

Gregory Andrew



March 16, 2026

Mayor Kate Colin and San Rafael City Councilmember, and
Ms. Lindsay Lara, City Clerk
City of San Rafael
1400 Fifth Avenue
San Rafael, CA 94901

Via email: kate.colin@cityofsanrafael.org; maribeth.bushey@cityofsanrafael.org;
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Re: Information Related to Item 4a of the March 16, 2026 City Council Agenda;
re: Encampment Resolution Fund Round 3 Grant and 350 Merrydale Interim Shelter Project

Dear Mayor Colin, Councilmembers Bushey, Hill, Llorens Gulati, and Kertz, and Ms. Lara

I am writing to provide information from two news articles (attached) that are relevant to the operational framework for the 350 Merrydale Shelter – Participant Code of Conduct and Good Neighbor Policy. The staff report does not refer to the information in these two news articles and I hope you will find them helpful to support the direction the City appears to be moving towards, to prevent criminal activity and restrict illegal drugs at the Interim Shelter.

The first article is a NY Times article on how some cities, including San Francisco, are moving away from a harm reduction strategy:

https://www.nytimes.com/2025/08/25/health/harm-reduction-san-francisco-trump.html?unlocked_article_code=1.PVA.Urxf.fFsgPnqpFPtj&smid=nytcore-ios-share

The second article is a SF Chronicle article on a San Francisco sober homeless shelter that is near capacity and has a waiting list for participants, indicating there is a demand for other sober housing alternatives:

<https://link.sfchronicle.com/view/647687fdaa7b3c15110d00dfqhhto.8774/1357c950>

I believe these articles demonstrate that the operational approach to running the Interim Shelter could be successful without illegal drugs at the site and that homeless individuals would still participate in and benefit from the project. I hope that you and staff will investigate and consider these issues further as you continue to develop, refine, and implement the Code of Conduct for the project.

Thank you,

A handwritten signature in black ink that reads "Gregory Andrew".
Gregory Andrew
GMA:gma
Encl.

Cities Move Away From Strategies That Make Drug Use Safer

San Francisco, Philadelphia and others are retreating from “harm reduction” strategies that have helped reduce deaths but which critics, including Trump, say have contributed to pervasive public drug use.



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By Jan Hoffman

Published Aug. 25, 2025 Updated Sept. 2, 2025

As fentanyl propelled overdose deaths to ever more alarming numbers several years ago, public health officials throughout the United States stepped up a blunt, pragmatic response. Desperate to save lives, they tried making drug use safer.

To prevent life-threatening infections, more states authorized needle exchanges, where drug users could get sterile syringes as well as alcohol wipes, rubber ties and cookers. Dipsticks that test drugs for fentanyl were distributed to college campuses and music festivals. Millions of overdose reversal nasal sprays went to homeless encampments, schools, libraries and businesses. And in 2021, for the first time, the federal government dedicated funds to many of the tactics, collectively known as harm reduction.

The strategy helped. By mid-2023, overdose deaths began dropping. Last year, there were an estimated 80,391 drug overdose deaths in the United States, down from 110,037 in 2023, according to provisional data from the Centers for Disease Control and Prevention.

Now, across the country, states and communities are turning away from harm reduction strategies.

Last month, President Trump, vowing to end “crime and disorder on America’s streets,” issued a far-flung executive order that included a blast at harm reduction programs which, he said, “only facilitate illegal drug use and its attendant harm.”

But his words, implicitly linking harm reduction to unsafe streets, echoed a sentiment that had already been building in many places, including some of the country’s most liberal cities.

San Francisco’s new mayor, Daniel Lurie, a Democrat who campaigned on a pledge to tackle addiction and street chaos, announced this spring that the city would step away from harm reduction as its drug policy and instead embrace “recovery first,” aspiring to get more people into treatment and long-term recovery. He banned city-funded distribution of safe-use smoking supplies such as pipes and foil in public places like parks. A year earlier, San Francisco voters had signaled their restiveness with pervasive drug use by approving a measure stipulating that some recipients of public assistance who repeatedly refused drug treatment could lose cash benefits.

Philadelphia stopped funding syringe services programs, which the C.D.C. has called “proven and effective” in protecting the public and first-responders as well as drug users. The city put restrictions on mobile medical teams that distribute overdose reversal kits and provide wound care for people who inject drugs, and stepped up police sweeps in Kensington, a neighborhood long known for its open-air drug markets and a focal point of the city’s harm reduction efforts.

