

Expert Witness Testimony for 11/16/2020

Wendy Goldberg

My name is Wendy Goldberg. My address is 1231 Port Williams Road, Sequim. I have lived in Sequim for 17 years.

I am here today to demonstrate that the MDNS for the Jamestown Medication-Assisted Treatment Outpatient Clinic should include the Jamestown Tribe's Community Response Plan. [1] The Tribe wrote the Community Response Plan (which I'll call the "CRP" from now on) to respond to widely held Sequim community concerns. The CRP is a good plan, which does mitigate potential harms that could be caused to Sequim by the Medication-Assisted Treatment clinic. (I will call the Medication-Assisted Treatment clinic the "MAT clinic" from now on.)

Let me say this again: The Jamestown Tribe's Community Response Plan is a good plan. The CRP was included in the original MDNS but was then removed from the final MDNS. The CRP should be required in full in the MDNS if the MAT clinic is approved.

[1] <https://jamestownhealingcampus.org/wp-content/uploads/2020/01/Community-Response-Plan-Jan-27-4842-8261-9569.pdf>

I am a scientist so I will approach this issue from a scientific standpoint. My education was mostly dedicated to science. In college, I had a double major in chemistry and biology, graduating with honors with a B.S. in Chemistry. I earned an M.S. in Organic Chemistry and later took extensive coursework toward an M.B.A. I studied statistics both in my Chemistry and M.B.A. coursework. My entire career was in the chemical industry, as a research chemist, product manager and project manager. I taught Chemistry for Science Majors at Peninsula College in Port Angeles from 2009-2010.

Scientists collect real-world observations, which we call data. We use the data to see whether something is true or not. We start with a hypothesis, which is an idea that we want to test. In this case, the hypothesis is that a large MAT clinic, with hundreds of addicts brought into the busiest shopping district of a small town every day, is likely to cause problems in the surrounding environment of the town.

The data is taken from reports on existing MAT clinics and also from surrounding locations in which MAT clinics are located. The data shows that many locations have had problems which can be expected to arise in Sequim in a similar way. Some of this data is from nearby locations in western Washington State. A lot of it is from other locations from Hawaii to Baltimore. Some is as recent as 2020, some is older. But all support the hypothesis that a MAT clinic is likely to cause environmental degradation to its location. These observations are repeated and consistent. The data I am sharing here come from the public literature. I am not including many personal stories from people who have shared similar events in their own local experience.

The literature shows that Medication-Assisted Treatment can be helpful for many people with opioid-abuse disorder. However, opioid addicts have a lot of variation. Some are elderly or have medical problems and became addicted to pain pills prescribed by doctors. These are unlikely to cause trouble in the surrounding community. Some are otherwise law-abiding people who want to turn their lives around. Some have families, jobs and homes. Others are homeless and unemployed. Many are young adults. Many have psychiatric disorders. Some have criminal backgrounds. Studies confirm that MAT does not reduce the number of clients with criminal justice system involvement.

Here is a summary of the main problems that are likely with a large MAT clinic in Sequim.

1. Only about 1/10 of the overdoses in Clallam County came from Sequim in 2019. About 9/10 of the overdoses were from Port Angeles and the West End. [2]

[2] **Clallam County Opioid Surveillance Dashboard**

https://websrv7.clallam.net/forms/uploads/CCHHSOpioidSurveillanceReport.pdf?fbclid=IwAR1V80wQ63g1UHZC_nFkOCSnYUPw3Vknlet6vxakZR1j-G-Se38P9OHdn0g

The daily-dose model of the MAT clinic would force hundreds of people to commute long distances every day into the busiest shopping area in Sequim. It's likely that many of them would decide to stay overnight in Sequim as homeless people. **The CRP stipulates that every person would be required to leave by the transportation they came in, preventing loitering outside the clinic grounds.**

2. MAT clinics attract addicts who hear about the clinic and arrive on their own. Many of these are transients. **The CRP stipulates that only residents of the North Olympic Peninsula will be treated in the MAT clinic.** It's not clear whether a transient who claimed a Sequim residency would be accepted. After all, the residence of a transient is wherever they happen to be at the moment. The Didgwalic clinic in Anacortes, on which the Sequim clinic is modeled, has been flooded with homeless transients who were accepted by the clinic for treatment.

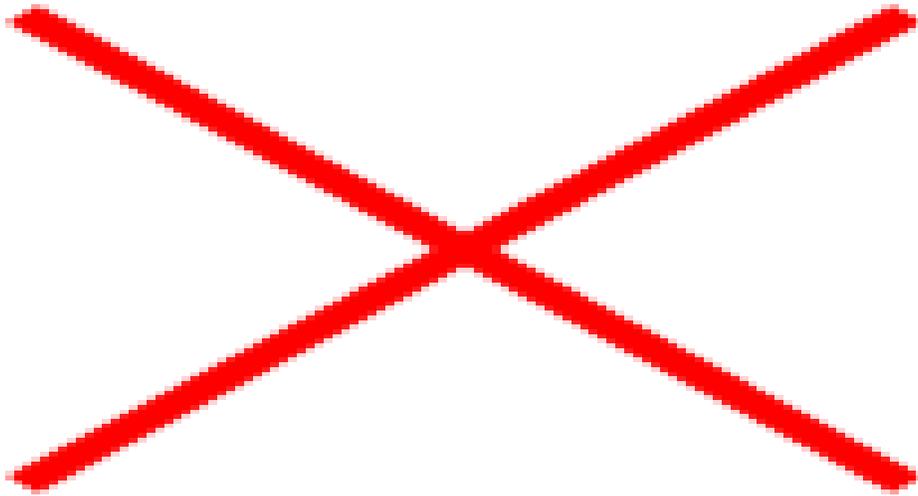
3. Many MAT clients drop out during the course of treatment. Every study of MAT notes the high dropout rate. Those dropouts could decide to stay homeless in Sequim. **The CRP stipulates that Sequim's law enforcement, with joint funding from the Jamestown Tribe, will employ a clinic social navigator who will track and monitor patient attendance and any dropouts. The clinic social navigator would also locate patients off campus or that have dropped out of the program. This is one of the most important stipulations of the CRP.**

