1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

October 10, 2017

Ordinance

Proposed No. 2017-0420.1 **Sponsors** Kohl-Welles, Dembowski and McDermott

AN ORDINANCE related to community health engagement locations; rejecting Initiative 27 and adopting a substitute ordinance related to adopting the Heroin and Prescription Opiate Addiction Task Force recommendation to establish a community health engagement locations pilot project with both measures to be submitted to the voters at the February 6, 2018, special election; and adding a new section to K.C.C. chapter 2.35A.

STATEMENT OF FACTS:

1. In King County, heroin and opioid use continues to increase, resulting in a growing number of fatalities due to overdoses. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2016, according to medical examiner records, opioid-involved deaths in King County totaled two hundred-nineteen, where there was an overdose death in the county almost every thirty-six hours. Increases in opioid deaths from 2013 to 2016 were seen throughout the county.

2. In addition to the overdose risk, the use of heroin and other substances results in public disorder where individuals inject in public, or in other public facilities such as public restrooms. Improper public disposal of syringes and needles also

poses public health and safety risks to the community at large, including to children and other persons using parks and other public facilities.

3. Recognizing the extent of the opioid public health crisis, in March 2016, the King County executive and the mayors of the city of Seattle and other suburban cities convened the Heroin and Prescription Opiate Addiction Task Force. The task force was charged with developing both short and long-term strategies to prevent opioid use disorder, prevent overdoses, and improve access to treatment and other supportive services for individuals experiencing opioid use disorder. The task force had representatives from forty different agencies representing all of King County including the county's chief medical officer, public health practitioners, social service agencies, law enforcement, prosecutor, courts, fire departments, local tribes, the University of Washington, federal and state agencies and community groups.

4. Task force recommendations were generated by four workgroups. The workgroup recommendations were presented to the full task force on two separate occasions for review, feedback and modification, culminating in a final vote on each recommendation. The final report and recommendations of the task force were unanimously adopted by the King County board of health in January 2017.

5. The task force made eight recommendations: increase prescriber education on opioids and heroin; provide public education for adults and youth about opioid risks; expand prescription drug take-back and secure medication return; enhance

screening for opioid misuse and opioid use disorder; provide treatment on demand for all needed modalities of treatment; develop innovative buprenorphine prescribing practices; expand access to naloxone to reduce overdose deaths; and establish a pilot program for the development of community health engagement locations for individuals with substance use disorders.

6. One of the task force's eight recommendations, based on a review of evidence-based best practices research, was to establish, on a pilot program basis, at two community health engagement locations where supervised and safe drug consumption occurs for individuals with substance use disorders in King County.

7. The recommendation was based on the evaluation of medical and scientific literature about the numerous Canadian, Australian and European supervised drug consumption sites and attendant research studies that showed the effectiveness of these programs in reducing overdose deaths and improving the health of program clients.

8. A 2008 report prepared for the Canadian minister of health, showed that the initial supervised drug consumption pilot facility in British Columbia: increased access to health and addiction care; reduced overdoses and the transmission of blood-borne pathogens; reported improvements in public order as measured by reductions in the number of individuals injecting in public and the decline in the public disposal of dirty needles; and was cost effective. Based on this and other scientific evaluations that showed the effectiveness of supervised drug consumption sites, the Canadian federal health agency has approved and licensed

eighteen sites in the provinces of British Columbia, Ontario and Quebec.

9. The most recent report of the British Columbia's coroner's service showed that, for the reporting period of 2007 through June 2017, while overdose deaths in British Columbia had increased, there had been no overdose deaths at supervised drug consumption sites.

10. Recent scientific research shows that similar harm reduction strategies that offer comprehensive services to those with substance use disorder are more likely to seek treatment services. Based on those studies, the American Medical Association voted in June 2017 to support the development of pilot supervised drug consumption sites recognizing "that these facilities reduce the number of overdose deaths, reduce the transmission rates of infectious disease, and increase the number of people initiating treatment for substance use disorder."

11. According to 2017 survey research conducted by the University of Washington's alcohol and drug addiction institute, up to eighty percent of needle exchange users reported that they were interested in obtaining treatment for their addiction. The January 2017 expansion of buprenorphine treatment services through the county's needle exchange program was full to capacity in three months and has a one hundred person wait list.

12. Section 230.50 of the King County Charter specifies a county initiative process whereby the public may propose a county ordinance by filing with the county council petitions bearing signatures of registered

county voters equal in number to not less than ten percent of the votes cast in the county for the office of county executive at the last preceding election for county executive.

