

Substance Use and Recovery Services Plan Recommendation

Recommendation – Amend [RCW 69.50.4121](#) to remove language that prohibits “giving” or “permitting to give” drug paraphernalia in any form, so that programs who serve people who use drugs do not risk class I civil infraction charges for providing life-saving supplies needed for comprehensive drug checking, safer smoking equipment, and other harm reduction supplies to engage and support people who use drugs. The state shall expressly preempt the field in Washington state regarding any penalties imposed for selling/giving paraphernalia per RCW 69.50.4121.

Bill requirement: This amendment will support low barrier, person centered outreach and treatment services that improve safety for people who use drugs (Section 1.1); it also considers the points of intersection that persons with substance use disorder have with behavioral health systems and the places where persons with untreated substance use disorder congregate (Section 1.3(a)).

Is this a contract request, state plan amendment, funding request, or legislative policy change?
Legislative Policy Change

Synopsis

Many SUD service programs, especially harm reduction programs, are experiencing significant barriers adapting to accommodate changing drug use patterns and unprecedented surge of deaths from overdose, and to engage equitably with all people who use drugs and in all manners of ways that people are using drugs. Much of this is in due to paraphernalia laws that prohibit the distribution of drug paraphernalia in any form. Amending this law would allow harm reduction programs to provide drug testing equipment, including but not limited to fentanyl test strips, and safer smoking equipment to engage and support people who use drugs without risk of incurring a class I civil infraction.

A significant service of harm reduction programs is to also connect people who use drugs with additional services that are aligned with their recovery. Therefore, it is essential that supplies that engage with people who use drugs in a variety of ways are allowed for distribution.

Recent reports suggest a drastic shift in drug use patterns in Washington State. Emerging research related to the changing West Coast drug supply, survey information from SSP participants in Washington collected by University of Washington researchers, and anecdotal information from Washington-based SSPs indicate that the ubiquity of fentanyl in the street drug supply is causing many people who inject drugs to transition to smoking fentanyl, primarily due to difficulties finding accessible veinsⁱ and their inability to find heroin. In addition, many people who use drugs report stimulant use, and most often report smoking as the primary mode of administration for drugs like methamphetamine.ⁱⁱ

Supportive Research

- **Non-Injection Routes of Drug Administration are Less Dangerous than Injection:** Injecting more frequently is associated with a greater risk of blood-borne pathogen transmission.ⁱⁱⁱ A person’s overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible^{iv,v} and that non-injection routes of administration may pose less risk of overdose.^{vi,vii} Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific.^{viii} In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health and health care systems.^{ix,x}
- **Sharing Smoking or Snorting Supplies May Transmit Communicable & Infectious Disease:** HCV has been found on used pipes,^{xi} and sharing non-injection drug using equipment is associated with HCV infection.^{xii} Pipe sharing has also been implicated in outbreaks of other diseases, such as tuberculosis.^{xiii,xiv} As with the risk of other respiratory infections, access to non-injection drug use materials may reduce sharing and the consequent risk of COVID-19 infection: while not yet studied with regard to illicit drugs, the sharing of tobacco cigarettes could be implicated in COVID-19 transmission through salivary droplets.^{xv}

