
TREATMENT CONNECTIONS & SAFER USE SUPPLY DISTRIBUTION

DHRPSC0005514

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SFDPH is soliciting proposals for firms with a brick-and-mortar location in the SoMa and/or Tenderloin neighborhoods to provide San Francisco residents with:

1. Treatment connection and safer use supply distribution in priority neighborhoods
2. Drop-in services
3. Syringe litter removal

Estimated **annual** budget: **\$5,566,221**

Estimated **total** budget: **\$27,831,105**

Anticipated duration of agreement: 5 years from
July 1, 2026 - June 30th, 2031

History and Context of Requested Services

- In 1988 a volunteer-based syringe exchange program called Prevention Point began mobile operations to deliver safer use supplies, in response to people who injected drugs being the third most frequent exposure group for persons with AIDS in San Francisco¹
- The City and County of San Francisco formally sanctioned safer use supply programs in 1993, when Mayor Frank Jordan declared a public health state of emergency, a move that gave him the power to legalize and fund syringe programs as an essential structural component of HIV prevention²
- Prevention Point evolved into the San Francisco AIDS Foundation: the vendor for the current safer use supplies contract (HIV Syringe Access and Disposal Services)
- The effectiveness and acceptability of safer use supplies efforts rely heavily on trust built over long periods of time between community-based organizations and some of the most stigmatized residents of San Francisco³

1. HIV/AIDS Statistics and Epidemiology, 2000
2. Lane, 1993
3. Akiba et al., 2025

Evidence for Contracting Out

- Stigmatization of drug use undermines access to and quality of care for PWUD¹
- Negative experiences with health care workers are linked to care avoidance and hesitancy in engaging with government services among PWUD²
- One way to address these barriers to engagement is to partner with community-based organizations (CBOs) who are, by nature of being rooted in community, better equipped to build trust with participants and provide services in a culturally competent, non-stigmatizing manner³
- Research has found that CBO-based needle exchange programs with government funding outperform government run programs: one study showed that CBO programs with government backing had, “significantly higher syringe contacts, almost twice the naloxone contacts, and nine times higher odds of providing [fentanyl test strips] and three times higher odds of providing buprenorphine than DPH SSPs”⁴

1. <https://pubmed.ncbi.nlm.nih.gov/30884432>

2. <https://pubmed.ncbi.nlm.nih.gov/31638862/>

3. [The role of stigma in impeding implementation of harm reduction services in San Francisco - ScienceDirect](#)

4. [Comparing harm reduction and overdose response services between community-based and public health department syringe service programmes using a national cross-sectional survey - PubMed](#)