

## HeartSF: Tom Wolf

[00:00:00] **Michelle:** [00:00:00] We are very lucky to have a special guest today, Thomas Wolf. If you were on Twitter, you may know him as T Wolf. He has an incredible Twitter handle. He talks a lot about , recovery San Francisco politics. I'll let him introduce himself.

[00:00:13] This is our first podcast, , interview for the heart SF sub stack. , this is a little bit of an experiment. So if you're listening, I'd so much appreciate any feedback you may have. This is a new experimental format that I've never done before, but, one of my goals in. Getting more involved in San Francisco is giving voices to people that I think have really interesting points of view.

[00:00:33] I've been getting to know Thomas over the past year, mainly through Twitter. , and we've had a couple of calls and I just think he has incredibly interesting insights on what's going on in San Francisco today. So I was thrilled when he accepted my invitation to talk today. , we're gonna talk about.

[00:00:49] Drug addiction crisis in San Francisco. , and a little bit about sort of where things are headed in the city and some of the issues associated with that. So I'll let, Thomas, thank you so much for joining. I'll let you go ahead and introduce [00:01:00] yourself and, , we'll start that.

[00:01:02] **Tom:** [00:01:02] great. Thank you. Thank you, Michelle. Thank you for having me and I'm super excited to be here. So it's Michelle. I said, my name is Thomas Wolf and, , I am a recovery advocate now here in San Francisco. And, if you don't know my story a little bit, , I am a formerly homeless, , recovering heroin addict, uh, that lived on the streets of the Tenderloin for six months in 2018.

[00:01:21] When my addiction had spiraled so far out of control that, , I was basically kicked out of my house, , by my wife, um, and ended up living on the streets for six months. Long story short back in 2015, I got addicted to opioids because of foot surgery. I was given oxycodone for the pain, uh, the bottle that they sent me home with a 10 milligram oxycodone was supposed to last me a month.

[00:01:42] That lasted about 10 days. , after I finished that I was in withdrawal and I wanted more, And, uh, I actually looked on YouTube as to where to find, uh, where I can, where can I buy pills on the street in San Francisco? And there were a few references to pill Hill, which is golden gate and Leavenworth in the Tenderloin.

[00:01:58] I proceeded to drive [00:02:00] down there and I found more than a few people selling a variety of different opioids. Yeah. On the street there from 30 milligram, all the way up to 80 milligram, oxycodone pills, along with some other types of, of opioids to Percosets, et cetera. And I started buying 30 milligram oxycodone from there.

[00:02:16], over the course of a couple of years, my addiction progressed until I was taking 80 milligram oxycodone tablets. I was buying them off the street from one dedicated dealer that I had found. I was buying seven to eight pills a day at \$30 a piece, uh, seven days a week.

And at the peak of my addiction, I was taking seven of those 80 milligram pills a day or a 560 milligrams, sometimes more, , of oxycodone daily, which, , that amount, if you took today, Michelle, , having no tolerance at all, you would certainly overdose die from that amount.

[00:02:49], and that's because my tolerance had built up over time. , Subsequently I had run through all of my savings. , I had actually stopped going to work. I had a job with the city and County of San Francisco for nine [00:03:00] years as a child support officer. And I just stopped going, , and showing up to work.

[00:03:03] And eventually I just resigned because of my addiction. , and as the money was running out, I had stopped paying the mortgage. My wife had figured out what was going on. , in order to save money, I switched to heroin and I was able to purchase that heroin by walking one block down golden gate Avenue to the corner of golden gate and hide and, uh, where there's a variety of different, , drugs available that are sold by an organized drug dealing ring basically is what it is.

[00:03:27] They're in the Tenderloin. , they have heroin, fentanyl, crystal meth, and crack cocaine and powder cocaine for sale 24 hours a day. Seven days a week, , for as little as \$5 for a rock of Coke. Can you \$10 for a dime of heroin up at \$20 for a little pouch of fentanyl? I started, yeah, using heroin at that point.

[00:03:45] Intravenous drug use, uh, my life really started spinning out of control shortly after that. You know, my wife had had enough because I was, you know, You know, robbing. I was stealing from her. I was stealing, I wasn't paying them pills. I was taking [00:04:00] whatever money that we had had and I was using it for drugs.

[00:04:02] And when that money was gone, I was borrowing from people. I was even stealing from my own family, , in order to support my drug habit. Um, but more than that, uh, more than those things, types of things, I was not present as a husband and as a father to my wife and my two kids, I was driving under the influence.

[00:04:19] Of of these drugs. I remember one time I was driving with my kids in the car and I was high on heroin and I hit the guardrail on the freeway. I could have killed them and myself, and that's just something that I have to live with. And I'm, I'm willing to talk about that now, because I want to point out that there is a culture that's growing in this country about , drug, normalization, and , About a safe supply of drugs and those things.

[00:04:42] The argument is, is that would eliminate the stealing and the, in all of that stuff that I had to do to get money for drugs when I got down to that point. But it doesn't eliminate the other behavior like driving under the influence or nodding out when I'm talking to my kids, because I was too high to carry on a rational conversation with them [00:05:00] or not being present.

[00:05:01] And, and there for my family when they needed me, because I, I was too concerned about the drugs that I was using in my addiction. As you know, addiction is an extremely selfish disease. Uh, anyway, all of those things spiraled me into the street. I was literally sleeping on a piece of cardboard on the 300 block of golden gate Avenue between a and Larkin.

[00:05:20] Uh, not a tent. I was just sleeping on cardboard. I had two jackets, a pair of jeans on and a hoodie and my phone, which was subsequently stolen. Um, because I had passed out one night from heroin and when I woke up, , all my pockets had been rifled through and everything I had was gone, including my ID. So now I was homeless on the street with no phone, no idea at all.

[00:05:41] And, uh, no income, no ability to get any money. And, uh, I was in bad shape. I was doing what I needed to do to survive at that point, which began with boosting. I would go into Walgreens like you see on, on all these Twitter feeds and everything, people cleaning up the shelves, I'd go to target down at the, at the Metreon and I would shoplift, [00:06:00] razorblades, , things like that, and then go and sell them to the fences at the, at the market.

[00:06:05] That's kind of like the black market, the open market, which is a UN Plaza at civic center. Um, and that would be. That was enough to get me a little bit of heroin to kind of keep things going. So I wouldn't go into full blown withdrawal. Uh, and then one day I was, uh, just sitting there on the street and one of the dealers that works on the corner of golden gate and Hyde said, Hey, Tom, you want work?

[00:06:24] And I said, yeah, what kind of work is that? He said, here, hold this. And he handed me a, a gym sock full of drugs. To hold. You wanted me to hold a stash for him. And he handed me a dime of heroin when I did it. And he said, you just stay right there and you don't move and you just come and bring me the drugs when I need it.

[00:06:40] And I'll pay you two to hold this for me. And at first I didn't really understand. I was like, this is a sweet deal. I'm just going to hold this guy's drugs and he's going to give me free heroin. This is great. You know, it wasn't until I been doing this for a few days that I realized, Oh, wait a minute.

[00:06:53] He's having me hold his stash. So if the police come and arrest him, Uh, the drugs that he's holding in his [00:07:00] mouth, because that's where they usually before COVID, that's where they kept them, was in their mouth, uh, pre wrapped in plastic. And so when someone would come up and buy, say, Hey, I need a dime heroin.

[00:07:08] They'd spit it out of their mouth and hand it to them like that. Or they spit out the Nicola crack and hand it to them like that. And, um, then I figured it out that, okay, so what he's doing is he's paying me to hold his stash so that if he gets busted, he won't have a lot of drugs on him where he can even swallow his evidence.

[00:07:26] And get away with what he's doing. Or if I get busted, then I take the fall instead of hand. And, you know, as someone that's struggling with addiction, that was desperate, desperate, desperate, desperate to maintain his addiction. I was willing to take that risk. And so for the next three months, that's what I proceeded to do.

[00:07:42] I was basically a mule for the drug dealers in the tender line. And I wasn't the only one, there's quite a few people that are out on the street, even today that are still doing that, that are holding drugs for the dealers as a way to one support their habit and to, to help out the dealer in that, that it.

[00:07:55] It, if the dealer gets caught, he doesn't have his entire stash on him. , it wasn't [00:08:00] until one day in April, the police did a sting operation where they were watching, I guess, from the parking lot above with binoculars and video cameras. , and they were watching the block. And at that, that moment, that day I was holding drugs for six different drug dealers at the same time.