- **People who Smoke Drugs Need Engagement and Access to Harm Reduction Services** Making pipes and other non-injection drug using supplies available can serve as an engagement strategy and bring harm reduction services to people who use drugs, but do not inject. There is a marked decrease of reported drug-related health problems among people who obtain new pipes through SSPs^{xvi} and SSPs serve as a point of entry to other services, including access to overdose education and naloxone, infectious disease testing (e.g., HIV, HCV, and syphilis), linkage to care, primary care, and recovery support and treatment services.^{xvii}
- **Opioid and Psychostimulant Overdose are a Public Health Crisis Requiring Innovative Approaches** Per provisional DOH overdose surveillance data, drug-related overdose deaths surpassed 2,000 in 2021, a more than 66 percent increase compared to 2019. In 2019, the number of overdose deaths involving a synthetic opioid (mostly fentanyl and fentanyl analogs) was 337; in 2020 there were 672 (an increase of 99%), and preliminary 2021 data has this number as 1181 (a 250% increase from 2019). In addition, psychostimulant and polydrug overdose are on the rise: in 2019, the number of overdose deaths involving a psychostimulant was 540; in 2020, there were 728 (an increase of 35%), and preliminary 2021 data counts 1,112 (a 105% increase from 2019). In 2021, overdose deaths in Washington disproportionately affected people 45 years of age and younger, and Black, Indigenous/Native American/Alaska Native, and Hispanic/Latino/Latina/Latinx communities. Increases in overdose deaths demonstrate the need to expand services to engage all people who use drugs, and particularly people from disparately impacted communities, in overdose prevention and naloxone distribution, as well as linkages to health and social services.
- **Syringe exchange program participants are more likely to reduce or end use of injection drugs and to remain in treatment:** A study published in the *Journal of Substance Abuse Treatment* in 2000^{xviii} found that injection drug users who had formerly been exchange users were more likely than never-exchangers to report a substantial reduction in injection, to stop injecting altogether, and to remain in drug treatment. New users of the exchange were five times more likely to enter drug treatment than never-exchangers. The researchers concluded that reduced drug use and increased drug treatment enrollment associated with needle exchange participation may have many public health benefits, including prevention of blood-borne viral transmission.
- **Needle exchange programs are a bridge to treatment:** Another study, published in the *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, assessed the role of needle-exchange programs (NEPs) as a bridge to treatment^{xix}. Researchers found that needle-exchange attendance was associated independently with entering detoxification for both HIV-infected and uninfected injection drug users.

Financial Impact:

Dollars	FY23	FY24	FY25
5476 Funding	N/A	N/A	N/A
Grant Funding	N/A	N/A	N/A
Total Funds	N/A	N/A	N/A
Staff (FTE)	0	0	0

Consideration of youth, rural areas, and tribes:

Youth: Youth are dying from drug use at higher rates than they ever have (although rates of drug use itself has not necessarily increased) This recommendation should consider and allow programs to legally provide supplies to people 18 and younger.

Rural Areas: It is becoming increasingly difficult in rural areas to engage those most at risk of overdose with limited supplies allowed. Traditional harm reduction services are not accommodating the needs of people at risk of overdose, and the ability to distribute harm reduction supplies would strengthen programs’ ability to engage and support these rural communities. When transportation to services is difficult – such as in rural areas –receiving drug checking supplies, etc., serve as the necessary incentive for engagement. Due to limited resources and treatment options in rural areas, harm reduction may be

the only option for some people who use drugs to receive support services that improve their health, safety, and wellbeing.

Tribes: American Indian/Alaska Native people in WA state have disproportionately high rates of fatal overdoses and experience higher rates of stigma when accessing conventional services. Expanding access to and engagement with harm reduction services is critical and necessary to improve the health and save the lives of AIAN people in Washington.

