Land Use and Planning Board
Workshop Agenda

Board Members: Katherine Jones, Chair; Jack Ottini, Vice Chair;
Shane Amodei; Frank Cornelius; Dale Hartman; Paul Hintz; Randall Smith

October 9, 2017
7 p.m.

Item	Description	Action	Speaker	Time	Page
1.	Call to order	YES	Chair Jones	1 min	
2.	Roll call	YES	Chair Jones	1 min	
3.	Added items	YES	Chair Jones	1 min	
4.	Communications	NO	Chair Jones	1 min	
5.	Notice of upcoming meetings	NO	Chair Jones	1 min	
6.	Code Amendment Alternatives for Safe Injection Sites	NO	Danielle Butsick	30 min	1
7.	Meet Me on Meeker Design and Construction Standards	NO	Hayley Bonsteel	24 min	32
8.	Adjournment	YES	Chair Jones	1	

Unless otherwise noted, the Land Use and Planning Board meets at 7 p.m. on the second and fourth Mondays of each month in Kent City Hall, Council Chambers East, 220 Fourth Ave S, Kent, WA 98032.

No public testimony is taken at LUPB workshops; however, the public is welcome to attend. For additional information, contact Cheryl Trimble via email at ctrimble@KentWA.gov or 253-856-5454.

Documents pertaining to the Land Use and Planning Board may be accessed at the City's website: http://kentwa.iqm2.com/citizens/Default.aspx?DepartmentID=1004.

Any person requiring a disability accommodation should contact the City Clerk's Office at 253-856-5725 in advance. For TDD relay service call Washington Telecommunications Relay Service at 1-800-833-6388.

ECONOMIC & COMMUNITY DEVELOPMENT
Ben Wolters, Director

Phone: 253-856-5454
Fax: 253-856-6454

220 Fourth Avenue S.
Kent, WA 98032-5895

DATE: October 2, 2017

TO: Chair Katherine Jones and Members of Land Use and Planning Board
FROM: Danielle Butsick, Long-Range Planner/GIS Coordinator
RE: Community Health Engagement Locations (CHELs)

For Meeting of October 9, 2017

Information Only

SUMMARY: On August 15, 2017 the City of Kent passed a 6-month moratorium prohibiting community health engagement locations (CHELs) in all zoning districts in the city. Economic and Community Development staff will present follow-up information on two code amendment alternatives presented at the September 25 Land Use and Planning Board workshop. Staff will also present information regarding Land Use and Planning Board responsibilities regarding public hearings and recommendations to city council.

BACKGROUND: In September 2016, the Heroin and Opioid Addiction Task Force convened by King County and Seattle recommended a comprehensive strategy focusing on prevention and increasing access to addiction treatment on demand. In January 2017, the King County Executive and Seattle Mayor announced they would move forward on the complete set of recommendations including the establishment of facilities referred to as community health engagement locations (also known as safe injection sites). In June 2017, the King County Council voted to limit establishment of community health engagement locations (safe injection sites) only to cities whose elected leaders choose to locate these facilities in their communities.

Kent City Council adopted a 6-month moratorium in August 2017, temporarily prohibiting location of community health engagement locations in all zoning districts in Kent. Planning staff have developed two alternatives for permanent code amendments to be considered by the Land Use and Planning Board for their recommendation to city council. Staff will provide information on the Land Use and Planning Board's responsibilities in carrying out this process.

Staff will be available at the October 9 meeting to provide follow-up information, answer questions, and receive feedback from the Land Use and Planning Board on alternatives for community health engagement locations.

EXHIBITS: Draft ordinances for each of two alternatives; Kent Police Department Crime Map; Report: Kimber et al., 2005. Survey of drug consumption rooms: service delivery and perceived public health and amenity impact. *Drug and Alcohol Review,* January 2005, 24, 21-24; KCC Ch. 2.57

BUDGET IMPACTS: None

DB\ct\S:\PUBLIC\City Clerk's Office\City Council\Advisory Committees\Land Use & Planning Board\2017\Packet Documents\10-9-17\10-9-2017_LUPB_CHELsMemo_Workshop.doc

CC: Ben Wolters, Economic & Community Development Director
Charlene Anderson, Long Range Planning Manager

ORDINANCE NO._____

AN ORDINANCE of the City Council of the City of Kent, Washington, permanently adopting section 15.08.550 of the Kent City Code, prohibiting in all zoning districts the establishment of community health engagement locations, safe injection sites, and other uses or activities designed to provide a location for individuals to consume illicit drugs.

RECITALS

A. Heroin and opioid use are at crisis levels in King County. In 2015, 229 individuals died from heroin and prescription opioid overdose in King County.

B. In September 2016, the Heroin and Opioid Addiction Task Force convened by King County and Seattle recommended a comprehensive strategy focusing on prevention and increasing access to addiction treatment on demand.

C. In January 2017, the King County Executive and Seattle Mayor announced they would move forward on the complete set of recommendations including the establishment of facilities referred to as community health engagement locations (also known as safe injection sites or safe consumption sites).

D. In addition to providing a hygienic space for consumption of illicit drugs, Community Health Engagement Locations provide drug users with access to healthcare, addiction treatment options, and other community health services.

E. The City of Kent recognizes that research exists that evaluates the efficacy of community health engagement locations throughout the world in countries including Germany, Switzerland, the Netherlands, and Spain; findings suggest that community health engagement locations may contribute to a reduction in overdose deaths, reduced HIV risk behavior, reduction in injection-related litter and public injecting, and increased uptake of treatment services. However, under state and federal law it remains illegal to possess controlled substances without a prescription or to operate a place intended for the illicit use of controlled substances.

F. Community health engagement locations or similar sites inherently attract criminal activity as the drugs consumed at those sites are themselves illegal, and locating sites in the City of Kent may attract additional criminal activity such as drug trafficking, burglary, and theft.

G. In June 2017, the King County Council voted to limit establishment of community health engagement locations (safe injection sites) only to cities whose elected leaders choose to locate these facilities in their communities.

H. On August 15, 2017, Kent City Council adopted a 6-month land use moratorium and interim official control prohibiting community health engagement locations, safe injection sites, and other uses or activities designed to provide a location for individuals to consume illicit drugs.

