ADDRESSING METHAMPHETAMINE SEATTLE / KING COUNTY FINAL REPORT and RECOMMENDATIONS JUNE 2020



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(All footnotes in this document are linked to an online version of that source.)

DRUG USER HEALTH is public health.



INTRODUCTION

Seattle/King County has a methamphetamine problem. In addition to the relevant data that indicate the epidemic of methamphetamine use, visible consumption and related problematic behaviors from methamphetamine use disorder are evident in local neighborhoods and on our streets. Methamphetamine is not new to the region, though methamphetamine use disorder and related public health and public disorder issues have evolved over time.

In 2019, to respond to the growing methamphetamine epidemic and lacking innovative treatment options, local physician and national substance use disorder treatment expert Dr. Judith Tsui and Jesse Rawlins with the local *Yes to Drug User Health (DUH)* project drafted a funding request letter to Mayor Jenny Durkan advocating for local funding of a stimulant substitution therapy research pilot. Stimulant substitution therapy is an innovative, cutting-edge treatment modality for methamphetamine use disorder that uses medication treatment by providing a safer pharmaceutical that acts as an agonist for reducing illicit, problematic methamphetamine use.

While the research pilot is still unfunded, *Yes to DUH* continues to elevate a local governmental response to methamphetamine trends and allocating resources for a stimulant substitution therapy research pilot. In February of 2020, a stakeholder group of experts in diverse fields was organized to discuss the methamphetamine epidemic and stimulant substitution therapy. Local health care workers, medical providers, and researchers were convened in addition to researchers and medical providers currently practicing stimulant substitution therapy for illicit stimulant users at a clinic in Vancouver, British Columbia. A full list of the participating stakeholders is included in this report.

While local government and regional funders have responded to the opioid epidemic, the methamphetamine crisis warrants a similar response in producing both evidence-based and innovative interventions. As an increasing trend of the local drug epidemic in Seattle/ King County, the methamphetamine epidemic requires policy direction and programmatic responses. As outlined in this report, local government can respond to growing trends of methamphetamine usage by funding a stimulant substitution therapy research pilot, amongst other strategies that are rooted in harm-reduction and prioritize drug user health, which will increase local innovation and practice for addressing the methamphetamine epidemic.

METHAMPHETAMINE BACKGROUND

Methamphetamine is an illicit, psycho stimulant drug that affects the central nervous system.¹ It is one of several types of stimulant drugs, also referred to as meth, blue, ice, and crystal. Methamphetamine can be used in multiple ways including ingesting, smoking and injecting.

Acting on the central nervous system, methamphetamine triggers a release of certain neurotransmitters including dopamine, norepinephrine and serotonin, causing increased libido, alertness and well-being, decreased appetite, and euphoria.² High doses of methamphetamine may cause increased blood pressure, hyperthermia, stroke, cardiac arrhythmia, stomach cramps and muscle tremor, while acute negative psychological side effects are associated with anxiety, insomnia, aggression, paranoia and hallucinations.³ The psychological effects are often referred to as methamphetamine-induced psychosis. Prolonged problematic methamphetamine use is associated with neural damage and associated cognitive impairment, cardiovascular damage, dental disease and stroke.⁴

The long-term effects of methamphetamine use vary but can be correlated with problematic sexual behavior and commitment of law violations. Specific to problematic sexual behavior, increases in HIV and sexually transmitted infections (STI) are associated with increased use of methamphetamine, especially within the male-identified queer community.⁵ This outcome could also be applied to behaviors within other sexual identities. Separately, commitment of law violations associated with violence can be associated with problematic methamphetamine use.⁶

Individuals use methamphetamine for a variety of reasons: a desire for increased energy, wakefulness, attentive focus and weight loss. Additionally, coping with trauma or traumatic events is also an indicator for methamphetamine use. Individuals with mental health conditions, such as attention disorders, may choose methamphetamine to self-manage behavioral health issues.

¹ Galbraith N. The methamphetamine problem: Commentary on ... Psychiatric morbidity and socio-occupational dysfunction in residents of a drug rehabilitation centre. *BJPsych Bull*. 2015; 39(5): 218–220.

² Barr AM, Panenka WJ, MacEwan GW, Thornton AE, Lang DJ, Honer WG, et al. The need for speed: an update on methamphetamine addiction. J Psychiatr Neuroscience 2006; 31: 301.