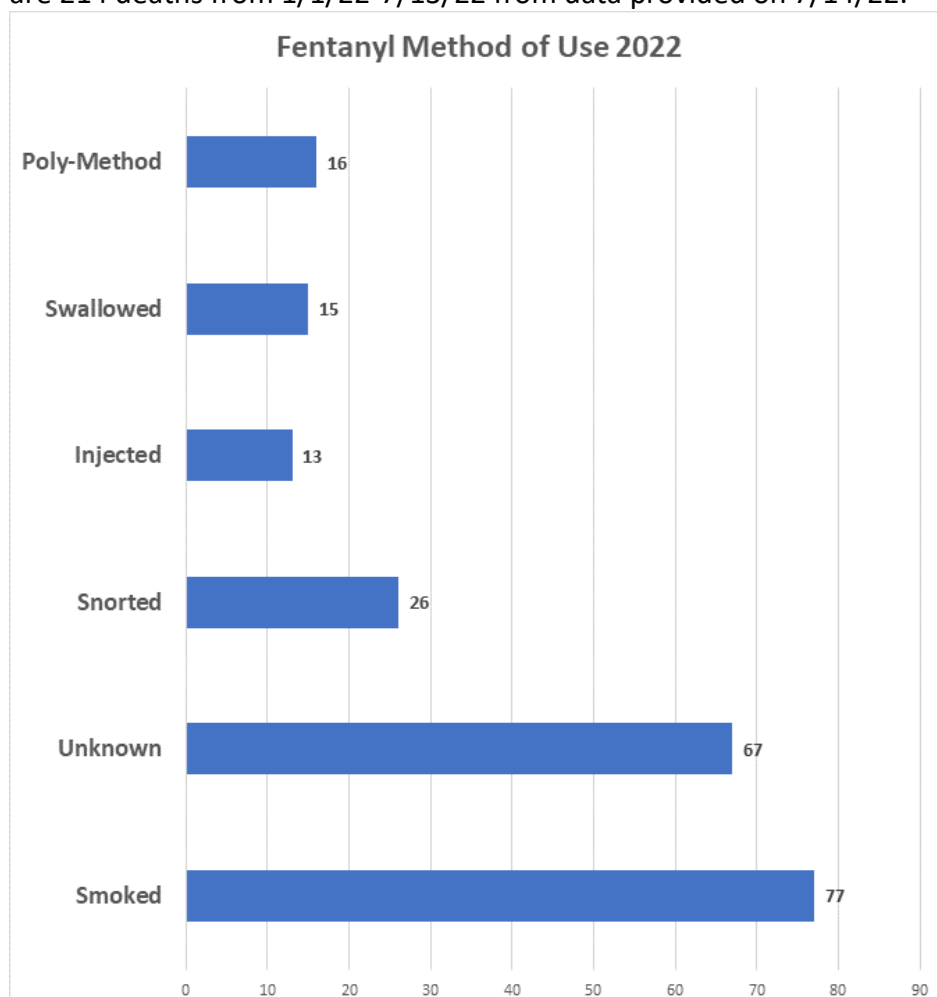
Collaboration/Existing Programs:

[RCW 69.50.4121: Drug paraphernalia—Selling or giving—Penalty. \(wa.gov\) \(3\) Nothing in subsection \(1\) of this section prohibits legal distribution of injection syringe equipment through public health and community based HIV prevention programs, and pharmacies.](#) *RCW 69.50.4121 (3) is a technical amendment which allows certain entities to distribute syringe injection equipment – an additional technical amendment would impact all programs/individuals engaging to support the health of people who use drugs.*

WA HCA contracted with ADAI to implement community drug checking services at harm reduction sites across WA. The project includes the use of fentanyl and benzodiazepine test strips and Fourier Transformation Infrared Spectroscopy chemical analysis. It is expected that these services will encourage the participation of new clients, including those who smoke drugs who did not previously attend syringe services programs. In turn some harm reduction programs may wish to expand their supplies to include safer smoking equipment.

SURSA Committee Feedback:

2022 King County medical examiner data suggest a substantial proportion of people dying from drug overdoses involving fentanyl smoked their drugs, a major shift from heroin in previous years which was predominantly injected. Data from William Barbour in the KCME office via Caleb Banta-Green. These are 214 deaths from 1/1/22-7/13/22 from data provided on 7/14/22.



The Tacoma Needle Exchange (TNE) reported seeing hundreds of new clients when they began offering safer smoking equipment/pipes. From the ADAI report with data provided by Paul LaKosky from TNE:

The Tacoma Needle Exchange launched a pilot project to distribute smoking supplies at one of their sites in December 2020. In one year, 1,146 unique individuals received services at that site, of whom 742 (64%) were new participants, many coming to the site for the first time specifically to access smoking equipment. Over the year, participants received safer smoking supplies in 94% (3,237) of the 3,979 total encounters at the site, which demonstrates the high demand for safer smoking supplies.^{xx}

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