Municipal Drug Strategy:

Lessons in Taking Drug Policy Reform Local

Prepared By:

Drug Policy Alliance
131 West 33rd Street
15th Floor
New York, NY 10001

drugpolicy.org

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Executive Summary

Communities of all sizes across the United States 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.

Despite the decades-long drug war, overdose is now the leading killer of Americans under the age of fifty. The drug war compounds the problem by driving people who use drugs underground, away from needed help. Of the 1.6 million arrests for drug law violations in 2017, over eighty-five percent were for possession only.

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

They are building local drug reforms with key stakeholders from their communities, with a focus on moving away from punitive approaches and instead helping people who are involved with drugs to survive and eventually thrive. Individually and collectively, communities are finding humane ways to resist the resurgence of the failed drug war – and to instead prioritize effective treatment, harm reduction, and destigmatization of people who are involved with drugs.

This white paper offers a proven alternative approach: a framework for implementing new coordinated policies rooted in harm reduction and human rights at the local level – where they are most likely to have the greatest impact. Throughout the paper, we will refer to this specific approach as a "Municipal Drug Strategy". The experiences of municipalities in Europe and Canada, and more recently the United States, provide compelling, measurable and quantifiable evidence of the positive impact of a Municipal Drug Strategy.

A Municipal Drug Strategy is based on two key premises. First, that a punitive, criminal justice-driven response to people who are involved with drugs fails to meet the needs and respect the rights of these individuals, their families and their communities. Second, that those who are closest to the harm and suffering arising from a flawed drug policies and problematic drug use are best placed to implement solutions.

This paper provides an overview of the principles and elements of a Municipal Drug Strategy and includes brief case studies from cities of varying sizes that have adopted this approach in the United States. It also offers a framework for local jurisdictions interested in undertaking a municipal drug strategy.

This framework is based on a decade of work by the Drug Policy Alliance, identifying and building the elements of such a strategy. This work has been undertaken with local partners and government officials in a number of cities across the United States, such as Ithaca (NY) and most recently in Santa Fe (NM). The goal is to craft comprehensive drug policy reforms that promote public health, safety, and the dignity and rights of people who use drugs or are impacted by drug use.

Municipal approaches undertaken in Europe and Canada since the 1980s have led to significantly lower rates of problematic drug use and crime – and a parallel improvement in public health outcomes, including an extensive reduction in HIV/AIDS rates, hepatitis C rates and overdose deaths. While U.S. cities have lagged in adopting Municipal Drug Strategies as compared to their European and Canadian counterparts, the time is ripe for U.S. cities to shift their approach to one that is more humane, effective and socially just.

Why is Going Local So Important?

"…(L)ively, diverse, intense cities contain the seeds of their own regeneration, with energy enough to carry over for problems and needs outside themselves."
— Jane Jacobs, *The Death and Life of Great American Cities*[1]

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 are 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.

At the state and federal level, problematic drug use often becomes a matter of statistics, trends, spreadsheets and inflammatory rhetoric. Communities, on the other hand, understand first-hand the drivers of problematic drug use and its impact on individuals, families, neighborhoods, first responders, health professionals and resources. The drive to identify and implement effective solutions springs from those who understand the challenges most intimately. Communities of all sizes are already working together to navigate such multi-layered issues as environmental sustainability, homelessness, and the tensions around economic inequality and gentrification.

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. With a Municipal Drug Strategy, communities can devise and implement local solutions to problematic drug use that respect human and civil rights.

This approach represents a significant shift for cities, suburbs, towns and even rural counties that have been tethered to punitive, abstinence-focused drug policies at the state and federal levels. By taking decisive action through Municipal Drug Strategies, 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. In doing so, they are also helping to shift the political context, positioning municipalities at the center of innovation in solving complex large-scale public problems. Cities can lead the way for state and federal change.

A Municipal Drug Strategy is founded on the premise that cities know the contours of their own problems, and are therefore best positioned to craft meaningful solutions to those problems. This is as true of challenges related to problematic drug use as it is to issues of traffic management and zoning.

A Municipal Drug Strategy offers locally-based solutions that can:

- Promote policies rooted in science, compassion, human rights, racial justice, and public health.
- Respect the welfare and dignity of people who use drugs.
- Be developed by listening intentionally to the local community and in consultation with those who will be most impacted by the proposed changes, including people who use drugs.
- Prioritize the health and well-being of people who are involved with drugs and the community over costly and racially biased approaches focused on criminalization.
- Elevate treatment models that are person-centered and non-coercive.
- Promote innovative, evidence-based harm reduction services to reduce overdose deaths and drug-related illnesses.
- Focus on providing social supports and treatment to people where they are, when they need it.
- Break the chain of individuals cycling in and out of the criminal justice system without voluntary access to treatment or the necessary social support to address problematic drug use.
- Reduce the devastating consequences to families of people stuck in the revolving door of the criminal justice system because of their drug use.

What is a Municipal Drug Strategy?

"Our drug policies should not be driven by moral judgments but by the goal of improving the health and safety of individuals, families, and communities."
— Blueprint for a Public Health and Safety Approach to Drug Policy (New York Academy of Medicine and the Drug Policy Alliance)[2]

Unlike "zero tolerance" and abstinence-based approaches, a Municipal Drug Strategy 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.