³ Nordahl TE, Salo R, Leamon M. Neuropsychological effects of chronic methamphetamine use on neurotransmitters and cognition: a review. *J Neuropsychiatry Clin Neurosci* 2003;15:317-25.

⁴ Galbraith N. The methamphetamine problem: Commentary on ... Psychiatric morbidity and socio-occupational dysfunction in residents of a drug rehabilitation centre. *BJPsych Bull*. 2015;39(5):218–220.

⁵ Hirshfield S, Remien RH, Walavalkar I, Chiasson MA. Crystal methamphetamine use predicts incident STD infection among men who have sex with men recruited online: a nested case-control study. *J Med Internet Res.* 2004;6(4):e41. Published 2004 Nov 29.

⁶ Brecht ML, Herbeck D. Methamphetamine Use and Violent Behavior: User Perceptions and Predictors. J Drug Issues. 2013;43(4):468–482.

LOCAL METHAMPHETAMINE TRENDS

There are several data points that indicate an increase of methamphetamine use in Seattle/King County. The most alarming indicator pointing to increased methamphetamine use in Seattle King/County is the rise in related overdose deaths. **In 2019, the majority of all overdose deaths involved methamphetamine usage in King County** (see Figure 1).⁷ As seen in Figure 1, methamphetamine involved overdoses deaths have been on the stark rise since 2013, meaning the majority of people who die from problematic drug use are polysubstance users. Also identified in 2019, stimulant-only overdoses were the second largest contributor to fatalities in King County.⁷

FIGURE 1



Drugs Involved in Confirmed Overdose Deaths (Note: Decedent may be represented in multiple lines)

Separately in a recent annual count, local emergency response data linked 1,433 of emergency medical responses to problematic behaviors and crises related to methamphetamine use. The majority of these calls documented methamphetamine use in public spaces because users were also experiencing homelessness.⁸

Evidence also suggests that there is an increase of methamphetamine use specifically for people experiencing homelessness in Seattle/King County. Homelessness involves exposure to trauma and profound insecurity. Individuals often rely on methamphetamine for individual or group safety,

⁷ Retrieved from https://www.kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx

⁸ Chief Scoggins, Harold D. Methamphetamine Stimulant Replacement Therapy Funding Support Letter. 21 August 2019.

physical stamina, appetite suppression and general wakefulness. The increase use amongst people experiencing homelessness is not fully documented; however, there was almost a double increase in the percentages of stimulant related fatal overdoses for people experiencing homelessness from 2009 to 2019, making this an especially vulnerable population.⁷

More broadly, data from a 2019 Washington State needle exchange survey found 84% of survey respondents reporting using methamphetamine use compared to 69% reported in a 2015 survey.⁹ The survey found that methamphetamine was even more commonly used than heroin. In addition, the report found that 48% of methamphetamine users surveyed were interested in reducing their methamphetamine use. While there is no approved medication treatment for methamphetamine use disorder, listening to methamphetamine users signals the need to study and practice stimulant substitution therapy.

In the same statewide survey, **48% of respondents identified a desire for medications to reduce their methamphetamine use**. A Seattle/King County Public Health survey conducted for injection drug users cited that **61% of methamphetamine users expressed a desire for medication to address their problematic methamphetamine use**.¹⁰

In addition to the data indicating a stark increase locally in methamphetamine use, the epidemic is readily visible among those living in the Seattle/King County region. Particularly in public spaces, methamphetamine use and its associated problems are a growing concern to residents, not only because of harmful impacts on the individual user but also due to public health and safety concerns community-wide. Behaviors associated with methamphetamine use are a source of concern for the general public and are frequently documented in local media.

News outlets feature stories of people using methamphetamine and committing violent acts where victims are seriously harmed. A Ballard area methamphetamine user was documented physically attacking individuals and causing substantial harm.¹¹ The hype of a recent KOMO News special entitled "Seattle is Dying" highlighted the methamphetamine epidemic as a cultural trend. In this special, the documentation of one methamphetamine user's violent actions contributed to an overarching crisis narrative advanced by increasing media coverage.¹²

⁹ Banta-Green C, Newman A, Kingston S, Glick S, Tinsley J, Deutsch S. Washington State Syringe Exchange Health Survey: 2019 Results. 2020.

