

19 December 2022

Councilmember Janeese Lewis-George
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
Washington, DC 20004

Councilmember Kenyan McDuffie
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
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Councilmember Robert White, Jr.
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
Washington, DC 20004

Councilmember Trayon White, Sr.
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
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cc: the Full D.C. Council, Mayor Muriel Bowser

Re: Swiftly introduce and advance #DecrimPovertyDC's legislative proposal at the top of 2023

Dear Councilmembers Janeese Lewis-George, Robert White, Kenyan McDuffie, Trayon White, and the full D.C. Council:

We, the 125 undersigned local and national physicians, harm reduction providers, public health experts, drug researchers and academics, and drug policy experts, along with 51 local and national public health-oriented organizations write to communicate our support for the efforts led by the #DecrimPovertyDC Coalition and their groundbreaking legislative proposal, *the District of Columbia Drug Policy Reform Act (DPRA)*. This proposed legislation would comprehensively shift the District's approach to drug use away from criminalization to an evidence-based, public health strategy. The DPRA would remove criminal penalties for drug possession of personal use quantities; establish much-needed 24/7 harm reduction centers that would provide overdose prevention services, drug checking services, and criminal record relief; and promote a host of other justice reform and public health-based provisions that would strengthen the city's harm reduction safety net and center life-saving interventions. **We urge D.C. Council to swiftly introduce and advance this legislation that would end the criminalization of Washingtonians for use or possession of personal use quantities of substances, and instead radically invest in expanding D.C.'s harm reduction infrastructure.**

In 2021, according to data from the Office of the Chief Medical Examiner of D.C, the District saw the highest overdose rates on record.ⁱ Nearly 600 Washingtonians died from accidental overdose deaths. Eighty-six percent of these deaths were of Black Washingtonians with Ward 5, 7, and 8 leading in fatal overdose deaths. The overdose mortality rate among Black Washingtonians is the highest in the country. At 107 deaths per 100,000 people, the Black overdose death rate is nearly 10 times higher than the white overdose mortality rate in D.C.ⁱⁱ **We are in a state of emergency that requires an urgent, systemic change to how the District addresses drug use and addiction.** We applaud the D.C. Council for moving to expand access to harm reduction supplies in 2020 by decriminalizing drug use equipment previously criminalized under the District's paraphernalia laws and allowing for community-based organizations to distribute "safe administration" kits. However, criminalization stands in the way of D.C. fully embracing a public health approach to the overdose crisis. We believe that the next step is to end the arrest and incarceration of people simply for possessing or using drugs while simultaneously investing in health and harm reduction services.

Drug criminalization is a barrier to treatment. Current drug prohibition laws make the mistake of associating drug use and drug possession with addiction when studies continue to demonstrate that 85 percent or more of drug users do not meet the criteria for addiction.ⁱⁱⁱ At the same time, we know that drug criminalization harms those who need and want treatment. Criminalization actively dissuades

people from getting help due to fear of arrest and experience of stigma from law enforcement, healthcare workers, and others. **Criminalization perpetuates the stigmatization of people who use drugs (PWUD), making it more difficult to engage them in treatment, health care, and other vital services that are proven to transform and save lives.**^{iv} Furthermore, incarceration significantly increases a person's chances of fatal drug overdose death. Compared to the general population, people returning to the community after incarceration are 40 times more likely to die from a fatal drug overdose within the first two weeks of release.^v Though this disparity is most extreme within the first two weeks post-release, formerly incarcerated people are still at 10 times greater risk even a year after release.^{vi} Drug decriminalization will reduce the number of PWUD in prison and remove fear and stigmas associated with seeking help, which will increase the number of people utilizing harm reduction or treatment services.

Drug criminalization worsens health outcomes by systematically locking people out of essential services. In addition to the trauma that arrest and incarceration carries – especially for people with substance use disorder (SUD) – people arrested for or convicted of drug law violations face a host of life-long consequences. These collateral consequences affect individuals' ability to get or maintain employment, occupational licenses, life-stabilizing public benefits, public housing, student financial aid, and more. These collateral consequences can exacerbate problematic drug use, disproportionately harming people already living at economic or social margins. Punishing people for using or possessing drugs by way of criminalization and then barring them from essential services is counterproductive and harmful to recovery journeys for those struggling with SUD.

There are serious racial disparities in D.C.'s enforcement of drug law violations. Although rates of reported drug use do not differ substantially across races, Black Washingtonians continue to carry the brunt of over-enforcement. Between 2017-2022, there were only 480 white people arrested for “opioid-related charges,” as opposed to 3,342 Black people.^{vii} That is a 596% difference. According to the DC Chief Medical Examiner—in 2021, Black communities experienced the highest drug-related deaths, accounting for 86% of drug-related deaths in the District (despite making up 43% of the population), and **the wards they occurred in track with the areas that are seeing the highest arrests. These enforcement disparities mean that more Black Washingtonians are arrested and incarcerated, are suffering from collateral consequences, and are at greater risk for fatal overdoses.** Racial disparities in D.C.'s enforcement of drug law violations contributes to some of the most profound racial and ethnic health disparities seen across the city.