The process for devising a Municipal Drug Strategy is inclusive and participatory. Stakeholders are challenged to focus on comprehensive, coordinated approaches that center harm reduction, public health, public safety and the rights of people who use drugs. A Municipal Drug Strategy looks upstream to identify and address issues of mental health, homelessness, joblessness, racism and discrimination, lack of access to education, incarceration, and other factors that may drive problematic drug use. An effective Municipal Drug Strategy requires strong buy-in from a broad range of stakeholders, including people who use drugs.

In this way, a Municipal Drug Strategy differs from a drug policy reform campaign focused on a specific issue such as supervised consumption services (a safe consumption initiative would typically be just one component of a more comprehensive and far-reaching Municipal Drug Strategy). And unlike the occasional city or county level task forces mobilized on an *ad hoc* basis in response to a public outcry, Municipal Drug Strategies are a long-term commitment. The layers of work involved in constructing a Municipal Drug Strategy provide a strengthened foundation for community problem-solving overall. Impacted populations are encouraged and supported in taking greater responsibility for their own health and social well-being. Strategic coordination reduces costs by eliminating ineffective and duplicative services.

The result is greater community resilience and an expanded capacity to successfully address the social, cultural and economic problems that fuel problematic drug use and the personal and social problems that spring from it.

At the core of a Municipal Drug Strategy is a shift in philosophy. Governments at all levels have traditionally treated people who use drugs as criminals in need of punishment, which often leads to violations of their rights. A Municipal Drug Strategy 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. Equally important is the focus on protecting the rights and health of people who are involved with drugs, their families, and their communities.

By pulling together diverse stakeholders in a coordinated, comprehensive effort, communities can guide this collective, philosophical shift toward a balanced public health and human rights approach. The goal, ultimately, is to create safer, healthier communities while upholding the rights and dignity of people who use drugs.

This coordinated strategy engages multiple sectors, working together in the interest of transforming drug policies and improving public health. It is important to note that some communities have previously adopted a multi-sector approach to drug policy, but they have typically fallen short of a truly comprehensive strategy. In some instances, they have been dominated by a coercive, law enforcement-driven and/or an abstinence-only framework that measures success by abstinence, treatment engagement, and arrests rather than health and well-being indicators. In a Municipal Drug Strategy model, all stakeholders come together around the goal of harm reduction in the interest of public safety, health and human rights.

A Municipal Drug Strategy is often organized around four core domains:

i. Prevention
ii. Treatment
iii. Emergency response/Public safety
iv. Harm reduction

These four areas represent an attempt to organize, categorize and coordinate policies and practices addressing the various aspects of drug use. This model recognizes that a key challenge to making public health gains is that service providers, policymakers, public safety personnel, and community advocates do not all have a shared understanding of problematic drug use as a public health issue.

For fifty years, the criminal justice approach has prevailed. As a result, stakeholders who should be working together to resolve these difficult issues are often in adversarial relationships that diminish their ability to benefit those affected by addiction and other drug misuse. Historically, drug policies have been bifurcated, with one pole focused on a criminal justice

response and another focused on the treatment of people struggling with addiction. Both of these tactics tend to intervene at the level of the individual, failing to take into account the larger environmental, community, family and economic contexts that contribute to drug use.[3]

By integrating the domains of prevention, treatment, emergency response/public safety, and harm reduction, local government can shift away from harmful approaches that have proven to be largely ineffective, costly, and even detrimental – and toward policies that achieve results and are truly centered on public health and human rights.

Pre-Emption and the Power of Local Governments to Enact Laws

Local governments have broad powers to enact laws and regulations to protect public health, welfare and safety within its boundaries (known as police powers) so long as they are not pre-empted by state or federal laws. Local laws and ordinances enacted in the exercise of police power are rarely struck down on the grounds that the subject matter is not within the scope of municipal police power. The restriction on a locality's exercise of power depends on whether a proposed ordinance is pre-empted by state or federal law and requires a legal analysis based on the proposed local action and the state or federal laws that are potentially implicated.

Local governments can determine their own enforcement priorities and have broad latitude to enact reforms to reduce the harms of problematic drug use and punishment. For example, a Law Enforcement Assisted Diversion program is not preempted by state law as local law enforcement, and prosecutors have the discretion to arrest and charge an individual or to refer them to a diversion program. In addition, for decades cities have already enacted policies making marijuana offenses the lowest law enforcement priority.

In the context of reforming at a local level, as recommended in this paper, it is important to acknowledge that some things may run afoul to state and federal laws, but each case should be assessed individually by the facts and the law.

A Brief History of Municipal Drug Strategies: "The Frankfurt Way"

"Cities experience social phenomena and the expression of tensions connected with them immediately. But it is also there that a true social dialogue can materialize and take influence on the situation that affects all citizens of the community more or less directly on a day-to-day basis. Therefore, local approaches are important particularly on account of their proximity to the problem and the fact that responses may be implemented, experienced and understood immediately. Also, financial and personal resources can be applied more speedily and effectively at local levels, an argument that becomes more and more important as drug policy also has to be increasingly 'cost-effective' and the enormous local budgets for drug policy we have seen in the early nineties are being cut down or redistributed". (Susanne Schardt, The Frankfurt Way, *2001)*[4]

The 2,000-year-old city of Frankfurt, Germany, is a global hub of commerce, tourism, and culture with a core population of more than 700,000 and a metropolitan-area citizenry that exceeds two million people. Today, the city also is a global model of drug policy that emphasizes harm reduction and public health. But it hasn't always been this way.

