Health Care Workers for Supervised Consumption Spaces

July 31, 2017

To: Mayor Ed Murry, King County Executive Dow Constantine,
King County Council, Seattle City Council, King County Board of Health

From: Health Care Workers for Supervised Consumption Spaces Coalition –
Seattle/King County

We write to you today to express our strong and urgent support of supervised consumption spaces (SCSs), referred to as Community Health Engagement Locations (CHELs) in the King County Heroin and Opiate Overdose Task Force final report.

The Health Care Workers for Supervised Consumption Spaces Coalition launched in December of 2016 to draw attention to the urgent need for this evidence-based harm reduction service. We are over 100 nurses, doctors, social workers, case managers, and public health professionals who work on the front lines and see the harms caused by outdoor drug use to our patients, clients, and neighbors on a daily basis. We observe the ways in which our health system fails those living on the margins—service centers are inaccessible to those without secure housing or transportation, care options are rarely holistic and often abstinence-focused, and stigma still prevents many from reaching out to get the help they need.

As health care workers, it is our duty to do everything in our power to minimize the harm experienced by those we serve. It is also our duty to advocate for the change we know is required for them to have access to every available path toward healthier living. In the midst of the opiate epidemic, the King County Task Force has come up with a comprehensive and interconnected set of interventions that represent our community's best chance of addressing this complex issue from every angle. Supervised consumption spaces are an integral part of this, as they are designed for our patients who are most excluded from the system—the ones who have no care options that work well for them, and who are dying in alleys and on stoops as a result.

We must recognize that if we hesitate to implement supervised consumption spaces, we are making a moral choice. Each time a person uses drugs in a public park when we could have given them the option to use in a private, indoor space with clinical supervision and connection to social services, an opportunity is missed and a risk is incurred to that person and to the community at large. The necessity of supervised consumption spaces is well established, and we have outlined some of the most pertinent reasons for bringing them to our community. It is our coalition's position that Seattle-King County cannot afford to stand by out of trepidation while opportunities for saved lives, reduced harm, and improved health are missed.

1. **Naloxone distribution is necessary but not sufficient**

Naloxone saves lives in the event of an overdose by reversing the effects of opiates. Expanding community access to naloxone is a vital component of the Task Force recommendations, but it is only one part of a comprehensive approach. There are those who claim that naloxone distribution alone is sufficient to curb the opiate overdose epidemic. It is necessary. It is not, however, sufficient to address the various harms caused by drug use.

Naloxone can save a life, but it alone cannot change one. Behavior change happens gradually, and most often through relationships. Naloxone can keep someone alive in the moment, but it cannot refer someone to treatment, cannot talk to someone about their drug use, cannot educate someone about how to use more safely and minimize risks such as endocarditis or soft tissue damage.

In a supervised consumption space, not only can someone who experiences an overdose be saved by vigilant staff, but a myriad of other risks can also be mitigated. Hand washing stations and a hygienic environment can help prevent bacterial infection, clean supplies can help prevent transmission of HIV and Hepatitis C, and education from a knowledgeable health care provider can help prevent infections, abscesses, and other harms associated with poor injection practices. Through repeated interaction and the development of trusting relationships, health care workers are better able to serve those deemed "service resistant", better able to help someone stop or reduce their drug use, better able to promote behavior change, and better able to treat the whole person, not just a symptom of substance use disorder.

2. **Recovery is not linear and treatment does not replace the need for harm reduction services**

The moment someone would like to enter treatment, be it methadone, buprenorphine, or otherwise, it is imperative they be able to do so. However, many individuals find that when they finally have the commitment and support necessary to enter treatment, there are no options available and are instead put on a waitlist. While treatment is often one's best chance for achieving sobriety, it is important to note that recovery is rarely linear and abstinence is not a cure all.

At any given point in time, a significant portion of the population struggling with substance use disorder is not ready or able to access treatment. We know that a willingness to engage in treatment often ebbs and flows and that successful entry into a program is often a matter of being at the right place at the right time. Our priority for these individuals must be to ensure their safety and wellbeing so that when they are willing to enter treatment, they are able to do so. People who die before they access treatment never have the opportunity to do so and safe consumption spaces have a proven track record of preventing overdose deaths.