[00:08:15] So I had six gym socks in my jackets like that, , totaling about four and a half ounces of drugs, heroin, , uh, methamphetamine crack. And, um, the cops rolled up the street the wrong way. It's a one way street. So, you know, when the police cars coming up the wrong way, you know, it's going to be a bust. And I was holding all the drugs and I took off running and I made it around, down to the bus stop at a high to McAllister.

[00:08:38] And I was about to get on the bus and make my getaway with all those drugs to eventually circle back maybe an hour later and give them back. And right before I did that, , undercover cops busted me with those drugs. And I was like, okay, this is it. I'm going to go to prison now, you know? Um, so they took the drugs.

[00:08:55] They cuffed me, took me into custody. And I just thought that I was gonna go to jail. I [00:09:00] didn't know for how long, uh, spent the night in jail the next morning. They said somebody came and visited me and said, you're being released on your own recognizance. I was like, what? Yeah, you're being released in your own cognizance.

[00:09:12] Okay. So, you know, I signed this thing too, agreed to a stay away order and I went, they let me out of jail. The next day spent 24 hours in jail. Went back. The next day, went back to the drug dealer, showed them proof that I was in jail. So they knew that I didn't run off with their drugs. I actually had my jail ID, my wristband, that was kind of the, the unwritten rule on the street that if you're holding drugs and you get busted, , you can show them your wristband to show that you were in jail.

[00:09:37] And so they wouldn't beat you up basically for stealing their drugs. Right. Went right back in there. I was in full blown withdrawal, , was able to get some more drugs for free because I went to jail. So they kind of gave me a little bit of something, something on the side. Here you go. You know? And, uh, that kind of started the cycle for me out there on the street.

[00:09:55] And over the next three months, I was arrested a total of six times, [00:10:00] five more times after that initial time, three of those times were for drug possession and possession for sale because I was holding for the dealers. And the other three times it was her violating the Stateway orders that had been slapped on me.

[00:10:11] And the fifth time they arrested me, I actually spent like five days in jail. They released me with an ankle monitor and they said, okay, don't go back to this area. Of course, I went back to the area with my ankle monitor and, , sure enough, , , they have GPS on those ankle monitors and the sheriffs found me and they arrested me.

[00:10:28] And I went to jail that day. That was on June 23rd of 2018. And I spent the next almost three months in County jail at that point. The irony, I want to point out about this whole thing, , in my story is that that day that I initially got busted holding the six SOC's of

drugs for the dealers. They arrested one of the dealers I was holding for as well, because they had him on camera with me trading the drugs, the handing, the drugs to him, et cetera.

[00:10:51] He spent less time in jail than I did. And he's the one that's actually exploiting everybody. That's selling the drugs on the street. Right. And I just thought that that's kind of an [00:11:00] interesting irony is that, you know, they, the cops knew and the courts knew that I was not a drug dealer. They knew that I was a drug user.

[00:11:06] So in effect I guess you could argue that I was a victim also of the exploitation, although I was doing it willingly, but I was doing it willingly because of my addiction. Otherwise, if I wasn't addicted to drugs, there's no way in hell that I'd be down there, hold the drugs. Why would I do that?

[00:11:19] Right. I'd be working and being with my family. Right. , these are the types of things that addiction can spiral you into. If, if it gets that bad and your resources dwindle, and you get to the point where your family starts practicing separation with love with you. , and you just end up kind of alone out there desperate, and that's kind of what we're facing today in San Francisco.

[00:11:40] So. Back to my story. I spent almost three months in jail. I picked up the phone one day in jail and I called my brother who I'd spoken with in a year. , I couldn't talk to my wife because she, by that time, she'd slapped a restorative and went around me. So I didn't really have anybody that I could talk to, but I had my brother's phone number memorized, picked up the phone, called him.

[00:11:58] I said, Hey, I need your help. I'm in jail. He goes, I [00:12:00] know we all know you're in jail. The whole family knows because I'll tell you what, um, I'll bail you out. On the condition that you go to rehab when I bail you out, like literally bail you out in the next day, I'll drive you to rehab. Yeah. And I agreed. So he bailed me out. That night, that day that he bailed me out. I got out of jail too late, like four o'clock in the afternoon. So I couldn't go to rehab because rehab and this is another thing we can talk about has very short intake hours on the daily. Uh, so it was already four in the afternoon. It was too late for me to go to rehab.

[00:12:31] So I had nowhere to go. So he actually took me to a hotel. He got a room like at a hotel down by the airport, stayed with me overnight to make sure I didn't run off. And then the next morning at eight o'clock in the morning, he dropped me off in rehab and that began my journey in recovery. And for the next six months I spent, I spent the next six months in an inpatient rehab here in San Francisco.

[00:12:51] That was completely free. By the way, it didn't cost anything. It was a no fee rehab funded solely on private donations. , and , that along with getting locked [00:13:00] up basically is what saved my life. Otherwise I'd still be out there or I'd be dead by now because as I was getting off the street, fentanyl was really starting to hit the street hard.

[00:13:07] And I had started transitioning already from heroin to fentanyl towards the end. , so I think now if you. Yeah, I've been clean and sober now coming up on two and a half years, coming up on three years, excuse me. It just past two and a half years in December. If I'd still

be not been out there who knows what would have happened to me in the last two and a half years?

[00:13:25], you know, So, so addiction does more than just cause you to, to lie cheat and steal, which is a term. They use a lot in recovery, uh, and it does more than just the maladaptive behavior that I was exhibiting around my family to, you know, it took a physical toll on me as well. The day that I got arrested in June, I weighed 169 pounds.

[00:13:44] I weigh 240 pounds today. So that that's 70 pounds of just, it just sucked me up, you know, uh, completely, I was dirty. My hands were staying in my fingers were stained to black and you probably see that a lot, if you walk around the tenor line, you'll see on house persons and you'll see [00:14:00] that their hands are dirty.

[00:14:00] And yeah, it's because they haven't taken a shower, but oftentimes it's from the CIT from holding the foil and lighting your lighter underneath the foil and smoking it, it creates a black suit. So on the bottom, as you smoke your fentanyl and that soot gets stained on your hands. And it was ingrained into my fingers here on both hands and it took like three or four months before it finally came out.

[00:14:21] Um, that's another telltale sign, someone that's using. And so these are just some of the things like my eyesight took a big hit. I'm really farsighted. Now I have to wear glasses when I read. Some of that could be attributed to my age, but I mean, it really got bad, fast. My hair had thinned out and it took over a year for it to kind of come back.

[00:14:37] So there's lots of different things that, that you don't think about that, uh, you know, on top of that, I have 24 scars on my body. I, I mean, I'm not gonna take off my shirt and show you, but I've got scars on my arms here, uh, on my hands. I've got scars here, you know, all over the place on my legs. And that's all from intravenous drug use, which by the way also gave me sepsis, which is another thing. A lot of people on the street are struggling with, they use [00:15:00] drugs intravenously. So what, what do we do about all this? Well, we can talk about that. Um, but. What I try to do now also is I try to advocate in my, in my advocacy, my, as part of my advocacy is to just talk about recovery.

[00:15:15] Also talk about promoting treatment because that's something in San Francisco that we're not doing enough of. And to be quite Frank, it doesn't seem like that's part of the plan in San Francisco right now. So, um, it's definitely something that we need to address. So that's kinda my story in a nutshell.

[00:15:31] **Michelle:** [00:15:31] Well, I have a lot of questions. I follow up. Thank you for being so open to share that that is a harrowing tale, and I cannot imagine reliving it, as often as you do, I know you tell this story and are starting to do some public speaking, and I can only imagine how hard it is to relive all those memories.

[00:15:47] So, um, I know you do this because you want to make sure that other people don't experience what you did and. I just want to say, I really appreciate that. Um, couple of questions just for clarification from the story. So [00:16:00] one question I've always had is, why wasn't treatment provided to you in jail?

[00:16:04] We have a system right. Where you're going to jail, they know you're addicted, they know you're struggling. What was offered to you there and were you supported as you went through withdrawal and sort of, what is that like when you're in jail and going through withdrawal?

[00:16:16] Cause sometimes people talk about, one possible solution is like having 72 hour holds or 48 hour holds for people who are caught committing a crime will high. Like maybe that alone could be an incentive. I'm just curious to know, to what extent could the criminal justice system have intervened?