The city's drug scene emerged openly in the 1960s and 1970s, and by the late 1980s, the problems surrounding it had compounded dramatically. People who use drugs congregated near the city's main transit station, and syringes and drug paraphernalia littered the city. HIV/AIDS and hepatitis C spread rapidly among people who injected drugs. Overdose deaths rose, despite aggressive policing and a fervent emphasis on promoting abstinence.[5]

Unsatisfied with responses at other levels of government, representatives from cities across Europe convened in Frankfurt in 1990 with a goal to chart a new way forward. There, the cities of Frankfurt, Amsterdam, Hamburg, and Zurich became the first signatories of the Frankfurt Resolution. Thirty-four cities in nine European countries and Israel later followed their lead.

The Frankfurt Resolution detailed a new approach to handling problematic drug use, recognizing that current drug policies only amplified its negative consequences. It declared: "A drug policy which attempts to combat drug addiction solely by criminal law and compulsion to abstinence and which makes motivation for abstinence the prerequisite for state aid has failed ... A dramatic shift in priorities in drug policy is essential."[6]

The "Frankfurt Way" of addressing problematic drug use included the introduction of several innovative approaches over the subsequent two decades, including:

- Multi-agency, interdisciplinary cooperation in drug-policy development.
- 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.
- Programs to assist with housing and employment for those dealing with the effects of problematic drug use.
- Medically controlled provision of heroin to patients who have not responded to opioid substitution therapy using synthetic alternatives, also known as heroin-assisted treatment.
- Early intervention programs for youth, including a strong focus on prevention education around alcohol consumption and drunk driving.
- Specific strategies to target growing crack cocaine consumption.
- Proactive social work and support for policies that address the physical and social needs of vulnerable populations.
- Consistent research and analysis to continuously improve service to the community.

As Dr. Heino Stöver of Frankfurt's University of Applied Sciences wrote: "In short the 'Frankfurt Way' represents an adjusted and balanced approach of all agencies involved in drug policy and practice in the municipality. Thus, it is a participatory, consensus-based process of integrated local drug policy which survived many political changes and therefore serves other municipalities as an example of sustainable drug policy."[7]

By 1999, overdose deaths in the city of Frankfurt had dropped to 26 from their high of 147, and crime rates related to problematic drug use had also declined.[8]

Zurich, Switzerland saw similar results with the roll-out of a pragmatic harm reduction response that included free methadone services, heroin-assisted treatment, and syringe exchange programs. Ten years later, HIV rates in people who inject drugs was reduced by over 50% and overdose mortality among people who inject drugs also dropped 50%.[9]

With 30 years of experience in managing drug policy and strategy at the municipal level, Frankfurt and Zurich provide a well-documented model for other communities seeking to emulate those cities' success.

Spain also provides a potential roadmap for how local jurisdictions in the U.S. can implement cutting-edge drug policies. Over the years certain autonomous communities in Spain have been able to push the boundaries of drug policy reform, at times in the face of opposition to the central Madrid-based government, or at times without its express approval. While not every autonomous community has taken an approach that deviates from national level policy, and not every innovative reform has been rejected by Madrid, communities like Catalonia, the Basque Country and Andalusia have engaged in processes of bottom up policy development. Interventions include supervised consumption spaces, heroin-assisted treatment, take-home methadone, opioid substitution and syringe programs in prison, mobile methadone clinics, and drug checking services.[10]

Ruth Dreifuss, the former Swiss president and interior minister from 1993-2002 – and now the chair of the Global Commission on Drug Policy – has stated, "We had to change perspective and introduce the notion of public health. We extended a friendly hand to drug addicts and brought them out of the shadows."[11]

Case Studies: Municipal Drug Strategies Work for Communities of All Sizes

The philosophy and process of a Municipal Drug Strategy may be adapted to the needs of communities of all sizes, whether rural enclaves, suburban centers, or large metropolitan areas.

Vancouver, Canada

"Cities can provide support for vulnerable populations directly, facilitate services for those in need, encourage dialogue and communication, build capacity, advocate to other orders of government, regulate issues, and act as a role model. These seven approaches were seen as central elements to the Vancouver Drug Strategy." – Anthony Piscitelli, "Learning from Ontario's municipal drug strategies," Journal of Community Safety & Well-Being, 2017[12]

In 1997, Vancouver, British Columbia, declared a public health emergency after booming drug and sex-trade economies led to an HIV epidemic. 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. At the time, the Vancouver approach was considered one of the boldest municipal drug policy reforms in North America. The implementation of a supervised drug consumption service site alone is credited with a 35 percent reduction in fatal overdoses in the area around the facility.[13] The result of Vancouver's comprehensive approach was a dramatic reduction in public drug use, overdose deaths, and rates of HIV and hepatitis C infection.

After Vancouver's experience, other municipalities across Canada, such as Toronto and Ontario, implemented their own integrated drug strategies.