4. Many of the MAT clients who do stay in treatment use other drugs, including methamphetamine, heroin and cocaine, at the same time as MAT. **The CRP stipulates that clients will receive random urine analysis** although it's not clear what the program's response would be to clients who are using other drugs. Drug dealers are attracted to MAT clinics since they know that they have a ready-made customer base in some of the clinic's clients. Multiple localities have noted elevated drug dealing and crime in the area of MAT clinics, especially when the clients have been brought from outside the zip code of the clinic.

5. According to prior Mayor Dennis Smith, the Sequim City Police will not interfere with anyone who is not in the process of committing a crime. Homeless people can sleep in doorways or parks, panhandle or act intoxicated but they will not be moved or detained unless there is the threat of violence. Sequim's economy depends largely on tourism. In addition to degrading the quality of life for residents, homeless transients will repel tourists, undermining the economy. **The CRP will help mitigate homelessness since the clinic social navigator will track them down and offer social services.**

Conclusion

Evidence from multiple MAT localities shows that problems in the community occurred repeatedly. Recognizing this, many of the citizens of Sequim expressed their concerns to the developers of the MAT Clinic.



In response to Sequim community concerns, the Jamestown Tribe offered a well-thought-out Community Response Plan which effectively mitigates many of these concerns. Key clauses of the CRP include:

- The Outpatient Clinic can serve only the residents of Jefferson and Clallam Counties. (Permanent residents only, not homeless transients who claim residence in Sequim once they arrive?)
- Random urine analysis (What is the policy for those who fail a drug test?)
- No patient will be allowed to stay on the property or loiter within town. Each patient must return to their original pickup point of origin, using the same mode of transportation they used for arrival.
- The clinic security team will closely monitor the parking lots and exterior property lines and ensure that:
 - No unauthorized visitors are on the property,
 - •Patients remain on clinic property, and
 - •Patients arrive and leave via shuttle transportation or transportation mode of arrival.
 - A community social navigator, employed by the City of Sequim and residing with law enforcement, will be jointly funded by the Tribe and the City. Among other responsibilities, the community social navigator will:
 - Track and monitor patient attendance and any dropouts,
 - • Work with clinic security regarding any patient conduct issues,
 - • Work with Sequim law enforcement and community social navigator regarding any patient conduct issues,
 - • Locate patients off campus or that have dropped out of the program.

This evidence shows that **the Hearing Examiner should require the developers to implement the CRP** if the MAT clinic is allowed to open. This requirement was stricken from the MDNS in the Stipulated Settlement as negotiated between the Jamestown Tribe and Sequim City Staff. **The CRP should be re-instated in the MDNS.**

References

MAT Clinic Would Import Addicts into Sequim

The proposed Sequim MAT clinic is designed to treat patients from the north Olympic Peninsula since Sequim has relatively few overdoses. In 2019, only 11% of opioid overdoses in Clallam County occurred in Sequim. Port Angeles had 78% of opioid overdoses and 12% in the West End for a total of about 90% of overdoses outside of Sequim. Of the opioid overdoses, 94% were heroin-induced and 74% of all opioid-related overdose reports were reported through the syringe exchange program.

This shows that the vast majority of the MAT clinic patients would not come from Sequim, but would be heroin users, many of whom would have long daily commutes and be likely to want to stay in Sequim.

(Data from Clallam County Opioid Surveillance Dashboard, Version 6, Edition 1, April 2020
<https://websrv7.clallam.net/forms/uploads/CCHHSOpioidSurveillanceReport.pdf>)

Data on MAT: How many continue treatment?

Effectiveness of MAT in western Washington State

Washington State Medication Assisted Treatment – Prescription Drug and Opioid Addiction Project – Preliminary Outcomes through Year Two

by Elizabeth Speaker, MS ☐ Jim Mayfield ☐ Sawir Yakup, MS ☐ Barbara Felver, MES, MPA
<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf>

A large, 3-clinic 2019 research study of MAT in western Washington State showed that **only about half (51%) remained in MAT treatment for a year. Of these, half were using other drugs in addition to the MAT drugs by the 6-month followup, including opioids, methamphetamine and cannabis.**

Over ¾ of the clients had at least one mental health disorder. About half were homeless and this did not change significantly with MAT. One in eight had criminal justice involvement (defined as self-reported arrests, probation or parole, or awaiting charges, sentencing or trial) which did not decrease during MAT. [3]

MAT clinics have attracted drug dealers to supply the clients in multiple locations. The high proportion of clients (12% or one in eight clients) with criminal justice involvement poses a threat to Sequim. If the Sequim MAT clinic has 200 clients, statistically this would introduce 24 clients with criminal backgrounds into this small town.

[3. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf>]

**The following research showed patients who tapered off (stopped using) MAT.
Conclusion: 7 out of 8 returned to opiate use within 6 months.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150159/>

Buprenorphine tapering schedule and illicit opioid use
Addiction. 2009 Feb; 104(2): 256–265

Summary: The study described here compared two taper schedules following a period of physiological stabilization on buprenorphine (Suboxone®) in a large, representative sample of opioid-dependent individuals. The multi-site study was set in 11 sites in 10 US cities, and was conducted as part of the Clinical Trials Network (CTN), a subgroup of the US National Institute on Drug Abuse.

