

JANUARY 2024

We're all concerned about public suffering and want real solutions. In order to arrive at the right solutions, we must understand the problem correctly. People suffering publicly are most directly impacted by the government failures that have led to these overlapping overdose and unhoused crises. They are forced to live on the streets, many of whom are also struggling with addiction or using drugs to cope with the trauma of homelessness.

Media across the United States have paid close attention to reports of public suffering and drug use in cities like San Francisco and Portland, as well as the continuing overdose and fentanyl crisis. Reporting on the consequences of drug policies and drug crackdowns is complex and can often include misconceptions and misunderstandings that fuel mis- and disinformation. As we face a continued overdose crisis and increasing cries from policymakers to ramp up punitive criminalization policies and coercive interventions like forced treatment, it's crucial that your readers understand what creates and maintains these circumstances. Below you will find information on the harms of drug criminalization, the roots of public suffering, and potential solutions to these overlapping crises.

SECTION I: THE ROOT CAUSES OF PUBLIC SUFFERING

Public suffering is the direct result of decades of underinvestment in public systems, disinvestment in particular communities, and the erosion of the social safety net. This has led to worsening health, increasing poverty and homelessness. The COVID-19 pandemic further deteriorated the U.S. population's behavioral health and sent millions into a financial crisis that will take years to recover from. Solving public suffering requires addressing its structural and systemic roots. Yet elected officials default

to blaming individuals because it's politically easier for them to do that than create the lasting institutional changes and infrastructures that are so desperately needed. The government continues to fail to provide proper services and support to meet people's needs, which has led to and exacerbated the below interlocking crises.

LACK OF ADEQUATE BEHAVIORAL HEALTH INFRASTRUCTURE.

Underinvestment has created a behavioral health crisis which has worsened since the pandemic exposed even more gaps in care and devastated our economy. We [do not have the infrastructure to support](#) the onslaught of behavioral health needs the pandemic unearthed along with the [historic increases in alcohol, drug, and suicide deaths](#) that surged in many parts of the country before and during the pandemic.

INCREASED POVERTY WITHOUT INCREASED SUPPORT.

After falling for five years, **the official poverty rate in the U.S. increased to 11.4% in 2020**, to a total of 37.2 million people. That rate hasn't improved since. It [stayed flat through 2022, while the supplemental poverty rate rose from an historic low of 7.8% in 2021 to 12.4%, or 40.9 million people](#). This means people are still struggling to afford what they need to meet their basic needs, like housing, food, and health care. An increase in the poverty rates reflects the consequences of policy choices made since the recovery began — specifically, a failure to build upon programs aimed at poverty alleviation in response to the COVID-19 pandemic.

CONSISTENT UNDERINVESTMENT IN PUBLIC HOUSING.

Surging houselessness has increased public drug use, both because more people already struggling with chaotic drug use have become unhoused and because the [chronic stress](#) of being houseless can lead to increased drug use.

- From 2020 to 2022, the number of people who became unhoused for the first time [surged by 30%](#).
- In 2023, houselessness hit a record high, [increasing 12%](#) as rents continue to soar.

THE PURPOSEFULLY DISTORTED REALITY OF PUBLIC DRUG USE.

When people have nowhere to live, all their behaviors are on display in public. Public drug use is the result of people not having a place to go or the help they need. This is a symptom of an unmet need for support and housing. A lack of research about people who are unhoused has led to false assumptions for the root causes of houselessness that have contributed to stigma and individual blame for public drug use. The reality is drug use is often a survival tactic for living on the streets, not always the reason why people are unhoused. As a recent [California study](#) of the state's unsheltered population found — the largest and most representative sample of unhoused individuals since the 1990s — that **50% have not used any drugs in the last six months**. For those who did use drugs in the last six months, 40% of people started using — more than 3 times a week — after becoming unhoused.

OF THE UNHOUSED PEOPLE WHO DID USE DRUGS IN THE LAST SIX MONTHS,

40%

STARTED USING — MORE THAN 3 TIMES A WEEK — AFTER BECOMING UNHOUSED

FEAR-MONGERING OVER A FALSE "CRIME WAVE."

The [overall rate of major crimes](#) — a broad category that includes various violent and property crimes — **actually fell**, despite widespread claims of a crime wave plaguing the country. By the end of 2022, the increase in homicides [had reversed](#). In 2023, FBI data showed that nearly every category of crime fell even lower. But discourse hasn't reflected the data:

- A recent [report](#) by the Center for Just Journalists based on data collected from journalists found that **crime reporting focuses on crimes reported by police, which tend to be violent crimes like murder, rape, robbery and burglary, increasing the public's anxiety and leading people to believe those crimes are more common than they actually are**. Crime reporting also over relies on statistics without the appropriate context and uses hyperbolic language. These practices have distorted [public opinion](#), causing widespread panic about crime and having a very real impact on [public policy](#).
- The same tough-on-crime narratives that resulted in the failed policies of the past have re-emerged, playing on people's uncertainty and fear post-pandemic. Public officials and others are spreading these narratives, putting forward quick fixes that put people suffering in the streets in jail, while worsening the root causes of public suffering.
- At the same time, **cities are already spending more money on policing than ever**, with the share of cities' general expenditures going toward policing [increasing](#) in 2021. However, [research](#) has shown that there's no correlation between police spending and crime rates, meaning **bigger police budgets don't make cities any safer**. And a [recent study](#) found that **encounters with police increase overdose**.

SECTION 2: THE FUTILITY OF DRUG CRIMINALIZATION

Increased calls to arrest and incarcerate people for using drugs in public will not address the housing, poverty, mental health crises, and crime that contributes to the public suffering that continues to plague certain cities and has garnered so much media attention.