¹⁰ Glick, S. (2020). Toward Achieving Health Equity For People Who Use Drugs in King County: Local Data from Community Members [PowerPoint slides] Retrieved from:

https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A2a23cef6-1a50-408c-90e9-5ebcca2e46c0

¹¹ Clancy, Amy. *Police: Woman attacked with pitchfork in Ballard by man released from jail 4 days earlier* [Video file]. (13 August 2019). Retrieved from https://www.kiro7.com/news/local/police-woman-attacked-with-pitchfork-in-ballard-by-man-released-from-jail-4-days-earlier/975641869

¹² Johnson, Eric. *KOMO News Special: Seattle is Dying* [Video file]. (14 March 2019). Retrieved from https://komonews.com/news/local/komo-news-special-seattle-is-dying

STAKEHOLDER GROUP IMPETUS

Regional leaders have focused their attention and governmental response to the local heroin and opioid epidemic. In 2016, the City of Seattle and King County co-convened the Heroin and Prescription Opiate Addiction Task Force to assemble a wide-range of experts and form recommendations in response to the local opioid crisis. The majority of overdose deaths that year were related to opioid use disorder. However, there has been a lack of policy direction or programmatic response from 2018 to current to address the skyrocketing methamphetamine use, associated harms and overdose deaths related to a growing trend of methamphetamine use disorder.

In response, *Yes to DUH* convened a wide range of experts in the field of addressing drug use including physicians, medical providers, other health care practitioners and researchers. This stakeholder group served as a space for knowledge and expertise to be shared for addressing the local methamphetamine epidemic. More specifically, the stakeholder group received the research evidence on stimulant substitution therapy to further prove potential efficacy and build support for local governmental resources to be provided for funding a research pilot. In addition to local stakeholders, the stakeholder group received briefings from public health researchers and a physician that is currently practicing stimulant substitution therapy for illicit stimulant users at Crosstown Clinic in Vancouver, British Columbia.

The stakeholder group was convened to elevate the issues surrounding the methamphetamine crisis in Seattle/King County and inform experts about possible innovative treatment options. Similar to local government's response to the heroin and opioid epidemic, this stakeholder convening serves as a reminder for local government to adequately respond to methamphetamine use disorder as an increasing trend in the local drug epidemic and growing concern for the larger community. While this report was informed by and draws on their contributions, the responsibility for its contents lies with *Yes to DUH* staff at Public Defender Association—no specific content should be ascribed to the stakeholder group.

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STIMULANT SUBSTITUTION THERAPY

Stimulant substation therapy can be defined as medication treatment for stimulant use disorder by using a safer pharmaceuticals that acts as an agonist for reducing illicit, problematic stimulant use. While vast research and practice exists for utilizing prescription medications to reduce and stabilize opioid use, stimulant substitution therapy has not been widely studied throughout the United States. Currently, there is no Federal Drug Administration (FDA) approved medication for treating methamphetamine use in the United States. A better research base for national practice of medication treatment is needed to address methamphetamine use. It is important to note that Canadian drug

user health related work does support the tenants of stimulant substitution therapy, which is often referred to as "safe supply", and is a widely practiced and accepted treatment modality in many areas of Canada.

In 2019, the Public Defender Association's Public Policy Manager and Dr. Judith Tsui, nationally known substance use disorder researcher and local physician, wrote an original funding proposal to the City of Seattle requesting City resources be allocated to pilot a local innovative medication treatment research project for methamphetamine use disorder.¹³ The funding letter urged: "providing a stimulant analog in a controlled, legal, subsidized context may allow patients to refrain from using illicit stimulants, enable them to engage in medical care for their mental and physical conditions and access services that will lead to greater stability and less incidents of hospitalization and incarceration." To date, local government has neither provided resources for this research pilot nor stated any specific policy direction or programmatic response to address the local methamphetamine crisis despite endorsements from a diversity of stakeholders, including Donnie Goodman, Deputy Director of Seattle Counseling Services¹⁴ and City of Seattle Fire Department Chief Scoggins¹⁵ to pilot stimulant substitution therapy research.

The funding request letter outlined a specific proposal to use the prescribed stimulant methylphenidate as a safe supply or stimulant substitute to reduce problematic methamphetamine use. Methylphenidate has evidence-based implications for use in treating or addressing methamphetamine use disorder. By using methylphenidate as a prescribed stimulant analogue, methamphetamine users can reduce or eliminate their reliance on illicit drugs; and by working with a prescriber they are connected to better health care where they can obtain medication in a regulated, subsidized environment. Each of these factors reduce associated criminal activity. Additionally, use of a prescribed stimulant analogue may reduce forward transmission of infectious diseases.

