



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

October 17, 2017

Ordinance 18584

Proposed No. 2017-0420.2

Sponsors Kohl-Welles, Dembowski,
McDermott, Gossett and Balducci

1 AN ORDINANCE related to community health
2 engagement locations; rejecting Initiative 27 and adopting a
3 substitute ordinance related to adopting the Heroin and
4 Prescription Opiate Addiction Task Force recommendation
5 to establish a community health engagement locations pilot
6 project with both measures to be submitted to the voters at
7 a special election, contingent upon Initiative 27 being
8 upheld by the courts and placed on the ballot at a future
9 election; and adding a new section to K.C.C. chapter
10 2.35A.

STATEMENT OF FACTS:

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

19 2. In addition to the overdose risk, the use of heroin and other substances

20 results in public disorder where individuals inject in public, or in other
21 public facilities such as public restrooms. Improper public disposal of
22 syringes and needles also poses public health and safety risks to the
23 community at large, including to children and other persons using parks
24 and other public facilities.

25 3. Recognizing the extent of the opioid public health crisis, in March
26 2016, the King County executive and the mayors of the city of Seattle and
27 other suburban cities convened the Heroin and Prescription Opiate
28 Addiction Task Force. The task force was charged with developing both
29 short and long-term strategies to prevent opioid use disorder, prevent
30 overdoses, and improve access to treatment and other supportive services
31 for individuals experiencing opioid use disorder. The task force had
32 representatives from forty different agencies representing all of King
33 County including the county's chief medical officer, public health
34 practitioners, social service agencies, law enforcement, prosecutor, courts,
35 fire departments, local tribes, the University of Washington, federal and
36 state agencies and community groups.

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

43 5. The task force made eight recommendations: increase prescriber and
44 community education on opioids and heroin; provide public education for
45 adults and youth about opioid risks; expand prescription drug take-back
46 and secure medication return; enhance screening for opioid misuse and
47 opioid use disorder; provide treatment on demand for all needed
48 modalities of treatment; develop innovative buprenorphine prescribing
49 practices; expand access to naloxone to reduce overdose deaths; and
50 establish a pilot program for the development of community health
51 engagement locations for individuals with substance use disorders.

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

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

62 8. A 2008 report prepared for the Canadian minister of health, showed
63 that the initial supervised drug consumption pilot facility in British
64 Columbia: increased access to health and addiction care; reduced
65 overdoses and the transmission of blood-borne pathogens; reported

66 improvements in public order as measured by reductions in the number of
67 individuals injecting in public and the decline in the public disposal of
68 dirty needles; and was cost effective. Based on this and other scientific
69 evaluations that showed the effectiveness of supervised drug consumption
70 sites, the Canadian federal health agency has currently approved and
71 licensed eighteen sites in the provinces of British Columbia, Ontario and
72 Quebec.

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

77 10. Recent scientific research, such as the April 2017 report from the
78 from the Massachusetts Medical Society, shows that facilities that offer
79 similar harm reduction strategies that include comprehensive services for
80 those with substance use disorder serve as a gateway to treatment and
81 other social services through onsite counseling services and referrals.

82 Based on that and other studies, the American Medical Association voted
83 in June 2017 to support the development of pilot supervised drug
84 consumption sites recognizing "that these facilities reduce the number of
85 overdose deaths, reduce the transmission rates of infectious disease, and
86 increase the number of people initiating treatment for substance use
87 disorder."

88 11. According to 2017 survey research conducted by the University of

89 Washington's alcohol and drug addiction institute, up to eighty percent of
90 needle exchange users reported that they were interested in obtaining
91 treatment for their addiction. The January 2017 expansion of
92 buprenorphine treatment services through the county's needle exchange
93 program was full to capacity in three months and has a one hundred
94 person wait list.

95 12. On June 28, 2017, the county council exercised its statutory authority
96 under RCW 70.12.025 by providing funding for implementation of the
97 board of health's opioid epidemic response plan, including its
98 recommendation to open at least two community health engagement
99 locations. A budget proviso was adopted to ensure that the appropriated
100 funds were used for pilot project sites only in welcoming jurisdictions.
101 The council wishes to exercise its budgetary power to codify additional
102 restrictions on the use of county funds for this pilot project.

103 13. Section 230.50 of the King County Charter specifies a county
104 initiative process whereby the public may propose a county ordinance by
105 filing with the county council petitions bearing signatures of registered
106 county voters equal in number to not less than ten percent of the votes cast
107 in the county for the office of county executive at the last preceding
108 election for county executive.

109 14. On May 2, 2017, as provided for in K.C.C. 1.18.030, the clerk of the
110 council approved as to form an initiative petition, identified as Initiative
111 27, proposing an amendments to the King County Code to prohibit

112 supervised drug consumption sites in King County.

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

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

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

124 18. Section 230.50 of the King County Charter allows the King County
125 council to offer to the voters an alternative to a proposed county initiative.
126 Under that section, the council may reject the proposed initiative
127 ordinance, and adopt a substitute ordinance concerning the same subject
128 matter with both measures to be submitted to the voters on the same ballot.
129 The voters shall first be given the choice of accepting either or rejecting
130 both and shall then be given the choice of accepting one and rejecting the
131 other.

