

NORTH SEATTLE PWID RAPID NEEDS ASSESSMENT SUMMARY

SEPTEMBER 2018 – OCTOBER 2018

INTRODUCTION

Public Health – Seattle & King County identified a group of people in the North Seattle area who recently tested positive for HIV in mid-late 2018. Most of the people in this group reported use of injection drugs and were living homeless. A rapid needs assessment was conducted with people who stay in the areas most impacted by these new HIV cases to better understand HIV testing behaviors, the needs and services people would most like to have access to in the area, and how networks of people in the area interact with one another.

Information was collected through small focus groups, one-on-one key informant interviews with community members, observations, and interviews with professionals providing service to people in the impacted areas. Characteristics of community members interviewed are included (Table 1). The majority of people we were able to speak with reported staying around Licton Springs, Northgate, or very near Aurora Avenue between 85th and 135th. We attempted to locate people in the Ballard and Greenlake areas as well but without success. One staff person assisting with the assessment reported seeing a lot of tents just east of Greenlake in the evening and when we returned the next morning they had all moved.

Summary

- People tend to know one another and are at least minimally connected as social acquaintances
- Decisions on where to sleep or stay are most often based on personal safety and familiarity or comfort with a chosen space
- Bus, bicycle, or walking are the primary modes of transportation
- Communication can be a challenge given that a device may change hands and phone numbers may change often
- There is a need for current knowledge of HIV and the importance of testing and treatment
- Financial incentives and increased local access are the best ways to improve HIV testing
- NW Hospital is known in the community as a place to be very unfriendly to PWID and people living homeless
- Demand for clean injection equipment in North Seattle is very high and access is very limited
- Syringe distribution is preferred over exchange and it will take time to build relationships and trust in the community while increasing access
- Greater access to overall health and social services is needed in North Seattle, specifically for PWID and people living homeless
- Since the passing of SESTA/FOSTA in early 2018 there has been an increase of street based exchange sex

Table 1: Characteristics of Community Key Informants

Age	Gender	Location
>50	Male	Licton Springs
>50	Female	Licton Springs
>30	Male	Licton Springs
<30	Male	45 th & Aurora
<30	(2) Female	90 th & Aurora
<40	Female	90 th & Aurora
>30	Female	90 th & Aurora
<30	Female	125 th & Aurora
>40	(2) Male	125 th & Aurora
>30	Female	125 th & Aurora
>40	(2) Male	Northgate
>30	Male	Northgate
<30	Male	Northgate
>30	Male	Northgate
<30	Female	Greenwood

Networks and Geography

Where People Stay. The majority of people we spoke with reported staying in or around North Seattle in areas just off of Aurora Avenue or very nearby, with some staying closer to the Northgate area. Some people stay in tents or small encampments in areas where they can find space, others reported sleeping in doorways or other sheltered areas around local businesses, and a small number stay at the Licton Springs tiny house village directly on Aurora Avenue.

Social Connectedness. People living homeless in the impacted areas tend to know one another and are at least minimally connected as social acquaintances. This was observed through several interactions while speaking with community members and often times appeared to be more related to substance use rather than personal connection, though there are likely many more factors. People may not know one another in great detail but there did appear to be at least some familiarity in passing interactions for most everyone we talked with. For others there was much more intimate knowledge and strong social networks among the community where it was clear relationships had formed over time.

Safety. When speaking of how people choose a place to stay safety was often cited as the main factor. People reported friends that stay in camps often do so because they know it is safe with a particular group of individuals. Safety was raised as a concern more for women than men in many cases. One woman stated that she will find a guy to stay with because it is safer than staying out on the street alone. She used the example of who she was recently staying with, saying “he isn’t really my boyfriend but it’s safer to be with him”. One man we spoke with specifically stated that women living homeless in the area are vulnerable alone and that women doing any type of outreach work with the community should not be out there alone. He said “it’s not safe for

women up here”, referring to the areas around 90th and Aurora. Though the majority of people we observed in the area that were not with a group of people appeared to be male, there were some women that also appeared to be in the area alone. Several women mentioned a man with HIV who was sexually assaulting women, related to the HIV cluster. There were varying reports from sexual assault to consensual sex, but HIV status was not disclosed or intentionally obscured. One woman talked about being aggressively pursued by this man, but she was able to avoid him based on prior knowledge from friends.

Moving Camps. Safety was also stated as a factor when people are forced to move from one space to another. In addition to safety, comfort and familiarity were also listed as the main factors that determine where people will move to and from. One person explained that camps, large or small, are often forced to move if neighboring property and business owners complain. When moving people will often move to another site that is familiar and comfortable to them because they feel safe in those spaces if they have not had a problem in that location before. That same person explained that if one were to wait a few days those same people would likely move back to the original location if possible. Rarely do people move to another part of the city all together. In all of the discussions only one person was referenced as moving to a part of South King County when their camp was broken up by authorities.

