## Speak Out Seattle!

May 16, 2017

King County Councilmember Jeanne Kohl-Wells, Chair King County Health, Housing, and Human Services Committee 516 Third Ave, Room 1200 Seattle, WA 98104

RE: Proposed Motion No. 20170209, A motion requiring that the executive prepare a report and workplan for the Implementation of the Heroin and Prescription Oplate Addiction Task Force recommendations to establish community health engagement locations.

Dear Councilmember Kohl-Wells and members of the Health, Housing, and Human Services Committee,

Speak Out Seattle!, a citizen's group in King County formed in January 2017, is pleased to provide the following testimony as part of the implementation of the King County Heroin and Prescription Opiate Addiction Task Force ("Task Force") recommendations to establish community health engagement locations (CHELs).

We use the term "drug consumption sites" to describe CHELs.

The Drug Addiction and Recovery Committee of Speak Out Seattle! supports many of the Task Force recommendations, but urges the Task Force, King County, and the City of Seattle to remove drug consumption sites from consideration at this time.

Instead, we ask you to augment needle distribution systems with additional harm reduction methods that are effective, legal, and evidence-based in the USA. We support outreach, overdose prevention education, access to naloxone to reverse potentially lethal opioid overdose, counseling, wound care, food, hygiene, and, most importantly, immediate access to detox and treatment.

## Do Drug Consumption Sites Perform Better than Enhanced Needle Distribution in Averting HIV / Hep C?

The Task Force Final Report assertion that drug consumption sites represent cost savings by averting new cases of HIV and HCV rests on such studies as a 2010 cost-benefit and cost-effectiveness analysis of InSite in Vancouver BC. This analysis predicted InSite would avert up to 84 new HIV infections annually, with an annual cost savings between \$2.85 and \$8.55 million.¹ What has *not* been performed is a comparison study of how many infections would be averted with enhanced needle distribution *versus* drug consumption sites. We think this comparison deserves consideration.

In December 2016, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) concluded in a meta-study examining best practices for drug consumption sites across Europe that there is 1) insufficient evidence to support the effectiveness of drug consumption rooms in reducing HIV infections, and 2) Insufficient evidence to support the effectiveness of drug consumption rooms in reducing HCV infections.<sup>2</sup>

To place this in a positive light, the EMCDDA reports that, "Infections caused by HIV and Hepatitis C among people who inject opioids can be prevented with opioid substitution treatment and the provision of clean needles and syringes." This information, released *after* the September 2016 Task Force Report was published, could allow an opportunity for King County and the City of Seattle to rethink its sizeable investment into two pilot drug consumption sites. The cost for these sites, currently estimated at \$5-6 million over 3 years, is especially concerning given the current lack of adequate funding and unacceptable wait times for detox, treatment, housing and other supportive services for those suffering from substance use disorder.

Distributed to the Clerk at the 3HS Committee meeting on 6/6/17 Re: 2017-0209

## Legal Issues Unaddressed by the Task Force, King County, and the City of Seattle

SOS asserts that these drug consumption sites, which would be the first attempted in the country, represent a significant risk to the taxpayers of King County and the City of Seattle because we understand that drug consumption sites are illegal under state and federal laws.

The Task Force, King County, and the City of Seattle are responsible to the taxpayers of this region to fully assess the legality of drug consumption sites in order to predict how conflicting state and federal laws on drug possession and the maintenance of premises for illegal drug use will be interpreted and acted upon. Members of the Task Force have stated on multiple occasions this prediction would be difficult to make. A staff member at the U.S. Drug Enforcement Agency in Seattle stated that the Task Force had not contacted them about this subject. A federal challenge to the legality of drug consumption sites is the last thing we need considering the political climate in Washington DC today.

In conclusion, SOS believes a decision to move ahead with CHELs regardless of considerable potential legal consequences represents a risk to programming and funding that we cannot afford.

We strongly encourage King County and the City of Seattle to focus on prevention, treatment, and distribution of naloxone to reduce opioid overdoses, to enhance needle distribution systems as stated above, and to avoid entering into risky legal situations whenever possible.

Speak Out Seattle! requests once again that King County remove drug consumption sites from consideration at this time. We want to inform this body that given what we consider to be a profound lack of public engagement on this issue, we are placing our efforts in signature gathering for initiative 27, which would effectively ban drug consumption sites from this region.

Thank you for this opportunity to provide testimony to the King County Health, Housing, and Human Services Committee.

Sincerely,

Jalair Box

Co-chair, Drug Addiction and Recovery Committee

Speak Out Seattle!

http://www.speakoutseattle.com

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cc: City of Seattle Mayor Ed Murray
Current City of Seattle Mayoral Candidates

Seattle City Councilmember Sally Bagshaw

Andreasen, MA, Boyd N. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. Int J Drug Policy. 2010;21(1):70-6.

2 European Monitoring Center for Drugs and Drug Addiction, December 2016, Harm Reduction interventions for Oploid injectors Best Practices Portal. http://www.emcdda.europa.eu/best-practice/harm-reduction/opioid-injectors