



May 11, 2023

Washington State Senate  
Washington State House of Representatives  
Legislative Building  
Olympia, WA 98504

Dear Washington legislators:

The defense legal community shares your deep concern about rising drug overdose deaths and substance use disorder, and their devastating impact on the Washington communities where we all live, work, and raise families.

We write today to voice strong support for language in the ESSB 5536 Conference Report that employs evidence-based harm reduction as a means to reduce overdose deaths and drug-related crime in Washington. In addition, we offer peer-reviewed public health data to help you continue to prioritize harm reduction in the legislation you will vote on during the upcoming Special Session.

Harm reduction is an approach that aims to minimize the negative consequences of drug use, while acknowledging that drug use is a complex issue with no easy solutions.

One of the key components of harm reduction is the use of evidence-based interventions that have been shown to be effective in reducing personal and societal harms associated with drug use. These interventions can include things like providing access to naloxone (a medication that can reverse opioid overdoses), syringe exchange programs to reduce disease transmission, and medication-assisted treatment (MAT) for opioid use disorder.

We know that you have received requests from many parties interested in shaping the legislation that you are considering. We are particularly concerned about the contents of a letter from the Washington Association of Sheriffs and Police Chiefs (WASPC), dated May 4, 2023. Among other proposed changes, the WASPC letter urges you to remove language from the ESSB 5536 Conference Report that would allow public agencies to test drugs for dangerous and deadly impurities, and distribute safe equipment to drug users. WASPC also would have you excise all reference to safe consumption sites and would amend the very definition of "harm reduction." However, WASPC provides no supportive studies, nor even anecdotal evidence, to back their requests. By contrast, a large body of public health data supports evidence-based harm reduction programs.

Studies show that certain interventions can be highly effective in reducing overdose deaths and other negative outcomes associated with drug use. For example, a study published in the medical journal *The Lancet* found that the implementation of syringe exchange programs and naloxone distribution programs in British Columbia, Canada was associated with a 35 percent reduction in overdose deaths between 2016 and 2017. (See Appendix A below for further peer-reviewed studies and citations re: harm reduction and reduction of overdose deaths.)

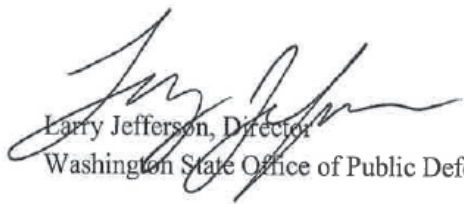
Additionally, harm reduction can help to reduce the burden on the criminal legal system by diverting people who use drugs away from criminal punishment and toward substance use

treatment and other supportive services. This can help reduce recidivism and improve outcomes for people who use drugs, while also saving taxpayer dollars by reducing the costs associated with incarceration and other criminal system-related expenses.

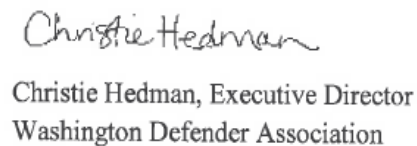
Overall, we believe that harm reduction is a vital tool in Washington State's efforts to address the opioid epidemic and reduce the harms associated with drug use. By funding and expanding statewide access to evidence-based harm reduction interventions, the Legislature can help save lives, reduce crime, and build stronger, healthier communities.

Please follow the evidence and embrace a public health approach as you finalize legislation to reduce drug overdose deaths and substance use disorder. Thank you for your time and consideration.

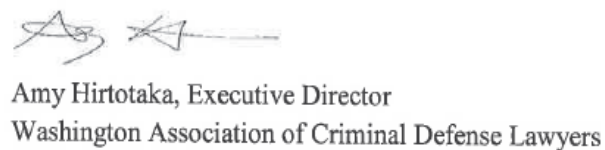
Best regards,



Larry Jefferson, Director  
Washington State Office of Public Defense



Christie Hedman, Executive Director  
Washington Defender Association



Amy Hirtotaka, Executive Director  
Washington Association of Criminal Defense Lawyers

Attachment:  
Appendix A, peer-reviewed studies about the efficacy of harm reduction in preventing overdose deaths

## Appendix A

### Peer-reviewed studies about the efficacy of harm reduction in preventing overdose deaths

A substantial body of peer-reviewed research demonstrates the efficacy of harm reduction interventions in reducing overdose deaths and improving other public health outcomes. Here are a few examples:

- A 2016 study published in the *Annals of Internal Medicine* found that the implementation of a naloxone distribution program in San Francisco, California was associated with a 47% reduction in opioid overdose deaths among program participants.<sup>1</sup>
- A 2011 study found that the implementation of a supervised injection facility (SIF) in Vancouver, Canada was associated with a 35% reduction in overdose deaths in the surrounding neighborhood.<sup>2</sup>
- Another study published in the *International Journal of Drug Policy* found that Stigma related to drug use and using drugs in more settings may increase overdose risk, and that the effectiveness of overdose prevention and naloxone training may be improved by reducing discrimination against people who use drugs in community and medical settings and diversifying the settings in which overdose prevention trainings are delivered.<sup>3</sup>
- Another study published in *The Lancet* found that after a Supervised Consumption Services (SCS) site in Vancouver, BC opened, fatal overdoses in the area decreased by 30%, compared to 9% in the rest of Vancouver.<sup>4</sup>
- A study published in the *Journal of Drug Issues* found that a syringe exchange program in Vancouver, Canada was associated with a significant reduction in drug-related litter, but that an increased police presence near the site led to 26% decline in distribution of sterile syringes and elevated the risk of syringe sharing among intravenous drug users.<sup>5</sup>

These are just a few examples of the many studies that have demonstrated the effectiveness of harm-reduction interventions in reducing overdose deaths. The evidence strongly supports implementation of these interventions as part of a comprehensive approach to addressing the opioid epidemic and reducing the harms associated with drug use.

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<sup>1</sup> Coffin, P. O., Behar, E., Rowe, C., Santos, G. M., Coffa, D., Bald, M., ... & Vittinghoff, E. (2015). Nonrandomized Intervention Study of Naloxone Coprescription for Primary Care Patients Receiving Long-Term Opioid Therapy for Pain. *Annals of internal medicine*, 165(4), 245-252.

<sup>2</sup> Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet*, 377(9775), 1429-1437.

<sup>3</sup> Latkin, C. A., Gicquelais, R. E., & Clyde C., (2019). Stigma and drug use settings as correlates of self-reported, non-fatal overdose among people who use drugs in Baltimore, Maryland. *International Journal of Drug Policy*, 68, 86-92.

<sup>4</sup> Marshall BD, Milloy MJ, Wood E, Mantaner JS, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet*, 2011; 377/9775: 1429-37

<sup>5</sup> Wood, E., Kerr, T., Spittal, P. M., Small, W., Tyndall, M. W., & O'Shaughnessy, M. V. (2003). The impact of a police presence on access to needle exchange programs. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 34(1):p 116-117.