516 participants were randomized to the 7-day (n = 255) or 28-day (n = 261) taper from Suboxone MAT treatment. The primary outcome was the percentage of participants in each taper group who were present and provided urine samples free of illicit opioids at the end of the taper period, and again at 1-month and 3-month follow-up assessments. No statistically significant differences were found between the groups at either follow-up point. At the 3-month assessment, only 1 in 8 participants (12.5%) were opioid free.

[Plain English: this study shows that 7 out of 8 opioid addicts who taper off Suboxone will return to opioid use in 3 months, and probably even more over a longer term. Addicts who drop out of the program will probably relapse in even larger numbers. This shows that MAT clinics intend to treat addicts indefinitely since most will relapse shortly after treatment is ended.]

<https://www.ncbi.nlm.nih.gov/pubmed/21036514>

[J Subst Abuse Treat.](#) 2011 Jan;40(1):56-66. doi: 10.1016/j.jsat.2010.08.007. Epub 2010 Oct 30.

Outpatient versus inpatient opioid detoxification: a randomized controlled trial.

By [Day E](#)¹, [Strang J](#).

In this study, 68 opioid-dependent patients receiving community treatment (predominantly with methadone) and requesting detoxification were randomly assigned to an inpatient versus outpatient setting. Only 16% of the participants were opioid-free at the 1-month follow-up and 12% at the 6-month follow-up, with no between-group difference. Inpatient and outpatient opioid detoxification settings were not significantly different in completion or follow-up abstinence rates.

[Plain English: this study shows that 7 out of 8 opioid addicts who taper off methadone will return to opioid use in 6 months. This is identical to the Suboxone study cited above.]

<https://www.ncbi.nlm.nih.gov/pubmed/29706172> 2018 Jun;89:28-51. doi: 10.1016/j.jsat.2018.03.001. Epub 2018 Mar 13.

Effects of medication assisted treatment (MAT) for opioid use disorder on functional outcomes: A systematic review.

[Maglione MA](#)¹, [Raaen L](#)², [Chen C](#)³, [Azhar G](#)⁴, [Shahidinia N](#)⁵, [Shen M](#)⁶, [Maksabedian E](#)⁷, [Shanman RM](#)⁸, [Newberry S](#)⁹, [Hempel S](#)¹

This systematic review synthesizes evidence on the effects of Medication-Assisted Treatment (MAT) for opioid use disorder (OUD) on functional outcomes, including cognitive (e.g., memory), physical (e.g., fatigue), occupational (e.g., return to work), social/behavioral (e.g., criminal activity), and neurological (e.g., balance) function.

When compared with matched "healthy" controls with no history of substance use disorder (SUD), in two studies MAT patients had significantly poorer working memory and cognitive speed. One study found MAT patients scored worse in aggressive responding than did "healthy" controls. A large observational study found that MAT users had twice the odds of involvement in an injurious traffic accident as non-users.

Six Randomized Controlled Trials compared the effects of MAT to various controls on arrests and incarcerations. Three studies reported follow up at six months and three reported at one year. No statistically significant difference in arrest rates was observed between MAT patients and those not receiving MAT (MAT: 36%; no MAT: 43%). [The data was scattered in the different studies so this small difference was not statistically significant.]

[Plain English: MAT patients are stupider and slower than non-drug users. They had twice the serious traffic accidents. Criminal addicts receiving MAT after release committed as many crimes as criminal addicts not receiving MAT. About 1/3 of the addicts were arrested or convicted.]

[https://www.thelancet.com/journals/lancet/article/PIIS01406736\(03\)12600-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS01406736(03)12600-1/fulltext)
Lancet, [Volume 361, ISSUE 9358](#), P662-668, February 22, 2003

1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial

[Johan Kakko, MD](#)

[Kerstin Dybrandt Svanborg, RN](#)

[Prof Mary Jeanne Kreek](#)

[Dr Markus Heilig, MD](#)

Published: February 22, 2003

40 individuals aged older than 20 years, who met DSM-IV criteria for opiate dependence for at least 1 year, were randomly allocated either to daily buprenorphine (fixed dose 16 mg sublingually for 12 months; supervised daily administration for a least 6 months, possible take-home doses thereafter) or a

tapered 6 day regimen of buprenorphine, thereafter followed by placebo. All patients participated in cognitive-behavioural group therapy to prevent relapse, received weekly individual counselling sessions, and submitted thrice weekly supervised urine samples for analysis to detect illicit drug use. Our primary endpoint was 1-year retention in treatment and analysis was by intention to treat.

Findings

1-year retention in treatment was 75% and 0% in the buprenorphine and placebo groups, respectively ($p=0.0001$; risk ratio 58.7 [95% CI 7.4–467.4]). Urine screens were about 75% negative for illicit opiates, central stimulants, cannabinoids, and benzodiazepines in the patients remaining in treatment. [Plain English: 75% of patients in MAT treatment with buprenorphine stayed in treatment for a year, with 25% of them using illicit drugs. None of the placebo group stayed in treatment. They all went back to using drugs. So the MAT treatment was effective for about 56% of the buprenorphine patients – the ones who stayed in treatment but didn't use drugs. ($75\% \times 75\% = 56\%$)

https://www.researchgate.net/publication/256540120_Drop-out_from_addiction_treatment_A_systematic_review_of_risk_factors

Drop-out from addiction treatment: A systematic review of risk factors

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5014362/>

Am J Addict. 2016 Sep; 25(6): 472–477.

