TO: Councilmember Lisa Herbold, Public Safety and Human Services (PSHS) Committee Chair

FROM: Jesse Rawlins, Public Defender Association (PDA) Public Policy Manager
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DATE: September 9, 2020

RE: Project Description for Supervised Consumption Implementation in Seattle

Introduction

This memo was prepared by staff from PDA and ACLU-WA as leading members of the local Yes to SCS Seattle/King County Coalition. The memo defines supervised consumption services, and provides a project description for local SCS operation as an evolution in approach for Yes to SCS. While the original SCS proposal of a stand-alone site was funded by the Seattle City Council in 2017 and 2018 and was approved by the local Board of Health through a 2017 Resolution, previous and current Mayoral administrations have not moved SCS forward. Meanwhile, the economic consequences of the COVID crisis have put massive pressure on the social determinants of health across the board, making extremely costly initiatives that serve a small number of individuals more difficult to support than an approach that can disseminate those services more broadly to populations in need of safer consumption services. If a stand-alone site is not feasible or optimal at the current time, the City should grant the funds through its existing Public Health contract to existing low-barrier social service providers, which can use can those funds for supervised consumption services for their participants.

Background

In 2016, the City of Seattle co-convened with King County the Heroin and Prescription Opiate Addiction Task Force (Task Force). The Task Force provided a Final Report and Recommendations in response to the local opioid epidemic. Recommendations included piloting at least two Community Health Engagement Location (CHEL) sites, one in Seattle and one in King County outside of Seattle, where drug consumption is supervised or made safer in a supportive care setting. This type of programming is also known as supervised or safer consumption spaces or services (SCS). While the Seattle City Council moved this recommendation forward through its budgetary role, and while Mayor Durkan campaigned explicitly on the promise to implement a CHEL site, the City executive departments have not spent the resources or crafted a plan to accomplish this policy goal, resulting in no sanctioned supervised consumption space being operated in Seattle to date.

One stated impediment has been prohibitively expensive cost models. While we do not accept that a SCS site could not be opened and operated with the budget provided by the City Council and King County, we do recognize that the amount of funding called for would, in the short term, benefit a comparatively small number of people, and accept that, in light of the budget pressures and basic needs crisis of the COVID period, it is always best to find ways to accomplish policy goals while serving the broadest number of people possible. To that end, we have consulted with executive leadership for King County and the Seattle Mayor's Office on an alternate route to provide supervised consumption services without the costs attendant to a single stand-alone site. We view this approach as advancing all the stated goals of the 2016 Task Force, in a manner that perhaps better fits the current landscape.

Project Description

Supervised consumption services (SCS) implemented at existing low barrier social service locations is an evolution in strategy for local SCS operation and an acceptable alternative to a stand-alone site that is practiced internationally, is likely to serve more people, and is supported by data. Through its Public Health contract, the City of Seattle's Human Services Department (HSD) can move available SCS funding this year to that contract.

Using that funding, Public Health – Seattle and King County (Public Health) can then provide grants in 2020 to local social service locations that already provide services and support to vulnerable people who use drugs, so that they may add supervised consumption services to existing programming.

Project Benefits

While stand-alone sites are proven successful for public health, researchers released a publication in 2018 demonstrating how co-locating supervised consumption services with a broader service array is also extremely beneficial. As an alternative to a stand-alone site strategy, supervised consumption services can be supplementary features in service locations where unsupervised or unsafe consumption often occurs, not by design but in reality (just as drug use occurs in innumerable single family homes and private apartments). By co-locating supervised consumption services throughout locations in Seattle that house, shelter or serve marginalized drug users, SCS can be integrated to increase support, care and health for vulnerable people who use drugs.

Needs Identification

Local data point to the need for SCS to be implemented as part of the continuum of care for vulnerable people who use drugs. Evidence and data below show various local needs demonstrating SCS as a necessary function for the overall strategy of addressing vulnerable drug use:

- In King County's 2018 HIV/AIDS Epidemiology Report, 80% of surveyed individuals who were participants at Syringe Service Programs (SSP) identified their desire to use supervised or safer consumption. In addition, 39% of those surveyed individuals expressed that they would use SCS on a daily basis.
- Launched in August of 2016, the City's *Sharps Pilot Collection Program* collected 5,365 used and discarded hypodermic needles in public spaces during its first 15-months. Addressing outdoor drug use and subsequently discarded drug equipment is needed, and SCS is one helpful strategy.
- There have been more than 750 overdose deaths inside Seattle to date since SCS funding has been available in 2018. Additionally, countywide data point to 14% of fatal overdoses in 2019 affecting people experiencing homelessness. In comparison, people experiencing homelessness amount to less than 0.5% of the county's entire population; this significantly disproportionate number of overdose deaths involving people experiencing homelessness suggests that SCS services provided for a vulnerable population that is largely homeless is likely a well-targeted intervention to prevent overdose deaths among our most vulnerable population.