Santa Ana, Calif., shut down its syringe exchanges; Pueblo, Colo., tried to do the same but a judge blocked enforcement of the ordinance.

Mayor Daniel Lurie of San Francisco, center, often walks through the Tenderloin district, where people experiencing addiction, mental illness and homelessness gather. Mike Kai Chen for The New York Times

Republican-dominated states have also been retreating from the approaches. In 2021, West Virginia legislators said that needle exchange programs had to limit distribution to one sterile syringe for each used one turned in and could only serve clients with state IDs. Last year, Nebraska lawmakers voted against permitting local governments to establish exchanges.

“Harm reduction” is a decades-old concept, grounded in the reality that many people cannot or will not stop using drugs. Since the 1980s, when AIDS activists began distributing sterile syringes to drug users to slow the spread of diseases, the expression has moved to the mainstream of addiction medicine and public health.

Over time, it has become shorthand for a wide range of approaches. Some are broadly popular and will certainly continue. In April, the White House’s office of drug control policy released priorities reaffirming support for drug test strips and naloxone, the overdose reversal medication that has become an essential item in first-aid kits in homes, restaurants and school nurse offices.

But critics contend that making drug use safer, with distribution of supplies and pamphlets directing how to use them, normalizes drug use and undercuts people’s motivation to quit and seek abstinence.

“The more you’re sort of funding and feeding the addiction, you’re going to get more addiction,” Art Kleinschmidt, now the head of the federal agency that oversees grants for substance abuse, said on a podcast last year. Such programs, he said, “definitely are breeding dependency.”

Others argue for nuance.

“Harm reduction is neither the singular solution to the overdose crisis nor a primary cause of public drug use and disorder,” said Dr. Aaron Fox, president of the New York Society of Addiction Medicine. “It’s one component of a spectrum of services necessary to prevent overdose deaths and improve the health of people who use drugs. But if communities want long-term solutions to homelessness, they need to work on expanding access to housing.”

Harm reduction supporters reject the notion that protecting people from the worst consequences of drugs encourages use.

“I don’t think the availability of sterile supplies really makes a difference about whether someone is going to start or continue using drugs,” said Chelsea L. Shover, an epidemiologist at the University of California, Los Angeles, who oversees Drug Checking Los Angeles, which tests the contents of drugs for individuals and public health agencies. “But I do think it will make a difference in terms of whether that person is going to be alive in a week or a month or a year, during which time they might get into recovery, whatever that may mean for them.”

Staff members at a New York City harm reduction facility packing overdose prevention kits in 2023. Angela Weiss/Agence France-Presse — Getty Images

Some addiction experts fear that a retreat from harm reduction will reverse the falloff in deaths from injection-related diseases.

“Hepatitis C and H.I.V. numbers will go up, and more people are going to die,” said Dr. Kelly Ramsey, a harm reduction consultant who practices addiction medicine at a South Bronx clinic.

While overdose deaths have fallen, it is unclear whether drug use itself has also slowed. In neighborhoods across the country, from Portland, Maine, to Portland, Ore., many residents complain that the harm to them from drug use, including crime and syringe street litter, has not been reduced.

Mr. Trump particularly called out a type of harm reduction known as “safe consumption sites” — sometimes labeled “overdose prevention centers.” They are supervised locations where people can inject drugs without fatally overdosing, found in Europe, Canada and Mexico. Often drug users can test their supplies right away and staff members can quickly administer overdose reversal medication if needed.

There are only three in the United States, and they make for easy political targets. In addition to many Republicans, prominent Democratic governors, including Gavin Newsom of California, Kathy Hochul of New York and Josh Shapiro of Pennsylvania, oppose them. The Pennsylvania senate voted to ban them. One, in Rhode Island, is protected by state and local law. But the other two, in New York City, which provide treatment referrals and support services, operate in a legal gray zone and could face federal scrutiny.

Opponents of harm reduction offer few specifics about how to get more people to stop using drugs and into treatment. Mr. Trump's order directs the health secretary and the attorney general to explore laws to civilly commit addicted people who cannot care for themselves into residential treatment "or other appropriate facilities." But it is silent about how such programs would be paid for.

The administration has already made major cuts to the Substance Abuse and Mental Health Services Administration, the federal agency that awards grants for prevention, treatment and recovery. It has slashed the agency's staff and the grants it gives for a wide variety of prevention, intervention and treatment services.