Published online 2016 Jul 21. doi: [10.1111/ajad.12414](https://doi.org/10.1111/ajad.12414)

Predictors of early dropout in outpatient buprenorphine/naloxone treatment

Longer periods of maintenance are increasingly favored over BN-assisted [Suboxone] withdrawal, given relapse rates of over 90% following withdrawal, even following 12-weeks of treatment.^{3, 4} In contrast, **abstinence with continuous BN treatment approaches 50% at one year. However, estimates suggest that up to 40–50% of patients will discontinue treatment prematurely** (e.g., within 6 months of entering treatment), with most of this subgroup discontinuing treatment within the first month following induction. [Plain English: About half the clients drop out. Even with the addicts who continue MAT for a year, half of them return to opioid addiction.]

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947022/>

Addiction. 2014 Jan; 109(1): 79–87.

Treatment Retention among Patients Randomized to Buprenorphine/Naloxone Compared to Methadone in A Multi-site Trial

This secondary analysis included 1,267 opioid-dependent individuals participating in 9 opioid treatment programs between 2006 and 2009 and randomized to receive open-label BUP [Suboxone] or MET [methadone] for 24 weeks. The treatment completion rate was 74% for MET vs. 46% for BUP ($p<.01$); the rate among MET participants increased to 80% when the maximum MET dose reached or exceeded 60mg/day. With BUP, the completion rate increased linearly with higher doses, reaching 60% with doses of 30–32mg/day. [Plain English: higher doses of MAT were more likely to keep addicts coming for treatment but even so many dropped out. Only 46% completed with Suboxone.]

The Swinomish Tribe's Didgwalic Wellness Center (DWC)

The example of the Swinomish Tribe's Didgwalic Wellness Center (DWC) is very significant. It is in our region and currently operating. According to Jamestown S'Klallam Tribe CEO Ron Allen, the Sequim MAT clinic is modeled after the Swinomish Tribe's Didgwalic Wellness Center (DWC) so the results will probably be similar. The impact on Anacortes is muted by the miles of distance between the DWC and the town core. Sequim's MAT clinic would be in the busiest shopping area so the impact would be far greater.

DWC's experience shows how addicts are attracted to free drugs. The DWC opened in 2017 and was planned to serve about 250 people, similar to the proposed Sequim MAT clinic. Then homeless people began to show up. About 90 percent of the center's clients lacked a valid driver's license. An ongoing challenge was serving the transient population. The center provided tents, sleeping bags and hygiene kits to clients, but it could not house them. [4] By 2020, the clinic's capacity was doubled to 500, including both on and off the reservation. The harsh reality is most of those treated at the center have ended up coming right back. More than half of the 229 people currently in treatment at the center are homeless. The tribe is now planning to build an affordable housing complex with a capacity of at least 100 for people enrolled in treatment. [5]

[4. https://www.goskagit.com/news/local_news/swinomish-wellness-center-shares-successes-challenges/article_ed1469ae-f730-542e-bfd0-8d1db2db66b0.html

5. <https://www.king5.com/article/news/local/swinomish-tribe-addiction-recovery-affordable-housing/281-f6a4220b-4ea1-4545-ad5b-431959f645f4>]

Impact of MAT Clinics on local area

The DWC is located miles away from the town of Anacortes, unlike the Sequim MAT clinic which would be embedded in the town's busiest shopping district, within easy walking distance of residences. Many MAT clinics in urban areas have been associated with homelessness, crime and degradation of the local environment.

Impact of MAT Clinics on the Community

I have come before the City Council before to say that the proposed MAT clinic should not be zoned as an ordinary medical clinic, such as an eye or foot clinic, due to the external damaging impacts on the environment of Sequim. Today, I have brought many accounts of the external impact of MAT clinics which were located in other towns. Please read the excerpted summaries and then follow the embedded hyperlinks to the original full-length reports.

I am deeply concerned because of the likely external damaging impact on the quality of life in Sequim. Without the CRP's strong security and social navigator personnel, location of a MAT clinic in Sequim's primary shopping district will be an open invitation to car prowls in the adjacent parking lots, shoplifting and burglary in nearby stores and homes, and homeless encampments in the fields near the clinic.

Many towns, from Hawaii to Washington State to Massachusetts, have reported that MAT clinics attract addicts, many of whom take illegal drugs in addition to their MAT treatment to get high. The neighborhoods of the MAT clinics are degraded by the presence of addicts, drug dealers and homeless.

Some western Washington State MAT clinics are located well away from busy town districts. MAT clinics inside towns have caused degradation. Since the police do not arrest and convict unless a violent crime is observed, the recorded “crime rate” of the area can remain apparently stable while drug addicts urinate, defecate, litter used needles, steal, deal drugs and harass people and local businesses. Even if most MAT clinic patients do not do this, it only takes a small percentage of a large patient base to cause a lot of harm.

It is the responsibility of the Hearing Examiner to recognize that a MAT Clinic will likely cause environmental harm to Sequim as has been the case in so many other locations – unless the CRP is required in the MDNS to mitigate the harms.

SUPPORTING DATA

It is important to realize that the the patients at a MAT clinic are not all alike. Some are able to escape their opioid addiction with the help of MAT. However, data from several sources show that many MAT patients drop out of treatment and many of the ones who stay in MAT take other drugs at the same time.

