

SENATE BILL REPORT

SB 5223

As of February 7, 2017

Title: An act relating to safe injection sites in Washington state.

Brief Description: Concerning safe injection sites in Washington state.

Sponsors: Senators Miloscia, O'Ban and Becker.

Brief History:

Committee Activity: Health Care: 1/30/17.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Exerts state preemption over the field of safe injection sites in Washington State.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: Safe injection sites are legally sanctioned facilities where people who use intravenous drugs can inject pre-obtained drugs under medical supervision. Safe injection sites may provide sterile injection equipment, information about reducing the harm of drugs, health care, treatment referrals, counseling, hygienic items, and other services. No safe injection site is in operation in the United States; however, one is operating in Vancouver, British Columbia.

Needle exchange programs are public health programs for people who use drugs by injection. They provide new, sterile syringes and clean injection equipment in exchange for used, contaminated syringes. They may provide other services, such as testing for communicable diseases, wound care, access to treatment programs, enrollment in Apple Health, vaccinations, family planning and safe disposal of contaminated equipment. Needle exchange programs are found throughout the state.

Local health departments are counties or districts that provide public health services to the area. These departments and their public health officers enforce the public health laws of the state and take on other public health duties such as issues relating to the control and

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prevention of the spread of contagious or infectious diseases, informing the public on the causes and prevention of disease, and other measures they determine to be necessary to promote the public health. Expenses incurred by local health departments in carrying out public health laws must be paid by the county and then shall constitute a claim against the state General Fund.

State preemption of a subject of law occurs when the Legislature has determined that it will regulate a field of law and that local control over that subject is not permitted. For example, the state of Washington has preempted the field of firearms regulation and setting penalties for violations of the controlled substances act; for those subjects local governments may only enact laws and ordinances that are authorized by and consistent with state law.

Summary of Bill: The state of Washington fully occupies and preempts the entire field of safe injection site regulation, including needle exchange programs, within the boundaries of the state. Local governments may only enact laws and ordinances relating to safe injection sites that are specifically authorized by state law. Each local health board must provide annual certification to the Legislature and the State Board of Health that no private or public safe injections sites are operating within its local health department jurisdiction.

Any local government expenditures relating to safe injection sites void any claim made by it against the state General Fund. All funding claims by the local government will be denied until the state, health district, or county is able to certify that there are no safe injection sites operating within its jurisdiction.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Provides for submission of the act to a vote of the people.

Staff Summary of Public Testimony: PRO: This is about opioid use and the promotion of drug use. Safe injection sites in Seattle could spread across the state and could attract drug users to King County. Drug use needs to be stigmatized and the goal of state programs should be to get people into treatment. This would not prevent sites that provide medication assisted treatment. King County has cut funding to opiate treatment programs. Safe injection sites will not get people off heroin. We need to expand access to naloxone. The King County council in fast tracking drug injection sites has not communicated with the citizens or heard their concerns. These sites are not sanctioned by the federal government. The evidence related to these sites is not peer reviewed and people who participate in these sites have extremely low rates of entry into detox and treatment. Addicts can be found throughout King County and two sites will not be enough to meet their needs. People will not travel to the sites and we would have to open sites all over Seattle to address where people are. People who go to safe injection sites will go there to get high and not to seek help. People who attend these clinics will sell their drugs on the street; these sites will be devastating to the community. These sites cause harm and funding would be better spent providing on demand drug treatment. The only lives saved in safe injection sites are within

the walls of the building; people leave the premises and die nearby. The Seattle City Council does not talk about treatment. This is about enabling addicts. More resources such as naloxone should be provided to fire and police departments. We do not need more drug deaths in Washington state.

CON: Local health jurisdictions may act in furtherance of public health, even if they are in conflict with state law. This is a new public health crisis and the bill is an attempt to strip government of its authority. These sites are effective in stopping the spread of disease and deaths due to overdose. There is no evidence that safe injection sites increase drug use. This will keep the people who use the sites healthy and safe; people are dying in record numbers due to drug use and we need to support public health and not ideology. Patients need access to evidence-based care; evidence shows these sites help reduce risks of drug use. Shame and stigma do not create behavioral change. These sites lead to reduction in use. Blocking them will cause undue harm to a high risk population that has high rates of mortality. These sites are used in Europe which treats the people who come there with dignity and respect; staff build relationships with the clients which allows them to accept help. The 30 day treatment model does not keep people clean and sober. This bill will remove a tool that helps people connect to treatment; people who want to quit take several trips to detox and rehab. People need access to services, including health services. It gives people a chance to talk to others and keeps their usage off the streets. The King County Heroin and Prescription Opiate Addiction Task Force recommended safe injection sites. This will help to reduce public use and needles found in parks and will increase access to treatment. Public health physicians and professionals support safe injection sites. Stigmatization makes people less likely to come forward and seek help. Anyone can struggle with substance use disorder; we support the safe injections sites because we need to be proactive in the opiate epidemic. We need more and better prevention and treatment on demand. People seeking treatment today are often turned away because of lack of resources. People will use whether or not there are safe injection sites. We are spending more money on disease treatment, law enforcement, and emergency room visits; safe injection sites would result in reasonable cost savings. The local governments should retain the ability to try new ways to address the opiate epidemic and this bill would take away an option for them. Drug abuse cannot be solved through the criminal justice system. Opiate use and abuse hits every demographic. Safe injection sites will save lives and is part of a comprehensive approach towards drug treatment.

Persons Testifying: PRO: Senator Mark Miloscia, Prime Sponsor; Harley Lever, Safe Seattle; Cindy Pierce, Neighborhood Safety Alliance; Jennifer Aspelund, Neighborhood Safety Alliance; Aden Nardone, Speak Out Seattle; Kendrick Williams, citizen; Steve Justus, Speak Out Seattle; Gretchen Taylor, Neighborhood Safety Alliance.

CON: Michael Ninburg, Hepatitis Education Project; Brad Finegood, King County Department of Community and Human Services; Eric Seitz, citizen; Carolanne Sanders, citizen; Michael Roberts, Amber's H.O.P.E.; Patricia Sully, Public Defender Association; Kris Nyrop, Public Defender Association - LEAD Project; Tim Kelly, citizen; Amelia Bertozi-Villa, citizen; Dan Otter, citizen; Tony Radovich, citizen; Chanda Moellenberg, citizen; Tawnya Christiansen, M.D., citizen; Tim Bondurant, citizen; Mark Cooke, American Civil Liberties Union of Washington; Daniel Otter, University of Washington School of Public Health; Julia Jacobs, citizen; Cody Arledge, City of Seattle.

Persons Signed In To Testify But Not Testifying: No one.