Copy of testimony: Heather Gates

There are very few people in this room that are ambivalent about SIS. I want to acknowledge the fear, the worry, uncertainty, loss and grief. My goal as I speak today is in no way to minimize these important emotions but rather to try to put things in a more manageable perspective.

See in all ways except for having a dedicated place for our patients to inject, Seattle already has a program that operates along the same premise as the proposed safe consumption sites.

I work as a nurse practitioner with Harborview's Medical Respite on the 6th floor of the Jefferson Terrace Apartment building. We have been operational at this site since 2011 and temporarily house up to 34 homeless individuals while they receive treatment for acute medical problems, such as a wound or a bacterial infection requiring IV antibiotics. Here's the thing: at any given time at least 70% of our patients are actively using injection drugs off premise even while seeing their nurse daily for needed medical care. The program works because we keep clients safe by monitoring for oversedation when they return, providing a safe place to spend the night, treatment resources and, most importantly, a connection with people who can see the human being locked within the addiction. This is also the promise of SCSs.

Not everyone is ready or able to quit using drugs when they are admitted to our program. However after engaging with Respite staff many of our patients with heroin addiction become interested in trying

methadone therapy. Unfortunately if they are not referred directly from the hospital there is often a 3-4 week wait to get a first appointment with a methadone clinic. Even after this appointment it can take a few more weeks to be safely titrated up to the right dose to prevent withdrawal symptoms. I can prescribe medications for the diarrhea, nausea, muscle cramps and profound anxiety that accompanies withdrawal but most people still need to use drugs while waiting for opioid replacement therapy.

To do this, they leave our facility temporarily, inject and then return for their medical treatment, to eat and to spend the night. This harm reduction model works and area hospitals and clinics such as HMC, UWMC, Swedish and Highline have invested in Respite and receive cost-savings in the form of reduced ER visits and readmissions. My understanding is that within the next year the Royal Alexandra Hospital in Edmonton Canada will open up an injection area within the hospital for patient use. I wish Harborview would do the same.

Our program could be even more effective if instead of going out to inject in the streets, I could refer my patients to a clean and safe injection site. My patients, who are already sick, would be less likely to inject in their necks and femoral area if they had good lighting to find veins in their arms. They would develop fewer abscesses if they had a clean surface area for their supplies. Just like needle exchanges reversed the course of the AIDs epidemic, these sites could help counter the overdose epidemic. Please believe me that opening a site is not a leap off a cliff like some fear but rather a thoughtfully measured step in the right direction.