Other MAT clinics have accumulated homeless around them since the commute to the clinic is too long so addicts choose to remain nearby. Even if the Sequim MAT clinic had an 80% MAT retention rate, which is higher than the reported 50% of the western Washington study and several other studies, the 20% dropout rate for the expected 250 patients would produce 50 dropout addicts in Sequim, some of whom could remain as homeless on our streets. What the clinic would do with the clients who failed a drug test? Would they continue to receive MAT if they failed a drug test or would they be expelled?

The following reports are from towns with MAT clinics that brought degradation, mostly drug dealing, homelessness and crime. I have included excerpts from the reports. Click on the links for the full story.

The articles below describe the experience of:

Anacortes, WA

Forks, WA

Shoreline, WA

Seattle, WA

Oshawa, Ontario

Baltimore, MD

Boston, MA

Yarmouth, MA

Phoenix, AZ

Sacramento, CA

Kailua-Kona, HI

Jamaica, Queens, NY

Indiana, Kentucky, Virginia and West Virginia

ANACORTES

https://www.goskagit.com/news/local_news/swinomish-wellness-center-shares-successes-challenges/article_ed1469ae-f730-542e-bfd0-8d1db2db66b0.html?fbclid=IwAR1bEFURX31dVwkN_5JfVF_3tZ1Bba2lkOAtt1Y28CAwpqhRXsOyu94ss8Y

Swinomish wellness center shares successes, challenges

By [JACQUELINE ALLISON @Jacqueline SVH](#), goskagit.com, Apr 18, 2019

ANACORTES — Child care, transportation, family education, art classes. Those are some of the services offered to those seeking substance use treatment at the didgwálic Wellness Center. ...

The center, which provides medication-assisted treatment on an outpatient basis, opened in 2017 and serves about 250 people, Stephens said in February.

A planned expansion on adjacent land would allow it to serve 500, he said.

About 75 percent of the center's clients are nonnative, he said. The center serves residents of Skagit, Whatcom and Island counties.

About 90 percent of the center's clients lack a valid driver's license.

Renee Knowles, head of mental health services, said mental health counseling is voluntary.

There are three counselors on staff and a newly hired psychiatric nurse practitioner, who can prescribe medications for mental health disorders and provide therapy, she said.

There is also free onsite child care, gambling counseling, support groups, assistance with applications for benefit programs and other services, staff members said.

....

An ongoing challenge is serving the transient population, Baker said. The center provides tents, sleeping bags and hygiene kits to clients, but it cannot house them.

"It's a real struggle," she said....

Lee said for some, **medication-assisted treatment can last for years.**

"We don't measure success by getting them off medication," she said. "My measure of success is getting them out of pajamas. They're being parents, getting jobs, being active members of society."

<https://www.king5.com/article/news/local/swinomish-tribe-addiction-recovery-affordable-housing/281-f6a4220b-4ea1-4545-ad5b-431959f645f4>

Swinomish Tribe wants to help recovering addicts get affordable housing

<https://www.king5.com/article/news/local/swinomish-tribe-addiction-recovery-affordable-housing/281-f6a4220b-4ea1-4545-ad5b-431959f645f4>

The center proved so popular it's now expanding to serve people both on and off the reservation, doubling its daily capacity to 500.

But the harsh reality is **most of those treated at the center have ended up coming right back.**

More than half of the 229 people currently in treatment at the center are homeless.

With that in mind, the tribe is now planning to build an affordable housing complex for people enrolled in treatment. It would be located on seven acres along Highway 20, right next door to the wellness center. Most of the details are still being worked out, but the tribe would like to house at least 100 people.

OSHAWA, ONTARIO

<https://www.quora.com/What-is-the-effect-of-a-methadone-clinic-on-the-community>

What is the effect of a methadone clinic on the community?

By [Adam Rasmussen](#)

Methadone clinics have a way of making crowds appear at 7:30-8:00 am in front of their entrances, with patients waiting for their daily dose. This is the same time of day that many of the elderly start running their own daily chores, like paying bills, or doing their banking. It's not hard to imagine the fear that a crowd of 20 or 30 people in varying states of dress and dishevelment could strike into a 70 or 80 year old just trying to go about their business.

Poor clinic placement can have a devastating affect on the immediate business community. In Oshawa, Ont. The presence of the First Step clinic has resulted (perhaps indirectly, but theres no denying it was a factor) in the closure of a Bank of Montreal, because of customer harassment, and occasional muggings or assaults. Similarly, a Tim Hortons coffee shop also closed in the immediate vicinity of the clinic, because of apparent drug dealing, and drug use in the washrooms.

SHORELINE, WA

<http://cosweb.ci.shoreline.wa.us/uploads/attachments/cck/council/staffreports/2014/staffreport031714-7a1.pdf>

CITY OF SHORELINE SHORELINE CITY COUNCIL SUMMARY MINUTES OF SPECIAL MEETING Monday, January 27, 2014

Shoreline Police Chief Shawn Ledford provided introductory remarks on activity that is occurring just north of Therapeutic Health Services (THS) located at 16715 Aurora Avenue North, and on the Special Emphasis Team's (SET) investigations. Detective Kearny highlighted the services THS provides, and described the Opiate Substitution Treatment offered to people dependent on opiates. He explained that a patient is provided one dose of medication each day. Methadone does not cause the same "high" associated with drug addiction. However, individuals that abuse the treatment have discovered that a certain combination of drugs, along with a methadone dose, can result in a "high".

Detective Kearny reported that the THS branch in Shoreline has been attracting abusers who congregate at a nearby property (the former Sugars building at 16743 Aurora Avenue North). **There have been a number of complaints from business owners, homeowners and other citizens who do not feel safe in the area.** Detective Davis said that the SET was tasked with figuring out why this is occurring. **He reviewed details of their Trespass Operation and played video case studies for the**

Council that showed illegal activity. While investigating it became apparent that many in this group do not reside in Shoreline or north Seattle. He further reported that SET was able to link some to other criminal activity such as larcenies, vandalism, and auto theft.