I. In response to this rapidly evolving policy issue, the Kent City Council will continue to prohibit uses and activities in the City of Kent that are established and designed to provide a location for individuals to engage in illegal acts.

J. The City Council adopts the foregoing as findings of fact establishing the need to permanently prohibit community health engagement locations in the City of Kent in order to protect the public health, safety, and welfare of its residents.

K. On September 5, 2017, Kent City Council held a public hearing to hear comments from the public regarding the 6-month moratorium prohibiting Community Health Engagement Locations in all zoning districts, and more generally on the location of Community Health Engagement Locations in Kent.

L. On September XX, 2017, the city requested expedited review from the State of Washington under RCW 36.70A.106 for the city's proposed amendments to KCC. The expedited review was granted on XXXX, 2017.

M. On September XXX, 2017, the city's SEPA responsible official issued XXXX.

N. The land use and planning board held a workshop to discuss these code amendments on September 25, 2017. After appropriate public notice, the board held a public hearing on XXXX, 2017 to consider the proposed code amendments and forwarded their recommendation to the city council.

O. On XXXX, 2017, the economic and community development committee considered the recommendation of the board and made a recommendation to the full city council.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF KENT, WASHINGTON, DOES HEREBY ORDAIN AS FOLLOWS:

ORDINANCE

SECTION 1. – *New Section.* Chapter 15.08 of the Kent City Code, entitled "General and Supplementary Provisions", is hereby permanently amended to add a new section 15.08.550, entitled "Use prohibited in all zoning districts," to read as follows:

Section 15.08.550 Use prohibited in all zoning districts. Community Health Engagement Locations (CHELs) designed to provide a hygienic environment where individuals are able to consume illegal or illicit drugs intravenously or by any other means are prohibited in all zoning districts in the city. A CHEL includes all uses established or activities undertaken for the above-defined purpose, irrespective of how the use or activity is described. A CHEL may also be referred to as a medically supervised injection center, supervised injection site or facility, safe injection site, fix room, or drug consumption facility.

SECTION 2. – *Severability.* If any one or more section, subsection, or sentence of this ordinance is held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portion of this ordinance and the same shall remain in full force and effect.

SECTION 3. – *Corrections by City Clerk or Code Reviser.* Upon approval of the city attorney, the city clerk and the code reviser are

authorized to make necessary corrections to this ordinance, including the correction of clerical errors; ordinance, section, or subsection numbering; or references to other local, state, or federal laws, codes, rules, or regulations.

SECTION 4. – *Effective Date.* This ordinance shall take effect and be in force thirty 30 days from and after its passage, as provided by law.

_____ _____

SUZETTE COOKE, MAYOR Date Approved

ATTEST:

_____ _____

KIMBERLY A. KOMOTO, CITY CLERK Date Adopted

_____

Date Published

APPROVED AS TO FORM:

_____

TOM BRUBAKER, CITY ATTORNEY

ORDINANCE NO._____

AN ORDINANCE of the City Council of the City of Kent, Washington, amending Chapters 15.02 and 15.04 of the Kent City Code, to define "Community Health Engagement Locations (CHELs)" and adopt appropriate land use controls to regulate them.

RECITALS

A. Heroin and opioid use are at crisis levels in King County. In 2015, 229 individuals died from heroin and prescription opioid overdose in King County.

B. In September 2016, the Heroin and Opioid Addiction Task Force convened by King County and Seattle recommended a comprehensive strategy focusing on prevention and increasing access to addiction treatment on demand.

C. In January 2017, the King County Executive and Seattle Mayor announced they would move forward on the complete set of recommendations including the establishment of facilities referred to as Community Health Engagement Locations (also known as safe injection sites or safe consumption sites).

D. On August 15, 2017, Kent City Council adopted a 6-month land use moratorium and interim official control prohibiting community health engagement locations, safe injection sites, and other uses or activities designed to provide a location for individuals to consume illicit drugs.

E. In addition to providing a hygienic space for consumption of illicit drugs, Community Health Engagement Locations provide drug users with access to healthcare, addiction treatment options, and other community health services.

F. As of March 2017, approximately 100 Community Health Engagement Locations operate in over 65 cities in 10 different countries around the world. They operate under various names including supervised consumption services, drug consumption rooms, and safer injection facilities.

G. Community Health Engagement Locations are an important part of the comprehensive strategy provided by the Opioid Addiction Task Force. They are intended to maintain a continuum of care and help meet the goals of User Health Services and Overdose Prevention when Primary Prevention efforts fail and the drug user is not yet ready to seek treatment.

H. The City of Kent recognizes that research exists that evaluates the efficacy of community health engagement locations throughout the world in countries including Germany, Switzerland, the Netherlands, and Spain; findings suggest that community health engagement locations may contribute to a reduction in overdose deaths, reduced HIV risk behavior, reduction in injection-related litter and public injecting, and increased uptake of treatment services. However, under state and federal law it remains illegal to possess controlled substances without a prescription or to operate a place intended for the illicit use of controlled substances.

I. Community Health Engagement Locations are endorsed by the American Medical Association, The American Public Health Association, AIDS United, International Drug Policy Consortium, and other medical and public health organizations in the United States.

J. In June 2017, the King County Council voted to limit establishment of Community Health Engagement Locations only to cities whose elected leaders choose to locate these facilities in their communities.

K. The Kent City Council declares and finds that it is appropriate and necessary, and in the interest of the public health, safety and welfare, to define and classify Community Health Engagement Locations and adopt land use controls to regulate these facilities.

K. On September 5, 2017, Kent City Council held a public hearing to hear comments from the public regarding the 6-month moratorium prohibiting Community Health Engagement Locations in all zoning districts, and more generally on the location of Community Health Engagement Locations in Kent.

L. On September XX, 2017, the city requested expedited review from the State of Washington under RCW 36.70A.106 for the city's proposed amendments to KCC. The expedited review was granted on XXXX, 2017.

M. On September XXX, 2017, the city's SEPA responsible official issued XXXX.

N. The land use and planning board held a workshop to discuss these code amendments on September 25, 2017. After appropriate public notice, the board held a public hearing on XXXX, 2017 to consider the proposed code amendments and forwarded their recommendation to the city council.