[00:16:33] Did it intervene? Maybe you could share a little more about like what happened during those three months

[00:16:37] **Tom:** [00:16:37] there, there was some intervention. So when I first got the last time I got booked into jail in June of 2018. Usually what they do is they put you in what they call the medical pod or the med pod. And the first few days that you're there to kind of get you acclimated if you're in withdrawal, they address that.

[00:16:55] And what they did for me is they gave me Suboxone or buprenorphine, which is , an [00:17:00] opioid inhibitor. Right. It's a drug that they give someone that's that's in withdrawal from opioids, uh, after about the first 24 hours that they go into withdrawal, then they give it to you. And then it blocks all the symptoms, the physical symptoms of, of withdrawal from heroin or fentanyl.

[00:17:17] And it's a really great drug and it works and they gave it to me for five days. They call it a five day taper. They gave that to me in County jail, and that's what helped me kick the physical withdrawals. The initial withdrawals from heroin. , That was the only medical intervention I had. , as far as my drug issue, my, my drug addiction, you know, that I did meet with a triage nurse.

[00:17:35], and that's something that's standard. When you get booked into County jail and eight 50 Bryant, when they book you and they put you in the tank before they actually put you in regular general population, you meet with a triage nurse. And, uh, that's a statistic that we should probably talk about.

[00:17:50] The San Francisco Sheriff's department did release numbers about that from 2013 to 2017, the San Francisco Sheriff's department made 49,000 bookings. [00:18:00] And out of that 49,000, over 80% of the people I had identified as having a substance abuse issue. That's a big, that's a big issue. So, uh, we can get back to that in a second.

[00:18:10] But I met with this triage nurse. She asked me if I did drugs. I said, yes. She asked me how much drugs I did. I told her. And then, uh, about a day later, the nurse came along when I was in jail and started giving say, here, put these pills in your mouth, under your tongue, let them melt and boom. They were Suboxone and I immediately felt better.

[00:18:26] So they did intervene, which I'm thankful for. I'm really grateful and Suboxone does work and it's, uh, it's. Part of it's one part of harm reduction that I support wholeheartedly. I think that there are aspects of medically assisted treatment that can really

help people function really, really well. In fact, normally in society, , I know people that have been on Suboxone for some time and they just do better.

[00:18:47] Suboxone though is tricky because it's also addictive as addictive properties too. So it's kind of taking another opioid, but it doesn't make you high. But it keeps you from relapsing and using the stuff that's worse for you, which is fentanyl and [00:19:00] heroin, which will kill you as we've witnessed by all the overdose deaths in San Francisco.

[00:19:03] So one of the things that I also advocate for is that, we need to work on creating more access to buprenorphine or Suboxone, , Nationwide. And that's something that's being debated in Washington. In fact, something came out about that today in Washington, as well as they're wrestling with that idea of how to make it easier for doctors to subs, prescribe it, et cetera.

[00:19:22] So that's the kind of ambient intervention that gave me a County jail. There was one mentioned by one of the Sheriff's deputy saying, Hey, you know, after all this is done, you might want to think about going to rehab. I can get you into the salvation army today. I still didn't know what that was.

[00:19:35]. I just. That salvation army was a place you went to donate your clothes. I didn't know that they ran all these addiction rehab centers nationwide, to be quite honest with you. And, uh, that was about it after that, you know, I kept waiting and waiting to get released because they had always released me the five times before.

[00:19:51] And then they moved me upstairs into eight 50 Bryant, which is now closed. And, um, One day, one of the Sheriff's deputies, I think it was maybe my seventh day and came [00:20:00] up to me and said, Hey, Wolf time to roll it up. And usually when they say that, that means that you're being released and I was like, Oh good.

[00:20:05] I'm out. You know, I can go back to that spot and do my thing, you know, and get more drugs. And I said, Oh, am I being released? He goes, no, you're being sent to the main jail in San Bruno. And that's the big jail. And a lot of people don't even know that San Francisco has County jail, number five, which is a huge state of the art County jail.

[00:20:22] It's on San Francisco property out in San Bruno, behind skyline college. And that's the main jail for San Francisco that has a 1500 inmate capacity plus dorms that they can open up for more if necessary. And, uh, they put me on one of those jail buses, all handcuffed up and sent me out there and I spent the next almost three months in custody.

[00:20:41] So yeah.

[00:20:43] **Michelle:** [00:20:43] got it. And so while you were there, there was no like nothing. No, you're. Addiction was not addressed. Is that correct? While in the jail in San Bruno, there were no courses or, , therapy or

[00:20:56] **Tom:** [00:20:56] Counseling, anything like that? No, no. It was the Suboxone to kick the [00:21:00] physical withdrawals. And then, then that, that's the only modicum of treatment that was in place at that time. They did, you know, once I was in general



population and in the big jail in San Bruno, they did have a couple of volunteers that would come every two weeks and do an AA meeting.

[00:21:12] But that's, that's about it. That's all there was, , and it was voluntary. You didn't have to go kind of like. Religious services. You didn't have to go if you didn't want to. Some people did just to get out of their cell. That was what a lot of people did. Yeah.

[00:21:26] **Michelle:** [00:21:26] and were you, I mean, were you waiting for trial or , what was your impression of why you were there and what the plan was?

[00:21:34] **Tom:** [00:21:34] well, my, my, my public defender who did a great job, by the way, uh, on my case, he actually straight up said that, um, you cut too many cases too close together, which means that I got arrested too many times. Too close together. I was arrested six times in three months. So there's really nothing I can do until your hearing comes up.

[00:21:53] Your pre-trial conference comes up and that was in like August. And this was in June, so I knew I was going to, Oh, [00:22:00] so I got sent right back to jail and I was going to just have to sit there for a couple of months, you know, and this is the thing that I don't understand, and I don't want to get off on another tangent, but, you know, Yesterday, they arrested a drug dealer in the Tenderloin.

[00:22:12] One that had eight bench warrants, not even stay away orders, but eight open warrants against him. And he yet, he was still out on the street. And I just don't understand that if I got arrested six times and I was just a guy that was holding drugs, why are they letting one of the main, most prolific drug dealers in the Tenderloin be out on the street with eight open warrants and.

[00:22:33] You know, if they say it's because of COVID. Okay. But I just don't think that that's realistic because they keep seven, they still have 750 people in County jail right now. So I, I just don't understand what the, what the process is. Um, actually I do understand, but I don't understand why they think that that type of.

[00:22:52] Abuse, uh, failing to appear over and over and over and over. It is con it's continues to be tolerated in San [00:23:00] Francisco without any type of accountability. And that's kind of why, part of the reason why we're facing a huge problem, uh, with the drug dealing and, and the open-air drug dealings going on in San Francisco right now.

[00:23:13] **Michelle:** [00:23:13] yeah, I would. So one, um, Let's put that in the parking lot. Cause I definitely would like to get back to that. Um, maybe you can just tell us a little bit about like, how did, what did happen after you went, you know, I mean, it sounds like you went to salvation army, right? Like what was offered to you? What were the options when your brother said, all right, you got to go to rehab.

[00:23:32] What were the options available? How did you decide? What, how did you what happened.

[00:23:38] **Tom:** [00:23:38] Well, there were basically a couple of different options available. So, you know, nobody was going to pay for me to go to a private rehab because, uh, the it's

just, it's tricky because you love somebody, your family loves you and they want to help you. But they also know that you've just stolen a bunch of money from them and you have this really terrible addiction and.

[00:23:56] If they pay \$50,000 for you to go to some [00:24:00] fancy rehab somewhere and it doesn't work, then they're out \$50,000. Right. So I understand that the risk, the risk is really, really high, right. Uh, but my brother knew, uh, just from friends that the salvation army had a couple of rehabs in San Francisco. One of them is Harbor light and the other one is the, uh, arc, uh, out on Valencia street.

[00:24:20] It says R Chavez and that's actually where he sent me, he worked with my public defender and contacted them and they sure enough, they had beds available and he said, okay, we're going to send you here. And that's, you know, so he just kind of found, found that out by word of mouth, um, as to where it could go talking to people, finding out what options were available, uh, because you know, unless you know, already about the drug treatment, model that's in place in San Francisco, you don't know. And I asked this question to Heather Knight at the Chronicle. She and I walked around the Tenderloin. And when she did a podcast with me and I asked her straight up, I said, do you know how to access treatment in San Francisco? She was like, I have no clue. [00:25:00] And, and you know, so it's kind of like, imagine if you're a homeless guy on the street or you're in County jail and, you know, Your whole family.