Cuts to Medicaid included in the sweeping domestic policy bill enacted this summer are also likely to affect many people's access to treatment and states' ability to cover it. Robert F. Kennedy Jr., the health secretary, who is in recovery from a substance use disorder, has focused on nutrition, chronic disease and vaccines during his first six months in office and has said little about plans to address the drug crisis.

Matt Dorsey, a member of the San Francisco Board of Supervisors, spoke at a rally in support of Mayor Lurie's "recovery first" policies in January. Stephen Lam/San Francisco Chronicle, via Associated Press

The battle over whether harm reduction should remain a primary goal or be secondary to getting users into treatment and restoring order to public streets has been joined most intensively in San Francisco.

There, ample social services and ferociously expensive housing had contributed to a large population living on the streets, many struggling with mental illness and addiction. Then, by 2020, fentanyl and Covid had slammed into the city.

At public meetings this spring, angry residents brandished signs, some reading "Harm Reduction Saves Lives" and others "Drug Enablism Kills."

Although the city has adhered to regulations for state-funded Housing First programs, which offer permanent housing for homeless people without requiring them to be drug-free, Mr. Lurie recently presided over the opening of the city's first transitional sober living residence, with 54 units for adults committed to abstinence.

The drive to adjust the city's drug policy to recovery first has been led by Matt Dorsey, a member of the San Francisco Board of Supervisors, who is in recovery from a substance use disorder.

In an interview, Mr. Dorsey said he supports aspects of harm reduction, including the distribution of safe supplies. But he sees the strategy as more of a floor than a ceiling. "We need to make clear that the objective of our drug policy is a healthy, self-directed life free of illicit drug use," he said.

The difficult challenge, he said, was how to attend to the rights of pedestrians who daily confront drug use, while also trying to "help people addicted to life-threatening drugs."

To pay for additional treatment and services, he said, city officials are working on ballot measures to redirect tax revenue.

“Part of what gives me confidence that we will ultimately find the funding,” Mr. Dorsey added, “is that the alternative is unthinkable.”

Jan Hoffman is a health reporter for The Times covering drug addiction and health law.

A version of this article appears in print on , Section D, Page 4 of the New York edition with the headline: Safe Drug Use Is Losing Support to Less Drug Use

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S.F.'s first sober homeless shelter is close to capacity. Could more follow?

By **Lucy Hodgman**, Staff Writer
March 4, 2026



Julian Elmore has been living at Hope House, San Francisco's first sober shelter, for three months as he prepares to move into an apartment of his own in the Tenderloin.
Brontë Wittpenn/S.F. Chronicle



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Entering the system made Elmore “snap out of it,” he said. He wanted to get sober, but he couldn’t see that happening at the first shelter, a chaotic environment where substance use went unchecked. Elmore took a room at the Salvation Army’s abstinence-based Hope House on SoMa’s [troubled Sixth Street](#) last November. In the four months since, he’s been able to find himself again.



Hope House resident Julian Elmore keeps his belongings in his room.
Brontë Wittpenn/S.F. Chronicle

“I’m the type of person who needs structure in my life to keep going,” Elmore said. “This is basically my safe space. It’s a place where I can be myself and be comfortable and not worry. At the other shelter, I never had that feeling.”



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When the 58-bed facility opened under a two-year \$8.1 million contract in September, Hope House was an experiment — a departure from the city’s traditional approach of prioritizing getting unsheltered people into housing over engagement with treatment. Six months in, Hope House is near capacity. As its waiting list grows, the Salvation Army believes the shelter’s popularity indicates demand for other sober options among the city’s more than 3,200 shelter beds.

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Mayor Daniel Lurie — along with several supervisors — has called for more sober housing options, arguing that the current system forces people in recovery into environments where alcohol and drug use runs rampant. The push for sober options started under former Mayor London Breed amid a rise in overdose deaths during the pandemic and frustration over open air drug use.

Hope House, a new sober living shelter, includes a community and dining room.
Brontë Wittpenn/S.F. Chronicle

But in October, Gov. Gavin Newsom vetoed a bill that would have let local governments spend state funding on sober housing facilities, [warning](#) that the measure could create a “duplicative and costly new statutory category,” a move Lurie criticized.

The operating cost of sober shelters is “comparable” to typical shelters, said the Salvation Army’s Steve Adami, although he believes the abstinence-based model generally has “better outcomes” and is less disruptive to the surrounding neighborhood. Residents of the shelter are required to fill their days with at least two “activities,” pairing life skills with recovery support, according to Destiny Pletsch, deputy director of the Way Out, the Salvation Army homelessness initiative that operates the shelter.