Other than the significant improvements in public health, the biggest takeaway from the Vancouver experience is that it is critical to make sure that the approach and strategies don't slip away over time with changes in political leadership. Many of the advocates and politicians credited with Vancouver's *The Four Pillars*, including Philip Owen, mayor of Vancouver from 1993-2002, feel that succeeding municipal leadership has not supported the integrated drug policy strategy introduced in 2000.[14]

It should be noted that overdose deaths rates in British Columbia have increased over the past three years. This spike has been attributed to fentanyl.[15] However, the United States has the highest rates of overdose deaths in North America and the world.[16] Revisiting a Municipal Drug Strategy focused on opioids, and specifically, fentanyl, would be sensible given the dramatic change in overdose deaths.

"Somebody has to keep the pressure up. Otherwise, I think were' going to drift. As governments worry about budgets, we may lose ground. We may lose some of the ground we've gained." – Donald MacPherson, author of The Four Pillars *and Executive Director of the Canadian Drug Policy Coalition[17]*

Ithaca, New York

"People are dying and suffering in our city – because of the harms associated with drug use, yes – but also because of the failed tactics of an expensive drug war that has driven mass incarceration, served as a tool of oppression and racism, and has not improved outcomes. If we continue to do what we've done for the last 40 years, people will continue to die and suffer. I wanted to do something different here in Ithaca, something better. By devising and implementing a smart, coordinated strategy, cities can stem the harms associated with both drugs and failed drug policies." – Ithaca Mayor Svante Myrick

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. Mayor Svante Myrick, working in partnership with the Drug Policy Alliance, pulled together a group of local stakeholders with the goal of thinking differently about drugs and drug policies. From those talks, the community agreed to move forward with a Municipal Drug Strategy approach and established the Ithaca Municipal Drug Policy Committee (MDPC).

The MDPC solicited broad community input, including focus groups, panel discussions, and interviews – with more than 350 residents weighing in on the plan. The final report, *The Ithaca Plan*, made national news, including the front page of the *New York Times*.[18]

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.[19]

As a result of *The Ithaca Plan*, the city has had a dramatic expansion of opioid-agonist treatment providers and fentanyl testing is now available. The city has also laid the groundwork for a Law Enforcement Assisted Diversion (LEAD) program and stands poised to be one of the first cities to open a supervised consumption space in the U.S.

As a competitor in the Bloomberg Mayors Challenge competition, Bloomberg Philanthropies awarded Ithaca up to $100,000 to prototype key parts of the Ithaca Plan, including creating an Office of Drug Policy in the Mayor's office and opening a supervised consumption space.

Santa Fe, New Mexico

"This isn't a problem we can solve by simply declaring a new, top-down policy. It has to be something we take on together, and the strategy has to come from the community. From harm reduction, to public safety, to prevention, to treatment, there is a huge range of expertise already developing in Santa Fe, and to find success we will need every one of those voices at the table. So we're doing what we often can do best – bringing people together." – Former Santa Fe Mayor Javier Gonzales[20]

In 2017, Santa Fe's former mayor Javier Gonzales announced his support of a Municipal Drug Strategy task force based on that of Ithaca. Subsequently, the Santa Fe City Council passed a resolution creating the task force. Priorities listed for the task force include implementing non-punitive treatment-on-demand programs, expanding economic development, and exploring new, evidence-based treatment strategies.

Santa Fe's new mayor, Alan Webber, is prioritizing the Municipal Drug Strategy work. Santa Fe is an ideal municipality to engage in this work as Santa Fe had already started the second Law Enforcement Assisted Diversion (LEAD) program (a pre-booking diversion program) in the nation, after Seattle, WA. Four years later, evaluation results indicate significant cost savings to the city, a reduction in heroin use, more stable housing and that participants in the LEAD program spend fewer days in jail than those not in LEAD.[21]

As a result of the evaluation and the ongoing concerns regarding overdose deaths and the lack of treatment and harm reduction services, the city is interested in expanding municipal strategies that address problematic drug and alcohol use.

San Francisco, California

Although San Francisco has not formally engaged in a Municipal Drug Strategy process as described in this paper, the city has a long history of focusing on harm reduction and the needs of people who are involved with drugs. The San Francisco case study is included here as it is a story of grassroots activism driving a city's development of municipal-based drug policies and practices.

Strategies undertaken in the city include easily accessible health-care services for active drug users, supportive 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. In 2018, the city's Department of Public Health expanded their Street Medicine Team by adding new clinicians to offer street-based buprenorphine treatment. Progress has been possible because stakeholders share a common goal: to reduce substance-related harm and improve lives.

The results of these initiatives have been transformative: San Francisco's syringe access programs have been credited with the city's virtual elimination of pediatric AIDS cases. Arrests for drug-related offenses have declined. Moving forward, the city is well-situated to be a leader in implementing comprehensive drug policy reform and effective treatment models and to finish the critical work it has already started. It is poised to become one of the first cities in the United States to implement safe drug consumption services, as part of a broader strategy to reduce overdose deaths and improve access to drug treatment.[22]

Core Principles of a Municipal Drug Strategy Process

The first step in undertaking a Municipal Drug Strategy is for a locality to expressly acknowledge and reject past failures of drug policies and commit to a comprehensive, coordinated community strategy. It should be noted, however, that this first task can be extremely difficult to do as entrenched systems are hard to dismantle or reform.

