

Bring heroin injection sites indoors, off the streets

Originally published September 22, 2016 at 1:01 pm Updated September 23, 2016 at 4:50 pm

By

Seattle Times editorial board

The Seattle Times

ALLOWING heroin users to shoot up at a government-sanctioned medical facility is a radical idea. When a King County task force studying the regional heroin and opioid crisis proposed a so-called “safe injection site,” it appropriately generated controversy.

But peel back the skepticism and fear. Reams of research in Canada, Europe and Australia show that such a facility could reduce rates of overdose and HIV infection, increase rates of treatment and cut down on public drug consumption and the health hazard of discarded needles on the street. It could even save money.

It is a radical idea that King County should try.

The need for an alternate approach to heroin- and opioid-addiction intervention is obvious. Heroin overdoses in King County tripled from 2008 to 2014, and 40 percent of drug seizures by police are now heroin — a sixfold spike. Alarming, young adults seeking opioid treatment also spiked. Heroin is back and gripping a new generation.

The region has already experimented with controversial ideas that, once tried, made a lot of sense. Needle exchanges were pioneered in Tacoma. Seattle’s 1811 Eastlake project, which houses alcoholics without forcing them to quit, went from pariah to national model when it proved to save millions of dollars and got some alcoholics into treatment.

The safe-injection proposal is based on similar “harm-reduction” concepts. The King County task force recommends two sites — one in and one outside of Seattle — where drug users can inject under medical supervision while outreach and treatment staff would coax the user into services.

Distributed at 3HS Committee
meeting on 5/16/17 by Cn Kohl-Welles

The model has worked in Vancouver, B.C. One study estimated the Insite facility in Vancouver's Downtown Eastside prevented 83 HIV infections, saving the government at least \$17 million. Others document a reduction in overdoses.

The proposal is, without a doubt, on the far left of the continuum of public health and treatment services. It would only be compassionate if there is ready access to treatment if users are coaxed into it.

King County currently has virtual treatment on demand for outpatient and inpatient services, said Brad Finegood of King County's Behavioral Health and Recovery Division. It still has a shortage of detoxification beds and other services, which must be available before a safe-injection site is opened.

Finding locations for these sites would be a huge challenge. But it is important for communities to read research that suggests safe-injection sites don't increase drug activity, and in fact reduce stray discarded needles.

The most common argument against safe-injection sites is that they enable drug users. In the Puget Sound area, and the U.S., we've seen with startling clarity the failures of the prohibition model of drug control.

Pushing users into alleys doesn't work. It's time to try a different approach. Give safe-injection sites a try.

Editorial board members are editorial page editor Kate Riley, Frank A. Blethen, Donna Gordon Blankinship, Brier Dudley, Mark Higgins, Jonathan Martin, William K. Blethen (emeritus) and Robert C. Blethen (emeritus).