Programmatic Outcomes

While the City invests in Syringe Service Programs that make substance use safer, the City simultaneously leaves drug *consumption* unsafe without SCS. While SSPs provide necessary equipment, lack of SCS results in vulnerable people who use drugs with safer equipment but nowhere safer or with supervision to consume. SCS in Seattle will complement and increase efficacy of syringe programs.

A local public health evaluation published in May of 2019 also predicted strong outcomes for SCS practices in Seattle. Using then-current overdose rates, the publication predicted that the SCS pilot would reverse 167 overdoses annually. In addition, the publication's authors found that 45 hospitalizations, 90 emergency department visits, and 92 emergency medical service deployments would be reduced with a piloted SCS, which corresponds to a monetary value of $5,156,019, cost savings that outstrip all projected cost models. The outcome for SCS is a cost-benefit for the City.

Funding Opportunities

Moving the Task Force recommendation for SCS forward and responding to community advocacy, the Seattle City Council allocated $1.3 million in 2018 and an additional $100,000 in 2019 to implement supervised consumption, for a total of $1.4 million. Each funding allocation also included a proviso, and while a report submittal from HSD satisfied the initial proviso while the second proviso has expired.

This year, during the City's Council rebalancing of the City Budget, it was identified that the $100,000 for SCS from the 2019 Green Sheet was errantly omitted from the carry forward ordinance, meaning the two funding allocations needed combining. This was accomplished by City Council approving Amendment 4 to Council Bill 119818 that consolidated the funding into a single Budget Control Level (BCL) in the City's Finance General. Further City Council action is required through legislation to move the totality of funds to HSD's Public Health contract.

Funding Application

In a local public health publication, SCS operations were estimated to be $1,222,332, which is less than what is available with City resources. Those are annualized costs, so it will be important to hold these funds over into 2021 to get full use from this funding pool. Using available funding, specific costs for implementing supervised consumption services could include physically augmenting a space, additional staffing such as a medical provider or peer-support individuals, and harm reduction and drug use supplies, all which can be afforded with available resources.

Budget and Legal Considerations

Not spending available resources for SCS creation, the City's Executive has continuously raised two reasons for not moving forward and spending SCS dollars: budget constraints and legal challenges.

Budget constraints were mainly determined by the stand-alone site model, while the supervised consumption services strategy greatly reduces costs – budget predictions made by the Executive in this memo show more than $5 million for site acquisition and tenant improvements. Tenant improvements of $600,000 can be applicable, but the evolved strategy negates the majority of the identified budget constraints. As previously mentioned, current resources are estimated to be adequate for operating costs based on a local public health evaluation. Suitable providers believe they can accomplish SCS practices within the available budget.

The Executive has also previously identified legal risks for the City, but providing funding for supervised consumption services within existing service providers who serve people that use drugs in low-barrier settings is on strong legal ground, and certainly adds no risk to the existing risk of serving people who use drugs in a low-barrier context. As mentioned, the King County Board of Health passed a Resolution that approved of SCS, and this proposal for embedded supervised consumption services fits squarely within this legal framework. Concerns about federal interference are speculative at best, especially in light of the recent Federal decision in the Pennsylvania Safefouse lawsuit. In addition, City Attorney Pete Holmes signed an amicus brief for the Safehouse legal challenge citing that the Controlled Substances Act does not criminalize public health facilities, which was also ruled by the district court in Pennsylvania. Local jurisdictions have broad authority for regulating matters of public safety and public health.

Conclusion

The majority of the Seattle City Council has either vocalized SCS support or participated in votes to resource SCS. Mayor Jenny Durkan has also publicly supported SCS, during her campaign for Mayor and after taking office, though executive departments have stalled in the face of the estimated cost of a standalone site. The Yes to SCS Coalition, staffed by our organizations, has evolved a viable alternative strategy for spending City resources for supervised consumption, but this path still requires City Executive action.

Like the Mayor and Council, Seattle community members also overwhelmingly support SCS. A November 2019 poll found that 61% of voters continued to support this type of project. With elected and community support, substantial needs for community safety and individual health, as well a clear path to resolving challenges, City Executive action for allocating available funding to the Public Health contract is necessary.