When asked if camps of people move together as a group or split up, the responses were mixed. One person explained that it just depends on how well the group knows each other and added “it just depends on their mood too”. There was not a clear response to how the decisions are made by individuals when moving around or choosing where to stay. Some people talked about how they looked down on the people staying at Licton Springs and how they are in turn looked down upon by those at Licton Springs. There did seem to be a divide among the community in terms of those living outside of Licton Springs and those that do not, though it did appear to be more of an idea people shared versus acted upon. During the time we were out talking with people it was not uncommon to see someone from Licton Springs come out of the camp and talk with people who were just hanging out in the areas nearby.

We observed quite a few small camps and individual tents set up throughout all of the areas we visited in North Seattle. Many of the tents appeared to move frequently, if not daily, while there were some that seemed to be more consistently in the same locations. There are a few tents that appear to be consistently located along the northern edges of Evergreen Washelli Cemetery across from NW Hospital. Another consistent location sits at the southbound onramp of Interstate 5 when entering from Northgate Way.

Choosing Locations. It really seems as though there is a wide variety of attitudes and approaches to where to stay and the motivations behind the decision. One person stated that they like to stay in the same spot every night because they know it is a good spot and “nobody messes with them”. Another person talked about how they love the freedom that “the life” offers them. That person spoke about being able to stay anywhere and everywhere they want, though they did say that the area around Aurora is preferred for them. That same person talked about their various addictions as they described them, stating that they are “not just addicted to drugs but addicted to the life”. They said “man I love the chase and hunt for the money to get high, not knowing what each day will bring and where I’ll end up”. At a different location further north on Aurora people talked about wanting to make enough money to get a hotel room each night because they want stability and don’t like to sleep outside. One woman talked about exchanging sex to make enough to spend \$100 a day on a hotel room (but couldn’t make enough to save for a deposit on an apartment or qualify for one).

As we were able to talk with more people it became very clear that there are a lot of factors that determine how and when people will interact with one another and how decisions are made related to where people sleep. The one consistent thread seemed to be around personal safety and familiarity or comfort with spaces.

Transportation & Communication

Transportation. Buses, walking, and bicycles were noted as the primary ways people are able to move from one place to another. Very few people have access to a vehicle or know of anyone that does. Many people will not leave the Aurora area even if they have access to free transportation due to being uncomfortable leaving the areas that they know well. Some people did express interest in utilizing a shuttle to access syringe exchange and other services, such as HIV testing, if it were available. Those that stated they would personally use a shuttle service also stated that most people they know would not be willing to use the service. Everyone talked about the importance of having the services available in the Aurora area specifically if people were going to actually utilize the service. One person said “if you want people to use the service you will have to bring it to them”.

Communication. Communication can be a challenge for many people living homeless in North Seattle. Most people stated that they sometimes have a phone or access to a phone through a friend but it’s not consistently available. People explained that phones will be traded, stolen, lost, or broken frequently and phone numbers can change daily. Several people said that text reminders for HIV testing were a good idea but it will never work for people living homeless that are not able to keep a phone, even if given one. Overwhelmingly people talked about the best means of communication being word of mouth on the streets. A couple of people talked about asking people who sell drugs to help communicate with community members to spread the word about the cluster because they see the most people consistently and are well networked.

HIV & HIV Testing

HIV Knowledge. In conversations with community members there seems to be a lot of varying information circulating about HIV. Some people have a good sense of how HIV impacts the body and how it can be transmitted, while others seem to have information that may have been circulating since the early days of the HIV epidemic. Several people talked about the need for more information and education in the community.

HIV Testing. In the initial conversations we were having with people there was a general lack of information about HIV testing and the importance of knowing one’s HIV status. As we progressed and more information about the recent cluster of HIV cases was shared more in community the conversations seemed to change subtly. Some of the first few people we talked with mentioned a lot of fear in the community and how that will prevent people from getting tested due to not wanting others to see them going for an HIV test and then word spreading on the street.

Incentivized HIV Testing. Incentives were overwhelmingly agreed to as a great way to motivate people to get tested for HIV. The suggested amount of the incentive varied from \$10-\$15. Most people stated that more was always better when offering an incentive and gift cards seem to work well for most people. One specific gift card that was mentioned as needing to be \$15 was Jack in the Box due to the cost of food being higher and the amount needing to be more so that people could purchase a meal. Several people we spoke with mentioned getting tested recently through outreach efforts and were very pleased with the gift card they received. Everyone we spoke with also agreed that they would bring friends in for HIV testing if an additional incentive were to be offered for the referral.