Utilization of methylphenidate for substitution stimulant therapy (as described above) has been studied internationally and in limited studies nationally. In 2013, research cited that use of methylphenidate simultaneously reduced reliance or relapse of methamphetamine use while also addressing attention disorders.¹⁶ In 2014, researchers concluded that methylphenidate may lead to a reduction in methamphetamine use when provided as a treatment for individuals.¹⁷ Another research project in 2015 found that sustained-released methylphenidate was safe, well tolerated among active methamphetamine users, and significantly reduced methamphetamine use, craving and depressive symptoms.¹⁸ Even most recently in 2020, a systematic review of forty-three research studies on pharmacological treatment modalities for methamphetamine use disorder identified stimulant

¹³ Dr. Tsui J, Rawlins J. Stimulant Substitution Therapy Research Pilot Funding Support Letter. 24 June 2019.

¹⁴ Goodman D. Methamphetamine Stimulant Substitution Therapy Funding Support Letter. 27 August 2019.

¹⁵ Chief Scoggins, Harold D. Methamphetamine Stimulant Replacement Therapy Funding Support Letter. 21 August 2019.

¹⁶ Konstenius M, Jayaram-Lindström N, Guterstam J, Beck O, Philips B, Franck J. Methylphenidate for attention deficit hyperactivity disorder and drug relapse in criminal offenders with substance dependence: a 24-week randomized placebo-controlled trial. Addiction. 2014;109(3):440–449.

¹⁷ Ling W, Chang L, Hillhouse M, et al. Sustained-release methylphenidate in a randomized trial of treatment of methamphetamine use disorder. Addiction. 2014;109(9):1489–1500.

¹⁸ Rezaei F, Emami M, Zahed S, Morabbi MJ, Farahzadi M, Akhondzadeh S. Sustained-release methylphenidate in methamphetamine dependence treatment: a double-blind and placebo-controlled trial. Daru. 2015;23(1):2. Published 2015 Jan 15.

substitution therapy, specifically methylphenidate and dextroamphetamine, to be the most positive demonstrations for successful treatment.¹⁹

Empirical and individual experiences point to the necessity for innovative treatment options of methamphetamine use disorder through medication treatment. At Crosstown Clinic in Vancouver, British Columbia, physicians and health clinicians have implemented stimulant substitution therapy for stimulant use disorder with reported positive outcomes. In that particular clinical setting, providers prescribe dextroamphetamine, which works in a similar manner to methylphenidate. Results indicate that dextroamphetamine is a safe and effective treatment for stimulant use disorder.²⁰

It is imperative that any further research and clinical practice for stimulant substitution therapy or medication treatment for stimulant use disorder be informed by people who are current or former methamphetamine users. One Crosstown Clinic participant receiving the stimulant substitute named Spike identifies the successes of medication treatment and describes this type of intervention: **"The fact that people facing substance use challenges are not offered all available treatment options shows that there is still so much stigma to overcome.**"²¹

Separately, continuing to highlight the experiences of those most impacted, one individual in the "Seattle is Dying" special that was identified as a methamphetamine user participated in a follow-up interview. In the interview, the individual reported having used a legalized stimulant substitute in the past, and believes such a medication would potentially reduce their use of methamphetamine.²²

Users' wish to employ a stimulant substitute divulges problems with current treatment options, and it brings to light equity issues. While obtaining a prescribed stimulant may be easily accessible for those with affluence and privilege, people with fewer financial resources and lesser privileges are often labeled as "drug seeking" when attempting to gain access to legalized stimulants as a means to address behavioral health issues, including reduction of illicit stimulant use. Implementing stimulant substitution therapy research will have national implications and can impact equity outcomes.

COVID-19 RESPONSE

Stimulant substitution therapy can be an optimal intervention as cities and states face unprecedented crises, such as the COVID-19 –pandemic. Instituting stimulant substitution therapy during a pandemic can be valuable in two ways. First, epidemics can cause shortages in the supply of pharmaceutical

²¹ Center for Health Evaluation and Outcomes Sciences. *Patient Voices: Meet Spike*. Retrieved from http://www.cheos.ubc.ca/news/2020/02/patient-voices-meet-

²² Markovich, Matt. 'Sorry that I killed Seattle': Habitual offender talks repeat crimes, turning life around. (6 May 2019). Retrieved from https://komonews.com/news/project-seattle/habitual-offender-speaks-out-about-repeat-crimes

¹⁹ Siefried, K.J., Acheson, L.S., Lintzeris, N. et al. Pharmacological Treatment of Methamphetamine/Amphetamine Dependence: A Systematic Review. CNS Drugs 34, 337–365 (2020).