[00:25:10] Hasn't really struggled with addiction. You're the only one that's struggling with this. Nobody knows there's a, there's just a lack of dearth of information, a lack of information instead of a dearth of information on where to access treatment. And that's one of the things that really has to change in San Francisco.

[00:25:24] If we want to make any kind of dent at all, one thing is keeping people alive and that's what we're good at doing. Handing on Narcan to everybody safe, safe, safe, you know, the top they're talking about safe consumption sites and all of that that are coming down the road. But what about drug treatment?

[00:25:38] You know, if you didn't know where the website was for the department of public health dashboard on public, on, on rehabs, you know, how are you going to know? So anyway, um, you know, I went through the salvation army. It was a six month inpatient program. Like I said, it was free. I was, uh, housed, clothed fed, given 12 step counseling.

[00:25:59] Yes it's [00:26:00] faith-based. I had to go to church for a couple of days, a couple of days a week. And I know that that rubbed some people the wrong way, but you know what it beats the heck out of being on the street. So my choice was jail living on a piece of cardboard on the street, or living in a dorm like environment with 90 other guys that are in the same boat as you struggling to get better fighting for their recovery with, with free food, free clothes on your back, and, you know, uh, at least a glimmer of hope for the future.

[00:26:31] Which one would you take? And the only thing that you need to do is just not use drugs. And I know that it's easier said than done to do that. And I'm not finger-wagging at anybody because everybody's journey is different. Um, but for me at that point I was tired. I

was tired of sleeping on the street and it only took, took me six months to get tired, but it was really long.

[00:26:51] I did. That was five years of addiction, five years of, of sneaking out of the house at two o'clock in the morning and taking the car down to the Tenderloin to score drugs, you know, five years of [00:27:00] lying to my wife about how much debt we actually had, because that was funneling all my money into my drug habit, you know, lying to my kids about where I was going when I was really going down to the Tenderloin line to score heroin.

[00:27:11] I was tired of all of that too. Not just sleeping on the street. And most people that are on the street, I think all people that are on the street that are homeless, they weren't homeless. At one point, they were housed at one point and somehow they lost their housing. And whether drugs perpetuated their homelessness or addiction perpetuated their homelessness, or they turn to drugs once they, once they were on the street, the end result is the same. , they're struggling with addiction. And the bottom line is that when you're struggling with addiction, it really complicates the homeless issue. It complicates your ability to get off the street. And if you go to treatment inpatient treatment, it removes one of the biggest barriers for you as an individual to start rebuilding and putting back the pieces to get out of your life.

[00:27:54] And that's what some people just don't want to admit, or they think that it doesn't work. They [00:28:00] use all these statistics to say, you know, well treatment doesn't always work and especially abstinence-based treatment. It leads to higher risks of relapse and overdose and all of those things. And I would just say to all those people that that's just a bunch of crap.

[00:28:13] Sorry to be so Frank, but it is. And the reason why it is, is that I went to rehab at 90 guys. 87 of those guys were mandated by the court as a jail alternative from other courts, regionally, not San Francisco court, but other counties regionally. Okay. I was one of only three that actually went there voluntarily, even though it wasn't really voluntary, you know what I mean?

[00:28:32] It was kind of coerced right by my brother as a condition to get out of jail. Uh, and you know, 22% of that, of that group that I was with graduated that program, they, they maintain six months of sobriety and that means it's 78%. Didn't make it, they relapsed along the way or walked out of the program because it was too hard.

[00:28:49] And that's what, the number that people point out. They're like, well, those 78 didn't make it. But what about the 22% that did? What about the 22% of those guys that found recovery in there? [00:29:00] I think that that needs to be talked about. We need to focus on the positives and not the negatives. And, you know, I know that in a regular business model, you might think that that's not a good, good arrangement, but when we're talking about people's lives, we're talking, we're talking about a human being and their quality of life.

[00:29:16] I think that we need to move the goalposts back and actually look at that number as being something positive.

[00:29:26] **Michelle:** [00:29:26] No. Okay. Your program was six months. Is that the standard for salvation army? And , let's say you feel ready to go after three. Can you, are there other shorter programs? Like what are the options

[00:29:37] **Tom:** [00:29:37] Well, but for the program I was in, it was six months or bust. But after the six month program, you could sign on for what they call phase two of their program, where you could stay there as a, as a graduate of the program for another six months so that you wouldn't become homeless. And during that six months, that's when you, you know, you can build a resume, look for a job, they help you find housing, all of those things.

[00:29:55] Right. Uh, people don't talk about that, but yes, there's a phase two and there's even a phase three. So you could actually [00:30:00] stay in that program up to 18 months, completely free. Pre and the irony of that is that, that, that rehab I went to has 50 beds open right now. It just, it kills me that it has 50 beds open today.

[00:30:11] Um, th. Most of the salvation army programs I'm aware of are six month programs. Uh, HealthRIGHT three 60 has a lot of 90 day programs and they're great. They do great work as well. They save a lot of lives. Uh, that's Walton house HealthRIGHT three 60 here in San Francisco. Um, the, one of the big barriers for treatment for people is that a lot of people on the street like myself, we don't have anything.

[00:30:34] We don't have any money. We don't have any way to pay for anything. So if, if salvation army wasn't an option, what are your options? Well, if you're on Medi-Cal. Medi-Cal in California will pay for 30, 60, or 90 days worth of treatment, but they won't pay for any more than that. And for a lot of, and for me anyway, I'll speak just for me.

[00:30:51] After 90 days in my program, I wasn't ready to just go. I didn't have housing situation set up. I didn't have any job prospects yet. [00:31:00] I was just starting to kind of unpack all of the. Issues that I had had with my family, the issues that I have with my wife and with my kids. And I was just starting to formulate a plan.

[00:31:11] And if you were already unhoused before you went into that 90 day program, as an example, and then your 90 days is up and you're lead out. If there's not another step down. Housing available. And we do have step down housing or transitional housing in San Francisco for people exiting rehab. We just don't have nearly enough. Um, and a lot of times there isn't any available. There's nowhere for you to go. So what happens? You go back to the street and you say, screw it. And you start to use again. And you just undid all that work that you did. So one of the things I. Would like to see happen would be a push from our, you know, maybe our state senators and stuff in Sacramento to start pushing Medi-Cal to expand their treatment coverage for up to six months.

[00:31:55] Because I think six months, at least if not even 12 months is what it [00:32:00] takes to really help someone get back on their feet.

[00:32:04] **Michelle:** [00:32:04] that makes sense. And I mean, welfare programs are significantly longer than 30 or 60 days. Right. So why is there any overlap there? Are there

other avenues to getting aid either federally or from the state, , to get back on your feet after you've been through something like what you went through.

[00:32:23] **Tom:** [00:32:23] Well, it, it depends. So, my understanding and I could be wrong, but my understanding about this from my time working for the city is that drug addiction is not considered a qualifying, a qualifying event to get state disability. Um, so, or to go on SSI, unless you have a permanent disability and SSI is federal ]disability benefits, which is very difficult to get.

[00:32:43], so for people that are like on the street that are unhoused in San Francisco, many times, their only recourse is general assistance, which the city offers, which is \$592 a month, I believe, or \$591 a month and \$192 in food stamps. And I think that went up a little bit to maybe 200 or so [00:33:00] that you can get monthly, but I can tell you from personal experience that someone that was struggling with addiction, we all used to wait for it.

[00:33:06] What they call check day. Right? You've heard that term back from the eighties, from old gangster rap, they talk about check day, right? Um, check day comes, everybody runs to the ATM and empties it out of all their money. And we had a drug party, man, those of us that were out there that we're using. And it was, you know, and I've said this before many times and I'm sticking to it.

[00:33:27] Eight out of every 10 people that I encountered that were unhoused on the street in San Francisco were struggling with drug addiction period. 80%. And I know the point in time reports say different and people argue and say it's 24% and all those things. No, man, I lived on the street. It's 80%. So I just think we need to come to grips with that and realize that as much as we have at homeless crisis, we have this drug crisis they're intertwined.

[00:33:54] The drug addiction complicates the issue of homelessness. It complicates all the treatment modalities that [00:34:00] happen after that, that the whole continuum of care, because you have to address all the stuff that comes with the addiction along with finding someone stable housing, which is already a challenge in and of itself.

[00:34:11] And we're not doing a good enough job of that in San Francisco.

[00:34:15] **Michelle:** [00:34:15] So what I mean, something that I wonder about often is. , we have the stats say we have about 8,000 people unhoused in the streets and , 700 people died last year of overdoses. Mostly from fentanyl. One question I have is of the people on the streets, what percent get off the streets and how do they get off the streets and what percent go to some sort of rehab and get their life back up and running versus, I mean, I know you worked in the Tenderloin for a while, do you recognize people?

