to be being supplied by weight dealers from my backyard in Brooklyn, who who worked with a small number of people in in in this town of Rutland, Vermont, who could introduce them to

179
00:37:11.320 --> 00:37:29.859
David Kennedy: the Let network there. Once the drugs were out in that network. They were being supplied to a tri-state area. But that central element of connecting the Vermont market to the outside was literally a couple of dozen people,

180
00:37:29.870 --> 00:37:48.100
David Kennedy: and we were able to intervene with those folks without without actually arresting most of them, and the market largely collapsed. So I think the the for today, for places like Philadelphia and San Francisco is, can a version of this be invented

181
00:37:48.110 --> 00:37:58.489
David Kennedy: that will work for these facts on the ground? And until it is we won't know what it looks like. But the the fundamental logic is the same.

182
00:37:58.500 --> 00:38:24.360
David Kennedy: The reason, the tender line and such markets are so disastrous in San Francisco is because they are over at markets. As long as you know, volumes of sellers and users can successfully do business there. They will continue to be over at markets, and only something that fundamentally interferes in that is going to make a big difference.

183
00:38:25.080 --> 00:38:26.350
Beau Kilmer: Thank you, David.

184
00:38:26.420 --> 00:38:27.350
Um.

185
00:38:27.360 --> 00:38:57.350

Beau Kilmer: We've got a number of questions that are coming in, and if anyone else who's watching has others uh please feel free to submit a touch of comments. One of the questions someone was asking about your thoughts about, uh, uh, Governor News And's care courts, and I thought this might be good. I'd love to hear what you think about that. But also you could speak a little bit more about the collaboration that's that occurs between the Department of Public Health and some of the different criminal legal agencies, whether it be the prosecutors,

186
00:38:57.360 --> 00:39:01.320
Beau Kilmer: the courts in terms of how they collaborate on substance use issues.

187
00:39:02.910 --> 00:39:12.939
Hillary Kunins: Um! So uh, let me let me. I'll try to get to both both topics. Um, I think, for folks to be aware is that there is

188
00:39:12.980 --> 00:39:30.589
Hillary Kunins: um, and and David may know more about this Dr. Kennedy may know more about this than I do. There has been a tradition of um uh pro what are called problem solving courts where folks can uh who are um have been

189
00:39:30.600 --> 00:39:43.010
Hillary Kunins: accused of a crime, and or before a judge? Um. And where there is a mental health or substance, use or addiction can be uh essentially

190
00:39:43.020 --> 00:39:55.149
Hillary Kunins: um, and and pardon me if i'm using the wrong language sentence to uh a a treatment or other health intervention. And so that is um part of

191
00:39:55.280 --> 00:40:13.859
Hillary Kunins: the fabric of what is happening in San Francisco. Uh. In order to try to reach folks in need of treatment rather than uh punitive uh approaches um to get them the care they need. Um. Another um

192
00:40:13.870 --> 00:40:28.389
Hillary Kunins: characteristic uh that is, that is really sort of a I would say a a thorny issue for folks uh um in the field of behavioral health with very strong Um,

193
00:40:28.570 --> 00:40:35.729
Hillary Kunins: I would say. Opinions really are across the issue of involuntary treatment.

194
00:40:35.950 --> 00:40:53.529
Hillary Kunins: Um! And that in San Francisco or in California, has taken the shape mostly uh of something called conservatorship, and i'm guessing most of this audience will be familiar with it. But, uh, it is a process by which someone's

195
00:40:53.540 --> 00:41:12.980
Hillary Kunins: uh who might, who is gravely impaired cannot safely make decisions for themselves. Um is required to be uh in in a supervised treatment setting, and this has historically and legally been applied to

196
00:41:12.990 --> 00:41:18.250
Hillary Kunins: mental health conditions which um are, I think,

197
00:41:18.880 --> 00:41:19.979
Hillary Kunins: um

198
00:41:20.180 --> 00:41:38.059
Hillary Kunins: sort of trying to find the phrase carefully thought to be more persistent and uh and consistently present. I want to just sort of acknowledge that very deeply that recovery and improvements are very possible, and I don't want to leave the audience

199
00:41:38.070 --> 00:41:52.940
Hillary Kunins: with um. The This idea that mental health conditions are are static, and and Don't improve um substance. Use has been not always included in those definitions with the idea that somebody two