²⁰ Palis H, MacDonald S, Oviedo-Joekes E. Centre for Health Evaluation and Outcome Sciences. DEXTROAMPHETAMINE SULFATE (DEXEDRINE[®] SPANSULE) FOR THE TREATMENT OF STIMULANT USE DISORDER. 2019.

spike/?fbclid=IwAR1L05leQNPyZ_023MJSNbfb5girqKzwxX6bfsp1S0GHsfh8fgbepk7pU04

ingredients, such as those used for methamphetamine, because of delayed production and shipments.²³ Interest in alternatives may accelerate under such conditions. Secondly, a legal mechanism for drug procurement and consumption can decrease illicit acquisition and use, which allows for more social distancing and also decreases disease transmission by reducing drug use equipment sharing.

Recognizing that COVID-19 transmission presents unique harms to drug users, the government of British Columbia, Canada, provided a directive to address the dual public health emergencies of vulnerable drug use and COVID-19. In the directive, the local government provided instructions on implementing stimulant substitution therapy, including prescribing methylphenidate at up to 100mg per day for illicit stimulant users.²⁴ Further, vulnerable drug users can better self-isolate and practice social distancing when they have access to stimulant substation therapy or safe supply more largely.

RACIAL IMPACT CONSIDERATIONS

Interventions including stimulant substitution therapy should be explored for all stimulant use disorders, including cocaine and crack cocaine use. The effects of the opioid crisis experienced by white individuals garnered compassionate responses, while the Black experience of the crack epidemic garnered a far more punitive response.²⁵ Disproportionately negative responses towards Black communities have led to harmful policing, criminalization, and incarceration, coinciding with and defining the ways in which society and institutions responded to stimulant use disorder historically. Further research into stimulant substitution therapy for all illicit stimulant use can help alleviate current and historical harms to Black communities by prioritizing reality-based interventions for stimulant use disorders that disproportionately impact Black communities, in the past with crack cocaine, and in the emerging pattern with methamphetamine.

Furthermore, the rates of fatal overdoses from stimulant use are disproportionate for Black communities. In 2019, Black individuals accounted for 21% of fatal overdoses from stimulant use⁷ disorder while only making up 6% of King County's total population in the last Census count. In contrast, white folks in 2019 were 66% of the total overdoses from stimulants,⁷ proportionate to the 65% of the county's population that is white. It is imperative that all levels of government recognize the racial disproportionality in all stimulant use disorders and act swiftly to provide the Black community with relief, just as they did and have for opioid use disorder issues.

²³ Bonello, Deborah. "Coronavirus Is Leading to Shortages of Fentanyl And Meth". VICE. 19 March 2020. Retrieved from: https://www.vice.com/en_us/article/wxek4m/coronavirus-is-leading-to-shortages-of-fentanyl-and-meth

²⁴ Retrieved from: https://www.bccsu.ca/wp-content/uploads/2020/03/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.2.pdf

²⁵ Addison J. How racial inequity is playing out in the opioid crisis. PBS News Hour. 18 July 2019. Retrieved from https://www.pbs.org/newshour/health/how-racial-inequity-is-playing-out-in-the-opioid-crisis

HISTORICAL ADVOCACY CONTEXT

Historical context and previous advocacy efforts are important when exploring research and clinical practices to advance public health issues. Currently, the Federal Drug Administration (FA) has not approved of any medication treatments for addressing methamphetamine use disorder. The historical narratives and methods used by the FDA and government in response to public health issues provide important insights into exploring innovative treatment options. The effects of previous advocacy efforts demonstrate how collective voices moved government beyond short-gap responses to public health issues.

One specific example of an innovative public health intervention occurred in the 1980's during the onset of the AIDS crisis. In 1988, a queer, allied organization and fierce collective know as ACT UP (AIDS Coalition to Unleash Power) pioneered advocacy efforts to address the inadequate responses by the FDA to the AIDS crisis. ACT UP urged the FDA to explore better treatment modalities for addressing HIV-transmission and AIDS.²⁶ While engaging the FDA, ACT UP highlighted the need for better treatment options, faster access to drug therapies and a shortening of the drug approval process to improve health and well-being outcomes, as well as a focus on the specific symptoms and conditions pertaining to HIV in women and people of color.