[00:34:41] There are people they're living. This way for years and years, like what do you see as the trend in, for, you know, the people when they were homeless, when you were homeless? Like where are they now on average

[00:34:51] **Tom:** [00:34:51] Well, you know, it's kind of a mish-mash I guess. So, so when I was on the street, I saw like four guys that I was in [00:35:00] rehab with that had relapsed, that had walked out of the program before it was done. And they were down there in the

Tenderloin, homeless using, um, I'd also seen a couple of guys I was locked up with that were released that were out there using, um, they're still people now, when I walked through the Tenderloin, now that I recognize that I used to hang out with that don't really recognize me anymore.

[00:35:18] Um, which is maybe a good thing, uh, that I used to hang out and use with. And that means two and a half years later, they're still out there on the street and they're young, they're young in their twenties, thirties like that. Are there a lot of OGs on the street? Absolutely. Are there are a lot of people from San Francisco on the street, you know, people argue and say that it's about 70% that are homeless are actually from here.

[00:35:38] I would say it's closer to 50% that are actually from here. The rest come from somewhere else. Is San Francisco a magnet for homelessness? Regionally? Absolutely. It is just like any big city though. Uh, and why is that? And that it's because we offer, , robust services to people that are unhoused here in San Francisco, and we have very lenient law enforcement for, .

[00:35:58] Crimes that are committed as a [00:36:00] result of maybe the desperation of drug addiction or something like that. , we don't, we don't enforce no camping bands and things like that here, whereas other counties do. , so, you know, yeah, it's an attractive option. Plus the drugs are right in front of you, 24 seven, right on the street you can buy with impunity, uh, that just really complicates things.

[00:36:17] And you know, one thing I want to say about that is that. You know, for years, the Tenderloin has struggled. Everybody knows that the Tenderloin has been the place to go to get drugs all the way back in the nineties and the eighties. It was like that too. The difference is now the drugs are harder. The demographic has changed and the it's not a containment zone anymore.

[00:36:39] It's spilled over in to South of market. Spilled over into the financial district. It's spilled over into, uh, the Marina spilled over into the Richmond mission. Hayes Valley has been hit really hard. The Castro is getting hit really hard with people that are in crisis. And they're in crisis for a variety of different reasons.

[00:36:57] Mental illness is a huge problem. We had [00:37:00] 300, 300. I posted it yesterday on Twitter, 300, over 350, around 350 51 fifties and 2020. And it was actually over 400 in 2019. So we have a mental health crisis on our hands on the street.

[00:37:11] **Michelle:** [00:37:11] can you quickly explain what a 51 50 is for

[00:37:13] **Tom:** [00:37:13] 51 51 56, the 72 hour cycled. It's when, uh, you're in crisis, the M the paramedics come, they take a look at you.

[00:37:21] You're freaking out. They call a doctor at SF general and say, we've got this guy and he's probably already in their system. And he's, you know, whatever's happening. He he's violently acting out, you know, smashing windshields, walking down the streets, smashing windshields. Because that happens all the time or stuff like that or whatever, or he's threatening to hurt himself, or he's threatened to hurt someone else.

[00:37:41] And, uh, the doctors say, yep, let's 51 50 of them and we'll take them in and they'll put them in the psych ward, uh, on the psych floor at SF general for three days, give him some meds, help them get himself together. And then when those 72 hours are up, there's no more beds it's because they've got a bunch more people [00:38:00] waiting to come in and they just turn them right out to the street.

[00:38:02] And it's like a washing machine, uh, of just really just madness. It's sad because we, we, as a society could do so much more if we had the political will to do so. Uh, and, , they began that with mental health SF last year, uh, supervisor Haney, uh, Senator Wiener had talked about, uh, the whole thing about the, uh, conservatorship, but they set the bar so high.

[00:38:30] You have to be 51 58 times in a calendar year in order to be conserved, which is ridiculous. Nobody's been held zero, zero. People have been conserved. So that was really just virtue signaling, I think. But it also did open the door to that. Just having that discussion about lowering. The lowering the barrier to make it like maybe four 50, one 50 or three 51 fifties to help get those people struggling with mental illness off the street.

[00:38:54] And a lot of that mental illness is exacerbated by drugs by crystal meth. As an example, there's a term you may be [00:39:00] familiar with called meth induced psychosis. That's you see that a lot with people screaming out on the street. They're having a psychotic episode. Absolutely. They're having a psychotic episode and there probably is some schizophrenia on there, but I promise you, it has been exacerbated by crystal meth.

[00:39:17] And that's another drug that we don't talk about. Maybe as much as we should here in San Francisco, because all of these deaths were really primarily because of fentanyl, but, but there's a bunch of people that are, are using meth. And though where you got to worry, because there's no, there's no FDA approved medically assisted treatment for meth.

[00:39:34] That's something you pretty much have to kick just with like some, you know, um, you know, maybe some value or some type of anti-anxiety meds. Uh, and the rest of it, you're just kinda on your own. You just have to sleep it off and kind of just white, knuckle it with that kind of drug. And that one is everywhere and it's super cheap to get and it's way stronger than it used to be.

[00:39:55] And, um, you know, and now you see the results. Um, if I could just [00:40:00] add, so I just want to throw in this quick story. When I was in County jail, my cellmate was a guy that was in there for attempted murder. And he was in there for attempted murder because he was living in a tent with his girlfriend down by six.

[00:40:13] Then I think Howard in the city and they both use crystal meth and he got arrested because he attempted to chop his girlfriend's leg off with an ax because he said her leg was crawling with books and he was trying to help her. That was a meth induced psychosis act of a violent act that was caused by meth induced psychosis.

[00:40:35] And that was my cellmate in counting. So I just want to put that out there.

[00:40:39] **Michelle:** [00:40:39] Oh my God. Um, so yeah, I think, you know, a lot of the discussion recently has been about fentanyl, but, um, meth is a very different drug from what I understand, people are also doing the two together. Um, and it's called a speed ball, right? One is an upper, one's a downer and they sort of counteract one another.

[00:40:56] **Tom:** [00:40:56] So it's actually called a goof ball. A speed ball is [00:41:00] cocaine and heroin mixed together. A goofball is meth and heroin or meth and fentanyl mixed together. Yep.

[00:41:06] **Michelle:** [00:41:06] Did you ever do those?

[00:41:08] **Tom:** [00:41:08] I did a couple of speed balls. I mean, so part of my addiction to it, wasn't just heroin and opioids. It was also crack cocaine. A lot of people on the street that are struggling with opioid addiction, they use crack crack is widely sold in San Francisco.

[00:41:20] A lot of people think that, Oh, the crack epidemic ended, but it's still there. Every one of those drug dealers out there that sells heroin and fentanyl, they also sell crack and that's probably their bread and butter along with the fentanyl. Now, those two things because it's cheap and it's a stimulant.

[00:41:34] Gives you a rush. And so those of us that use heroin, we smoked it, uh, so that we would not out. So would, when you shoot up heroin and you smoke a bunch of heroin, you kind of drift off into this kind of half consciousness. You know, you've seen the 45 degree angle nod that people have on the street and you wonder how they're able to stay up.

[00:41:52] Well, I used to be one of those guys too. I had the nod going and, uh, we would smoke crack because that would kind of help take the edge off of that a little bit so [00:42:00] that we would stay awake and not wake up and have all our stuff gone. Especially if I was holding drugs, you didn't want to drift off and have somebody come and jump.

[00:42:08] You. You know? Um, so there was it, whatever was out there, you know, I did everything that was out there. People gave me Klonopin and I did that. People would sell me their methadone. I would take that. Uh, cause that gets you high too. Uh, you know, I did cocaine powder, cocaine, crack cocaine, crystal meth. I snorted it.

[00:42:27] I smoked it. So it's not just, I wasn't just a one trick pony and almost anybody that uses drugs will tell you the same thing. They're not one trick ponies. They drink that are addicts, especially they drink. They use whatever their drug main drug of choice is. And mine was heroin. And then they use a variety of other drugs too, because what the heck?

[00:42:46] Why not?