SEATTLE, WA

<https://komonews.com/news/local/woman-her-4-kids-among-those-forced-out-jose-rizal-park>

Longest running homeless camp in Seattle meets its fate

by Matt Markovich | KOMO News, Tuesday, October 1st 2019

...

The camp, known as the Jose Rizal camp but often referred to its nickname of "Jungle 2.0," once held roughly 70 campers. It was more than just a tent encampment. There were self-built homes that could weather a Northwest winter. There was even a wooden cabin with a view of Downtown Seattle.

“This is a convenient place because **the little local methadone clinic Evergreen is why we are at this particular location,**” says Paige Conca, a heroin addict who has lived at the camp for two years and gets treated at the clinic....

FORKS, WA

By Doug Price, retired Police Chief for the city of Forks, 8/7/2019

Doug and Teri Price both grew up here on the Peninsula and Teri is a 1980 graduate of Sequim High School. I grew up in Port Angeles and Joyce.

My background: Three years U.S. Army Military Police Corp, 25 years Washington State patrol Trooper, Detective and Detective Sergeant. Approximately 10 years of this was spent as a narcotics detective and later as a statewide narcotics task force supervisor working in most of the 39 counties of Washington State. I also was recognized by the Washington State Attorney General as an expert witness on indoor marihuana growing operations.

During my time in narcotics I worked on investigations with federal partners which included high level criminal organizations dealing in the manufacturing and distribution of heroin, methamphetamine, marihuana, cocaine and others. **I saw many examples of failing treatment centers throughout the State. The intent was certainly righteous, but it always seemed to end up with drug addicted people finding out where to go for free prescription drugs and then making their home as nearby these treatment centers as possible.** The information was passed along to others and soon the result was widespread drug use, higher levels of other criminal activity and over worked law enforcement unable to catch up to it. The other unintended consequence was extra doses of medication being sold for large profits by the very people given the medication.

After retirement I was appointed Police Chief for the city of Forks. **I soon began to see a large influx of people from outside the community living in makeshift shelters and committing crimes of assault, burglary and others.** Some of these folks were being seen by mental health counselors and using the services provided by the community including Forks Community Hospital.

I began to interview these people after coming in contact with them and asked what brought them to Forks. **Over half told me they had heard from friends, acquaintances and via the internet Forks was the place to go for free drugs, free housing and food.** Some told me they were given the ability to ride the transit bus between Port Angeles and Forks for free.

Sadly some of these people began assaulting even the very medical staff trying to assist them and we had to arrest them to maintain order in the community.

BALTIMORE, MD

<https://baltimorepostexaminer.com/opioid-treatment-research-shows-saturation-treatment-centers-increases-crime/2015/02/25>

Opioid Treatment: Research shows saturation of treatment centers increases crime

By [Robert Emmet Mara](#) · Baltimore Post Examiner, February 25, 2015

The Baltimore Saturation of Metropolitan Services Agencies (SMSA) Task Force defines **saturation as a condition where the number of patients treated for opioid addiction in a given neighborhood or area far exceeds the number of opioid addicts needing treatment in that area.** [Note: the proposed Sequim MAT clinic far exceeds the tiny number of opioid addicts in Sequim.]

Our research covers all arrests in lower Charles Village from 2009 to 2014 and may be furnished to the committee upon request.

In the the Old Goucher section of the Charles Village area, we have two methadone clinics and one suboxone clinic. A fourth clinic, to dispense methadone just blocks away, has recently (December 2014) received it's opioid dispensing license. According to statistics from the Maryland Department of Health and Mental Hygiene, less than 18 percent of patients seeking treatment within the 21218 catchment area live within 21218. The remaining 82 percent of patients seeking treatment within 21218 come from other catchment areas.

The correlation is conclusively high between high treatment density and an after-treatment open air drug market surrounding the clinics Opioid Treatment Programs (OTP's).

Over 90 percent of the drugs arrests in the CVCBD (Charles Village Community Benefits District) area originated near the Opioid Treatment Programs. What's more, only 20 percent of those arrestees lived within the 21218 zip code. This is further proof that individuals are coming to an area of OTP saturation to buy and sell drugs.

http://www.josre.org/wp-content/uploads/2014/12/9830-63_92.pdf?fbclid=IwAR0e9tSPmdHqPljo0znZZ6G5Bv8Y2CYLAbfU8Dyx56HCCXq5V5CadAMgUa0

“Not in My Backyard”: The Effect of Substance Abuse Treatment Centers on Property Values

A u t h o r s: Claire R. La Roche, Bennie D. Waller, and Scott A. Wentland

This study finds that a neighboring drug treatment center is associated with an 8% reduction in nearby home prices, and that this discount is magnified for treatment centers that specifically treat opiate addiction (as much as 17%).

Kailua-Kona, HI

<http://www.cciwa.org/methadone-clinic/kailua-kona-hawaii.php>

By Cherie Hildebrand on 8/13/2019: The above link is for a clinic in Kailua-Kona, HI. We spent part of our year there and over the past seven years, we have seen a major increase in the number of homeless and drug affected people. Walking through town **we have had to walk around people passed out on the sidewalk and avoided walking past areas the homeless sit at and use as a bathroom. They walk around yelling and screaming shouting profanities. The police can't do anything. The more help they are given, the more come.**

I know people who work at the clinics and they are threatened.

The website is interesting because it basically states the clinics do not work and they are a multimillion dollar industry.