Substance use disorder is defined as a chronic, relapsing disease. Just as it takes many people multiple attempts to stop eating sugar, drinking caffeine, or smoking cigarettes, relapse is a common experience for those seeking to stop their drug use. Thus, if relapse is an expected detour on the journey to sobriety, it is our responsibility as providers to help people reduce the risk by anticipating and planning for it. Data shows us that people are at heightened risk for overdose immediately following a period of sobriety due to diminished tolerance. With this in mind, it is essential that we provide services to keep individuals safe during this risky time and SCSs are an essential part of our toolbox. Without a safety net, without a place where they can seek help and services without judgement when a relapse occurs, all too often individuals retreat to some of the least safe places possible out of shame, fear, and embarrassment. When health care workers are provided the opportunity to engage someone who has experienced a relapse, the chances of that person achieving a better outcome can only increase. Likewise, when someone who has experienced a relapse has the opportunity to stay engaged in their health care – even while they use drugs – their outcomes can only improve.

Harm reduction is often conceived as meeting individuals where they are without judgment and providing the services they need in the moment to improve their health. Harm reduction and treatment for substance use disorder are not in opposition to each other. They are part of the same spectrum of services, and they work together to reduce the harms and complications of drug use. Thus, whether a patient is on the waitlist for a treatment center, has recently experienced a lapse in their sobriety, or is simply not yet ready to move towards sobriety, SCSs help ensure that they live another day and are provided another opportunity to move towards a healthier life.

3. **Stigma is counter-productive and does not promote health**

A state senator recently went on the record claiming that to help people who use drugs, we should increase the stigma surrounding drug use. Evidence shows that stigma does not promote health or health-seeking behaviors, such as seeking treatment, but actually increases harm. As health care workers, we see daily the danger and shame that stigma can produce. Stigma can cause people who are in recovery to feel immense shame for relapsing, leading them to use alone when they do relapse, thereby dramatically increasing fatal overdose risk. For many people who are living with severe substance use disorder, life is already challenging and difficult. Making life more difficult through stigma is unlikely to improve outcomes. Syringe exchange and supervised consumption spaces save lives and save money. Stigma does not.

In conclusion, the King County Heroin and Opiate Overdose Task Force recommendations form a comprehensive response to the opioid epidemic. The recommendations work together to create a continuum of care that can help move people who seek treatment into it as quickly as possible while also promoting health and safety for those who are not yet ready to do so.

Health care should be determined by the evidence and the needs of the population, not politics, fear, or stigmatization. As health care workers, we strongly support supervised consumption spaces because the evidence strongly supports supervised consumption spaces and because we know that it will aid our patients and clients in leading healthier, fuller lives. Now, more than ever, we must stand behind science, evidence based practices, and compassionate care. We ask that you fully fund and implement the Task Force recommendations, including the recommendation for supervised consumptions spaces with the speed required in an emergency. Our patients' and clients' lives depend upon it.

Sincerely,

Health Care Workers for Supervised Consumption Spaces

L. Paul Gianutsos, *MD, MPH*
Dan Otter *MPH*, *BSN, RN*
Katie Heidere, *MSW, Disease Intervention Specialist*
Anuj Khattar, *MD*
Christine Steele, *ARNP*
Gregory Maddox, *MD*
Sarah Stronghorse Anderson, *MA*
David Sapienza, *MD*
Patrick Henry, *PharmD*
Jennifer Fritschy, *RN*
Shoshana Aleinikoff, *MD*
Nathan Kittle, *MD*
Hailey Wilson, *MD*
Socia Love-Thurman, *MD*
Liz Rambus, *RN*
Darin Keuter, *LMHC, CDP*
Christian Eaton, *MD*
Amy Hagopian, *PhD*
Carolyn Wakeman, *MD*
Matty Whyte, *RN*
Hetty Hei-Wah Wong, *MD*
Jamie Felton, *Nursing Student*
Julia Rosenfeld, *Lead Case Manager*
Benjamin Lang, *MPH, MD*
Lauren Sonderegger, *MD*
Michael Ninburg, *MPA, Executive Director of Hepatitis Education Project*
Rachel Nickel, *MSW, LICSW*
Maryross Olanday, *MSW*
Angelica Bedrosian, *MSW*
Chelsie Porter, *MPH*
Stephanie Ngo, *MD*
Jessica Guh, *MD*
Camille Johnson, *MD*
Gretchen Mjelde, *MD*
Lilian Chan, *MD*
Jim Walsh, *MD*
Vania Rudolf, *MD*
Donna Livingston, *RN, BSN*
Amelia Bertozzi-Villa, *MPH*
Madeline Turner, *MD*
Jacqueline Wong, *MD*
Lauren Lawler, *MD*
Elizabeth Loft, *MD*
Glenna Martin, *MD*
Shannon Waterman, *MD*
Brett Bell, *MD*
Kristin J Anderson, *MD, MPH*
Summer Scavone, *MD*
Mikaela Alger, *MD*
Laura Krinsky, *MD*
Patrick Gemperline, *MD*
Jayne Taylor Gaubatz, *MD*
Bryn Chowchuvech, *MD*
Marie Hennelly, *MD*