[00:42:48] **Michelle:** [00:42:48] how much money a day were you spending, would you say? And what is the range

[00:42:52] **Tom:** [00:42:52] so when I was okay, so before I became homeless, when I was buying pills, I was spending, uh, about \$210 a day, [00:43:00] maybe \$240 a day on pills. Uh, when I became homeless, uh, because heroin is cheaper when I had the money and I could



get the drugs that I actually wanted to get. I was probably spending 80 bucks a day on heroin, which is about a gram of heroin a day.

[00:43:15] Uh, and then another 40 bucks on crack. So 120 bucks a day, but once they started holding drugs, they were giving me that daily. I was making that or more.

[00:43:27] **Michelle:** [00:43:27] got it. So when you look at the situation today, and I mean, we also have to remember, there are a lot of people using in San Francisco who are not homeless. I think the estimate I've read is that we have something like 25,000 intravenous drug users in the city. We have 8,000 unsheltered on the street homeless on any given night.

[00:43:48] I think there's a lot of people cycling in and out. You know, a lot of people are housed in as SROs or, um, maybe in shelters or navigation centers or, you know, renters. I'm sure there's a [00:44:00] lot of a big range of people who are users. What, what do you think are some possible solutions for. How the city can address this.

[00:44:09] Um, or if you think the city can't address this, you know, what are some things that you think private industry or nonprofits could do? Um, I'd be really curious to hear some ideas you have.

[00:44:21] **Tom:** [00:44:21] Well, you know, everyone's been talking about, and it's been all over the news about the shelter in place, hotels, right. That are in place right now, uh, as a way to get people off the street. But you know, you have to understand that that's temporary. Well, eventually those businesses are going to want to reopen the feds and the city.

[00:44:35] Isn't going to buy all the hotels in the city to house the homeless. So, yeah. Is, are, is the number one thing we have to do build more, more permanent supportive housing and affordable housing? Yeah, I think so. I think that's the number one thing I'm not, I mean, you know, if. You could send, like I said, if you sent someone to rehab for three months and then they come out and they've got nowhere for the nowhere, nowhere to go, they end up back on the street.

[00:44:57] So we need to create housing [00:45:00] opportunities. And then we need to incentivize those housing opportunities, at least for a subset of the people that are struggling with addiction on the street. It doesn't have to be everybody. I know that the housing first model is the federal model that's in place and it's going to remain.

[00:45:13] That is the deal. Uh, so, but I think that there can be something alongside that, uh, where we can offer, , , some type of incentivize housing as a way to help someone get into treatment and get better and improve their quality of life beyond just the basic housing that's going on right now. I also think we need to look at the quality of the supportive housing that we have in San Francisco, as someone that worked as a case manager in the Tenderloin and an SRO.

[00:45:36] I can tell you right now that most of the SROs, um, are awful. There. I mean, it's shelter. Yeah. But you know, shared bathrooms, uh, one bathroom at the end of the hall for

20 people. Uh, there's no sobriety requirements. And I understand, again, that's that's housing first and that's fine, but it's not fine for someone that's in recovery.

[00:45:56] Who's neighbors having a neighbor who's [00:46:00] neighbors, having an episode, a psychotic episode brought on by Matt. Uh, or for someone that has to walk out their door in the Tenderloin and have 12 drug dealers standing in front of them in their face, that's someone that's trying to stay clean. And this is the problem that we face.

[00:46:13] Most of the supportive housing in San Francisco is in the Tenderloin. We need to disperse it. City-wide to be quite Frank with you. We need every, every district in the city is going to have to take a bite out of this. And I know for some districts they don't want to, you know, but you know what it. It's we're doing a disservice to the people that we're housing by forcing them all to live in this one contained area and creating a ghetto, right.

[00:46:38] That's mired with drug drug dealers. Right. And how can someone is trying to get better and improve their quality of life succeed in that environment. So we need to create resources, ways for them to succeed. So that means recovery focused housing. That means dispersing, permanent supportive housing throughout the city.

[00:46:58] That means, uh, [00:47:00] fast tracking ways to get people in onto the list and into housing. That means fast-tracking and lowering thresholds to get people into drug treatment that need treatment. So it's almost like all of the above that we need to do in San Francisco. And it's just, it's funny. It's like the problem exploded so fast.

[00:47:14] The drug issue and the homeless issue exploded. I mean, we already had it in 2016 and 2015, et cetera, but he had exploded so fast in the last two or three years that it almost caught our leaders off guard. Right. We have all this money, \$12 billion budget. What were we spending that on? You know, we were spending it on permanent supportive housing mayor Breed announced today that we're going to build more supportive housing now than we have in the last 20 years.

[00:47:38] That's great. But why didn't we, why aren't we looking at that in 2015 and 2014? I mean, It didn't take, I mean, we've got all these smart people in office, right? They couldn't forecast that this was coming down the road, you know, with all the, all the virtue statements they do about wage inequality and a lack of housing and the state of California, they didn't see this coming.

[00:47:57] The, all the drug dealers that are on the corner [00:48:00] selling, they didn't see this coming. And now here we are, and everyone's throwing their hands up saying, Oh, we don't have enough housing. Well, you know, that's true. Um, but we could have done something about this few years ago and. The S the thing that's hard is that it's wonderful that we're going to create more supportive housing.

[00:48:14] Right? I think everybody would agree with that, but it's going to take years to build that supportive housing. It doesn't happen six months. It's at least one to three, maybe five years. How many people are not going to be alive to realize that opportunity for housing because of the environment that we have created, that we have perpetuated on our streets of San Francisco because of lax law enforcement.

[00:48:38] Because of specially lax prosecution, and especially a lax prosecutor, prosecutorial outcome through the superior courts for people that are selling illicit drugs. Um, you know, everyone hides behind that. The war on drugs has failed. The war on drugs has failed. Well, you know, San Francisco has, has not been practicing the rules of the war on drugs for many, many years [00:49:00] already.

[00:49:00] Okay. Th they, I remember one time when I was on the street smoking crack and I turned around and there was a cop that had rode up on a bicycle behind me. And he was standing two feet away from me as I'm hitting my crack pipe, looking right at him. And I took it out of my mouth and I exhaled and I blew all the cracks smoke right in his face.

[00:49:21] And all he made me do was he made me drop the pipe and step on it and walk away. He didn't arrest me nothing. And to his credit. Because drug being a drug addict is not a crime. Being homeless is not a crime. It's the maladaptive behavior. When you lie cheat and steal and Rob people and break car windows and all that, those are crimes.

[00:49:40] And those are things that you have to be held accountable for. Just like I was held accountable.

[00:49:47] **Michelle:** [00:49:47] Can you say more about what permanent supportive housing is and why you believe that would be a potential solution? Especially when we have, you know, 50 beds open at Harper light, I guess I'm curious if people don't want to go [00:50:00] to those, why would they want to go to permanent supportive housing and how has permanent supportive housing?

[00:50:04] Different than treatment or the children, places, hotels.

[00:50:09] **Tom:** [00:50:09] Okay, great question. Because permanent supportive housing is based on the housing first model, which is low barrier housing, right? There's no sobriety requirements. There's no requirements for you to get into that housing. They're just helping you out to get back on your feet by giving you a place to live, which is actually excellent.

[00:50:26] That's what you want. Um, the, what permanent supportive housing is, is basically it's subsidized housing. It's where you as a resident sign a lease and to agree to pay. Pay X amount of rent, which you're responsible for 30% up. And then the city and County kicks in the difference. They pay the rest of the subsidy for you for your rent.

[00:50:46] And that supportive housing is usually a single resident occupied apartment in San Francisco, where you have a case manager who helps you develop a case plan, uh, and to help you develop your life skills, to improve [00:51:00] your overall quality of life and help you then address whatever issues you're struggling with with whether it's mental health addiction or otherwise, right.

[00:51:07] Job training. Resume building all those things. And these are things I did with all the people that I worked with when I was a case manager and supportive housing. So in theory, that that idea is wonderful and that's what we do. And we have over 11,500 people in permanent supportive housing in San Francisco right now.

[00:51:24] Um, and now it's going to grow by at least another 3000 I think is what the mayor was saying. That's different than affordable housing, fordable housing. And a lot of people say that, Oh, they're the two one in the same, not necessarily affordable housing is where you let's say you have a job. Let's say you're a single mom with two kids, you have a job and you qualify to get maybe.

[00:51:47] A lower rent or you qualify to get some kind of special deal on getting a mortgage payment to get into a condo or something like that. That's, that's what I consider to be affordable housing. That's what affordable housing is here in the city. So when they talk about mixed use [00:52:00] housing, this has been the model that's been in place all this time is that you have, they build a new build condo building and half, half the units or 70% of the units are regular and 30% are affordable housing.