A Municipal Drug Strategy is not simply a reboot of existing processes. It is an entirely new framework that is rooted in harm reduction and recognizes problematic drug use as, first and foremost, a matter of public health, safety, and human rights. All stakeholders must understand the core characteristics of a Municipal Drug Strategy approach that are fundamental to its success. An effective Municipal Drug Strategy in the U.S. is:

- **Rooted in Harm Reduction**

Harm reduction is the governing philosophy guiding any Municipal Drug Strategy process. It is a public health philosophy and intervention that seeks to reduce the harms associated with drug use and ineffective drug policies. A basic tenet of harm reduction is that there has never been, and never will be, a drug-free society. Virtually every society has used drugs, from opium to alcohol, caffeine, and even chocolate. People use drugs for many different reasons, and abstinence is not a realistic option for everyone, particularly in the short term. The harms of drug use can be reduced through a public health lens, using accurate, fact-based education, drug-related illness and injury prevention, and effective treatment for problematic use. The philosophy of harm reduction is based on a foundation of respect for the dignity and rationality of the people most impacted by problematic drug use and drug policies.

- **Committed to Upholding the Rights, Well-Being and Dignity of People Who Use Drugs and Engaging Them in Policy Development**

A pervading concern for the human rights and dignity of people who use drugs has guided reforms in Municipal Drug Strategy campaigns. People who are directly impacted by failed drug policies must have meaningful engagement in the process of planning and building for a new and different approach. Policy recommendations should reject involuntary and quasi-compulsory treatment as ineffective and inconsistent with respect for personal autonomy. Equally important is the focus on

protecting the rights and health of people who are drug involved, their families, and their communities.

- **Rooted in Racial Justice**

The drug war has produced profoundly unequal outcomes across racial and ethnic groups in the U.S., manifested through racial discrimination by law enforcement and disproportionate drug war misery suffered by communities of color. Federal government data estimates that forty-nine percent of white Americans age twelve or older have used illegal drugs in their lifetime, compared to 42.9 percent of black people. Nevertheless, people of color are far more likely to be stopped, searched, arrested, prosecuted, convicted and incarcerated for drug law violations than white people.[23] The lifelong penalties and exclusions that follow a drug conviction have created a permanent second-class status for millions of Americans, who may be prohibited from voting, being licensed to practice many professions, receiving public assistance, accessing job opportunities, keeping custody of their children, and otherwise engaging in their community. Municipal Drug Strategies recognize these highly discriminatory policies and practices and are rooted in an unwavering commitment to racial justice and the equal protection of the law.

- **Committed to Recognizing Drug Use as a Public Health Issue**

A Municipal Drug Strategy recognizes that problematic drug use is an issue of public health that cannot be effectively addressed through the criminal justice system. The criminal justice system has failed to support, assist or treat people who struggle with problematic drug use. A 2007 study in the *Journal of the American Medical Association* noted that of the nearly 7.1 million adults in the U.S. who are under some form of criminal justice supervision, about half were drug-dependent. Of those, eighty to eighty-five percent of prisoners who could have benefited from drug treatment did not receive it – leaving them vulnerable to relapse and re-imprisonment. Criminalization does not deter people from engaging in problematic drug use, while exacerbating the kind of social exclusion that frequently puts people at a high risk of developing problematic drug use in the first place.[24] A Municipal Drug Strategy works to comprehensively identify and remedy drug issues through a robust blend of interventions aimed at treatment, prevention, and harm reduction.

It also should be noted that while drug use can be problematic for some people, others can use non-problematically. According to Dr. Carl Hart, a neuro-psychopharmacologist at Columbia University, 10 to 20 percent of people who use drugs will struggle with problematic use. That also means that, "80 to 90 percent of people who use illegal drugs are not addicts. They don't have a drug problem. Most are responsible members of our society. They are employed. They pay their taxes. They take care of their families."[25]

- **Committed to Understanding Social Determinants of Health**

A Municipal Drug Strategy must be committed to understanding the social determinants of health in their own community and generating policies aimed at positively influencing social and economic conditions.

Community and individual health is impacted by access to social and economic opportunities, transportation, literacy, housing, quality of schooling, early childhood education, and safe social and physical environments, among others.

- **Evidence-Based**

The policies that come from a Municipal Drug Strategy must be grounded in accurate, rigorous, thorough, unbiased, culturally-competent and ethical research and informed by the experiences of those directly impacted.

- **Comprehensive**

The comprehensive nature of a Municipal Drug Strategy means it embraces the concerns and involvement of many core stakeholder groups that can be disrupted by problematic drug use and ill-conceived drug policies. These stakeholders include, but are certainly not limited to, families, first responders, the business community, teachers and schools, social service providers, medical personnel, public safety and police officials, government leaders, and people who are involved with drugs, problematically or otherwise.

- **Coordinated**

A networked, multi-sector process creates a web of strategies that can effectively break down silos and strengthen the interface among all sectors of the community impacted by problematic drug use and drug policies. Coordination among community sectors and stakeholders ensures solutions address the various ways that problematic drug use and drug policies can harm people beyond just the user.