Elmore’s weekly schedule, for example, includes therapy sessions, group walks, yoga classes, Alcoholics Anonymous meetings, culinary school and shifts working at a nearby dog hotel — another form of therapy, he joked. He’s hoping to keep up many of those routines when he settles into his new studio apartment this month.

That sense of structure is key to Hope House’s approach, Pletsch said. In addition to their highly programmed schedules, the shelter’s residents are expected to abide by a 9 p.m. nightly curfew and take regular, random drug tests.

Destiny Pietsch, deputy director of the Way Out recovery-focused homeless initiative, knocks on a restroom door at Hope House. The restroom serves as a drug testing bathroom.
Brontë Wittpenn/S.F. Chronicle

“That’s what a lot of people need in order to rebuild their lives,” Pletsch said, noting that the shelter also puts “heavy emphasis on maintaining the cleanliness of your room. I think that it’s indicative of somebody’s mental health. It helps us keep the pulse.”

Pletsch seeks to make those expectations clear during the shelter's intake process — “no ‘gotchas,’” she said. Residents aren't immediately terminated from the program if they relapse, but they'll move from the shelter to a drug treatment program for about 72 hours. That's happened a handful of times since the shelter opened, Pletsch said, but less than once a month.

“It goes into the concept of people buying into the culture — in the program that we're trying to create, people will leave on their own if it's not right for them, and we'll even help them seek alternative sites,” Pletsch said. “It's unlike any other shelter.”

A breathalyzer in an entryway at the city's new sober living shelter.
Brontë Wittpenn/S.F. Chronicle

When the shelter opened this fall, it was unclear what demand for rooms would look like, but demand has been at or close to capacity. Hope House is designed to serve people for 30 days to up to a year as they find their footing, ideally establishing the stability to exit homelessness in the long term.

Of the total 88 people who stayed there between Sep. 1 and Dec. 31 of last year, 46 exited the shelter before the end of the year. Of the 46 who left, 36 — or 78% — moved either into supportive housing or other recovery programs. Citywide, roughly a quarter of people exit shelters for housing, although many others leave for “unknown destinations.”

Steve Adami of the Salvation Army stressed that the “overarching goal” of Hope House was not to serve as a first step into permanent supportive housing, but to “give homeless adults who are addicted to drugs a place to start their recovery journey.”

Encouraging messages are posted in the community room at Hope House.
Brontë Wittpenn/S.F. Chronicle

“The homeless population in San Francisco has very dynamic needs, and I think we’ve got to create programs that enlarge the solution space,” Adami said. “We have a wait list of 25 people trying to get into our program. We get calls every day. And so I do think it would benefit the city to expand drug-free models.”

Hope House was established under the Fentanyl State of Emergency ordinance that Mayor Daniel Lurie introduced in the first month of his term. It cut red tape around new services for addressing addiction, homelessness and mental health crises, allowing the shelter to go from a proposal to a reality in just a few months. Most of those contracting provisions expired in January, and expanding sober housing capacity could take longer without them.

“As we work to move people off the streets and into stability and stand up more recovery and treatment beds, we will continue working to build a system of care that helps people sustain their progress and stay in recovery,” Kunal Modi, the city’s chief of health and human services, said in a statement. “We’re grateful for Salvation Army’s leadership and partnership in this work.”

Shane Workman has been living at Hope House for four months as he works to find permanent housing.
Brontë Wittpenn/S.F. Chronicle

Hope House resident Shane Workman stressed that the shelter’s requirement that residents embrace recovery means it isn’t the right place for everyone. After a year at the shelter, he can “almost guess” whether someone who visits Hope House will be in it for the long haul, he said.

But for the 38-year-old Workman — who came to Hope House after five years in prison, then six months of residential drug treatment — the shelter has provided the right environment to transition back to independent life.

“I basically had nothing when I came here,” Workman said. “I got my passport and my driver’s license just by being here. It’s worked out really well, not as a forever thing, but while I wait for the next thing.”

March 4, 2026

Lucy Hodgman
STAFF WRITER



Lucy Hodgman is a Hearst Fellow on the Climate Team at the San Francisco Chronicle, covering seismic building issues, homeowners insurance and breaking energy and environment news. She previously covered politics for the Times Union, in Albany, New York, and breaking news for Politico and the Sacramento Bee.

Originally from Brooklyn, Lucy graduated from Yale University with a degree in English. Reach her at lucy.hodgman@hearst.com.

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