[00:52:11] That's not permanent supportive housing. That's just affordable housing for people that, that. You know, or maybe lower income that just need a leg up to get in. Right. Permanent supportive housing is when you're, when you're pretty much homeless and you walk into the department of homelessness and supportive housing, the coordinated entry on 10th and Howard, and you say, Hey, I'm homeless.

[00:52:30] I want to sign up for housing. Then they make you complete this application. They run an algorithm on you and they determine whether or not you're homeless enough to actually receive the permanent supportive housing. And that's what it is. They have to determine if you're homeless enough. So for me, I was homeless on the street for six months.

[00:52:47] What I've qualified for permanent supportive housing. I didn't have any comorbidities or anything like that, other than addiction, which doesn't count. No, I wouldn't have qualified. I'm not homeless enough to qualify for permanent supportive housing. And that's driven [00:53:00] by the fact that there's a shortage of permanent supportive housing.

[00:53:02] I think once we expand that, uh, that's going to help a lot. I agree. Most people do.

[00:53:09] **Michelle:** [00:53:09] so what, so let's say San Francisco could have, could afford to have 20,000 units or 30,000 minutes. Um, Does that create a situation where people are coming here to get free housing? Like, do you think what, how, how does San Francisco decide how much housing to build? Assuming it will be filled.

[00:53:31] **Tom:** [00:53:31] Right. So it's a great, that's a great question. Um, sorry. I just kind of rubbed my eye cause it's like that that's like mind boggling that whole thing. When you think about the way that they decide how someone is from San Francisco, as opposed to not from San Francisco and when they qualify for services.

[00:53:48] And when they don't, there's a term that they use, uh, at health and human services at HSA, the human services agency, uh, where they refer to. How long someone has [00:54:00] been in San Francisco before they're deemed homeless. And that term is called immediately prior. That's the term that is used. So if someone is immediately prior, was he

was housed immediately prior to becoming homeless in San Francisco, then you're homeless from San Francisco.

[00:54:15] That's how you're counted. So if I let's say lived in Fresno and I came here in my car. And I had enough money to last me for about a week of a hotel or a flop house in San Francisco. And then I was hoping to maybe, you know, do whatever because, or I was running from the cops or I knew that's where I could get my drugs.

[00:54:36] I was having a hard time getting them a Fresno, or maybe I knew somebody who I was going to be able to crash with here in the city, until I could find a job. It could be any one of those types of scenarios and it didn't work out. And a week later I'm booted and I'm out on the streets, sleeping in my car. That means I've already been living here for a week. So then I just have to spend one more week here in San Francisco and I can walk into HSA and apply for GA and [00:55:00] say that I was homeless. I became homeless because immediately prior I was living in San Francisco. Well, that means to me, that means you're not really from here.

[00:55:08] You're not from, and I'm saying you have to be born and raised here, but we're talking about a two week window, not a six month window that you were living here, not a one-year window. That's all a big misnomer. That housing advocates use and homeless advocates, especially use here in San Francisco to justify the argument that most of the people that are homeless are from San Francisco.

[00:55:30] Now, the people that are living like in district 10, uh, that are out there on the corner and stuff and tenants. Yeah. A lot of them are from San Francisco and that's that's, I mean, district 10 is a direct result of, you know, uh, basically poverty and racism and all those things that happened that that community is predominantly African-American.

[00:55:48] You see what's happening out there, man. That's a real, you know, um, but what we're seeing in the Tenderloin is you just walk down the street with me one of these days, Michelle, and I'll show you most of the guys that are down there are young [00:56:00] they're in their twenties and thirties. They're all tattooed up.

[00:56:02] They're not from here, but because they were here immediately prior to becoming homeless, they're considered to be from here. That's how they're counted. And that's how they can become eligible for services. And that that's something that we need to look at real hard here in San Francisco, as it, as it pertains to housing.

[00:56:19] **Michelle:** [00:56:19] got it. And so the main service you're referring to is general assistance. The \$600 a month. Plus 200 food stamps, which you're saying most people got us. If you're here for two weeks, you become eligible for that. Yeah. This interesting. When I was in high school year, um, Gavin Newsom was mayor and actually he was pushing very hard for a program called care, not cash.

[00:56:38] And,

[00:56:39] **Tom:** [00:56:39] that still exists. It's still on the books, Michelle, that law, but they found ways to go around it. And the way you go around it is that you, you apply for aid for

general assistance and to get the full amount, um, you either you have to provide some kind of address because if you say you're homeless, they'll only give you the care, not cash money, which is 60.

[00:56:57] But if you say, Oh, you know, cause you were sleeping on your buddy's [00:57:00] Castro, that's my address. Then you can get your full and get your full eight. Right. And then to get that full. Yeah, go ahead.

[00:57:06] **Michelle:** [00:57:06] Do you know who funds the general assistance? Is that from the city budget or the state or

[00:57:12] **Tom:** [00:57:12] I think it's both because there's a general assistance program in every County in the state. So I think it's County funds also state funds contribute to it,

[00:57:21] **Michelle:** [00:57:21] got

[00:57:21] **Tom:** [00:57:21] federal funds too, for that matter. But it's a program that's available in every, in all 58 counties, but San Francisco has the highest pays the most money basically of any County in the state.

[00:57:32] **Michelle:** [00:57:32] I'm just curious, um, do, do you ever meet people who came here from say LA or Portland or Seattle, and view San Francisco as a more, uh, hospitable or, or caring place to be? Also vice versa. Have you seen people leaving here saying this isn't a good place to be homeless?

[00:57:53] Like how much movement have you observed among people who are unsheltered

[00:57:58] **Tom:** [00:57:58] so when I was on the [00:58:00] street, the, the term that we used on the street was that San Francisco was the land of milk and honey, that's what we used. We could be free here.

[00:58:08] Nobody was going to mess with you. Nobody was going to F with you. That's what they said on the street. You can just be here and do what you want. Nobody was going to F with you. And that's kind of that subculture that's existing right now on the street in San Francisco. And, and, um, and, and I'm not trying to demonize the homeless, and I'm not saying that we should go out and RANKL all the homeless people and sweep the camps and all that stuff, because that really doesn't help either.

[00:58:31] Um, but there's definitely this overall general kind of feeling out there that, Hey, come to San Francisco, man. And it's always kind of been that way, right? Since the sixties. That this is the land of milk and honey. And so you come out here and, uh, I knew people on the street that were from Nevada, Ohio, New York, Oregon, Washington, Pennsylvania, a lot of people from the central Valley here in California, a lot of people from Northern California that were [00:59:00] out here too.

[00:59:01] And, and plenty of people, plenty of people that were from here too, you know, so, but it definitely is a magnet. You also had people that were transient that. Were those Haight street kids that started out, um, you know, there's this whole kind of underground

thing where kids ride these trains that are really into grateful dead, and they hop all the trains, like almost like hobos used to back in the old days and ride across country and stuff.

[00:59:21] And they ended up back in San Francisco on eighth street. And a lot of them end up in the Tenderloin when their addiction gets worse and worse and worse. It's almost like the Tenderloin is where you go when you're getting ready to hit the rock bottom, uh, for the people that are on the street, that's where you go.

[00:59:38] Wait, wait, because your addiction has gotten so bad or things have gotten so bad for you that, uh, there's really, you just need to be that close to everything or that close to the drugs that close to the services, all those things. So that's why they go to the Tenderloin. And on top of that, they know that unless you're violent or unless you're slinging drugs, pretty much the cops aren't going to mess with you.

[01:00:03] [01:00:00] **Michelle:** [01:00:03] I wish that we had more stats as a city like how long, how long can you really survive out there? If your tolerance keeps going up is it pretty much a one-way path to a young, early death?

[01:00:14] Um, like what percent of people that sleep in the Tenderloin on the street will sleep again in a bed, warm and comfortably with security. It seems like from everything I hear about, you know, the way our system works, it seems like a very small percentage. Um, like it doesn't sound like we have any treatment options as a city, from what I can read.

[01:00:35] Um, salvation army is a, you know, a nonprofit, actually one of my friends is on the board there and currently trying to raise \$5 million to build a facility that will have 1600 beds. Um,

[01:00:45] **Tom:** [01:00:45] Oh, I know. I know your friend too. We've talked so.

[01:00:48] **Michelle:** [01:00:48] Yeah, but it seems to me like almost befuddling that our city doesn't have hundreds or thousands of treatment beds given this is sort of the end of the [01:01:00] line, right?