O. On XXXX, 2017, the economic and community development committee considered the recommendation of the board and made a recommendation to the full city council.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF KENT, WASHINGTON, DOES HEREBY ORDAIN AS FOLLOWS:

ORDINANCE

SECTION 1. – *New Section*. Chapter 15.02 of the Kent City Code, entitled "Definitions," is hereby amended to add a new section 15.02.085.1, entitled "Community Health Engagement Location," to read as follows:

Sec. 15.02.085.1. Community Health Engagement Location. *Community Health Engagement Location* means a location designed to provide a hygienic environment where individuals are able to consume illegal or illicit drugs intravenously or by any other means. A CHEL includes all uses established or activities undertaken for the above-defined purpose, irrespective of how the use or activity is described. A CHEL may also be referred to as a medically supervised injection center, supervised injection site or facility, safe injection site, fix room, or drug consumption facility.

SECTION 2. – *Amendment.* Chapter 15.04.090 of the Kent City Code, entitled "Service land uses," is hereby amended to read as follows:

Sec. 15.04.090 Service land uses.

	Zoning Districts																										
Key P = Principally Permitted Uses S = Special Uses C = Conditional Uses A = Accessory Uses	A-10	AG	SR-1	SR-3	SR-4.5	SR-6	SR-8	MR-D	MR-T12	MR-T16	MR-G	MR-M	MR-H	MHP	NCC	CC	DC	DCE	MTC-1	MTC-2	MCR	CM-1	CM-2	GC	M1	M1-C	M2	M3
Finance, insurance, real estate services															P (22)	P	P (1) (12)	P	P	P	P		P	P	P	P	P (2)	
Personal services: laundry, dry cleaning, barber, salons, shoe repair, launderettes															P (22)	P	P (12)	P	P	P	P		P	P	P (10)	P (10)	P (2) (10)	
Mortuaries																	P (12)		P				P	P				
Home day-care	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Day-care center	C	C	C	C	C	C	C	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Business services, duplicating and blue printing, travel agencies, and employment agencies																	P (12)	P	P	P	P		P	P	P	P	P (2)	
Building maintenance and pest																			P			P	P	P	P	P	P (2)	

	Zoning Districts																										
Key P = Principally Permitted Uses S = Special Uses C = Conditional Uses A = Accessory Uses	A-10	AG	SR-1	SR-3	SR-4.5	SR-6	SR-8	MR-D	MR-T12	MR-T16	MR-G	MR-M	MR-H	MHP	NCC	CC	DC	DCE	MTC-1	MTC-2	MCR	CM-1	CM-2	GC	M1	M1-C	M2	M3
control																												
Outdoor storage (including truck, heavy equipment, and contractor storage yards as allowed by development standards, KCC 15.04.190 and 15.04.195)																						P	P	A	A	A	AC (9)	P
Rental and leasing services for cars, trucks, trailers, furniture, and tools																			P			P	P	P	P	P	P (2)	
Auto repair and washing services (including body work)																C			P			P	P	P	P	P		P (21) (23)
Repair services: watch, TV, electrical, electronic, upholstery																P	P (12)	P	P				P	P	P	P	P (2)	
Professional services: medical, clinics, and other health care-related															P (20)	P		P	P	P	P		P	P	P	P	P (2)	

	Zoning Districts																											
Key P = Principally Permitted Uses S = Special Uses C = Conditional Uses A = Accessory Uses	**A-10**	**AG**	**SR-1**	**SR-3**	**SR-4.5**	**SR-6**	**SR-8**	**MR-D**	**MR-T12**	**MR-T16**	**MR-G**	**MR-M**	**MR-H**	**MHP**	**NCC**	**CC**	**DC**	**DCE**	**MTC-1**	**MTC-2**	**MCR**	**CM-1**	**CM-2**	**GC**	**M1**	**M1-C**	**M2**	**M3**
services																												
Opiate substitution treatment facility																						C (3)						
Community Health Engagement Location																							C(3)					
Heavy equipment and truck repair																						P	P	P			C (9)	P
Contract construction service offices: building construction, plumbing, paving, and landscaping																			P (16)			P	P	P (16)	P (17)	P (17)	P (2) (17)	P
Educational services: vocational, trade, art, music, dancing, barber, and beauty																		P	P	P	P		P	P	P	P	P (2)	
Churches	S (4)		S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)			S (4)	S (4)		S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	S (4)	
Administrative and professional offices – general																P	P (12)	P	P	P	P	C	P	P	P	P	P (2)	
Municipal uses and buildings															P (13)	P (13)		P	P (13)	P (13)	P (13)	P (13)	P (13)	P (13)	P (13)	P (13)	P (2) (1	P (13)

	Zoning Districts																											
Key P = Principally Permitted Uses S = Special Uses C = Conditional Uses A = Accessory Uses	**A-10**	**AG**	**SR-1**	**SR-3**	**SR-4.5**	**SR-6**	**SR-8**	**MR-D**	**MR-T12**	**MR-T16**	**MR-G**	**MR-M**	**MR-H**	**MHP**	**NCC**	**CC**	**DC**	**DCE**	**MTC-1**	**MTC-2**	**MCR**	**CM-1**	**CM-2**	**GC**	**M1**	**M1-C**	**M2**	**M3**
																											3)	
Research, development, and testing																			P	C	P		P	P	P	P	P (2)	P (14)
Accessory uses and structures customarily appurtenant to a permitted use	A	A	A (7) (24)	A (24)	A (24)	A (24)	A (24)	A	A	A	A	A	A		A (18)	A (18)	A (19)	A (19)	A (19)	A (19)	A (19)	A (18)	A (18)	A (18)	A	A	A	A
Boarding kennels and breeding establishments		C																	C					C				
Veterinary clinics and veterinary hospitals		C														P (8)			P (8)		P (8)		P (8)	P (8)				
Administrative or executive offices which are part of a predominant industrial operation																						P			P	P	P	P
Offices incidental and necessary to the conduct of a principally permitted use									A	A	A	A	A															

SECTION 3. – *Amendment*. Section 15.04.100 of the Kent City Code, entitled "Service land use development conditions," is hereby amended to read as follows:

Sec. 15.04.100 Service land use development conditions.