132 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

133 SECTION 1. On August 21, 2017, a lawsuit, Protect Public Health v. Freed, was
134 filed in King County superior court challenging the validity of Initiative 27. The trial

135 court decision of that suit and any subsequent appeals are undecided. Should Initiative
136 27 be upheld and placed on the ballot at a future election, this substitute ordinance shall
137 be submitted along with Initiative 27 to the qualified voters of King County for their
138 approval or rejection. However, after exhaustion of all appeals, a final court order
139 declares Initiative 27 invalid and enjoins it from being placed on a ballot, this substitute
140 ordinance likewise shall not be placed on a ballot and shall have no legal effect.

141 SECTION 2. In order to offer the voters an alternative to Initiative 27, Section
142 230.50 of the King County Charter requires that the King County council reject the
143 proposed county initiative and adopt a substitute ordinance. Therefore, the proposed
144 Initiative 27 ordinance is hereby rejected.

145 SECTION 3. A substitute ordinance is hereby adopted and shall be submitted
146 along with the proposed Initiative 27 ordinance to the qualified voters of King County for
147 their approval or rejection at a special election. A two-part question shall be presented to
148 the voters pursuant to Section 230.50 of the King County Charter. If, in the first part of
149 the question, a majority of qualified voters of King County voting on the measure at a
150 special election vote to enact either proposed Initiative 27 or this substitute, and then, in
151 the second part of the question, a majority voting on the second part of the question favor
152 this substitute, then section 4 of this ordinance is enacted.

153 NEW SECTION. SECTION 4. There is hereby added to K.C.C. chapter 2.35A a
154 new section to read as follows:

155 A. King County acknowledges that the board of health has authority to establish
156 policy to implement the recommendation of the Heroin and Prescription Opiate
157 Addiction Task Force to initiate a pilot project to establish community health engagement

158 locations where supervised drug consumption occurs for individuals with substance use
159 disorders in King County to reduce overdose deaths and improve the health outcomes of
160 those individuals. The department of public health therefore may establish, on a pilot
161 program basis for three years, up to two community health engagement locations where
162 supervised safe drug consumption occurs for individuals with substance use disorders.
163 The purpose of the community health engagement locations is to reduce the public health
164 and safety risk from improper disposal of used dirty syringes and needles in public places
165 and to also engage individuals experiencing substance use disorder using multiple
166 strategies to reduce harm and promote health, including, but not limited to, reduction of
167 harm and risk associated with the use of dirty needles in the consumption of substances,
168 the prevention and treatment of overdoses and providing access to treatment for those
169 with substance use disorder. The community health engagement locations shall not
170 provide clients with any unlawful controlled substances. King County funds may only be
171 used for community health engagement location pilot projects if such locations meet the
172 following requirements:

- 173 1. Located in geographic areas that have hotspots where there is a measurable
174 concentration of substance use and related overdoses;
- 175 2. Developed with community and local government engagement;
- 176 3. Operated with sufficient public health professional staff and resources for the
177 community health engagement locations to provide either evidence-based best or
178 promising practices harm reduction services for individuals with substance use disorders;
- 179 4. Operated in a manner that will also provide users access to treatment services
180 for substance use disorder, behavioral health and physical health, either directly at the site

181 or through referral. In addition, the sites should provide users access to social services
182 and other services that are a part of a continuum of care that can foster health and reduce
183 the harm associated with substance use either directly at the site or through referral;

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

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

187 7. Evaluated regularly by the department for effectiveness after the
188 establishment of the operation of the first pilot location and throughout the pilot project
189 period.

190 B. The department of health shall have sole authority and discretion to determine
191 whether the requirements of this section are met as to a particular community health
192 engagement location. This section does not create a right for any person or jurisdiction to
193 challenge the department's determination.

194 SECTION 5. The clerk of the council shall certify the proposition to the director
195 of the department of elections in substantially the following form, with such additions,
196 deletions or modifications as may be required for the proposition by the prosecuting
197 attorney:

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

201 SECTION 6. Following approval by the voters at the special election, in which

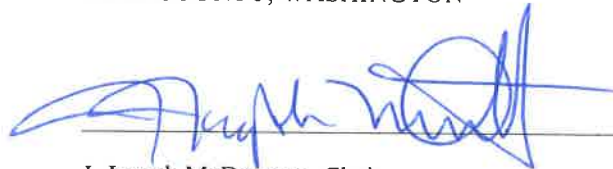
202 both measures were submitted, section 4 of this ordinance shall take effect ten days after
203 the certification of the results of the special election.

204

Ordinance 18584 was introduced on 10/16/2017 and passed as amended by the Metropolitan King County Council on 10/16/2017, by the following vote:


Yes: 5 - Mr. Gossett, Mr. McDermott, Mr. Dembowski, Ms. Kohl-Welles and Ms. Balducci
No: 4 - Mr. von Reichbauer, Ms. Lambert, Mr. Dunn and Mr. Upthegrove
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



J. Joseph McDermott, Chair

ATTEST:



Melani Pedroza, Clerk of the Council

Attachments: None