200
00:41:52.950 --> 00:42:08.230
Hillary Kunins: might be impaired when they are intoxicated, or when there are drugs in their body and and are not when there are not, and and that and this is true nationally about, You know, with state to state variation. But

201
00:42:08.240 --> 00:42:27.610
Hillary Kunins: in California that application has has been sort of um. There's a differential between mental health and substance. Use conditions. The other thing i'll raise, and then I will circle back to care. Of course. Um! Is that the bar for conservatorship? Uh is very, very high, that is

202
00:42:27.620 --> 00:42:45.880
Hillary Kunins: to There are many steps to be taken, and then the criteria are very high. And um! Some folks would say that that's appropriate because you are taking away somebody's rights, and we need to be very, very careful, because we don't want to abrogate civil rights.

203
00:42:46.110 --> 00:43:02.980
Hillary Kunins: Other people would say very strongly that we are leaving so many people who clearly cannot take care of themselves and make choices that help keep themselves safe. We are leaving them untreated, and that and there, and that is unacceptable.

204
00:43:02.990 --> 00:43:13.240
Hillary Kunins: And so the idea behind care courts, as which is a State program by Governor Newsom is that it gives opportunity

205
00:43:13.280 --> 00:43:14.950
Hillary Kunins: to um

206
00:43:15.140 --> 00:43:34.330
Hillary Kunins: support more people getting the care that could help them themselves, take, stay, safe, improve their health, stay in community, uh by by expand, by potentially expanding, who is eligible, and by preventing potentially conservatorship.

207
00:43:34.340 --> 00:43:50.210
Hillary Kunins: So the program really just got announced and signed into law. Um! The implementation is for the first cohort of counties is a year away next October. Ca: uh San Francisco is one of the first

208
00:43:50.220 --> 00:44:05.800
Hillary Kunins: uh cohorts of uh in in the first county cohort who that will be implementing the program and um, and we are in a planning stage, and I know our colleagues on the um

209
00:44:05.810 --> 00:44:12.540
Hillary Kunins: the on the justice side as well, and we will certainly be undertaking a planning process together.

210
00:44:13.150 --> 00:44:31.169

Beau Kilmer: Great to hear. Thank you. Um, David, When in some of these cities we've had these interventions. Um, where you've been able to successfully uh reduce the size of these over markets. You know it involves, you know, the police department. It involves the prosecutors. It involves members of the community

211
00:44:31.180 --> 00:44:49.219
Beau Kilmer: and and in in the police and the prosecutors played integral role. Now, how do you respond to people who, when when they hear about this, and they hear about the role for police and prosecutors to say, Oh, this must be war on Drugs Two and uh, this is just another way to step up, Enforcement. How do you respond to that?

212
00:44:49.720 --> 00:44:57.810
David Kennedy: Well, it, I I think it's very hard to characterize um an approach that

213
00:44:58.310 --> 00:45:13.449
David Kennedy: put as a highest priority, not locking up street drug dealers working with them and their families to make sure that they were safe and okay and ideally even better than that.

214
00:45:13.460 --> 00:45:25.649
David Kennedy: Um, that was absolutely informed by a recognition that that traditional drug enforcement had devastated these communities without doing any good whatsoever.

215
00:45:25.660 --> 00:45:51.020
David Kennedy: Um! And that was actually the beginning of frank conversations with police departments about their role in race and history, and and had a frank acknowledgment of harm and a frank reconciliation component built into that I think it's really hard to look at that. And say that's just a a backdoor way. And to render any drug work That's That's just not the case. I I think,

216
00:45:51.250 --> 00:46:06.070
David Kennedy: part of what we're dealing with here, and and not just in this conversation, but in in the way The discourse is going nationally about the the violent spikes all over the country, which are are very real.

217
00:46:06.080 --> 00:46:23.089
David Kennedy: Um, and, like like this issue in San Francisco, fall massively, disproportionately on historically damaged communities of color. One of the real issues in in our our policy work and our discourse is that the

218
00:46:23.100 --> 00:46:26.209
David Kennedy: the kind of of um

219
00:46:26.730 --> 00:46:29.679
David Kennedy: heightened attention and heightened

220
00:46:30.100 --> 00:46:31.370
David Kennedy: um

221
00:46:32.170 --> 00:46:36.119
David Kennedy: polarization that comes with this

222
00:46:36.880 --> 00:46:46.520
David Kennedy: basically means we're back in one thousand nine hundred and eighty-eight talking about these issues the way we did. Then. Um!