1. Banks and financial institutions (excluding drive-through).

2. Uses shall be limited to 25 percent of the gross floor area of any single- or multi-building development. Retail and service uses which exceed the 25 percent limit on an individual or cumulative basis shall be subject to review individually through the conditional use permit process. A conditional use permit shall be required on an individual tenant or business basis and shall be granted only when it is demonstrated that the operating characteristics of the use will not adversely impact onsite or offsite conditions on either an individual or cumulative basis.

3. Opiate substitution treatment facilities or community health engagement locations are permitted only with a conditional use permit, and must provide indoor waiting areas of at least 15 percent of the total floor area. In addition to the general requirements of KCC 15.08.030, all applications shall contain and be approved by the city based on the following information:

a. A detailed written description of the proposed and potential services to be provided, the source or sources of funding, and identification of any applicable public regulatory agencies;

b. A written statement of need, in statistical or narrative form, for the proposed project currently and over the following ten-year period;

c. An inventory of known, existing or proposed facilities, by name and address, within King County, or within the region, serving the same or similar needs as the proposed facility;

d. An explanation of the need and suitability for the proposed facility at the proposed location;

e. An analysis of the proposed facility's consistency with the City of Kent Comprehensive Plan and development regulations, and plans and policies of other affected jurisdictions, including but not limited to the King County Countywide Planning Policies;

f. Documentation of public involvement efforts to date, including public and agency comments received, and plans for future public participation; and

g. A proposed "good faith" agreement for neighborhood partnership. This agreement shall state the goals of the partnership and address loitering prevention steps the facility owner/operator will take as well as frequency of planned maintenance and upkeep of the exterior of the facility (including, but not limited to, trash and litter removal, landscape maintenance, and graffiti). The agreement shall serve as the basis for a partnership between the City, facility, and local businesses, and will outline steps partners will take to resolve concerns.

No opiate substitution treatment facility or community health engagement location may be located within 500 feet of an existing opiate substitution treatment facility or community health engagement location.

4. Special uses must conform to the development standards listed in KCC 15.08.020.

5. [Reserved].

6. [Reserved].

7. Other accessory uses and buildings customarily appurtenant to a permitted use, except for onsite hazardous waste treatment and storage facilities, which are not permitted in residential zones.

8. Veterinary clinics and animal hospitals when located no closer than 150 feet to any residential use, provided the animals are housed indoors, with no outside runs, and the building is soundproofed. Soundproofing must be designed by competent acoustical engineers.

9. Those uses that are principally permitted in the M3 zone may be permitted in the M2 zone via a conditional use permit.

10. Personal services uses limited to linen supply and industrial laundry services, diaper services, rug cleaning and repair services, photographic services, beauty and barber services, and fur repair and storage services.

11. [Reserved].

12. The ground level or street level portion of all buildings in the pedestrian overlay of the DC district, set forth in the map below, must be pedestrian-oriented. Pedestrian-oriented development shall have the main ground floor entry located adjacent to a public street and be physically and

visually accessible by pedestrians from the sidewalk, and may include the following uses:

a. Retail establishments, including but not limited to convenience goods, department and variety stores, specialty shops such as apparel and accessories, gift shops, toy shops, cards and paper goods, home and home accessory shops, florists, antique shops, and book shops;

b. Personal services, including but not limited to barber shops, beauty salons, and dry cleaning;

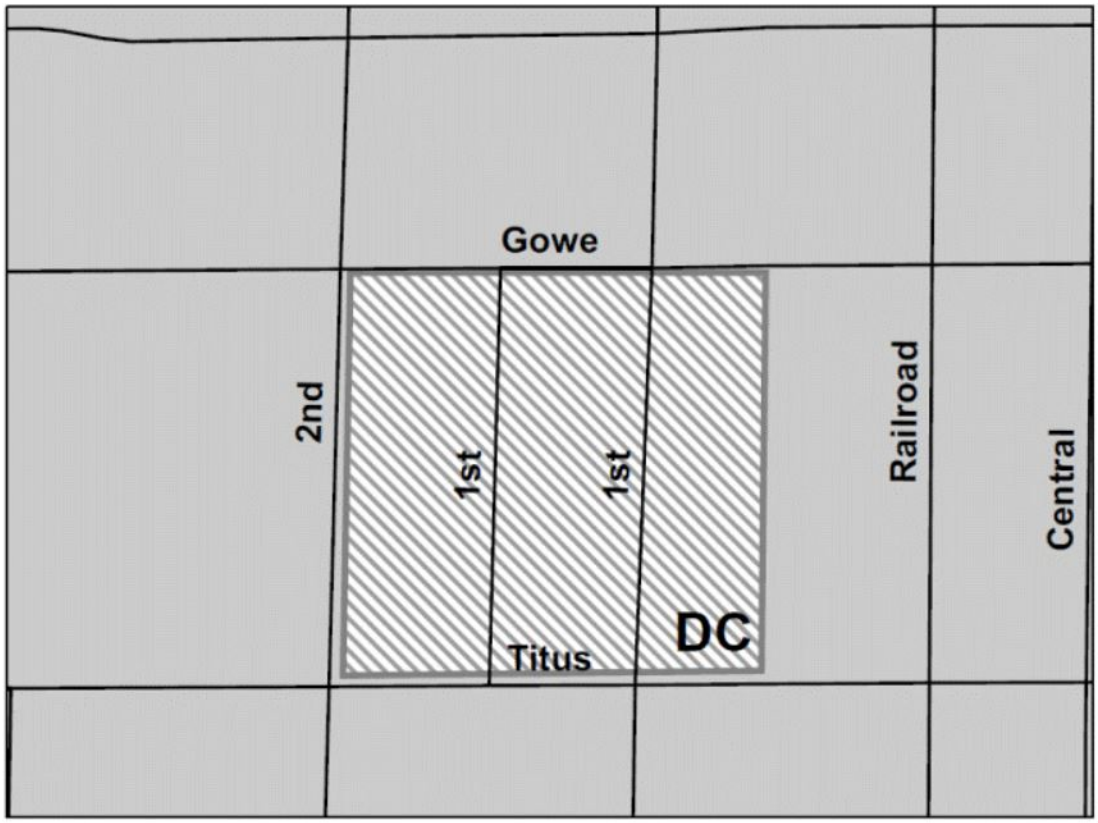
c. Repair services, including but not limited to television, radio, computer, jewelry, and shoe repair;

d. Food-related shops, including but not limited to restaurants (including outdoor seating areas and excluding drive-in restaurants) and taverns;

e. Copy establishments;

f. Professional services, including but not limited to law offices and consulting services; and

g. Any other use that is determined by the economic and community development director to be of the same general character as the above permitted uses and in accordance with the stated purpose of the district, pursuant to KCC 15.09.065, Interpretation of uses.



