



May 25, 2017

Mr. Brad Finegood  
Assistant Division Director  
DCHS/Behavioral Health and Recovery Division (BHRD)  
CNK-HS-0400, 401 5th Ave Ste 0400  
Seattle, WA 98104

Re: SOS Drug Addiction and Recovery Committee Opposition to Drug Consumption Sites

Dear Brad,

Thank you for meeting with me on May 17, 2017. As we discussed, Speak Out Seattle! supports many of the recommendations of the King County Heroin and Prescription Opiate Addiction Task Force ("Task Force"). Our issue is with the drug consumption component of the CHELs.

First, I want to ask for clarification from your May 16, 2017 briefing before the King County Health, Housing, and Human Services Committee. You mentioned that needle exchanges are a one-for-one exchange. Can you clarify this? You stated that some sort of breathing technique or device could serve as well as Naloxone to keep a person who has overdosed on opiates alive until an ambulance arrives. We had not heard of this before, and would appreciate a clarification and citations or studies to back that up. You also said that by early 2018 treatment on demand will be available in King County. We would like to understand how the Task Force plans to do that.

We understand from the Task Force Final Report and Recommendations ("Final Report") that, "...the primary purpose of these sites is to engage individuals experiencing opioid use disorder using multiple strategies to reduce harm and promote health, including, but not limited to, overdose prevention through promoting safe consumption of substances and treatment of overdose." I understood you to say in our meeting that you see these sites as one more open door to access treatment for those suffering from substance use disorder.

We have a hard time understanding this, because the data shows low rates to entry into treatment, and these sites may extend time to treatment for many individuals. This policy decision also creates legal issues that would not have existed had the Task Force not embarked upon this path.

Harm reduction models such as enhanced needle distribution would better serve King County. We would prefer King County to focus on fast access to effective treatment pathways, including medication-assisted treatment. We would like to see a system forged around recovery communities that builds upon positive reinforcement, rather than condoning and extending drug use.

We continue to maintain that heroin and methamphetamines are illegal, and sites set up for people to take these drugs are illegal under federal and state law. Localized prostitution, theft, burglary, and robbery will occur in the area of drug consumption sites in order to secure illegal drugs for use at the sites. Stand down orders regarding local drug use and dealing will negatively affect the ability of law enforcement to uphold the law.

*Distributed to the clerk at the  
DHS Committee meeting on  
6/6/17. Re: 2017-0209*

Individuals who are in early stages of recovery could be more prone to relapse if they live or work within physical proximity to those who are actively using drugs at these sites.

Consider the message King County and the City of Seattle are sending to our youth: that it's OK to take illegal drugs. You may disagree with this, but there are many citizens in the region who are concerned that this is the implicit message behind a sanctioned drug-taking situation. We know there are annual surveys measuring youth involvement with and attitude toward illicit drugs. We don't think there should be any experiment in this regard.

We know that needle exchanges are effective at reducing needle sharing and blood-borne infections such as HIV and Hepatitis C. However, the evidence is not sufficient with respect to drug consumption sites. In December 2016 the European Monitoring Center for Drugs and Drug Addiction found, "there is: 1) insufficient evidence to support the effectiveness of drug consumption rooms in reducing HIV infections, 2) insufficient evidence to support the effectiveness of drug consumption rooms in reducing HCV infections."

This finding would indicate one of the primary arguments for piloting drug consumption sites here in King County deserves a second look.

We feel that public involvement on this issue has been insufficient. It is crucial to educate citizens in an unbiased manner and provide opportunities for public comment.

For example, some comments in local media may lead people to believe that if drug consumption sites exist, discarded syringes and open drug use would magically disappear. We do not think this would be the case, considering drug use in King County is not geographically concentrated. Recently pro-drug consumption site advocate VOCAL of Washington advertised on King County Metro Buses. Their message, that drug consumption sites are safer and will reduce the number of discarded syringes in parks and alleyways, aligns with the messaging of the Task Force, King County, and the City of Seattle. KIRO TV and Radio called out the fact that these advertisements are against the advertising rules of King County Metro, and yet the ads remain. From our perspective, promulgating a biased narrative can damage the public's trust in government.

To rectify this one-sided messaging, we encourage the Task Force to expand public engagement to include a public hearing with formal testimony in Seattle (planned but not carried out as noted in Task Force meeting minutes March 2016) and a series of meetings that would allow the public to ask questions of the Task Force and elected officials who support drug consumption sites.

Thank you for your time, and I look forward to meeting with you again. Please share this letter with the Task Force.

[original signed]

Jalair Box

Co-chair, Speak Out Seattle! Drug Addiction and Recovery Committee  
sos.jalair@gmail.com

CC: Jim Vollendroff, Division Director, BHRD  
Dow Constantine, King County Executive  
Jeanne Kohl-Wells, King County Councilmember  
Sally Bagshaw, City of Seattle Councilmember  
Candidates for Seattle City Council