Ithaca's Municipal Drug Strategy: Guiding Principles

1. **Policy proposals should be developed in consultation with those who will be most impacted by the proposed changes – in this case, people who previously used or currently use drugs, as well as the people living and working in communities hardest hit by drug use, the illicit drug trade, and our policy responses to it.**

2. **Policy proposals should be based on the best available evidence about need and effectiveness.**

3. **Complex social problems, like drug use, will only be solved by addressing both upstream and proximate causes and employing both structural and short-term solutions. To succeed, we must engage multiple sectors of society, including government, business, academia, health, social services, treatment, and religious institutions, as well as community members.**

4. **Different communities and groups of people have different needs and priorities. Therefore, policies must be able to take into account different local and cultural contexts.**

5. **Existing service systems too often operate in silos, and strategies that work across and integrate these isolated entities are desperately needed.**

Model Municipal Drug Strategy Policies

"Most local governments have some police power to protect public health, and they have the discretion to implement programs that are supported by reasonable evidence of effectiveness in combating existing health threats." Leo Beletsky, et al. *The Law (and Politics) of Safe Injection Facilities in the United States*[26]

Although each local jurisdiction will end up with their own set of policy solutions to address their community's needs, below are recommended Municipal Drug Strategy model policies.

1) Reducing the Role of the Criminal Justice System in Responding to Drug Use

- **Decriminalization of drug use and possession**

Decriminalization refers to a policy of ending criminal penalties for drug use and possession as well as the elimination of criminal penalties for the possession of equipment used to introduce drugs into the human body, such as syringes. Ideally, drug decriminalization entails the elimination of all punitive, abstinence-based, coercive approaches to drug use. The intent of decriminalization is to remove legal barriers that prevent people who use drugs from seeking help. Drug decriminalization is a critical next step toward achieving a rational drug policy that puts science, public health and human rights before punishment and incarceration. Decades of evidence has clearly demonstrated that decriminalization is a sensible path forward that would reap vast human and fiscal benefits, while protecting families and communities.[27]

Several countries have experience with decriminalization, most notably Portugal. The Portuguese policy emerged in reaction to an escalation of problematic drug use – in particular unsafe injection drug use and its impact on public safety and health. While overall prevalence rates of drug use and drug-related illness in Portugal have always been on the lower end of the European average, in 1999 Portugal had the highest rate of drug-related AIDS in the European Union and the second highest prevalence of HIV among people who inject drugs, and drug-related deaths were increasing dramatically. In 2001, Portuguese legislators enacted a comprehensive form of decriminalization – eliminating criminal penalties for low-level possession and consumption of all drugs and reclassifying these activities as administrative violations. Today in Portugal, no one is arrested or incarcerated for drug possession, many more people are receiving treatment, and there is a reduced incidence of HIV/AIDS and drug overdose – all

without any significant increases in rates of crime or drug use.

Recently, Toronto's chief medical officer called for the decriminalization of drugs to try to stem the surge in opioid overdose deaths in Canada. The members of Canada's Liberal party also voted to include it in their party platform.[28] Although decriminalization of drug use and possession is formally a state level reform, cities and local governments should explore the possibility of reforming city ordinances to make possession a civil infraction and the lowest law enforcement priority. This process is not unlike what cities around the country have done in the case of marijuana possession. And, finally, prosecutors have discretion on whether to charge someone for drug possession. Prosecutors in local jurisdictions engaging in a Municipal Drug Strategy should consider declining to prosecute certain drug possession offenses.

- **Law Enforcement Assisted Diversion (LEAD)**

LEAD is a pre-booking diversion program that establishes protocols by which local police divert people away from the criminal justice route of arrest, charge and conviction into a health-based, harm-reduction focused intensive case management process. In these programs, the individual receives support services ranging from housing and healthcare to drug treatment and mental health services. Evaluation results from LEAD programs show that they are working; from reductions in recidivism back into the criminal justice system to improved health and social outcomes to significant savings.[29] Municipalities should create and implement LEAD programs and states and the federal government should provide dedicated funding for such programs.

- **911 Good Samaritan**

"Good Samaritan" laws provide limited immunity from prosecution for specified drug law violations for people who summon help at the scene of an overdose. But, protection from prosecution is not enough to ensure that people are not too frightened to seek medical help. Other consequences, like arrest, parole or probation violations, and immigration consequences, can be equal barriers to calling 911.

2) Access to Treatment

- **Treatment-on-Demand**

Today in the U.S., people who are suffering from problematic drug use and who want and are ready to access treatment are faced with serious barriers, including long waiting lists, high treatment costs, funding cuts, and lack of appropriate treatment services in their community. There is a need for treatment-on-demand policies at a local level that create immediate access to drug treatment for anyone who needs it, without emphasizing punishment. Findings from San Francisco, CA's initiative, "suggest that access to treatment improved with implementation of a treatment-on-demand policy."[30]

- **Drug Replacement and Maintenance Therapy**

Drug replacement and maintenance therapy, otherwise known as medication assisted treatment (MAT) have a long history of providing individuals struggling with problematic drug use with legal access to drugs that would otherwise could only be obtained through illegal means. Methadone is the most widely-used maintenance treatment for opioid users. When used properly, methadone reduces drug use and related crime, death, and disease among heroin users. Buprenorphine is a newer medication that has also been shown to be effective and it can be prescribed by physicians who have gone through specialized training.