13. Except for such uses and buildings subject to KCC 15.04.150.

14. Conducted in conjunction with a principally permitted use.

15. [Reserved].

16. Contract construction services office use does not include contractor storage yards, which is a separate use listed in KCC 15.04.040.

17. Outside storage or operations yards are permitted only as accessory uses. Such uses are incidental and subordinate to the principal use of the property or structure.

18. Includes incidental storage facilities and loading/unloading areas.

19. Includes incidental storage facilities, which must be enclosed, and loading/unloading areas.

20. Shall only apply to medical and dental offices and/or neighborhood clinics.

21. Auto repair, including body work, and washing services are permitted only under the following conditions:

a. The property is also used for heavy equipment repair and/or truck repair; and

b. Gasoline service stations that also offer auto repair and washing services are not permitted in the M3, general industrial zoning district.

22. Any associated drive-up/drive-through facility shall be accessory and shall require a conditional use permit.

23. Auto repair, including body work, and auto washing services shall be allowed in the general industrial (M3) zoning district as follows:

a. For adaptive reuse of existing site structures, all of the following conditions must apply:

i. The site is not currently served by a rail spur; and

ii. Existing site structures do not have dock high loading bay doors, where the finished floor is generally level with the floor of freight containers; and

iii. All ground-level bay doors of existing structures have a height of less than 14 feet, which would generally impede full access to freight containers; and

iv. Existing site structures have a clear height from finished floor to interior roof trusses of less than 20 feet; and

v. Maximum building area per parcel is not greater than 40,000 square feet.

b. For proposed site development, all of the following conditions must apply:

i. The site is not currently served by a rail spur; and

ii. Based on parcels existing at the time of the effective date of the ordinance codified in this section, the maximum parcel size is no greater than 40,000 square feet.

24. Accessory structures composed of at least two walls and a roof, not including accessory uses or structures customarily appurtenant to agricultural uses, are subject to the provisions of KCC 15.08.160.

SECTION 4. – *Severability.* If any one or more section, subsection, or sentence of this ordinance is held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portion of this ordinance and the same shall remain in full force and effect.

SECTION 5. – *Corrections by City Clerk or Code Reviser.* Upon approval of the city attorney, the city clerk and the code reviser are authorized to make necessary corrections to this ordinance, including the correction of clerical errors; ordinance, section, or subsection numbering; or references to other local, state, or federal laws, codes, rules, or regulations.

SECTION 6. – *Effective Date*. This ordinance shall take effect and be in force thirty 30 days from and after its passage, as provided by law.

SUZETTE COOKE, MAYOR

Date Approved

ATTEST:

