



Good morning.

I have been a business owner of a retail shop in the central Eastside for the past 12 years. In recent years we have faced incredible new challenges. Break-ins are occurring much more frequently, vandalism is rampant, and shoplifting is now a regular occurrence. Drug paraphernalia, garbage, urine and feces are now something shop owners have to clean up on their doorsteps on a regular basis. We are in regular contact with people exhibiting belligerent and erratic behavior who appear to be either in opiate withdrawal or experiencing a mental health crisis. Not only am I concerned for the safety of myself and my staff, but also for my customers and our community at large. Historically we have relied on calling 911 for help, but the response time is slow, the reporting process is confusing and generally inadequate in addressing the roots of our bigger problems.

About two years ago, frustrated by these circumstances, I started a closed Facebook group called PDX Theftwatch. As an online community of small business retailers, and now 600 members strong, we provide a support network to one another while addressing security and safety concerns. We circulate immediate warnings, ideas, stories, surveillance photos and descriptions of perpetrators to one another. We encourage others to file police reports, which helps build interconnected cases using shared information. The biggest issues we have are with known chronic thieves and people who repeatedly engage in violent behavior or enjoy creating a public nuisance.

What I would ask from the city is for some sort of a similarly coordinated method of communicating the issues business owners have with an appointed liaison in local law enforcement. We need a single representative at the PPD who we can rely on to return our calls, help us build cases against known chronic shoplifters and help us create a network of better communication about incidents involving repeat offenders. Having a single appointed official to connect with would eliminate the confusion we often have when trying to link multiple case numbers against a single chronic shoplifter.

Our Facebook group has proven to be an incredible resource, but what it lacks is the experience, guidance, and database of the PPD. If we can utilize technology to communicate better through some sort of online system that effectively circulates safety and security information and provides a simple platform to connect the business community with law enforcement, I think that would give us all hope.

A few more ideas that other theftwatch group members have suggested:

1. Public bathrooms in and around downtown and the central eastside.
2. More security foot patrols day and night in high-traffic shopping areas.
3. More public campaigns and education about the availability of social services and programs, like LEAD, Central City Concern, and Outside-In.
4. Funding and approval of new programs like Saferspaces, which seeks to mitigate drug-related issues by providing a supervised facility for users to use, in private, giving users access to immediate treatment options, as a humane alternative to incarceration or overdose.
5. More direct access to Addiction and mental health services, not restricted only to PPD referrals.
6. Addressing the housing crisis with taxation of corporations and the wealthy to provide more emergency shelters, supportive transitional housing and subsidized affordable housing.
7. Initiatives could be funded by increasing the property taxes on vacant commercial space. When a landlord leaves a building vacant, consider increasing their tax rate.
8. Consider increasing the punishments of repeat offenders. The frustration of being a victim of violent acts of aggression, theft and vandalism, only to have assailants re-released the same day is unacceptable. Most of the people we have chronic incidents with have arrest records a mile long. More severe, longer lasting punishments need to be enacted for those who consistently break the law and endanger others.

Thank you for taking the time to hear me out.

Tamara Goldsmith  
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# Supervised Injection Facilities

February 2016

We are  
the Drug  
Policy  
Alliance.

## Overview

Supervised injection facilities (SIFs) are controlled health care settings where people can more safely inject drugs under clinical supervision and receive health care, counseling and referrals to health and social services, including drug treatment.

SIFs – also called safer injection sites, drug consumption rooms and supervised injecting centers – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection by providing a space for people to inject pre-obtained drugs in a hygienic environment with access to sterile injecting equipment and under the supervision of trained medical staff.

There are approximately 100 SIFs operating in at least 66 cities around the world in nine countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, Australia and Canada) – but none in the United States.<sup>1</sup>

SIFs can play a vital role as part of a larger public health approach to drug policy. SIFs are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

## SIFs Improve Safety and Health

Numerous evidence-based, peer-reviewed studies<sup>2</sup> have proven the positive impacts of SIFs, including:

- Increased uptake into addiction treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.
- Reduced public disorder, reduced public injecting, and increased public safety.

- Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- Reducing HIV and Hepatitis C risk behavior (i.e. syringe sharing, unsafe sex)
- Reducing the prevalence and harms of bacterial infections.
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates.
- Cost savings resulting from reduced disease, overdose deaths, and need for emergency medical services.
- Providing safer injection education, and a subsequent increase in safer injecting practices.
- Not increasing community drug use.
- Not increasing initiation into injection drug use.
- Not increasing drug-related crime.
- Increased delivery of medical and social services.

A 2014 systematic review concluded:

*“All studies converged to find that SIFs were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SIFs were found to be associated with reduced levels of public drug injections and dropped syringes.”<sup>3</sup>*

### Vancouver's InSite

Vancouver's SIF, *InSite*, has been the most extensively studied SIF in the world, with more than two dozen peer-reviewed articles now published examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.<sup>4</sup> These reports are in line with reviews of the Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.<sup>5</sup> For example, one study found a 30 percent increase in the use of detoxification services among *InSite* clients.<sup>6</sup>

*InSite* has proved to be cost-effective in terms of overdose and blood borne disease prevention as well.<sup>7</sup> One cost-benefit analysis of *InSite* estimated that the facility prevents 35 cases of HIV each year, providing a societal benefit of more than \$6 million per year.<sup>8</sup>

**"InSite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation."**

- Supreme Court of Canada, 2011.

