

# Speak Out Seattle

January 5, 2017

Delivered to:

Councilmember Sally Bagshaw  
Seattle City Council District 7 Representative  
600 Fourth Avenue, 2<sup>nd</sup> Floor  
Seattle, WA 98104

RE: CB 118794 O'Brien Substitute (10/14/16)  
Proposed Ordinance in Committee

Dear Councilmember Bagshaw,

The undersigned residents, business owners/managers and/or neighborhood associations of Seattle Districts are writing to you to express our concern that our interests as stakeholders in the City of Seattle Districts are not being heard and considered.

Seattle is experiencing an epidemic of substance abuse addiction and homelessness. Mayor Murray recently stated that 80% of the current unsheltered homeless population are addicts who need treatment, and either cannot get treatment due to wait lists, have refused treatment and/or have failed prior treatment. <http://www.kiro7.com/news/local/why-homelessness-has-grown-worse-a-year-after-mayors-emergency-declaration/463322328>.

We understand that the City of Seattle (“the City”) intends to authorize and fund two drug consumption sites similar to the Insite facilities in Vancouver, Canada, in the neighborhoods of Belltown and Lake City in the coming months. These drug consumption sites will allow people suffering from substance addiction to inject, snort, or smoke illegal narcotic substances, including but not limited to heroin, fentanyl and methamphetamines, with licensed medical providers available to administer Naloxone in order to prevent deaths from overdose.

*The Surgeon General’s Report on Alcohol Drugs, and Health*, released on November 17, 2016, makes no reference to or recommendation for drug consumption sites. Our interpretation of this omission in the Surgeon General’s report is that drug consumption sites are not condoned as a strategy to reduce harm. <https://addiction.surgeongeneral.gov/>

Although our coalition is adamantly opposed to the creation and funding of drug consumption sites, we are in support of the following recommendations set forth by King County’s Heroin and Prescription Opiate Addiction Drug Task Force (“Task Force”) in their Final Report dated September 16, 2016: <http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/herointf/Final-Heroin-Opiate-Addiction-Task-Force-Report.ashx>

## **Primary Prevention:**

- Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder;

- Promote safe storage and disposal of medications; and
- Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.

### **Treatment Expansion and Enhancement:**

- Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services;
- Develop treatment on demand for all modalities of substance use disorder treatment services; and
- Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics, provided that such clinics are spread throughout all neighborhoods on a per capita basis with community input and that adequate law enforcement is allocated to deter and/or respond to any increases in crime at least until statistics bear out that extra support is not necessary.

### **User Health and Overdose Prevention:**

- Expand distribution of naloxone in King County.

## **Why we are Opposed to Drug Consumption Sites**

### **1. The science is still out on drug consumption sites**

The Task Force focused much of their time studying the Insite facility in Vancouver, Canada, with visits and lectures from the principals of that facility. We contend that the only studies on Insite were performed by individuals who lobbied for these sites initially. These individuals have been paid millions of dollars to report on InSite's data. Thus these are not truly independent studies as the researchers have a vested interest in the outcome. Insite will not share raw data with independent researchers or allow their assumptions or results to be peer reviewed. As a result we are skeptical about Insite's study results.

[http://www.huffingtonpost.ca/mark-hasiuk/insite-vancouver\\_b\\_3949237.html?ncid=engmodushpmg00000006;](http://www.huffingtonpost.ca/mark-hasiuk/insite-vancouver_b_3949237.html?ncid=engmodushpmg00000006)

<http://www.globaldrugpolicy.org/Issues/Vol%201%20Issue%202/A%20critique%20of%20Canada's%20INSITE.pdf>

Recent reports from Vancouver, BC are alarming. In November 2016 alone there were 128 recorded deaths from overdoses, setting monthly record for the Province of British Columbia. There were 755 deaths from overdose through the end of November 2016 in B.C.

[http://www.cbc.ca/news/canada/british-columbia/drug-overdose-bc-november-1.3903256.](http://www.cbc.ca/news/canada/british-columbia/drug-overdose-bc-november-1.3903256)

### **2. Drug consumption sites divert money from where it is needed**

The Insite program reported costs of \$4.3 million in the year ending March 31, 2016, with \$2.9 million spent on supervision of narcotic drug use and \$1.5 million for voluntary detox programs. Out of 6,532 patients seen, only 252 entered and completed a treatment program. This is a very

low rate of entry into treatment. In addition, the Vancouver Coastal Health system spent another \$230 million on substance abuse and mental illness services programs. <http://www.vch.ca/your-health/health-topics/supervised-injection/user-statistics/>.

Drug consumption sites divert funds away from treatment on demand and increasing the distribution of Naloxone.

If the City forged ahead with drug consumption sites without treatment on demand available to anyone who asked for it, we believe the City would be doing a grave disservice to people in this region who are suffering from addiction. Treatment should take priority because addicts are asking for treatment and not getting it.

At a time the City is struggling to deal with homelessness<sup>1</sup> and property crime,<sup>2</sup> we strongly assert that drug consumption sites will only lead to more homelessness and property crimes.

### **3. Authorizing use of illegal narcotics is a violation of law and risks federal funding**

Using or possessing heroin, fentanyl without a prescription, methamphetamine and cocaine are violations of both state and federal law. These sites could result in a loss of federal and/or state funding for addiction prevention and treatment programs and other vital social programs.

## **Conclusion**

Our coalition **strongly opposes drug consumption sites** because:

1. These sites divert funds that should be spent on prevention, treatment, and wider distribution of Naloxone;
2. The consequence of opiate and methamphetamine use is illness and death and the City should not sanction such activity;
3. Vulnerable individuals who are unable to make reasoned decisions will lose the incentive to seek help; and
4. If the City sanctions illegal drug use, they risk “normalizing” societal attitudes toward these dangerous drugs, leading to ever-increasing substance abuse in our region.

Our vision is for the City to build prevention, detox and treatment services in Seattle and King County as described by The Surgeon General’s Report on Alcohol, Drugs, and Health (November 17, 2016) and The Comprehensive Addiction and Recovery Act (July 22, 2016.).

We request that you remove drug consumption sites from consideration in any upcoming legislation or other programmatic elements of the City of Seattle. As the Chair of the Committee on Human Services and Public Health, we understand you care deeply about the issue of drug addiction. We, the neighbors, friends, and family members of people who are suffering from

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<sup>1</sup> HUD report shows that national average of individuals experiencing homelessness is going down, while the numbers are dramatically increasing in Seattle

<sup>2</sup> Seattle leads the nation in property crime

addition also care about this issue, and are aligned with you to implement the recommendations of the Task Force specifically described on the first and second page of this letter.

We request that you meet with us in person any time before January 31, 2017 to discuss your plan forward. Please contact us as soon as possible to schedule a meeting.

Thank you.

Elisabeth James  
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cc: Council President Bruce Harrell  
Council Member Tim Burgess  
Mayor Ed Murray