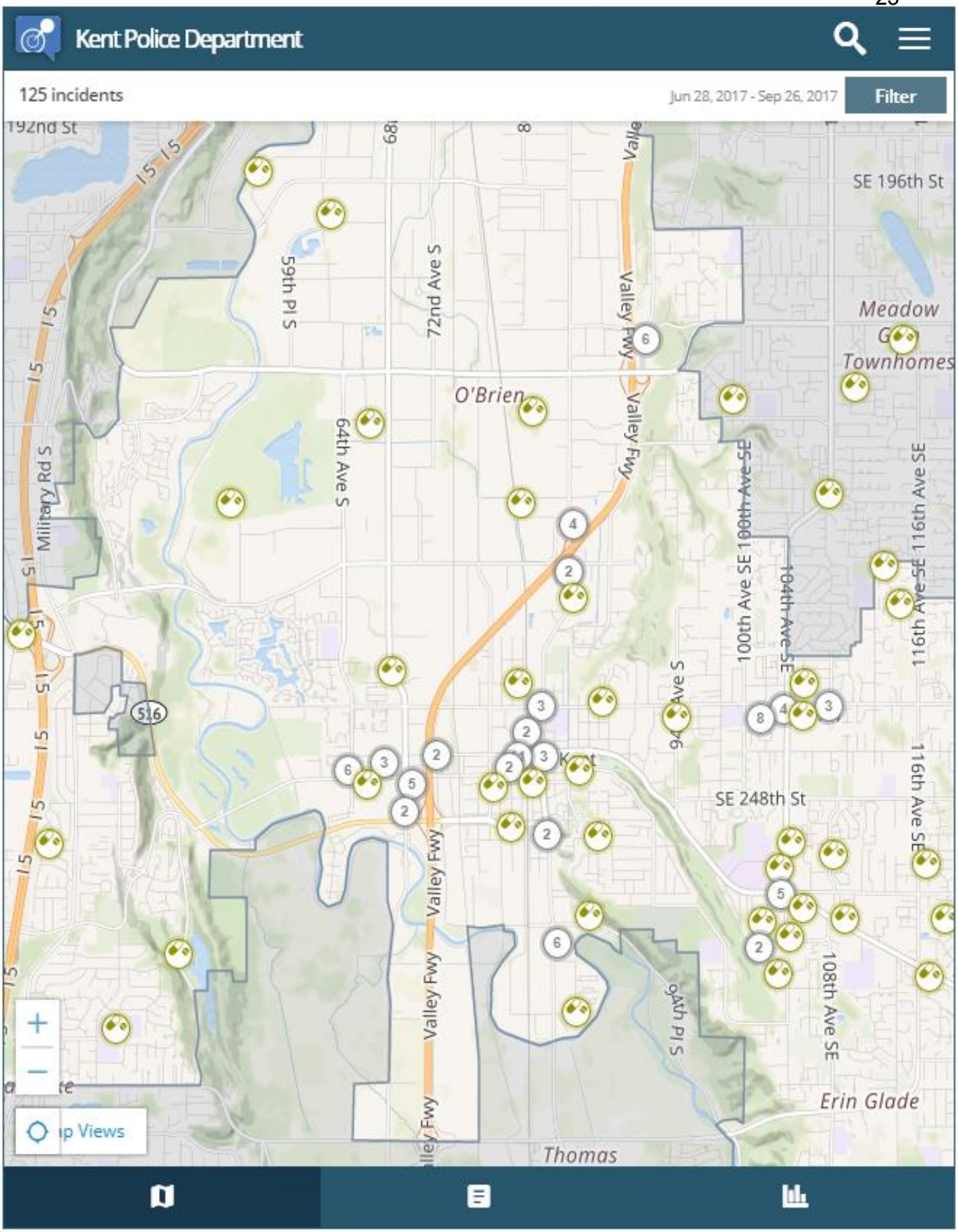
KIMBERLY A. KOMOTO, CITY CLERK

Date Adopted

Date Published

APPROVED AS TO FORM:

TOM BRUBAKER, CITY ATTORNEY


Kent Police Department
125 incidents
Jun 28, 2017 - Sep 26, 2017
Filter
192nd St
SE 196th St
Meadow
Townhomes
O'Brien
59th Pl S
72nd Ave S
64th Ave S
Valley Fwy
Military Rd S
100th Ave SE
104th Ave SE
116th Ave SE
94th Ave S
SE 248th St
108th Ave SE
94th Pl S
Erin Glade
Thomas
516
Kent
Views

Drug and Alcohol Review, (January 2005), 24, 21 – 24

Taylor & Francis
Taylor & Francis Group

Survey of drug consumption rooms: service delivery and perceived public health and amenity impact

JO KIMBER[1], KATE DOLAN[1] & ALEX WODAK[2]

[1]*National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia and* [2]*Alcohol and Drug Service, St Vincent's Hospital, Sydney, Australia*

Abstract

Drug consumption rooms (DCRs) have operated in Europe for more than 20 years. At the time of this study three Australian jurisdictions were considering trials of DCRs and little information about these services was available in the English literature. We surveyed 39 DCRs in the Netherlands, Germany, Switzerland and Spain in 1999 – 2000 regarding service delivery and perceived public health and amenity impact and 15 (40%) responded. The DCRs surveyed were professionally staffed, low threshold services which provided a range of health, psych-social, drug treatment and welfare services and referrals. No overdose deaths were reported and the estimated rate of non-fatal overdose ranged from 1 to 36 per 10,000 visits. These DCRs appeared to be achieving their service delivery objectives with few negative consequences.

Key words: drug consumption room, injecting room, injecting drug use, harm reduction.

Introduction

Drug consumption rooms (DCRs), also known as supervised injecting centres and safe injecting rooms have operated in Europe since the early 1970s [1]. DCRs currently operate in the Netherlands, Switzerland, Germany, and Spain Australia [2] and a trial facility recently commenced operation in Canada [3].

DCRs are defined as ''*legally sanctioned and supervised facilities designed to reduce the health and public order problems associated with illegal injection drug use. . .which enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions*'' [4]. Some DCRs also allow for non-injecting routes of drug administration, such as smoking and snorting [5].

The proposed benefits of DCRs relate to both public health and public amenity and include: reduction in heroin-related overdoses (both fatal and non-fatal); reduction in public nuisance (inappropriately discarded injecting equipment, public injecting and intoxication and visible drug dealing); reduction in the risk of blood-borne viral transmission; and improved access to health care, especially drug treatment. Critics have suggested the risks of DCRs are: condoning drug use ('sending the wrong message'); facilitating the congregation of drug users and drug dealers ('honey pot effect'); and delaying entry to drug treatment [6, 7].

When this study was planned in mid-1999, three Australian jurisdictions were considering trials of DCRs. Policy makers, potential service providers, researchers and public health advocates involved in the discussion were keen to know more about the feasibility and impact of these facilities. At that time limited published information relating to the operation of DCRs was available in English. The aim of this study was to survey known DCRs regarding the nature of service delivery and their perceived public health and amenity impact.

Methods

Contact details were obtained through the author's professional networks for 39 DCRs across the Netherlands, Switzerland, Germany and Spain. A 60-item survey was developed [8]. The survey was sent by post, facsimile, or e-mail between October 1999 and July 2000. In addition, six surveys were completed as face-to-face structured interviews during site visits. Survey respondents were typically the DCR Manager or Team Leader.

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Estimating the rate of non-fatal overdose

The rate of non-fatal overdose at each DCR was estimated by dividing the number of overdoses per annum by the number of visits per annum. Depending on the data provided, the number of overdoses per annum was based on the number of overdoses in the past 12-months or the average number of overdoses per week multiplied by 52. The number of visits per annum was based on the number of client visits per day multiplied by 365.25. In cases where a range was provided, for example 100 – 150 visits per day, the midpoint was used. The rate was rounded to one significant figure.

Results

Fifteen of 39 surveys were completed (Hamburg $n = 4$, Frankfurt $n = 2$, Hanover, Saarbrücken, Basel, Bern, Solothurn, Schaffhausen, Apeldoorn, Rotterdam, Madrid) and two surveys were returned address unknown, yielding a response rate of 40%. German DCRs completed the majority of surveys (8/10) and the lowest response was from The Netherlands (2/12).

Hours of operation, throughput and staffing

All DCRs operated six or seven days a week. Opening hours ranged from 26 to $107\frac{1}{2}$ hours per week, with a minimum of three hours per day and maximum of $15\frac{1}{2}$ hours per day.

The number of places for injecting ranged from three to 12. Six Centres also provided places for smoking and snorting, with a range of three to six places. The time limit for use of the injecting room ranged from 15 to 30 minutes with some flexibility. The median number of average visits per day was 100 and ranged from 25 to 400 per day.

Social workers were the most commonly employed professional staff, followed by nurses. Most centres also employed sessional medical officers. Three of the Centres had an ex-User staff position.

Facilities and services

Core DCR facilities were an injecting room, toilets, and contact café or in one case simply a reception area. Other common facilities included places for smoking drugs, showers, laundry and clothing pool. Three DCRs also offered onsite overnight accommodation.