BOSTON, MA

<https://boston.cbslocal.com/2019/08/02/boston-police-mass-ave-methadone-mile-complex-control/>

Why 'Methadone Mile' Is Difficult To Control

CBS News, August 2, 2019 [with excellent video]

BOSTON (CBS) — An area near Mass. Ave. and Melnea Cass Boulevard is referred to as “methadone mile” because it is frequented by people with substance abuse issues.

A number of homeless shelters and the methadone clinics line the streets. Therefore a population of homeless and people in recovery stay nearby.

WBZ-TV's Chief Legal Analyst Cheryl Fiandaca said police have a tough time handling methadone mile because the situation is complex. **“The police do not arrest substance abusers, they don't arrest people who are using illegal drugs. If they commit other crimes, they will come in and arrest them,” she explained. “If they don't want help, you can't force them into it and so it becomes a very difficult situation to kind of manage.”**

[Note: Sequim City Mayor said exactly the same thing. Sequim offers social services to people who request them. If people refuse help the police will not interfere. People are allowed to sleep on sidewalks, camp in parks or panhandle in Sequim.]

PHOENIX, AZ

<http://northcentralnews.net/2018/features/sunnyslope-methadone-clinic/?fbclid=IwAR00vW1jrHhS-OjcRNPnqfJyJV6cyqhtMCZn6njOkiBEj1jQjvy65W-KnsA>

Can a methadone clinic benefit a community?

North Central News, Phoenix, AZ, September 2018

As federal and local governments try to figure out how to combat the opioid crisis, private companies are investing in clinics to offer treatment to these primarily heroin addicts, and because of the widespread nature of this addiction, business for these companies is booming.

One Scottsdale-based company, Community Medical Services (CMS), wasn't prepared for the number of clients it would see at an outpatient addiction treatment clinic it took over a few years ago at 23rd and Northern avenues. **The huge influx of new clients not only overwhelmed the clinic but impacted the adjacent neighborhood as well.**

And that's where this story really begins.

A task force made up of state, city and neighborhood leaders, along with representatives of CMS, has been meeting to address concerns about the methadone clinic at 23rd and Northern avenues.

Currently there are very few, if any, specific city or state zoning regulations when it comes to the location of these types of treatment facilities.

Complaints of loitering, trash, people dealing drugs on their property, Veyo drivers using other businesses' parking lots, jaywalking, and more. But it's the flow of patients that begins at 4:30 a.m. that had grown to a breaking point for the clinic and the adjacent community.

"My business is located in Sunnyslope and **I've watched my community turn into a cesspool of addicts, crime, halfway houses, and prostitution,**" wrote David Hilker, in an open letter to Nick Stavros and CMS. "I know firsthand that crime has increased, as I witness it daily. I don't want any of your clinics in my neighborhood."

"It really is a problem; I understand we need to treat these people recovering from addiction, but the neighborhood should not have to pay the price."

JAMAICA, QUEENS, NY

<https://www.dnainfo.com/new-york/20170509/jamaica/methadone-clinic-175-20-hillside-ave-joe-moretti-clean-up-jamaica-queens-103rd-precinct>/Methadone Clinic Makes Jamaica Corner 'Very Sketchy,' Locals Say

By [Ewa Kern-Jedrychowska](#) | May 9, 2017

QUEENS, NY — A **methadone clinic** that was quietly moved to Hillside Avenue in order to make room for a new development near the AirTrain station in downtown Jamaica, has brought a number of quality of life issues to its new location, local residents and business owners said. **its patients often litter the sidewalk, behave in a noisy way, argue, and hang out for hours in front of local businesses and at nearby [Major Mark Park](#) intimidating residents.**

"It's been awful since they placed it there." People have been selling pills in the area.

QUEENS — A methadone clinic that was quietly moved to Hillside Avenue in order to make room for a new development near the AirTrain station in downtown Jamaica, has brought a number of quality of life issues to its new location, local residents and business owners said.

The clinic, run by [Saint Joseph's Medical Center](#), was moved to 175-20 Hillside Ave. more than a year ago, when the building previously housing it, on the corner of Sutphin Boulevard and Archer Avenue, was demolished in order to be [replaced by The Crossing](#), a massive two-tower mixed-use complex that will bring 669 affordable housing units to downtown Jamaica.

The new location, which operates from Monday to Saturday, is surrounded by a number of apartment buildings, a park, and several schools, including [P.S. 95 Eastwood](#), [I.S. 238 Susan B. Anthony School](#) and [The Mary Louis Academy](#), locals said.

"It's a bad place for it because a lot of young school kids go by," said Joe Moretti, a local resident and activist, who also founded "[Clean Up Jamaica Queens](#)," a blog highlighting problems in the neighborhood.

Moretti, who wrote several blog posts about the clinic, said its **patients often litter the sidewalk, behave in a noisy way, argue, and hang out for hours in front of local businesses and at nearby [Major Mark Park](#) intimidating residents.**

"It's been awful since they placed it there," Moretti said, calling it "another slap in the face" to Jamaica.

Gloria Gonzales, who lives nearby on Wexford Terrace, agreed.

"This area has become very sketchy," she said, adding that she has been trying to avoid walking by the building since the clinic opened.

"At first I didn't know what it was, because there is no sign. I don't understand why it was placed in the middle of our neighborhood," she added.

Local business owners said the facility has created a slew of problems for them as well. "We have a severe problem at the location," said Jahangir Kabir, a district supervisor for White Castle, who came to a [103rd Precinct](#) Community Council meeting last month to complain about issues at the restaurant located directly next to the clinic.