13. On May 2, 2017, as provided for in K.C.C. 1.18.030, the clerk of the council approved as to form an initiative petition, identified as Initiative 27, proposing an amendments to the King County Code to prohibit supervised drug consumption sites in King County.

14. On July 24 and 28, 2017, the sponsor of Initiative 27 filed petitions with the clerk of the council.

15. The clerk of the council reviewed all of the Initiative 27 petitions and, on July 31, 2017, forwarded all unaltered petitions to the King County department of elections director to canvass and count the names of the legal voters thereon, as required by the King County charter.

16. On August 17, 2017, the King County department of elections certified that a minimum of forty-seven thousand four hundred forty-three signatures of registered voters were required for Initiative 27 to qualify as a proposed ordinance, and that names and petition signatures of legal voters in that amount had been canvassed and counted.

17. Section 230.50 of the King County Charter allows the King County council to offer to the voters an alternative to a proposed county initiative. Under that section, the council may reject the proposed initiative ordinance, and adopt a substitute ordinance concerning the same subject matter with both measures to be submitted to the voters on the same ballot.

The voters shall first be given the choice of accepting either or rejecting both and shall then be given the choice of accepting one and rejecting the other.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. In order to offer the voters an alternative to Initiative 27, Section 230.50 of the King County Charter requires that the King County council reject the proposed county initiative and adopt a substitute ordinance. Therefore, the proposed Initiative 27 ordinance is hereby rejected.

SECTION 2. A substitute ordinance is hereby adopted and shall be submitted along with the proposed Initiative 27 ordinance to the qualified voters of King County for their approval or rejection, at a special election held at the general election on February 6, 2018. A two-part question shall be presented to the voters pursuant to Section 230.50 of the King County Charter. If, in the first part of the question, a majority of qualified voters of King County voting on the measure at the February 6, 2018, special election vote to enact either proposed Initiative 27 or this substitute, and then, in the second part of the question, a majority voting on the second part of the question favor this substitute, then section 3 of this ordinance is enacted.

NEW SECTION. SECTION 3. There is hereby added to K.C.C. chapter 2.35A a new section to read as follows:

The department of public health may implement the recommendation of the Heroin and Prescription Opiate Addiction Task Force to initiate a pilot project to establish community health engagement locations where supervised drug consumption occurs for individuals with substance use disorders in King County to reduce overdose

deaths and improve the health outcomes of those individuals . The department may establish, on a pilot program basis for three years, up to two community health engagement locations where supervised safe drug consumption occurs for individuals with substance use disorders. The purpose of the community health engagement locations is to reduce the public health and safety risk from improper disposal of used dirty syringes and needles in public places and to also engage individuals experiencing substance use disorder using multiple strategies to reduce harm and promote health, including, but not limited to, reduction of harm and risk associated with the use of dirty needles in the consumption of substances, the prevention and treatment of overdoses and providing access to treatment for those with substance use disorder. The community health engagement locations shall not provide clients with any unlawful controlled substances. The community health engagement location pilot project shall be:

A. Located in geographic areas that have hotspots where there is a measurable concentration of substance use and related overdoses;

B. Developed with community and local government engagement;

C. Operated with sufficient public health professional staff and resources for the community health engagement locations to provide either evidence-based best or promising practices harm reduction services for individuals with substance use disorders;

D. Operated in a manner that will also provide users access to treatment services for substance use disorder, behavioral health and physical health, either directly at the site or through referral. In addition, the sites should provide users access to social services and other services that are a part of a continuum of care that can foster health and reduce the harm associated with substance use either directly at the site or through referral;

E. Equipped to administer life-saving medications, such as naloxone, to reverse overdoses if necessary;

F. Operated to enhance public health and safety in the immediate area; and

G. Evaluated regularly by the department for effectiveness after the establishment of the operation of the first pilot location and throughout the pilot project period.

SECTION 4. The clerk of the council shall certify the proposition to the director of the department of elections in substantially the following form, with such additions, deletions or modifications as may be required for the proposition by the prosecuting attorney:

Shall a three-year, supervised drug consumption sites pilot be allowed at overdose hotspots, with community engagement and evaluation for effectiveness?

SECTION 5. Following approval by the voters at the February 6, 2018, special

election, section 3 of this ordinance shall take effect ten days after the certification of the results of the February 6, 2018, special election.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

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J. Joseph McDermott, Chair

ATTEST:

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Melani Pedroza, Clerk of the Council

APPROVED this _____ day of _____, _____.

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Dow Constantine, County Executive

Attachments: None