223
00:46:46.800 --> 00:46:56.950
David Kennedy: I don't know anybody who works on these issues in law enforcement at the local level. Who has any interest in going back to those Enforcement practices.

224
00:46:56.960 --> 00:47:11.439
David Kennedy: Um! And just to say it again, my experience with that world is that they are a good deal more humble than others are about the limits of their capacities and their recognition that they have done a lot of damage out there.

225
00:47:11.470 --> 00:47:25.349
David Kennedy: Um, at least, when it comes to issues like this. I also think, with a certain amount of humility, we ought to recognize that there are very few really really important

226
00:47:25.360 --> 00:47:32.130
David Kennedy: social policy issues that can deal entirely without the exercise of State authority.

227
00:47:32.350 --> 00:47:49.959
David Kennedy: Um! And the many of the same sorts of folks who were score eating their opposite for not complying with mask mandates during Covid, taking exactly opposite position on these issues. Um, and

228
00:47:49.970 --> 00:47:55.809
David Kennedy: some some judicious mixing of those capacities, recognizing

229
00:47:55.830 --> 00:48:05.090
David Kennedy: always at the forefront that coming at these issues through a lens and practices

230
00:48:05.150 --> 00:48:21.669
David Kennedy: that center enforcement as the main way of responding, have never worked with anything like they don't work with gun violence. They don't work domestic violence. They don't work with sexual assault. They don't work with child abuse. They don't work ever,

231
00:48:21.680 --> 00:48:42.180
David Kennedy: and and the things that have worked have really stepped back and taken a more sort of granular problem-focused approach. Which is why I say, I don't know I don't know what will work on this in San Francisco? I'm optimistic that something could be developed, but it wouldn't look like anything from the past.

232
00:48:42.830 --> 00:48:44.469
Good, thank you, David,

233
00:48:44.760 --> 00:48:49.720
Beau Kilmer: but that to kind of there have been a couple of questions that have come in uh about data

234
00:48:49.730 --> 00:49:11.090
Beau Kilmer: and and trying to capture the number of people who use in San Francisco and in in where they live, so it's one of you can speak a little bit about what either you know you're doing within behavioral health, or Dph in general, just trying to get a better sense of. You know how many people are using these different substances? How many of them have a substance use disorder?

235
00:49:11.100 --> 00:49:14.039
Beau Kilmer: Uh, if you could speak a little bit about that. That'd be fantastic.

236
00:49:15.970 --> 00:49:19.890
Hillary Kunins: Um Um thanks. Um.

237
00:49:19.940 --> 00:49:26.600
Hillary Kunins: Thanks for that question. I'm gonna have an unsatisfying answer. Um. So um,

238
00:49:26.870 --> 00:49:30.949
Hillary Kunins: uh, you know, I I think um a couple of things

239
00:49:31.040 --> 00:49:41.940
Hillary Kunins: we we in public health. Um it particularly during the course of this of the last decade or so of the overdose epidemic

240
00:49:42.010 --> 00:49:59.069
Hillary Kunins: um, and and not dissimilar to sort of what we learn during Covid that many uh public health systems uh need strengthening. Uh. So what we have done in San Francisco, and where we have real strength around this question about data and how we track

241
00:49:59.080 --> 00:50:18.229
Hillary Kunins: is around over those deaths. Um! And we uh, as a city uh have been able to um describe increases in those deaths we have been able to describe the extent to which Fentanyl is involved in those deaths, and we have been able to know that the um

242
00:50:18.240 --> 00:50:36.779
Hillary Kunins: uh significant uh plurality of deaths is quite concentrated in the neighborhoods we've been talking about. Um, and those data are um available to us regularly through the office of the Chief Medical Examiner for folks on this call who are not familiar. They are publicly posted each month,

243
00:50:36.790 --> 00:50:52.160
Hillary Kunins: and so we are able to track um direction of those deaths. In addition, we in a longer and lagged process, we receive final death determinations from the State, and these were recently published for the year two thousand and twenty-one,

244
00:50:52.170 --> 00:51:08.290
Hillary Kunins: in which we saw an a a ten, or eleven percent decrease in overdose death in San Francisco in two thousand and twenty-one compared to twenty twenty, and I should say that that is um relatively Um

245

00:51:08.300 --> 00:51:25.689
Hillary Kunins: uh, I don't I don't this is not a a victory announcement, but this is a bit of good news, because in many, many places around the country desks continue to increase from twenty uh twenty to twenty uh twenty-one, and so

246
00:51:25.700 --> 00:51:43.860
Hillary Kunins: uh the The extent and hope that that reflects some of our programmatic expansions increase public education, increased services uh as well as um uh uh, potentially changes that happen conc concurrent with Covid.