- **Injectable Opioid Treatment, also known as Heroin-Assisted Treatment (HAT)**

For drug users who have not found success with methadone or buprenorphine, the most dramatic developments in drug substitution therapies have been in the field of Injectable Opioid Treatment or HAT programs. These services, as part of comprehensive treatment strategies, provide substantial benefits to long-term heroin users who have not been responsive to other treatment. Studies have shown that those enrolled in injectable opioid treatment demonstrate a reduction in drug use and an improvement in overall physical and mental health. Additionally, several studies have found that individuals who participated in these programs significantly reduced their involvement in criminal activities, generating large enforcement cost savings. Injectable opioid treatment may be a feasible, effective and cost-effective strategy for reducing drug use and drug-related harm among long-term heroin users for whom other treatment programs have failed.

- **Medication-Assisted Treatment (MAT) in Jails**

Individuals recently released from correctional settings are up to 130 times more likely to die of an overdose than the general population, particularly in the immediate two weeks after release. Given that approximately one quarter of people incarcerated in local jails and prisons are opioid-dependent, initiating MAT behind bars should be a widespread, standard practice as a part of a comprehensive plan to reduce risk of opioid fatality. City and county jails should be mandated to continue MAT for those who received it in the community and to assess and initiate new patients in treatment. Several county[31] and state prisons[32] are gradually integrating MAT as an option to address the growing need. In light of the opioid crisis, it is imperative to ensure that evidence-based, effective drug treatment and harm reduction resources are available to all.

- **Hospital-Based Medication-Assisted Treatment**

Emergency departments should inform patients about MAT and offer buprenorphine to those patients that visit emergency rooms and have an underlying opioid use disorder, with an appointment for continued treatment with physicians in the community. Hospitals should also offer MAT within the inpatient setting, and start MAT prior to discharge with community referrals for ongoing MAT.

3) Harm Reduction

- **Sterile Syringe Access and Exchange Programs**

Increased access to sterile syringes both reduces the rates of infectious diseases and provides a gateway to social services and effective drug treatment. Localities should help increase and fund sterile syringe access and exchange programs.

- **Access to Naloxone in the Community and By Law Enforcement**

Few local governments provide dedicated budget lines to support the cost of naloxone or staffing for community-based opioid overdose prevention programs. The Centers for Disease Control and Prevention (CDC), however, reports that, between 1996 and 2014, these programs trained and equipped more than 152,280 laypeople with naloxone, who have successfully reversed 26,463 opioid overdoses. Without additional and dedicated funding, community-based opioid overdose prevention programs will not be able to continue to provide naloxone to all those who need it, and the likelihood of new programs being implemented is slim. A major barrier to naloxone access is its lack of affordability and the chronic shortages in market supply – which overdose prevention programs operating on shoestring budgets can have a difficult time navigating.

- **Supervised Consumption Services**

Supervised Consumption Services, also known as supervised injection facilities (SIFs), are controlled health care settings where people can consume drugs under clinical supervision and receive health care, counseling, and referrals to health and social services. SIFs have been rigorously studied and found to reduce the spread of infectious disease, prevent overdose deaths, and eliminate improperly discarded injection equipment.[33] Engagement by people who use drugs with staff in these facilities enhances the ability of people to function productively in society, increases access to drug treatment and other services, and saves taxpayer money.

- **Free Public, Community-Level Access to Drug Checking Services**

Technology exists to test drugs for dangerous adulterants via GC/MS analysis, but it has so far been unavailable at a public level in the U.S. (aside from a mail-in service run by Ecstasydata.org). Making these services available in the context of a community outreach service would lower the number of deaths and hospitalizations and also allow for real-time tracking of local drug trends. Policy efforts to decriminalize the use of drug checking services at a local level also should be considered. In 2018, Maryland passed legislative reforms ensuring that drug checking kits are no longer considered drug paraphernalia in the state, and several other states are looking to follow suit.

4) Education, Prevention, and Other Support

- **Comprehensive, Evidence-Based Health, Wellness, and Harm Reduction Curriculum for Youth**

Local school districts, in conjunction with an expert panel consisting of various stakeholders that ascribe to scientific principles of treatment for youth, should develop a comprehensive, evidence-based health, wellness, and harm reduction curriculum for use in schools. This curriculum should incorporate scientific education on drugs, continuum of use, and contributors to problematic drug use (e.g., coping and resiliency, mental health issues, adverse childhood experiences, traumatic events and crisis), as well as how to reduce harm (e.g., not mixing opioids with benzodiazepines). School districts should also establish protocols and resources for early intervention, counseling, linkage to care, harm reduction resources, and other supports for students.

- **Housing First**

Housing First is an approach that focuses on finding and sustaining housing for people who are experiencing homelessness without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.[34] Services offered in a Housing First model are included for many challenges associated with homelessness, such as counseling, financial skills training and problematic drug use treatment.

- **Ban the Box: Removing Barriers to Employment for People with Criminal Convictions**

One of the biggest barriers for individuals returning from jail or prison is finding employment. By "banning the box," the question on public job applications asking if the person has ever been convicted of a crime will be removed. Applicants will be considered on equal status with other job applicants, and only during the finalist interview process will a criminal background check be completed if it is relevant or required for the position.