ACT UP's efforts were successful in compelling the government to address AIDS with innovative and accessible drug therapies to reduce HIV and AIDS harms quickly. Following in ACT UP's advocacy path, there is a great deal of local potential in pioneering innovative treatment options for addressing problematic methamphetamine use. Advocacy can and should target local government to be bold, urgent, and innovative by piloting a stimulant substitution therapy research pilot to further prove the efficacy for treating methamphetamine use disorder.

OTHER STRATEGIES and INTERVENTIONS

Other strategies and interventions for reducing problematic methamphetamine use are well studied and exist as useful policy or programmatic response mechanisms. These strategies can be used in a collective effort alongside medication treatment for methamphetamine use disorder or stimulant substitution therapy research pilot to systematically address the local methamphetamine crisis.

Housing is not only a fundamental social determinant of health, but research has shown that a reduction in substance use for people experiencing homelessness can occur once individuals are

²⁶ Retrieved from https://actupny.org/

successfully housed.²⁷ Currently, the region's homelessness housing resource system is allocated through a system called Coordinated Entry for All (CEA). To access housing through CEA, an individual or family must complete a vulnerability assessment tool called a Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), which scores vulnerability and a matching score in CEA prioritizes a housing resource. Currently, CEA's assessment is mainly based on health-specific fragility and automatically deprioritizes housing resources for active substance users experiencing homelessness. The CEA system has also been found to be racially inequitable as those prioritized for housing are disproportionately white.²⁸

Furthermore, an individual may not be interested in treatment options if they are being disproportionately or categorically denied housing resources while experiencing homelessness. Without a dedicated stream of housing resources, reductions in public consumption of methamphetamine use and the resulting problematic behaviors will most not likely be curbed. A strategy and intervention to focus housing resources for methamphetamine users was recommended by the San Francisco Methamphetamine Task Force in 2019.²⁹

Ensuring continued drug use and problematic behaviors do not contribute to eviction proceedings are important considerations in systematically addressing these issues. As discussed, methamphetamine use or prolonged usage contributes to behavioral health issues, problematic behaviors and sometimes violent actions. These occurrences occur in some of the permanent housing and Permanent Supportive Housing (PSH) programming throughout Seattle/King County as usage may continue for some time after individuals are successfully housed. Some PSH providers have found an annual average of 65 individuals facing eviction proceedings because of substance use disorder, organic mental health issues or a combination of behavioral health issues. In 2020, the Public Defender Association is launching a *High Barrier / High Impact Eviction Mitigator* project to support tenants in supportive housing and PSH units and provide a third-party, clinical interventionist service to address behavioral health issues that would be contributing to eviction proceedings. While current funding will allow for one mitigation specialist for a four-year funding period, more funding may be necessary to increase the program and ensure that homeless individuals with behavioral health issues remain successfully housed with added supports.

The reality is that sufficient and accessible permanent housing for many of these individuals is not feasible any time soon, despite being the gold standard for total social determinants of health. Given that, in light of the sudden availability of underused motel and hotel space during the COVID-driven economic downturn, temporary lodging in under-utilized motels and hotels should be secured, unless and until permanent supportive housing is brought online and this population is prioritized. In addition and in the interim, other indoor spaces where individuals using methamphetamine can safely access and receive harm reduction therapies should be made readily available. These low-barrier "day spaces" will also serve as drop-in centers for substance users who can utilize other co-located services such as access to treatment, housing and applicable case management. Services such as these reaffirm humanity by allowing people dignity rather than forcing them outside during and after substance use.

²⁷ Padgett, D.K., Stanhope, V., Henwood, B.F. et al. Community Ment Health J (2011) 47: 227.