One of them, he said, is that people have been "selling pills" in the area.

"All sort of things are happening there," he said. "It's really not a nice place to bring your family around."

A clerk at a deli located near the clinic, who did not want his name to be used, also expressed frustration.

"They are hanging out inside, stealing candy and other things," he said. "We have to chase them out."

Inspector John Cappelmann, commanding officer of the 103rd Precinct, said prescription drugs seem to be sold illegally in the area, there has not been “a large increase in measurable crime,” such as robbery, grand larceny or car break-ins. “But that’s not to say there isn’t a major quality of life issue,” he said. “Obviously it’s still a problem.”

Cappelmann also said that shortly after the clinic opened on Hillside Avenue, a man was shot nearby following a dispute that occurred inside the facility.

SACRAMENTO, CA

<https://californiaglobe.com/section-2/homeless-crisis-rising-crime-and-violence-in-sacramento-ignored-by-mayor-city-council/?fbclid=IwAR3BRtTP-kMaCbEJIAMgGUPP25OvBE0p2UX6AtihXeTirDfgAaF4lesIqaA>

‘Homeless’ Crisis: Rising Crime and Violence in Sacramento Ignored by Mayor, City Council

This is not a partisan issue; transients, vagrants and drug addicts affect everyone

By [Katy Grimes](#), California Globe, July 15, 2019 2:08 am

The downtown Sacramento neighborhood of Land Park is under siege by drug addled homeless who live on the streets and in the park. **They break into homes, cars, garages, sheds, defecate, urinate and vomit on the streets, shoot up in plain sight. These transients aggressively confront neighbors at homes, inside and outside of stores, gas stations, within the nearby city park, in restaurants – everywhere residents live, recreate and shop....** [Note: Sacramento has several MAT clinics.]

Author Rachel Greene Baldino, MSW, in her 2001 book “[Welcome to Methadonia: A Social Worker’s Candid Account of Life In A Methadone Clinic.](#)” gives an insiders perspective on what occurs beyond the clinic walls:

“Methadone advocates argue that methadone cuts down on heroin related crime, and this may be true. From what I observed in my year at a methadone clinic, however, **a whole crime culture blossoms around methadone clinics, a culture founded upon the illegal sale of take home doses, urine samples, pills, cocaine, marijuana and or course, heroin. But it should come as no surprise that drug dealers flock to the areas around methadone clinics; they understand only too well that they have a built in customer base in these neighborhoods.**

She further states:

“Methadone clinics often serve as centralized locations for addicts to get together to deal drugs, get high, turn tricks, buy and sell take home doses and clean urine samples, and the like. As I already pointed out, methadone clients are nothing if not entrepreneurial. Clearly, not all methadone patients stop engaging in addictive and criminal behavior just because they are in treatment, in part because they trigger one another to continue abusing drugs. In addition, some clients pick up more drug habits

at methadone clinics than they had before entering treatment. **I have often wondered what the policymakers who created methadone clinics could have been thinking when they decided to assemble hundreds of addicts in a central location.”**

Author Rachel Greene Baldino offers us additional perspective on the arrest records we have compiled. The records show an extraordinary level of drug dealing in the vicinity of OTP saturation that we, and many treatment professionals believe causes an increased likelihood of treatment failure.

BOSTON, MA

<https://www.theglobeandmail.com/news/national/corktown-the-panic-in-needle-park/article681351/>

Corktown: The panic in needle park

MELISSA WHETSTONE

Published March 17, 2007 Updated April 25, 2018

When Suzanne Edmonds envisioned the revitalization of Sackville Park -- children playing on a new swing set, families picnicking amid lush greenery -- methadone patients were not part of the pretty picture. Neither were vomit on the sidewalk, needles in the grass or groups of drug users.

But since a methadone clinic opened its doors across the street from the park last July, the past president of the Corktown Residents and Business Association says this is what she and other residents have been witnessing.

"Several of us were [in the park]one day setting up for a community event . . . and there were people using the water fountain to wash their unmentionables," Ms. Edmonds says. "People were using the children's wading pool as a bathtub."

YARMOUTH, MA

<http://www.capecodtoday.com/article/2018/03/30/238472-Yarmouth-Police-Bulletin-Concerning-Methadone-Clinic>

Yarmouth Police Bulletin Concerning Methadone Clinic

Be careful in the area and report suspicious activity, behaviors...

ARTICLE | [Police and Fire News](#) | March 30, 2018 03:16 PM | By [CapeCodToday Staff](#)

From the Yarmouth Police Department:

CAPE COD COMPREHENSIVE TREATMENT CENTER

The Brewster Police recently arrested a man who was under the influence and crashed after leaving the Cape Cod Comprehensive Treatment Center also known as the Methadone Clinic in South Yarmouth.

The Clinic is located on Workshop Road in South Yarmouth behind the gas station on Station Avenue near Whites Path and Exit 8.

Hundreds of people come to Yarmouth in the morning and go to the clinic seven days a week for treatment.

Please be extra careful in the area and report any suspicious activity or behaviors to YPD

Indiana, Kentucky, Virginia and West Virginia

https://www.itemonline.com/news/drug-users-turn-death-dealers-as-methadone-hits-street-through/article_625d230d-b528-5242-9617-1ca10e4477fd.html

Drug users turn death dealers as methadone hits street through clinics

By Sydney P. Freedberg, Bloomberg News , Feb 9, 2013

Liquid methadone, used for decades to help addicts abate withdrawal symptoms as they quit heroin or other opiates, is leaking into illegal street sales via take-home doses, according to law-enforcement officials in Indiana, Kentucky, Virginia and West Virginia.