- **Economic 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. A 2017 Brookings report highlighted that "among high-poverty counties [in the U.S.] – those with poverty rates of 20 percent or higher. Forty-one percent (342 of 829) reported above-average death rates due to drug poisoning in 2015. In contrast, only 13 percent of counties with poverty rates below 10 percent had above-average death rates (56 of 438).[35] Local jurisdictions should invest in economic development opportunities such as investing in the creation and retention of jobs, mentorship programs for youth and adults with criminal records with local businesses, affordable housing, and subsidized child-care for parents in the workforce.

- **Community-Centered Prevention: 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. Municipal Drug Strategy programming would include maternal and infant health, education, parenting support, social and emotional skill building, and academic readiness. Unfortunately, the U.S. ranks 25th out of 29 among industrialized nations in early childhood education investments.[36]

How to Initiate a Municipal Drug Strategy Process

Communities should begin by studying and assessing the experience of other cities, including those named here, to build a model for action and participation. They should make use of resources and experts who have deep experience in this arena for guidance and tools. The Drug Policy Alliance, the nation's leading drug policy reform organization, can assist communities in this formative stage of the process.

Next, communities must think strategically and deliberately about the diversity of participants who will lead your community's process – keeping in mind that a comprehensive approach is at the heart of the Municipal Drug Strategy model. In Ithaca, for example, community stakeholders whose respective work areas and backgrounds fell into the areas of harm reduction, prevention, treatment, and first response/law enforcement were divided into four teams. Some of the primary participants in the process were treatment providers, syringe exchange workers, teachers and school administrators, police and fire personnel, community activity center workers, business owners, hospital workers, and people with experience using or selling drugs.

Another key to a successful process that has widespread engagement is listening – intentionally – to the community. People who are involved through focus groups, open forums, and interviews develop a connection to the process that creates a foundation on which to build the overarching strategy. That identification with the process and its goals strengthens when organizers sustain a connection with community actors as the process moves forward, ensuring they are informed and involved at every stage. Participants should include: residents, people who formally and currently use drugs, service providers, teachers, parents, emergency medical service professionals, and law enforcement.

Below is a series of questions that municipalities, local governments, and community-based organizations are encouraged to think through as they consider engaging in a Municipal Drug Strategy initiative.

Political and Civic Engagement Climate

- Is there anyone from the executive branch (or who has municipal decision-making power) that supports this initiative?
- Is there at least one elected official willing to champion a Municipal Drug Strategy project?
- How has the local media covered problematic drug use in your community?
- Are there active civic engagement groups that would participate?
- Is your jurisdiction considered a sanctuary city?

Existing Harm Reduction Services

- Do you have a local syringe access program?
- What is naloxone access like for your community? Who carries naloxone? Police/fire firefighters? People who use drugs/their family members? Pharmacy? Local homeless shelter?
- Is there a local harm reduction organization (or social justice) organization that is interested in doing this work as well?

Existing Treatment Services

- Are there enough addiction and/or medication assisted treatment providers in your area?
- Are there methadone services available in the municipality or surrounding county?

Enforcement Environment

- Do you have a local diversion program for drug possession? At what point in the system are people diverted?
- Does your local charter include ordinances for drug and paraphernalia possession that differ from state law?
- Has your state de-felonized drug possession, i.e. reduced drug possession from a felony to a misdemeanor from a felony?
- Does your jurisdiction have its own jail?

Data

- What are the drug arrest numbers (by race, age, gender, geography)?
- What is the overdose death rate? HIV rates? Hepatitis C rates?
- What are the DUI rates?
- What are the unemployment rates?
- Is there any recent polling or qualitative data around the perception of drug use and the criminalization of drugs?

Conclusion

"A city isn't so unlike a person. They both have the marks to show they have many stories to tell. They see many faces. They tear things down and make new again."
— *Rasmenia Massoud,* Broken Abroad[37]

In 2017, forty-six years after President Richard Nixon declared a war on drugs, more than 72,000 people died from drug overdose in the United States – a record high.

As the current administration escalates the war on drugs, which is an attack on local communities – large and small, rural and urban, black, brown, white, immigrant – are looking for ways to better address the realities of problematic drug use and its impacts on local public health.

This paper offers municipalities a tool to begin unraveling the devastation of the drug war – abandoning ineffective, costly and punitive criminalization strategies in favor of coordinated Municipal Drug Strategies that have proven both effective and humane. These strategies are designed by communities for their communities. They are designed by stakeholders who know and understand the people, institutions, and problems in their own backyard, and who are motivated and empowered to make real change and reduce harm through coordinated, collective, strategic action.

Ultimately, the success of a Municipal Drug Strategy depends on a community's ability to develop a response to problematic drug use that is as complex and multifaceted as the problem itself. Problematic drug use is the result of a complex web of factors, among them stigma, mental health, physical health and pain management, economic insecurity, lack of educational opportunities, racism, immigration status, and criminalization. None of these social challenges can be effectively addressed in isolation from one another. The only viable solutions are those grounded in the core principles of a Municipal Drug Strategy and that are integrated, collaborative, and long-term.

That is the nature of a Municipal Drug Strategy. And with commitment and collaboration, it works.

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