Access to HIV Testing. The majority of people we spoke with talked about the lack of testing availability in the areas around Aurora and Northgate specifically. A few people had mentioned getting tested for HIV at NW Hospital, but overall people did not feel that it was a welcoming space for people living homeless and PWID. One

woman stated “they are butchering women’s bodies” referencing to several women’s experience of staff at NW Hospital intentionally inflicting pain when providing wound care. She said “they are trying to teach you a lesson. Maybe you’ll think before you do this again.” Two people stated that they had asked for an HIV test when at NW Hospital and were denied. One of those individuals had already had a blood draw for other testing and asked if it could also be tested for HIV and the response was no. That person stated that they still had not received an HIV test and would like to have one. The second person explained that when they asked for an HIV test they were told it would cost them \$40 out of pocket but they would have to go to PaCLab across the freeway near Northgate Mall because the hospital was too busy to see them. A different person stated that they would not seek medical care they knew they needed if it meant they had to go for care at NW Hospital. NeighborCare (Meridian) was acknowledged as a place where PWID and people living homeless have a good experience with clinic staff but security at the front desk when entering the building are less friendly when people come in for service and that is a big barrier for a lot of people. It was suggested that more training and follow up with security staff would be needed if the desire is to have greater engagement at that location. In general people spoke about the trouble they have accessing healthcare when drug-dependent. If they go to the hospital and are admitted or have to wait a long time, they’ll become dope sick and either be extremely ill or have to leave. For example, people are unable to complete rape evaluations because the process is too long and patients must leave to get well. Very few doctors will assist with methadone or another drug so that the patient can get through their care. Several people have said this is the number one reason they do not seek medical care unless it is very dire. This has created a general negative perception of medical care.

Syringe Services Programs

Access to Syringe Services. Every person we spoke with talked about the need for additional access to clean injection equipment in North Seattle. Outside of the recent outreach efforts by PHSKC, People’s Harm Reduction Alliance (PHRA) has been the only consistent access to clean equipment in the area. PHRA is limited in their capacity to provide clean injection equipment in the north end due to a small staff and need for more volunteers. Currently there is one staff person doing delivery one day per week in the Aurora area. They are also having trouble maintaining a presence in the southern part of Snohomish County due to harassment by police and people that are housed in the area. PHRA is also the only place where people can get free, clean equipment for smoking or snorting drugs but have limited supply each day. They tend to run out of meth and crack pipes within 20 minutes of opening each day. Some people who ask for a pipe that are turned away will then ask for clean syringes. Some people from the north Seattle area will make runs to PHRA if they have access to a car and will bring back what they can, but they have a limit on syringes (300) per person they can give. Scarce clean equipment then becomes a commodity when it travels back to the north end, and most folks who stay there cannot afford to buy it from those who travelled to get it.

Aurora Commons has been able to provide some very limited access to clean injection equipment to people in the area but this has been done mainly by volunteers and staff having some limited supplies in personal vehicles and distributing it when possible. There are a few other small volunteer groups that do some outreach to people in the Aurora area, particularly women in the sex trade, that also distribute clean injection equipment but they are limited due to people to actually assist with the work and lack of funding.

Syringe Services Preferences. Community members talked about their strong preference for distribution versus a one-for-one exchange. They mentioned not wanting to carry dirties with them in case they are stopped by the police, as many have been harassed or arrested. They also said that they would not go to a one-for-one exchange site if they knew they had to have something to turn in to access clean equipment. It was suggested that a minimum of 100 clean syringes should be offered to each person and turning in dirties could be

incentivized by offering more cleans if a person were to bring their used equipment in for disposal. Several people mentioned the need for drop boxes for used equipment in the area, stating that it should be community members that decide where to place the drop boxes so they actually get used.¹

Unanimously people talked about the push back from local property and business owners to provide any sort of syringe services in the area. They used the example of Aurora Commons trying to start an syringe services program but receiving numerous complaints from neighbors. Ultimately that push back resulted in Aurora Commons deciding not to pursue an syringe services at their site. Based on the feedback of everyone we talked with, PHSKC and any other organization providing service in the area will likely have to do some outreach and education with neighbors and business owners in the area to garner community support before offering the service.

When asked about a preference for a community based organization or PHSKC to provide the service, people were open to either idea. They talked about the importance of taking time to build trust in the community no matter who were to take the lead on the effort. In discussion with some of the providers that serve people in the area it was noted that often times it can take up to a year to really establish rapport in the community and build trust. The need for consistent staff that people know and trust was brought up by community and providers alike.

We also asked people about their preference for a fixed site or a mobile site. Community members were very open to either idea but talked about the need for consistent hours and location if utilizing a van or other type of mobile site. People did not think the option of calling to schedule a time and place to meet a mobile unit would work very well for a lot of the community that is living homeless due to the intermittent access to cell phones people often have. The main suggestion around a mobile unit from community involved having designated times and locations where a mobile unit would be available and people know they can just show up. A fixed site location near or around NW Hospital was agreeable to most people but they all noted that the hospital itself is not friendly to anyone living homeless or injecting drugs. Meridian Health Center was better received by most everyone as a location for a fixed site.