All DCRs provided safer injecting advice, overdose management, a needle and syringe program (NSP), counselling, and basic medical care. Many also offered legal advice. All DCRs offered referral to a wide range of services and assistance including drug substitution treatment, detoxification, therapy, medical care, rehabilitation, accommodation, employment and training, social services and legal aid. Other types of programs and services offered at some DCRs included outreach overdose management and NSP, opening times for women only, case management, art materials, off-site recreational activities (e.g. films, picnics), parenting skills training, and postal contact with prison inmates.

Rules

In general rules for entry to the DCRs were being aged 18 or older, except for two Swiss DCRs where the minimum age was 16 years. Five DCRs reported residency restrictions (where clients were expected to be resident in the local government area). Seven DCRs reported systematically checking that new clients had a history of injecting drug use. Drug dealing was strictly prohibited on the premises of all DCRs except one which aimed to regulate the quality and price of drugs for their clients by approved 'house dealers'.

Four DCRs reported refusal of entry to heavily intoxicated clients to inject and the remainder assessed clients on a case-by-case basis, encouraging heavily intoxicated clients to wait before using drugs. Six DCRs had restrictions on use of some physical injecting sites, such as the eyes, face, neck, groin, genitals, chest and abdomen. Staff were not permitted to assist clients to inject, although some reported assisting in exceptional cases, such as where the client was visually-impaired or an amputee. Six DCRs permitted clients to assist each other to inject. Clients were permitted to share drugs at four centres. Only one centre did not allow clients to leave immediately after injecting.

Overdose management

The primary management of heroin-related overdose was expired air resuscitation (EAR) and the provision of oxygen gas. In cases where clients were not responding, an ambulance officer would be called to the DCR to administer naloxone or in the case of two DCRs, the naloxone could be administered by an onsite medical officer.

No fatal overdoses were reported at any of the surveyed DCRs. The estimated rate of non-fatal overdose ranged from 1 to 36 per 10,000 visits (Table 1).

Perceived impacts

The majority of respondents perceived that the operation of their DCR had contributed to a reduction in overdose deaths and events, a reduction in HIV risk behaviour and a reduction in discarded injecting equipment and public injecting.

Six DCRs reported an increase in drug dealing in the vicinity of their DCR. Three of these DCRs also

reported an additional negative impact: aggressive incidents among clients outside the premises, increases in petty crime in the area, and the resentment of local residents respectively.

Documentation and evaluation

Five DCRs reported some form of client registration varying in threshold from a name or alias and signature acknowledging house rules through to more extensive demographic and drug use information. All DCRs collected some basic operational data such as the number of visits, gender composition, drug used, adverse events and referrals. The ability to monitor client's individual service utilisation was reported by four DCRs.

Most reported they kept clinical records when significant interventions or referrals were provided; had policies and procedures documents; and published annual reports. Six DCRs reported being the subject of an evaluation. Copies of the evaluation reports were obtained for Hanover [9], Basel [10], Bern [11], and have been reviewed elsewhere [7].

Funding & community consultation

The median annual budget in 1999 – 2000 [12] was €440,650 (range €164,300 – €859,268) and funding was sourced predominantly from local and State governments. All DCRs reported ongoing consultation with police, local government and other community stakeholders.

Discussion

DCRs were professionally staffed health and welfare services. Service delivery was low threshold and core facilities and services included an injecting room, toilets, café or waiting area, safer injecting advice, overdose management, NSP, counselling, basic medical care and comprehensive referral to drug treatment, medical and social welfare services. Almost half the DCRs also offered places for administration of drugs by non-injecting routes. Client documentation was limited and data collection was generally confined to aggregate counts of visits by gender, adverse events, and referrals.

Local variation was evidenced in the hours of operation, the number of injecting places available, availability and number of places for non-injecting routes of administration, and the composition of onsite to referred services. This variation appeared to reflect the range of other services in the area for drug users; the size of the drug scene; drug availability and use (e.g. prevalence of crack cocaine) and preferred routes of administration (e.g. heroin 'chasing') as well as support for different forms of harm reduction among service providers.

Table 1. *Estimated rate of non-fatal overdose at DCRs*

Centre	Year	Estimated non-fatal overdoses per annum	Estimated visits per annum	Rate of non-fatal overdose per 10 000 visits
Frankfurt A	1999	42	45 626	9
Frankfurt B	1999	52	146 100	4
Hamburg A	1999	130	69 398	19
Hamburg B	1999	100	36 525	27
Hamburg C	1999	60	32 873	18
Hanover	1999	130	36 525	36
Saarbrücken	1999	156	73 050	21
Basel	1998	20	43 830	5
Bern	1998	136	94 965	14
Schaffhausen	1999	48	18 263	26
Solothurn	1999	21	10 958	19
Apeldoorn	1999 – 2000	1	9 131	1
Rotterdam	1999 – 2000	20	18 262	11

Notes: Information was not available for two DCRs, Hamburg D and Madrid.

Common rules of entry were being of a minimum age, a history of illicit drug use, and assessment of intoxication. Consumption-related rules included no staff assisted injection of clients, and restrictions on the use of some injecting sites or use of the facility by severely intoxicated clients. Drug dealing was strictly not permitted except in one atypical setting. These rules seemed to reflect the need to meet legal requirements with respect to drug administration and supply and staff liability, ensure occupational and client health and safety, and create and maintain a managed environment. The importance of local police and residents as stakeholders in DCRs was reflected by ongoing community consultation.

Early intervention in the case of overdose at DCRs appeared to be effective; there were no reported overdose deaths at any of the surveyed DCRs. Only death, due to anaphylactic shock, has since been reported at a DCR [13]. Early intervention in the case of heroin-related overdose was also likely to have contributed to a reduction in morbidity associated with non-fatal overdose [14, 15]. For example, a Frankfurt study found the likelihood of a hospital admission was 10 times greater for an overdose occurring in the street compared to one occurring in a DCR [16]. Moreover, a lower level of intervention seemed to be required in the majority of overdose events, which were managed with oxygen alone. The limited use of naloxone may also partly reflect regulations restricting administration of this drug in some of these countries to medical practitioners or ambulance officers.