[01:01:00] When you talk about the train metaphor, if this is the underline, it is befuddling that our city does not have some solutions to actually get people out of homelessness

[01:01:10] **Tom:** [01:01:10] Right.

[01:01:11] Will the, the, the solution that's being pushed the most in San Francisco is permanent supportive housing or bust nothing else in between. So like, you know, the micro homes, suggestion that they're doing in San Jose, where they built a mini homes for people that's out, that's considered cruel.

[01:01:28], the tents has been accepted that, that the tent encampments, that safe sleeping sites has been accepted only because of COVID otherwise it would not have been, that would have been. Cool. Uh, and that the argument is, is that look, you know, housing is a human, right? Yeah. I understand people make that argument.

[01:01:44], and there's some truth to that, I guess, but at the same time, if you're not paying for the housing pretty soon, it's like, where's that money coming from? And so where's that money that gets into a whole, other thing about fiscal responsibility and taxes and all those things that, you know, that's.

[01:02:00] [01:02:00] Something that I pay attention to. Um, but I kind of let the politicians kind of work that out. Cause they're the ones that apparently decide how they like to spend all that money. What I'm trying to do is, is, you know, at the ground level, it's, it's trying to help people give them some hope while there still is some hope left.

[01:02:15] You asked me a question earlier about statistics on how many people make it out of the Tenderloin. Now that many, I mean, there's people that have been living in the Tenderloin a really long time. There's a whole community, a whole. Community, uh, a lot of families with kids living there and all that, but we're not really talking about that demographic.

[01:02:31] We're talking about the people that are actually on the street unhoused. Yes. Some of them eventually make it off the street into housing. A lot of the people that live in the SRO in the Tenderloin and the permanent supportive housing started out homeless on the street and the Tenderloin and they got into housing, but there's also a lot of people that have never made it out that are still there.

[01:02:50] One of the cops that kept arresting me over and over. He and I had a conversation when I was in recovery later on. And he, he mentioned to me that out of all the time he's been on [01:03:00] the police force, I'm the only person that he knows of that was homeless living on that 300 block of Golden Gate Avenue that actually made it off that block.

[01:03:08] That wasn't, that didn't come off that block in a body bag. That's how he said it. And that that's just, that says a lot to me. And that's 100% because of the drugs. And then couple that with the stress of living on the street. Uh, and that just is killing people in the hundreds. And personally, I know they said it was 699 people that died of overdose, but you know, that's an unofficial report.

[01:03:33] I had predicted seven 50, I think we're still going to hit that before. It's all said and done as the official count for 2020, and it's really a tragic, tragic number. And, um, you know, we're almost done with January in 2021 and. No, they've rolled out the street crisis response team and they're starting to roll it out and that's good.

[01:03:51] And they're expanding the homeless outreach team and that's good. Um, but they haven't expanded drug treatment. They haven't promoted drug [01:04:00] treatment. They haven't made any kind of technology available, easily accessible, low, low technology stuff for people to find out where they can go for treatment. They haven't expanded the operating hours of, of an intake facility for treatment.

[01:04:14] It's still bankers hours Monday through Friday, eight to four 30 with most intakes ending by 1:00 PM. So how are we going to get anyone better? Is that even the goal at this point of a lot of the, a lot of the activists and advocates around harm reduction in San Francisco, do they, are they even interested in drug treatment?



[01:04:32] That's the question I have to ask at this time. No. And you put that out there. It's true. And I've gotten a lot of pushback on that because they say, of course we are, of course we are, but they're dedicating all their resources to harm reduction, to expanding Narcan, to expanding clean needles. Now they're giving out strips of aluminum, foil, and paper straws to make it easier for people to smoke fentanyl, that's not harm reduction.

[01:04:55] All those people that overdosed on fentanyl, almost all of them overdosed [01:05:00] because they were smoking fentanyl. Not because they were shooting it up. How's that harm reduction. That's not a harm reduction measure that should just that's that's enabling, it's almost like drug promotion. So they're really getting close.

[01:05:12] They're blurring the line between harm reduction and drug promotion. And I, you know, my job in all of this is to help reel them in a little bit. That's what I hope to do.

[01:05:23] **Michelle:** [01:05:23] Tom, I would love to see you in a role in San Francisco running programs. Like that's my dream. I don't know if that's possible. I don't know how this works.

[01:05:31] I know right now you're in between, , roles and evaluating a bunch of different options. Can you just give us a quick update on, like, where are you at today? You're back at home. It looks like right now, like how, or it seems like things have really improved for you, like what's going on and how can people help you?

[01:05:46] **Tom:** [01:05:46] Uh, well, yeah, I am back at home. I'm reconciled with my family. Uh, so I'm actually launching a website in about a week, maybe to my own webpage. Uh, and it's just going to have, it's just going to be a place that's going to have all my, you know, Media [01:06:00] stuff, all the documentaries I've been in the media exposure that I've had articles on newspaper where I've been quoted.

[01:06:06] Uh, and it's also going to have a section there available to fill out a form. If you're interested in me speaking to your group, I'm starting to do public speaking. Uh, some of it paid, which is really great. Some of it not, which is okay too. I'm not in it really for the money. I'm not trying to monetize my, my advocacy.

[01:06:22] I'm just trying to tell people the truth about what's really going on out there and. You know, some of it people don't like to hear people will say, well, that sounds like the war on drugs and all that. Well, no, it's not. It's just the truth of what's going on out there. And if you love San Francisco, if you care about this city, you need to get involved, get involved, talk to your, to your supervisor, vote, look at the candidates that are running every election and make sure you understand you're voting for, and then talk to people that actually have lived experience.

[01:06:55] With this, with these issues with when it comes to the issue of homelessness and, and drug [01:07:00] addiction, nothing beats lived experience. So, you know, we need, there's a, there's actually a big recovery community here in San Francisco. There's a lot of people in San Francisco that you just don't know because of the whole, you know, alcoholics anonymous.

[01:07:14] Right. It's anonymous. All right. Can you even, people don't want to put themselves out there that yeah, I was a drug addict or yeah, I was an alcoholic or whatever. There's a huge recovery community in San Francisco. And so I urge anyone that's out there. That's in recovery in San Francisco that wants to get more involved.

[01:07:29] Please, please reach out. Let's get involved. Let's make this happen. Let's start a movement in San Francisco. That includes all treatment modalities that that includes abstinence-based 12 step treatment along with harm reduction, that, that we hold our, our leaders accountable to increase treatment beds.

[01:07:46] And. And, create a treatment on demand system to lower barriers, to make it easier for people to get into drug treatment. And let's focus on target specific enforcement of an organized drug dealing ring operating [01:08:00] in plain sight in San Francisco. It has to stop. It just has to stop. It's killing too many people.

[01:08:07] They're selling fentanyl. They almost, all of the drugs that were bought with the killed 700 people were bought in the Tenderloin. And that's not just in San Francisco. What about all the people that died in the surrounding counties here in the Bay area that came to the Tenderloin to buy their drugs?

[01:08:22] Nobody talks about that. How many overdoses did they have in Oakland and Alameda County and in Sonoma County and in Santa Rosa for people that drove down here to buy their drugs in the TL? It, I'm not saying we're going to stop it. I think that the whole idea of prohibition this ship has sailed a long time ago, but we can slow it down.

[01:08:42] And I think that that's something that we can't give up on doing. We have to do that. And that means that the district attorney's office and the superior court need to put some of their ideology aside and get on board with all of us here in San Francisco that want to have some modicum [01:09:00] of public safety. That's it.

[01:09:05] **Michelle:** [01:09:05] all right, Tom. Thank you so much for the time. And it's a long interview. Um, thank you so much. This is, I think, going to really help people understand a little bit more of what's going on. You know, these are difficult topics that not a lot of people talk about. So I hope this inspires some people to get involved, to give money to organizations that are fighting some these issues.

[01:09:26] I'll link more information below in some way, wherever this ends up getting posted either on sub stack or YouTube or something, I'll, I'll put information below and I'll link your website once it's up and running. Um, and we'll go from there. I hope that we continue the conversation.

[01:09:39] **Tom:** [01:09:39] Thank you, Michelle. And for everyone sees this, you know? Yeah. I hope it just makes you think. Just think. Thank you.

[01:09:47] **Michelle:** [01:09:47] Yeah.

[01:09:47] **Tom:** [01:09:47] Thanks Michelle.

[01:09:48] **Michelle:** [01:09:48] All right. Talk soon.

[01:09:49]