Jeremia Bernhardt, *MD*
Trevor Dickey, *MD, MPH*
Lisa Chan, *MD*
Erin Cooley, *MD*
Jen Flament, *MD*
Kirsten Hansen-Day, *MD*
Collette R. Harris *MD, MS*
Barry Saver, *MD MPH*
Amy Chabitnoy, *MD*
Ally Zaballa, *MD*
Sunil Kumar Aggarwal, *MD, PhD, Palliative Medicine Physician, Medical Geographer, UW Affiliated*
Chanda Moellenberg, *RN, MPH*
Pamela Williams, *ARNP*
Tranisha Arzah, *Peer Advocate*
Lily Alexander, *MPH*
Chloe Gale, *MSW*
Ashlin Mountjoy, *MD, MPH*
Carolanne Sanders, *MPH*
Joseph Friedman, *MPHc*
Claire McNellan, *MPHc*
Geneva Kelly *MPH*
Kevin McCarthy, *PhD*
Steve Kroiss, *PhD*
Laina D Mercer, *PhD*
Luis Manriquez, *MD*
Paige R. Hulsey, *BA Public Health*
Malaika Schwartz, *MPH, Research Scientist at the UW Department of Family Medicine*
Timothy Kelly, *Medical Student*
Courtney Large, *B.A. in Public Health*
Cathy Speelmon *CDP*
Tracy Roberts, *RN*
Brenda N. Martinez, *MPH*
Jessica Mogk, *MPHc*
Robert Platt, *Medical Student*
Alaina Butler, *Medical Student*
Kit Wu, *Medical Student*
Amanda dos Santos, *Medical Student*
Darla Mosse, *RN, BSN*
Chad Dahlman, *RN, BSN*
Nick Schultz, *RN, BSN*
Natalie Andrews, *RN, BSN*
Phillip Bergreen, *RN, BSN*
Allison Greaney, *MD/PhD student*
Elizabeth Polsin, *Medical Student*
Brendan Korb, *Medical Student*
Andy Wen, *Medical Student*
Paul Zemann, *HIV & STD Program, Public Health Seattle & King County*
Chris Cates, *REACH/Vital Care Manage*
Mandy Sladky *APHNc*
Francesca Collins, *MPHc*
Heather Gates, *MSN ARNP*
Emily Henderson, *Community Health Outreach RN*
Sarah Marris-Swann, *RN*
Cecilia Goetz *MPHc*
Antoinette Sarge, *MPHc*
Tony Ting, *Disease Modeler*
Elizabeth Reed, *Medical Student*
Melyssa McCown-Barnard, *Medical Student*
Amanda TeBlunthuis, *Medical Student*
Elizabeth Chang, *Medical Student*
Emilie McIntyre, *Medical Student*
Melissa Carpenter *RN, BSN*
Harrison Kalodimos, *MD*
Samantha Masaki, *MD*
Caitlin Bever, *PhD, Global Health Researcher*
Kyle B Gustafson, *PhD, Global Health Researcher*
Milen Nikolov, *PhD, Global Health Researcher*
Kristine E Jones, *PhD, Global Health Researcher*
Christian Selinger, *PhD, Global Health Researcher*