The estimated rate of non-fatal overdose at the DCRs surveyed ranged from 1 to 36 per 10,000 visits. This variation between DCRs may be related to differences in the classification and reporting of overdose; the relative frequency of use of heroin and other depressants such as benzodiazepines compared with psychostimulants; and the attendant route of administration, where smoking heroin is associated with a lower rate of overdose [17].

Overall, DCRs appeared to achieve their objectives, as reported on here, with few negative consequences. The majority of respondents perceived that their DCR contributed to a reduction in overdose events and deaths, HIV risk behaviour and transmission, discarding of injecting equipment and injecting in public places. Reports of increases in drug dealing and other anti-social activity in the vicinity of DCRs appeared to be clustered at a small number of DCRs. However, it should be noted that these perceived impacts were in most cases, not substantiated by other evidence in this survey. The potential benefits and adverse consequences and cost effectiveness of DCRs require further systematic evaluation.

A limitation of this study was the low response rate. The findings of the survey are likely to provide a reasonable representation of DCR service delivery at the time of survey in Germany, however, may be less generalisable to other DCRs operating in Switzerland and The Netherlands and Spain.

Acknowledgements

The authors gratefully acknowledge the DCRs who participated in the survey, and particularly those that allowed site visits; Dr Heino Stöver for providing contact information and organising visits to German DCRs; and Ms Anita Marxer, Mr Nicolas Heller, Dr Wouter de Jong and Ms Sian Powell for their assistance in providing contact information. This was an unfunded study.

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Chapter 2.57
LAND USE AND PLANNING BOARD

Sections:

2.57.010 Creation.

There is hereby created the land use and planning board.

(Ord. No. 3512, § 14, 6-6-00)

2.57.020 Membership, terms, residence requirements, and compensation.

A. The land use and planning board shall consist of seven (7) members, each of whom shall be appointed by the mayor and confirmed by the city council. Appointments shall be deemed confirmed if not acted on within thirty (30) days following the mayor's submittal of his or her nomination to the council president.

B. The terms of office of the members of the land use and planning board shall be three (3) years. When a vacancy occurs on the land use and planning board, appointment for that position shall be for three (3) years, or for the remainder of the unexpired term, whichever is the shorter period of time. All new terms shall expire on December 31st of the last year of the term. No more than three (3) terms may expire in any given year.

C. Initial appointments shall be as follows:

1. Two (2) seats for a one (1) year term.

2. Two (2) seats for a two (2) year term.

3. Three (3) seats for a three (3) year term.

All appointments thereafter shall be for three (3) year terms.

D. Members of the land use and planning board may be dismissed by the mayor for missing twenty-five (25) percent or more of the regularly scheduled

meetings in a twelve (12) month period without such absence being excused by the board, for inefficiency, for neglect of duty, for a finding by the land use and planning board of a member's violation of any code of conduct established by the board, or for misfeasance or malfeasance in office.

E. As authorized pursuant to RCW 35.21.200, all appointees to the land use and planning board shall be residents of the city of Kent. When making the appointments, the mayor shall consider appointments from residents residing at different locations of the city.

F. The appointed members of the land use and planning board shall serve without compensation except that reimbursement for authorized travel and subsistence may be made to the extent such may be budgeted for by the city council. Reimbursement for such shall come from the city budget category designated land use and planning board, travel and mileage and subsistence.

(Ord. No. 3512, § 14, 6-6-00)

2.57.030 Organization, meetings and rules.

A. The land use and planning board shall elect a chairperson and vice-chairperson from among its members which terms shall expire December 31st each year. The secretary of the land use and planning board shall be the planning manager. The secretary shall set the land use and planning board agenda for workshops and public hearings, prepare minutes which may be taken from electronic recording of public hearings, and keep such records as are necessary for the property operation of the board, all of which shall be a matter of public record.

B. The land use and planning board shall conduct at least one (1) regular meeting each month for conducting general business, hearings, and other related business, except when there is not an agenda item to be considered or heard, in which case the land use and planning board secretary shall notify the board members, the local press and post a notice at the place the land use and planning board regularly meets, stating that due to a lack of business a meeting is cancelled. The land use and planning board shall establish and operate under a set of bylaws, which bylaws shall prescribe the rules of procedure for public hearings and workshops and a code of conduct for its members. The time and place of regular and special meetings, including workshops, shall be established by the bylaws.

(Ord. No. 3512, § 14, 6-6-00)

2.57.040 Duties and responsibilities.

A. The land use and planning board shall operate as part of the planning office and shall, except in those instances when the city council has determined to consider the matter, hold public hearings on comprehensive plan formulation and amendments, annexation zoning, zoning code and subdivision code and other assigned code formulation and amendments which have been prepared and submitted to the board by the planning office. The land use and planning board, after holding one (1) or more public hearings on these matters, shall refer the planning office's proposals and its recommendation to the city council for the council's final action.

B. In lieu of or in the alternative to the land use and planning board considering and holding hearings and performing other related functions on matters set forth in subsection (A) of this section, the city council may elect to perform these functions on such matters directly without taking input from the land use and planning board.

(Ord. No. 3512, § 14, 6-6-00)

2.57.050 References to planning commission.

All references in the Kent City Code to the *planning commission* shall mean the *land use and planning board.*

(Ord. No. 3512, § 14, 6-6-00)

ECONOMIC & COMMUNITY DEVELOPMENT
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220 Fourth Avenue South
Kent, WA 98032-5895

DATE: October 9, 2017

TO: Chair Katherine Jones and Members of Land Use and Planning Board
FROM: Hayley Bonsteel, Senior Long Range Planner
RE: Meet Me on Meeker Design and Construction Standards

For Meeting of October 9, 2017

Information Only

SUMMARY: Meet Me on Meeker is the collaborative redesign of a key gateway and commercial "main street" connecting the Green River to the historic downtown. City staff are working through comments and revisions with various stakeholders and will provide an update on the project including a tentative schedule at the October 9th workshop.

BUDGET IMPACT: None

BE:ct*S:\Permit\Plan\ZONING_OTHER_CODE_AMENDMENTS\2017\MEEKER DESIGN STANDARDS\MMOM LUPB Update 10.9.17.docx*

cc: Ben Wolters, Economic & Community Development Director
Charlene Anderson, AICP, Long Range Planning Manager