Clearly, locking up Washingtonians for using drugs is a failed policy leading to harm. Removing penalties for drug possession would facilitate a divestment from the criminal legal system and an investment in public health by funding evidence-based interventions – such as investments in health care, education, housing, and lifesaving, non-coercive treatment services for those who want and need it – that can benefit our communities and help curb addiction.^{viii}

Drug decriminalization and harm reduction services save lives. Our drug policies have not resulted in reduced drug-related harms, like overdose or infectious disease, and have not led to a reduction in our drug supply. Instead, the drug war has compromised the health and safety of people who use drugs, their families, and their communities. In 1971, when the drug war was first declared, the US had slightly over one overdose death per 100,000 people.^{ix} Today, drug overdoses are the leading cause of accidental death in the U.S, with 28.3 overdose deaths per 100,000 people.^x Since the onset of the overdose crisis, we've lost over a million lives. **Accidental fatal overdoses were responsible for the deaths of 567 D.C. residents in 2021.**

We know that arrest and incarceration are not preventing drug overdose deaths, but overdose prevention centers (OPCs) are. OPCs save lives by providing PWUD with safe spaces to use substances under the supervision of trained health workers who are able to intervene if an overdose

occurs. Additionally, drug checking services help PWUD understand if fentanyl or other substances are in their drugs, thus reducing overdose death risk.^{xi} In November 2021, New York City became the first jurisdiction in the U.S. to open sanctioned OPCs. Since the opening of the two OPCs in New York City, OnPoint NYC has successfully intervened in [565 overdoses](#). OnPoint NYC has [serviced 1,906 OPC participants](#) and has had [42,304 OPC utilizations](#). OnPoint NYC has been able to intervene in more overdoses, without a single causality, than the number of fatal overdoses that have occurred in DC last year. DPRA would establish 24/7 harm reduction centers, which would host the same overdose prevention services as the groundbreaking New York centers, including safe consumption and drug checking services. **We urgently need to take advantage of these evidence-based interventions that save lives rather than punish people.**

Harm reduction services and drug decriminalization also stop the spread of bloodborne infections. People who inject drugs (PWID) are at an increased risk for certain viral bloodborne infections, including HIV and hepatitis.^{xii} One in five PWID worldwide have HIV, and over half of the world's PWID have hepatitis C.^{xiii} Twenty-four/seven harm reduction centers will employ evidence-based services, like the provision of sterile injection, smoking, and snorting equipment, that are proven to reduce behaviors associated with infectious disease transmission. Without access to SSPs, OPCs, or other harm reduction services, people who use drugs are often forced to share or reuse drug supplies. Syringe access programs in D.C. have decreased HIV infections by over 70 percent in two years,^{xiv} and expansion of these programs will protect more Washingtonians.

There has never been a more pertinent time to advocate for such monumental change. Recently released polling shows **that more than four out of five (83 percent) District of Columbia voters, including a majority of voters across all major demographic groups, support removing criminal penalties for possession of small amounts of drugs and investing in health services.**^{xv} The poll evaluated several components of #DecrimPovertyDC's legislative proposal, and while each component had widespread support, increasing funding for services and 24/7 harm reduction centers was almost universally favored by all voters, with **95 percent** and **93 percent** support respectively.^{xvi} Furthermore, right next door in Baltimore, Johns Hopkins University researchers measured Baltimore State Attorney Marilyn Mosby's policy to quit prosecuting drug possession over a 14-month study period and found no increase in citizen complaints, no increased threats to public safety, and almost no rearrests for serious crimes for those who had charges dropped.^{xvii} The people of D.C. are ready to stop criminalizing drug use and want to invest in evidence-backed harm reduction services that have repeatedly been shown to save lives. As their elected representatives, we call on you to stand up for them and introduce and pass the DPRA.

Our constituents and their families are impacted daily by the harms of drug criminalization, stigma, and a failure to center public health. **To save lives, use funds more efficiently, and re-imagine public safety and health, D.C. Council should urgently introduce and pass the DPRA.** We strongly support the #DecrimPovertyDC's effort to remove criminal penalties for personal use drug possession, establish 24/7 harm reduction center(s), address life-long consequences of convictions, and invest in life-saving and stabilizing support and resources instead of punishment.

Signed,

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AIDS United

A New PATH (Parents for Addiction Treatment & Healing)
Baltimore Harm Reduction Coalition
Berkeley N.E.E.D. (Needle Exchange Emergency Distribution)
Bronx Móvil
Center for Law and Social Policy (CLASP)
Center for Living and Learning
Chicago Recovery Alliance
Citizens Opposing Prohibition
Community of Hope
Damien Ministries
DanceSafe
The DC Center for the LGBT Community
DC Peace Team
Decriminalize Massachusetts
Drug Policy Alliance
Drug Policy Forum of Hawai'i
Duneys Defense
Faith in Harm Reduction
Fresno Barrios Unidos
GLIDE
Harriet's Wildest Dreams
HIPS
Human Impact Partners (HIP)
Intercambios Puerto Rico
International CURE
Maryland Peer Advisory Council
Mother's Outreach Network, Inc.
Movement for Family Power
NASTAD
National Council on Alcoholism and Drug Dependence- Maryland Chapter
National Harm Reduction Coalition
National Health Care for the Homeless Council
National Viral Hepatitis Roundtable
New Jersey Harm Reduction Coalition
The Ordinary People Society (TOPS)
The Porchlight Collective SAP
Roots of Strength, LLC
Signey Olson Health
SisterReach
SMYAL
Society for Maternal-Fetal Medicine
Southwest Recovery Alliance
Street Health DC
Talking Drum Incorporated
Texas Harm Reduction Alliance
VOCAL-WA
Washington AIDS Partnership
William C. Velasquez Institute (WCVI)
Yuba Harm Reduction Collective

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