²⁸ Wilkey, C, et al. *Racial Equity Analysis of Assessment Data*. C4 Innovations. October 2019. Retrieved from https://c4innovates.com/training-technical-assistance/equity/

²⁹ San Francisco Methamphetamine Task Force Report and Recommendations. (2019). Retrieved from https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULL.pdf

"Day spaces" serve as safer indoor places where people can resolve episodes of unstructured or chaotic behaviors that they might exhibit while using methamphetamine. This is far better an alternative than seeing behaviors escalate as a result of complications from experiencing homelessness and being outside. While creating safer spaces for people to be indoors daily should be a priority for the City of Seattle, it defunded a majority of "day spaces" due to their lack of outcomes in exiting people who were experiencing homelessness into permanent housing through a competitive funding process. Rather than applying problematic outcomes that should be measured with other interventions, "day spaces" should be measured by the number of unduplicated individuals who inhabit any given space on a daily basis. That metric would confirm the need for these spaces. This is why the Methamphetamine Task Force in San Francisco recommended increasing safer, indoor spaces that approach these problems with more dignity while providing harm reduction therapies.²⁹

One example of a well-studied methamphetamine use disorder treatment is contingency management therapy. Contingency management "refers to a type of behavioral therapy in which individuals are 'reinforced', or rewarded, for evidence of positive behavioral change", and a growing body of evidence and research suggests that contingency management is an appropriate inclusion in treatment strategies for methamphetamine use disorder.³⁰ These interventions have been widely tested and evaluated in the context of methamphetamine use disorder, and they often involve the provision of monetary-based reinforcement.³¹ While substantial data supports the efficacy of contingency management for intervention, it is partially criticized due to the deterioration of the effects once the intervention is removed.³² Further assessment of contingency management therapy should examine sustainability and the costs of regional implementation.

Safe or supervised consumption is an evidence-based intervention that can help address the harms of problematic methamphetamine use. Implementing safe consumption spaces indicates that harm-reduction strategies can improve public drug consumption and increase viable health care access for people with substance use disorder.³³ Safe consumption spaces are health centers for drug users that reduce related or fatal overdoses and increase access to important health care services. These services provide safe, clean spaces where people can legally use previously obtained drugs under the supervision of healthcare professionals who provide support, safe and sterile equipment and overdose prevention. Further, safe consumption spaces can provide an array of supportive health care, counseling, and referrals to health and social services. In response to growing concerns from business owners, representatives, and people living in neighborhoods, reducing public drug consumption with this viable alternative is an evident and pressing solution.

Local government has allocated funding for a safe consumption space or safer practices implementation. Yet, neither the Mayor of the City of Seattle, nor the King County Executive, have

³⁰ Roll JM. Contingency management: an evidence-based component of methamphetamine use disorder treatments. Addiction 2007; 102: 114– 120.

³¹ Petry NM. Contingency management: what it is and why psychiatrists should want to use it. Psychiatrist. 2011;35(5):161–163.

³² Rash CJ, Stitzer M, Weinstock J. Contingency Management: New Directions and Remaining Challenges for An Evidence-Based Intervention. J Subst Abuse Treat. 2017;72:10–18.

³³ Fischer B, Kendall P, Allard C. The case for a supervised drug consumption site trial in Victoria, British Columbia. BC Medical Journal 2008a; 50: 130–131

accomplished safe consumption spaces implementation, while the City of Seattle continuously claims budget constraints and threats from federal government entities. If a stand-alone safe consumption space is not budgetarily feasible, sufficient policy analysis and further engagement with community members should occur to evaluate cost-effective alternatives. They might include implementing safer consumption practices and harm-reduction services where substance users are already located or in service spaces where drug use naturally occurs. While safer consumption practices can be a cost-effective and cost beneficial solution, the ultimate goal is to provide supervised consumption spaces with additional, wrap-around social services. Both the City and County have defended and prioritized other policy initiatives challenged by the federal government through advocacy and legal defense. Threats to drug user health warrants similar action. Legal remedies and sound recommendations for implementing safe or supervised consumption spaces in Seattle/King County can be drawn from the legal case in Philadelphia³⁴ and the San Francisco Methamphetamine Task Force.²⁹

FOLLOWING STEPS

In 2016, local government and regional funders made good progress in responding to the local opioid crisis. The substantial rise in methamphetamine use and related harms requires a similar action in policy direction and programmatic response. The achievable strategies and interventions proposed in this Final Recommendations and Report document can innovatively address the local methamphetamine epidemic. These proposals can be quickly implemented and evaluated by local government and regional leadership. Local government, regional funders and elected officials should be bold and urgent in their response **because drug user health is public health**.

³⁴ Retrieved from: https://www.cnn.com/2020/02/26/us/philadelphia-supervised-injection-site/index.html