*InSite* also saves lives. A 2011 study published in *The Lancet* found that the fatal overdose rate in the immediate vicinity of *InSite* decreased by 35 percent since it began operating in 2003, while the rest of the city experienced a much smaller reduction of 9 percent.<sup>9</sup>

A survey of more than 1000 people utilizing *InSite* found that 75 percent reported changing their injecting practices as a result of using the facility. Among these individuals, 80 percent indicated that the SIF had resulted in less rushed injecting, 71 percent indicated that the SIF had led to less outdoor injecting, and 56 percent reported less unsafe syringe disposal.<sup>10</sup>

*InSite* has produced a "large number of health and community benefits...and no indications of community or health-related harms."<sup>11</sup>

### Recommendations

SIFs are a vital part of a comprehensive public health approach to reducing the harms of drug misuse. Local, state and national governments should explore the implementation of a legal supervised injection facility

(at least at the pilot level) staffed with medical professionals to reduce overdose deaths, increase access to health services and further expand access to safer injection equipment to prevent the transmission of HIV and hepatitis C.

The Drug Policy Alliance supports the efforts of local communities in the U.S. to pursue SIF programs. In 2012, New Mexico adopted a proposal to study the feasibility of a safer injection facility in the state – becoming the first state in the nation to consider this potentially life-saving intervention.<sup>12</sup>

Local efforts to promote SIFs are ongoing in several cities, including New York City, Boston, Seattle and San Francisco – where many community stakeholders as well as people who inject drugs are in favor of such a step to reduce the harms of drug misuse.

SIFs, of course, cannot prevent all risky drug use or related harms. However, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs and the public safety and health of their communities.

<sup>1</sup> Eberhard Schatz and Marie Nougier, "Drug Consumption Rooms: Evidence and Practice," (International Drug Policy Consortium, 2012)

<http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice>; European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence," (2015) <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>. Greece closed its only SIF in 2014 but is expected to reopen it in the near future.

<sup>2</sup> C. Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," *Drug Alcohol Depend* 145C(2014): 48-68; S. Semaan et al., "Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States," *Drug Alcohol Depend* 118, no. 2-3 (2011): 100-10.

<sup>3</sup> Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," 48.

<sup>4</sup> T Kerr et al., "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility—Insite," (Vancouver, BC: Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 2009) [http://uhri.cfenet.ubc.ca/images/Documents/insite\\_report-eng.pdf](http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf).

<sup>5</sup> See KPMG, *Further evaluation of the Medically Supervised Injection Centre 2007-2011*, [http://www.health.nsw.gov.au/resources/mhdap/pdf/msic\\_kpmg.pdf](http://www.health.nsw.gov.au/resources/mhdap/pdf/msic_kpmg.pdf); European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence."

<sup>6</sup> E Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injection facility users," *Addiction* 102(2007): 918.

<sup>7</sup> M. A. Andresen and N. Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility," *Int J Drug Policy* 21, no. 1 (2010): 70-76; AM Bayoumi and GS Zaric, "The cost-effectiveness of Vancouver's supervised injection facility," *Can Med Ass J* 179, no. 11 (2008): 1143-51; SD Pinkerton, "Is Vancouver Canada's supervised injection facility cost-saving?," *Addiction* 105(2010): 1429-36.

<sup>8</sup> Andresen and Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility."

<sup>9</sup> Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37.

<sup>10</sup> S Petrar et al., "Injection drug users' perceptions regarding use of a medically supervised safer injecting facility," *Addict Behav* 32(2007): 1088-93. Steven Petrar et al., "Injection Drug Users' Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility," *Journal of Addictive Behaviors* 32, no. 5 (2007): 1088-1093.

<sup>11</sup> E Wood et al., "Summary of findings from the evaluation of a pilot medically supervised injecting facility," *Can Med Assoc J* 175, no. 11 (2006): 1399-404.

<sup>12</sup> 50th Legislature, State of New Mexico, Senate Memorial 45 (2012) <http://www.nmlegis.gov/Sessions/12%20Regular/memorials/senate/SM045.pdf>.

**Parsons, Susan**

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**Subject:** FW: January 31st Testimony

**From:** Emma Pelett [mailto:epelett@gmail.com]

**Sent:** Friday, December 01, 2017 11:33 AM

**To:** Council Clerk – Testimony <CCTestimony@portlandoregon.gov>

**Subject:** January 31st Testimony

Hello,

My name is Emma Pelett. I am the owner at the Portland Night Market and an owner at City Liquidators in the Central Eastside. City Liquidators has been operating in Portland for 40 years and we have been property owners in the district for longer. I would like to testify with other Central Eastside businesses on January 31st about the massive impact the rising crime and vandalism has been having on my businesses, employees, clients and community.

Thank you,  
Emma Pelett  
971-570-7256



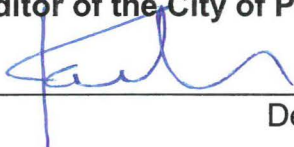
Request of Emma Pelett to address Council regarding impact rising crime and vandalism has on businesses, employees, clients and community in the Central Eastside (Communication)

JAN 31 2018

PLACED ON FILE

Filed JAN 23 2018

**MARY HULL CABALLERO**  
Auditor of the City of Portland

By  Deputy

COMMISSIONERS VOTED AS FOLLOWS:		
	YEAS	NAYS
1. Fritz		
2. Fish		
3. Saltzman		
4. Eudaly		
Wheeler		