247
00:51:43.870 --> 00:52:03.129
Hillary Kunins: Um. What is something we are working towards is some of the answers to the question that you raise Dr. Kilmar, which is prevalence of substance, use at a at a at a very local level, and I guess the thing that we forget about when we talk about these issues. First of all is that

248
00:52:03.140 --> 00:52:05.000
Hillary Kunins: most young people

249
00:52:05.140 --> 00:52:23.129
Hillary Kunins: uh Don't use illicit drugs. I just want to sort of say that we are very focused on on an important subgroup and the most common. And I need to look this up for California. I knew this cold for New York. I so i'm sorry uh The most common substance that young people use is alcohol

250
00:52:23.140 --> 00:52:39.150
Hillary Kunins: and alcohol. Um is a risky drug. It causes a lot of harms, including deaths, and we it just always raise that up so we can all uh talk to our young people in our lives uh about those risks

251
00:52:39.160 --> 00:52:52.419
Hillary Kunins: there have been. There are national data showing that there has been a decrease and thanks for someone chiming in. I see a fact checking me for California. Thank you. Um! And um uh

252
00:52:52.450 --> 00:53:01.990
Hillary Kunins: that that there that there is cause for some optimism here, which is the prevalence of opioid use among young people, has

253
00:53:02.000 --> 00:53:22.589
Hillary Kunins: uh decreased, and I think that what we know um what we will see consequently most likely is then a decrease in the development of of opioid Use disorder um, and so that I believe this is only one year of findings. I'm sort of standing out on a limb here, so I want to make sure my facts are correct,

254
00:53:22.600 --> 00:53:34.030
Hillary Kunins: but the source of our data is national. We are hoping to have more granular data in the coming years for San Francisco, and I completely concur with you, Dr. Kilmer, that this is

255
00:53:34.040 --> 00:53:52.329
Hillary Kunins: vital to doing good public health prevention uh, as well as interventions for for for people who are uh experiencing uh addiction or or consequences of their substances. Yeah. And so I appreciate that touch of it. And if it's in nicely with something that David had said about,

256
00:53:52.340 --> 00:54:21.600
Beau Kilmer: you know for a lot of these over markets, a lot of the people that are making purchases there, Don't necessarily live there. They're They're in other parts of the city, And so being able to collect information on that, I think this would be really helpful in terms of thinking about these some of these various strategies, and what, what, what can be effective, and what would be less effective. Um, I want to thank everyone who's been typing in questions. There's so many great questions, but unfortunately we're not going to be able to get to any of the others. But thank you very much. I will make sure they get passed on to the panelists.

257
00:54:21.610 --> 00:54:33.399
Beau Kilmer: Uh, but I want to give uh David got to come in. Just give you a couple more minutes. Let's make some closing statements about what makes you hopeful about the the drug situation in San Francisco,

258
00:54:34.020 --> 00:54:36.199
Beau Kilmer: and so David will start with you.

259
00:54:36.490 --> 00:54:49.230
David Kennedy: Um, i'm really glad i'm not. Dr. Cunning. I mean the the the stuff that i'm part of is bad enough, but actually trying to deal with

260
00:54:49.240 --> 00:54:58.799

David Kennedy: this as a public health issue with with what the the opioid and the fentanyl epidemic have turned into in in this country is,

261
00:54:58.970 --> 00:55:02.709
David Kennedy: it would be enough to make me hide under the bed. Um!

262
00:55:02.910 --> 00:55:05.599
David Kennedy: I I do think that

263
00:55:05.650 --> 00:55:09.419
David Kennedy: there are ways to manage

264
00:55:09.560 --> 00:55:11.689
David Kennedy: some of those harms.

265
00:55:12.190 --> 00:55:27.049
David Kennedy: Um. And this is this is not an unusual idea in in in harm Reduction um in a different way. It's not an unusual idea at all in the way we typically regulate markets. So

266
00:55:27.060 --> 00:55:40.670
David Kennedy: um, Dr. Conan and I are are both, you know, recently from are actually from New York, and There are Mcdonald's, and and some ways, and such all over the place

267
00:55:40.900 --> 00:55:52.699
David Kennedy: that might not be great food. But we allow it to happen. Um! There is a regulated presence of street vendors. Right? We. We love our street food in New York.