Nicholas Wang, *Medical Student*
Caylin Cheney, *ARNP Student*
Thomas Leary, *EMT*
Jill Yang, *APCHNc*
Nathaniel Matthews-Trigg, *MPHc*
Caroline Johnson, *BSPH, MPHc*
Richard Waters, *MD*, *Site Medical Director, Downtown Homeless Programs, Neighborcare Health (views his own, not necessarily of his employer)*
Joyce Farrell, *ARNP HMC Medical Respite*
Jesse Rawlins, *MSW*
Aleks Martin, *Project NEON/Seattle Counseling Service*
Julia Daining, *RN*
Krystal Koop, *MSW*
Ryann Martinek, *MPH*
Leslie Brooks, *PA-C, FWAM*
Anna Bershteyn, *PhD, Global Health Researcher*
Brittany Hagedom, *MBA, Global Health Researcher*
Michael Famulare, *PhD, Global Health Researcher*
Nicole Price, *Program Manager*
Joshua A Wallace, *E.D., Seattle Area Support Groups and Community Center*
Emma Chambers, *MSWc*
Mandy Altman, *MPA*
Frank Chilelli, *COO, Hepatitis Education Project*
Tarra Simmons, *RN, BSN*
Kelley Craig, *CDP, REACH Co-Director*
Nika Sulakvelidze, *MS-2, UW School of Medicine*
Jamie Smeland, *MPH*
Malin Hamblin, *MSWc, Public Health Needle Exchange*
Arman Altug, *MSW*
Coralie Meslin, *FNPc*
Erin Gilmer, *BSW, NS*
Asiya Shoot, *LAc, ARNPc*
Katherine Ly, *MPHc*
Jerzy Eisenberg-Guyot, *MPH, PhDc*
Ryann Milne-Price, *MD/MPHc*
Kelly Brewer, *RN*
Sofi Harnish, *MA-C*
Thea Oliphant-Wells, *MSW*
Vanessa Zsadanyi, *BA, Nursing Student*
Alyssa Hummel, *Medical Student*
Lee McKoin, *King County Public Health Needle Exchange Volunteer*
Emily Less, *MPHc*
Heather Barnett, *MD, PhD*
Isabel Haggerty, *BSN Student*
Nicholas C. Markadakis, *Third Year Medical Student*
Sara Marquis, *MPHc,*
Jahn Jaramillo, *MPHc*
Shane Collins, *Fourth Year Medical Student*
Lorelei Walker, *PhD, MPH*
Jonathan Halldorson *BSN, RN*
Sean Paull, *BSN, RN*
Maureen Oscadal, *RN*
Keith T. Johnson, *CPC*
Trevor Evans, *CDP*
Kevin Kogin, *Health Educator*
Angelina B., *Health Educator*
Melvin E LaBelle III, *MA*
Kaye Ramaekers, *LICSW, CDP*
Benjamin Beach, *MSW*
Ada Lin, *MPH*
Jessica Bielenberg, *MPH*
Trecia O'Neill Erlich, *MPH*
Kira McCoy, *MPH*
Alexis Maister, *MPH*
A. Gita Krishnaswamy, *M.Ed., MPH, Public Health Faculty*
David Chen, *Medical Student*

Tiffany Rose Jenkins, *Medical Student*
Clara Bertozzi-Villa, *Medical Student*
Daniel Low, *MD*
Jonathan A. B. Motts, *MD*
Sean Hemmerle, *Community Health Outreach Worker*
Emily Katz, BSCN RN
Mark Dailey, *BA, DESC Case Manager*
Steven Weir, *BA, DESC Case Manager*
Juliann Clark, *BA, DESC Case Manager*
Brittany Meek, *MS, LMHCA*
Sarah Wolfer, *MSW, LICSWA*
Tarek Sandarusi, *BA, DESC Case Manger*
Justin Stamschror, *MD*
Elyse Anderson, *MA, DESC Case Manager*
Savannah Goguen, *BA, DESC Case Manager*
Allison Smith, *BA, DESC Case Manager*
Regan Rowell, *BA, DESC Case Manager*
Carrie Reinhart, *RN, MSN*
Jasmine Kaneshiro, *RN, BSN*
Robin Ginnis, *MSW, LSWAIC*
Addy Adwell, *RN BSN*
Petra Potts, *LPN*
Hieu Pham, *MD, MSPH Resident Physician*