

LESSONS IN TAKING DRUG POLICY REFORM LOCAL

“As mayors, we know that a shift away from punitive responses to drugs is possible. Our two cities, like communities large and small across the country, bear the burden of a half-century of disastrous drug policies that have wrought two epidemics: Mass incarceration and skyrocketing overdose deaths. As people elected to serve, we have a moral obligation to do something different, something better.”

—Mayor Alan Webber, Santa Fe, NM and Mayor Svante Myrick, Ithaca, NY¹

THE PROBLEM

Communities of all sizes across the U.S. are staggering under the weight of half a century of failed federal, state and local drug policies. The war on drugs has cost the nation more than one trillion dollars, exacerbated racial injustices, and torn families apart through the routine criminalization of communities of color and the deportation of immigrants.² Despite the decades-long drug war, overdose is now the leading killer of Americans under the age of fifty-five.³ Of the 1.6 million arrests for drug law violations in 2017, over eighty-five percent were solely for possession.⁴

The overdose crisis has impacted communities of all sizes and geographic locations, and stakeholders are desperate for more effective strategies that take into account the root causes of the crisis.

The federal government remains mired in its ineffectual response, while leadership at the state level is often lacking. But people in local communities most impacted by drug use and deeply flawed public policies can step forward to make a difference.

THE SOLUTION

A MUNICIPAL DRUG STRATEGY: By taking decisive action through the Drug Policy Alliance’s Municipal Drug Strategy (MDS) framework, local jurisdictions have the opportunity to begin repairing the damage

of the decades-long war on drugs and to develop and implement a more compassionate, and ultimately, more successful response.

Unlike “zero tolerance” and abstinence-based approaches, a MDS focuses on significantly reducing drug-related and enforcement related harms to individuals who use drugs—whether they struggle with addiction or not—as well as to their families and communities as a whole.

A shift in philosophy is at the core of an MDS. Governments at all levels have traditionally treated people who use drugs as criminals in need of punishment, which often leads to violations of their civil and human rights. A MDS challenges communities to focus, instead, on mitigating the harm to public health and safety caused by problematic drug use and address the root causes of problematic drug use.

Solutions and interventions to pressing societal problems, when designed at the local level, reflect the unique character of a community and its people. When there is buy-in from the community, the impact of such interventions is more effective and felt more immediately. Proactive engagement of all stakeholders, especially those most impacted by drug policies, ensures that the focus is on achieving the most positive outcomes for the greatest number of people in these communities.

CITY AND/OR COUNTY EXAMPLES: The MDS model was first pioneered as a public health measure in Europe as early as the 1980’s.⁵ The Frankfurt Resolution, signed by thirty-four cities in ten countries, detailed a new approach to handling problematic drug use, recognizing that current drug policies only amplified its negative consequences.⁶

The “Frankfurt Way” included the introduction of several innovative approaches over the subsequent two decades, including:

- Creation of “low-threshold drop-in centers” to provide information on safer use, sterile syringe access, and support for preventing the spread of disease and infection.
- Opening of supervised consumption services (also known as safer injection facilities) to promote public health.
- Medically controlled provision of heroin to patients who have not responded to opioid substitution therapy using synthetic alternatives, also known as heroin-assisted treatment.
- Programs to assist with housing and employment, proactive social work, and early intervention programs for youth.

The results have been nothing short of spectacular, revealing significantly lower rates of crime and problematic drug use—along with a parallel improvement in public health outcomes, including major reductions in rates of overdose, HIV/AIDS, and hepatitis C.⁷

Vancouver, B.C. In 1997, Vancouver, B.C. declared a public health emergency after booming drug and sex-trade economies led to an HIV epidemic.⁸ Shifting to balance public order and public health, in 2000-2001 Vancouver completed and adopted an integrated drug strategy called *A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*, calling for initiatives including supervised drug consumption services, expanded addiction treatment (including heroin-assisted treatment and educational resources), and new policing strategies, including a focus on community policing and diversion programs.⁹

Ithaca, New York. In February 2016, Ithaca, New York, made history when it launched the first Municipal Drug Strategy in the U.S., modeled on the success of Frankfurt. Recommendations to improve Ithaca’s response included opening an Office of Drug Policy, implementing more educational programming, training law enforcement and health professionals, adding more treatment resources and facilities, adding Housing First programs, increasing job programming, passing Ban the Box legislation, and implementing processes to monitor and address socioeconomic outcomes.¹⁰

Santa Fe, New Mexico. In 2017, Santa Fe announced support for a MDS based on that of Ithaca. The Santa Fe City task force is in the process of making recommendations that include: treatment-on-demand programming, community-based drug checking services to prevent overdoses, prohibiting city resources from being devoted to enforcing possession of drugs and paraphernalia for personal use, and advocating for expanded access to Pre-K programming.¹¹

San Francisco, CA. Although San Francisco has not formally engaged in a MDS process, the city has a long history of focusing on harm reduction and the needs of people who are involved with drugs. Strategies undertaken in the city include easily accessible health-care services for active drug users, sup-

portive services for clients in treatment, street outreach, syringe exchange programs and cleanup efforts, treatment-on-demand programs, and equipping police with naloxone to reverse the effects of opioid overdose.¹²

POLICY ISSUES

Although each local jurisdiction will end up with their own set of policy solutions to address their community’s needs, a strong MDS would include some combination of the following policies.

- Pre-booking Diversion Programs
- Medication-Assisted Treatment (MAT) in Jails and Emergency Rooms
- Access to Naloxone in the Community and By Law Enforcement
- Supervised Consumption Services
- Free Public, Community-Level Access to Drug Checking Services
- Comprehensive, Evidence-Based Health and Harm Reduction Curriculum for Youth in Local School Districts
- Housing First/Wet Housing. These models provide individuals and families quick connections to permanent housing without preconditions and barriers to entry.
- Equitable Development. A growing body of evidence suggests that communities in economic distress register higher incidences of drug overdose deaths than those that have more economic opportunities.¹³ Examples: creation and retention of jobs, mentorship programs for youth and adults with criminal records with local businesses, and subsidized child-care for parents in the workforce.
- Early Childhood Development. Data suggests that children who have high quality early childhood support and education experience long-term health benefits, including less problematic drug use later in life.¹⁴ Examples include: parenting support, universal pre-k, and social and emotional skill building.

Additional policy solutions can be found in the Drug Policy Alliance’s report, *Municipal Drug Strategy: Lessons in Taking Drug Policy Reform Local*. This report lays out a roadmap for how U.S. cities of all sizes can address the harms of both drug use and the failed war on drugs, such as mass incarceration and the overdose crisis.

Co-authored by the Drug Policy Alliance