268
00:55:52.740 --> 00:55:53.930
David Kennedy: Um!

269
00:55:53.960 --> 00:55:59.869
David Kennedy: If there were a hundred of those on every midtown block,

270
00:56:00.110 --> 00:56:05.739
David Kennedy: that would be an unmanageable form of the market.

271
00:56:05.910 --> 00:56:14.230
David Kennedy: And so the city doesn't let that happen. It It regulates what can happen, how it can happen where it can happen, and who can do it,

272
00:56:14.500 --> 00:56:23.639
David Kennedy: and that's not about fast food. It's not about hot dogs. It's not about Hamburgers. It's about the way we do business in that commodity,

273
00:56:23.710 --> 00:56:43.240
David Kennedy: and I think there's very likely to be a way to adapt what's been been developed around what's essentially the regulation of an illicit market, using a bunch of tools that we don't usually think of that way. Um, i'm going to be optimistic that this can be figured out.

274
00:56:43.700 --> 00:56:46.240
Beau Kilmer: Thank you, David. That's your comment.

275
00:56:47.930 --> 00:56:51.379
Hillary Kunins: Um. So thanks uh,

276
00:56:51.500 --> 00:56:56.799
Hillary Kunins: uh, trying to think of how to wrap this up. I I do want to say that

277
00:56:56.930 --> 00:57:06.110
Hillary Kunins: what really grounds Me is my clinical experience for for more than a decade in in the South Bronx,

278
00:57:06.170 --> 00:57:13.300
Hillary Kunins: in one of the hardest hit parts of the country in terms of addiction and substance use,

279
00:57:13.540 --> 00:57:23.939
Hillary Kunins: and the perspective of getting to work with so many people who were in recovery, who turn lives around,

280
00:57:23.980 --> 00:57:31.699
Hillary Kunins: who rejoined their ability to connect with family and loved ones employment.

281
00:57:31.840 --> 00:57:47.229
Hillary Kunins: Spirituality, uh, is what gives me optimism and what is um I know, visible and visibly distressing, and for I saw some of the comments and tears Families apart.

282
00:57:47.240 --> 00:57:58.099
Hillary Kunins: Uh, is is what we are living with in some of our neighborhoods here, and what is less visible are folks doing well,

283
00:57:58.360 --> 00:58:15.159
Hillary Kunins: and there is hope to get people better. There is through multiple ways of engaging them. And, um, just to remind myself, and really all of us, that those are the people who blend back in

284
00:58:15.170 --> 00:58:33.030
Hillary Kunins: with the rest of us and their communities. So I am hopeful, and they and and thank you. And many, many of you, including in this audience, are speaking out, and your voices are so important to helping Uh address the stigma

285
00:58:33.040 --> 00:58:47.360
Hillary Kunins: and to lend hope uh, including for those of us in government. Uh um! And the other source of optimism is, I have seen the way my field, both primary care and addiction medicine

286
00:58:47.370 --> 00:58:57.769
Hillary Kunins: have evolved in in any to further evolve, but have evolved so profoundly in the face of this crisis Um, that we are

287
00:58:57.890 --> 00:59:14.569
Hillary Kunins: trying and aiming to do things differently in behavioral health. Uh to be uh better um coordinators of care, flexible delivers of care uh using science and best evidence

288
00:59:14.580 --> 00:59:19.359
Hillary Kunins: routinely in that care, and I think more to come.

289
00:59:19.370 --> 00:59:35.029

Hillary Kunins: Um! But we are really having an opportunity to tackle and do better, and that is why I actually love my job uh Dr. Kennedy. Uh and think that working uh in municipal government at the city and county level

290
00:59:35.040 --> 00:59:41.550
Hillary Kunins: uh is really the best job anyone could have. Um, so uh, I have a great amount of optimism.

291
00:59:42.250 --> 00:59:58.150
Sujata Srivastava: Thank you all so much, and thank you for leaving us with such a positive note. I appreciate the incredible insight that all of you have offered today. Thank you to the audience for joining us today in the next day or two. This for team will send out an email with links

292
00:59:58.160 --> 01:00:10.279
Sujata Srivastava: to uh the recording from today, and also the resources that we've been talking about, including some of the data, and whatever the panelists would like to share. So thank you again and hope to see you at another spur program soon.

293
01:00:11.320 --> 01:00:13.850
Beau Kilmer: Thanks. Everybody.