Time of day and location suggestions varied among the people we spoke with but most agreed that it would be important to have access over the weekend. More than one person talked about the increase of people in the area on the weekend, referencing people that work during the week and come out to party on the weekend. It was also suggested that setting up an exchange at one of the local motels might be a good idea on the weekend given that a lot of people stay in the motels all along Aurora.

Health and Other Services

Access to Health Services. People we spoke with talked a lot about the overall lack of services available in the areas of North Seattle, particularly around Aurora Avenue. They mentioned not having any place to gather other than Aurora Commons and noted that it is a space that is not open as often as people would like. Some other services that people mentioned they would like to have available in the area included wound care, dental, mental health, substance use treatment such as suboxone, case management, access to lockers for storing

¹ Since several KIs had mentioned that a needle exchange on the north end should not be one for one, we looked at preliminary IDU5 data on practices for needle disposal and sharing equipment among participants who use the public health needle exchanges (and not PHRA), people who use PHRA (and not PH), and people who use both. Participants who only use PHRA were about as likely to dispose of their needles safely (answered either took it to a needle exchange or put it in a medical sharps container) at 70% (65% of participants who reported using only Public Health and 83% of participants who used both exchanges).

belongings during the day, showers and laundry facilities, clothing bank, and some sort of skills building or job training that would allow people to gain employment and a legal means to earn money, or offer the employment itself.

Leveraging Community Knowledge. People we spoke with also talked a lot about utilizing individuals from the community to help provide or support some of the services needed. One idea shared was to have a sanctioned camping site for tents and designate some people from the community to help keep the area clean and distribute injection equipment. It was suggested that people would take pride and ownership of a model that included more people from the community. Community members have a lot of knowledge and could offer skills to their peers. In one conversation we observed one friend teaching another how to smoke heroin “the right way” so that you don’t lose too much of the drug (main complaint for smoking) instead of injecting it. This type of knowledge sharing could improve health in the community. Several mentioned new services should also be a safe and comfortable place for people to hang out, even just for a short time while waiting for services. “Make it like a living room where people can talk to each other.” The services should feel like a welcoming space which is also appropriate for sex workers and people who are LGBT as well (note that 40% of the HET4 sample of women who exchange sex identified as bisexual, so while women who exchange sex may be at risk for heterosexually-acquired HIV, they do not necessarily identify as heterosexual). One woman mentioned it’d be great to get basic trans-competent health care there too. The SHE clinic was mentioned by several women in the Aurora Commons area, and the only drawback was more availability of services (instead of one day a week).

Building Trust. A key factor in providing service to PWID and people living homeless will be ensuring that staff and volunteers are able to treat people as people and without judgment. It was noted by multiple community members and service providers that it will take time and resources to build trust with the community in the area due to the lack of presence in recent years. Some people reference local SPD officers as an example, where the officers that are nice to people get respect from the community and the officers that are not so nice tend to have a harder time with people in the area.

Sex Trade

Impact of Recent Policy Changes. People that work with individuals earning income through sex trade noted a potential correlation between SESTA/FOSTA passed in April and the HIV cluster in August among people who inject. (SESTA/FOSTA is an anti-trafficking law that has resulted in the shutdown of Backpage, Craigslist personals, and many online forums for sex workers to advertise.) They are seeing sex workers across the board experiencing greater risks for their sexual health and personal safety (less ability to screen clients, not able to turn down pushier clients about not using condoms, anal sex, etc.). Women who have a history of working on the street are now experiencing extreme economic hardship as younger women (who used to work online) are now flooding the street market. This puts them at a greater risk for HIV because they may be in less of a position to negotiate safer sex practices and in many cases are being asked to take on greater risk for less money which can lead them to work more to earn the same amount per month. If they also inject drugs, they may have to take on more risk. For example, they may need to split a shot in a used or shared syringe because they don’t have the cash to get their own. Several people mentioned syringes having a value on their own because of the lack of availability in the area.

Age and Location. Parts of Aurora where people, particularly women, engage in sex trade were noted as being separated by geographic area and age group. It was noted that women who appear older tend to work in the areas of Aurora between 80th up to 105th and women who appear younger tend to work in areas north of 125th. This was also observed as we spent time on Aurora. Several of the women we spoke with that appeared younger

were seen around the intersection of 125th and Aurora, whereas those that appeared older were in fact closer to 90th. The younger women we spoke with also mentioned not being from the Seattle area or leaving the Seattle area soon. Those that made such comments stated they were not terribly familiar with Seattle overall due to not being from the area. Southern California and Texas were a couple of specific locations these women mentioned coming from.

Contributed by: Jake Ketchum, Courtney Moreno, Francesca Collins, Noah Frank, Abby Ketchum