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SEATTLE WEEKLY

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Where to Inject When Injecting

With heroin deaths up, safe drug sites are getting a closer look.

BY CASEY JAYWORK

Safe drug sites—places people can use illicit drugs under medical supervision—are coming to Seattle, advocates say. “This will happen,” Shilo Murphy, executive director of the People’s Harm Reduction Alliance, announced Friday to an enthusiastic crowd at Town Hall. With Seattle in the grip of heroin and homelessness epidemics that have lasted years already, he says, “The time is now . . . Get on the bandwagon, or get the fuck out of our way.”

Murphy is blunt, and he’s not alone. The Public Defenders Association has joined his call for one or more such sites in Seattle, as has the Capitol Hill Community Council. And Dr. Caleb Banta-Green, a drug-abuse researcher at the University of Washington, says such locations are a public-health no-brainer. “The evidence base is very clear,” he says, “. . . that [safe drug sites] have very good health outcomes and do not have a big downside.” This matters, he says, in a city where 70 percent of injection-drug users are infected with hepatitis C. The site would be the first of its kind in the United States.

There’s also some support at City Hall. Every single member of the incoming City Council (including both candidates in District 1’s too-close-to-call race) say they either support or are open to safe drug sites. Mayor Ed Murray also says he’d consider coordinating safe drug sites with the county, but would need to know more about how they would work.

“In the late ’80s/early ’90s,” he says, “when needle exchange was considered a very controversial idea, handing out needles to people so they could inject seemed wrong to so many people at the time.” But it saved lives, he says. If a safe drug site can do the same, “I absolutely would be very interested in exploring it.”

In August, *Seattle Weekly* reported what public-health professionals have known for years: The rise and fall of prescription opioids during the 2000s created a new wave of addicts who now wander the streets, cut off from their doctors’ synthetic smack, jonesing and desperate.

Along with abject human despair, heroin addictions often lead to overdoses, disease, and, as seen in Seattle, used needles strewn about on the street. Safe drug sites seek to address all these problems—as well as the addiction itself, by using the sites as a way to promote treatment to users.

Vancouver, B.C., has had a “supervised injection facility” for over a decade. Called InSite, it consists of little stalls where people can prepare and inject their drug of choice, with medical staff standing by in case of overdose and to connect people with treatment services if they want them.

After years of evaluation, the verdict is in: InSite works. A 2011 study in *The Lancet* found that InSite’s creation correlated with a large drop in drug deaths



A safe injector in Vancouver.

in the surrounding neighborhood. And while it’s seen more than a thousand overdoses, according to InSite’s website, there has never been a single fatality.

According to a 2009 report summarizing various scientific evaluations, InSite also reduced public injecting, lowered syringe sharing, and increased participation in addiction treatment—all without any discernible negative side effects. It even seems to save taxpayers money.

Banta-Green says that, far from discouraging drug users from seeking treatment, drug-use sites act as a kind of soft-sell for recovery. “It’s really a front door in,” he says, “and it’s not all by itself . . . if that’s what that person needs today is a [safe drug site],

awesome. But if we’re making a relationship and a connection, and then the fourth or fifth time they come back, they’re interested in getting [connected to services], then you’re set up for that.”

Murphy and other activists are ready to make a safe-use site happen in Seattle, and local leaders are unlikely to stop them. But is it legal?

No, says Lisa Daugaard of The Defender Association, but so what? “The fact that someone can be arrested and can be prosecuted for a law violation,” she says, “doesn’t mean that they must be.” Daugaard points to Law Enforcement Assisted Diversion (LEAD), a program that redirects people arrested for drug crimes and prostitution into support services rather than jail. The program was controversial at its inception four years ago, but an evaluation published earlier this year gave LEAD such stellar marks that support for the program has become the norm in Seattle’s political establishment.

The trick, says Daugaard, is to get local cops and prosecutors on board—to convince them that a safe drug site will work. “Local law enforcement and local prosecutors doing that is the most important front in ending the War on Drugs,” she says. “It’s very powerful, and it’s very available to us.” (Police and prosecutors declined to comment.)

Murphy says that a safe drug site will be up and running within a year or two, possibly in the form of a large van that moves around the city.

But however it looks, he says, it’s coming. “When we have this many folks on the street injecting,” he says, “[and] rising overdose rates—it’s time for action, not for 10 years of negotiation.” **SW**

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