KITSAP PUBLIC
HEALTH DISTRICT

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KITSAP PUBLIC HEALTH BOARD
October 1, 2019

Documents entered into the record

1. **Public Comment – Syringe Exchange**
   Monte Levine representing persons who inject drugs

MONTE LOUNGE COMMENTS 10/1/19

I have read the syringe program update that Dr. Turner will be presenting to the Board today. There's always room for improvement. Paraphrasing Dave Purchase; Prevention is never perfect and never finished. How do we measure prevention? It's like trying to prove a negative like a 3 headed dog does not exist.

The attempt to tighten up syringe exchange will lead to many more negative consequences and cost to our medical system with an increase in HCV, STI, Overdose, and endocarditis incidence. If things are tightened too much they break. I am afraid that's what's going to happen in our community.

In the work group that was formed, how many exchange participants represented the hundreds of illicit injectors? Can an example from the largest city in the country, BOOM Health relate to a suburban, semi rural county across the country? I spent years commuting between New York City and Clallam County. There are great differences in culture and demographics.

In almost all areas of social work people who are targeted in a program or intervention are involved in the design, implementation and often the providing of services. Only in working with people who use drugs is this not the case. Why not?

I would be ecstatic if Illicit substance use was treated as a medical condition. Unfortunately it is not. It is a moral issue enforced by criminalization. Because of the immorality of illicit drug use, do you really think people will be comfortable going to medical facilities? All of us doing work in the trenches have witnessed people die because they refuse to seek treatment. They have been marginalized, stigmatized and treated with disrespect. Why would any doctor lance an abscess without a local anesthetic except to cause pain and suffering, thinking that it would be a lesson? The first thing that person is likely to do is seek something to lessen the pain of the procedure. Once illicit drug use behavior is charted, it is there for life. A person with acute pain with that in their chart can likely be seen as having drug seeking behavior.

I have lived in both Clallam and Kitsap Counties. Many years ago I said to our previous Health Officer, Dr. Lindquist, that I felt Kitsap would have had a higher incidence of overdose deaths than Clallam if not for our illegal distribution of Narcan. When I mentioned that we were doing it, his answer was "I'm glad that someone is." For many years we risked arrest and prosecution for providing Narcan without a prescription.

We have had people knocking on our door in the middle of the night asking for Narcan. We kept it by the door to be able to hand it out. I called them idiots and told them that they should have called 911 rather than coming to us. Why would anyone not call 911? Because of shame and criminal behavior. The Good Samaritan Statute does not protect against arrest. It may prevent prosecution, but no one wants to go through withdrawal in jail.

Syringe exchange is not in and of itself harm reduction. It is only a tool. Harm Reduction is based on behavior change theory, knowledge of resources and motivational interviewing. It is a means

of keeping people alive and as healthy as can be while they engage in dangerous behaviors with as least damage as possible until they are ready for change. All too often when a person leaves jail the first thing they do is to light up a cigarette, then head to the dealer's to get high. Rationally they know the harms. Change cannot be forced from outside. It can only be encouraged.

How many pharmacists or medical professionals have the time to engage participants with motivational interviewing? How many are trained and have the skills? It sounds good on paper. How will it be in reality?

Because you are moving forward with this plan I ask you to start keeping good statistics. You need to start now to establish a baseline. How many STI are being seen at all the medical facilities? What is the incidence of acute HCV infection, overdose and overdose death, STIs and endocarditis? I know that correlation does not necessarily mean causation. We have yet to see the impact of a MAT clinic providing methadone. I did not see any plans for evaluation in what is being presented. What tools will be used to evaluate? When are evaluations planned? What is the timeline for evaluation?

I fear for my community. I would like to see no one suffering with addiction. I truly hope that I am proven wrong, but doubt that I will be.

The Suquamish Nation provides peer support for people in their Tribe leaving incarceration. They Have been awarded a grant to provide peers as part of the Recovery Coach Program for people leaving our jail. The Salish Recovery Coalition is trying to bring a Recovery Cafe to our county. There are changes happening in the field of addiction treatment.

I would like to suggest the idea of providing Recovery Coaches to people through Syringe Exchange programs. They also would be beneficial for people living with HIV and substance use/abuse issues. If the Board would like a presentation of this new movement, I would be happy to recommend someone.

If any of you would like to discuss this further with me, please contact me at Montelevine@gmail.com or 360-509-4780