CRIMINALIZATION DOESN'T STOP DRUG USE.

[Research](#) from the Pew Charitable Trusts shows that **locking more people up for using drugs did not deter drug use, failing to decrease arrests or overdose deaths.**

CRIMINALIZATION WORSENS THE CAUSES OF PUBLIC SUFFERING.

It cycles people in and out of jail and right back onto the streets. It increases overdose risk, disrupts services and treatment, and saddles people with criminal records that are lifelong barriers to housing, employment, education, and other services they need to live. And **incarceration has [little to no impact on crime or public safety.](#)**

TREATMENT WITHIN THE CRIMINAL LEGAL SYSTEM IS NOT EFFECTIVE, SOMETIMES NOT EVEN PROVIDED.

Prisons and jails generally fail to provide evidence-based, effective treatment for substance use disorder, such as medications like methadone and buprenorphine. They sometimes fail to provide any treatment at all: **[only 1 in 13 people](#) who were arrested and had a substance use disorder received treatment while in jail or prison.**

People get sicker when in jail or prison because health care in jails and prisons is often abysmal. Many people with opioid use disorder are forced to experience withdrawal, while not having access to the treatment they need.

1 IN 13

People who were arrested and had a substance use disorder received treatment while in jail or prison.

FORCED TREATMENT IS HARMFUL, INCREASING OVERDOSE RISK AND DEATH.

While some may view involuntary treatment as a better alternative to jail, the reality is that coercion with the threat of jail is what is used to ensure compliance with treatment. Forced treatment is just criminalization one-step removed, with the criminal legal system in control of treatment decisions that should be determined by the person in treatment and a health professional.

FORCED TREATMENT IS JUST CRIMINALIZATION ONE-STEP REMOVED

Far too often, forced treatment is dangerous. It's [ineffective and unethical](#). And decades of data suggest it is no more effective than voluntary treatment and increases harms such as [overdose](#) and [death](#), similar to how incarceration does.

CRIMINALIZATION ALSO INCREASES OVERDOSE RISK.

People are also at increased risk of fatal overdose upon release from jail or prison, up to [27 times more than the general public](#), for many reasons. For example, sometimes the government pays for services while someone is incarcerated, but stops paying the moment they're released, heightening their risk of overdose upon release. And many people leaving jail or prison have a lower tolerance to opioids increasing their lethality.

Research found that the odds of experiencing non-fatal overdose was about [2x higher](#) among those who went through mandated treatment than those who did not.

UPON RELEASE FROM JAIL OR PRISON, PEOPLE ARE AT AN INCREASED RISK OF FATAL OVERDOSE UP TO

27x

MORE THAN THE GENERAL PUBLIC

CRIMINALIZATION IS RACIST, BLACK PEOPLE ARE ARRESTED AT HIGHER RATES THAN WHITE PEOPLE FOR DRUGS DESPITE SIMILAR USE RATES.

[Targeted](#) policing, surveillance, enforcement, and punishment mean that criminalization for drug use and possession has disproportionately devastated communities of color. For example, although Black people are only 14% of the population and Black and white Americans use illegal drugs at similar rates, about [one in four people](#) arrested for drug law violations are Black.

The only thing the war on drugs was successful at was disproportionately and unjustly locking up Black and Brown people. Returning to that flies in the face of the racial equity we stand for.

CRIMINALIZATION DOESN'T KEEP PEOPLE OFF THE STREET. BUT IT DOES GIVE THEM A CRIMINAL RECORD AND HIGHER OVERDOSE RISK.

Jailing people for public drug use wastes money and creates a revolving door of arrest and incarceration. This revolving door puts people right back onto the street, now with a criminal record and a higher overdose risk without having received any services.

In fact, according to the [Prison Policy Initiative](#), people who have been incarcerated more than once experience being unhoused at a rate 13 times higher than the general public.

STIGMA CREATES BARRIERS TO HELP.

People who use drugs, especially those struggling with addiction or chaotic use, [face severe stigma](#) that creates barriers to help and support. Empathy for people who use drugs has significantly expanded over the years, resulting in [the majority of Americans now in support of treating drug use as a health issue instead of a crime](#). But much of the shift to a more compassionate approach was in response to when white, affluent communities began to feel the impacts of the opioid and overdose crisis. Although Black, Brown, and other communities of color have been disproportionately devastated by this crisis and criminalized for it, it was only when white people became the "new face" of it that policies shifted to more sympathetic health responses. Yet there is still a [lack of empathy](#) and [access to care](#) for people of color who use drugs.

While there's more empathy for people who use drugs, it still discriminates by race and class. And it has not been extended to people who are unhoused. A narrative that focuses on criminalizing individuals who are the visible victims of government failure continues and exacerbates the stigmatization of people who use drugs. This narrative reinforces the belief that using drugs is an individual moral failure rather than the result of overlapping failed systems that have neglected to provide adequate support and access to effective care and treatment.

When we don't see people as human, it is easier to justify criminalization and punishment as the only solution. Regardless of our varied morals or beliefs, criminalization is simply not working and it will never be able to address the problems we all want to solve.

SECTION 3: EFFECTIVE SOLUTIONS TO PUBLIC SUFFERING AND DRUG USE

UNDERSTANDING THE CAUSE WILL PAVE THE WAY FOR THE SOLUTION.

Understanding the root causes of public suffering is essential to identifying effective solutions. Systemic policy failures by the government have led us to where we are now. The overdose

crisis and worsening health outcomes, growing homelessness and poverty, and the perception of increasing crime and public suffering will not be quickly solved. However, doubling down on the very policies that gave rise to these conditions while expecting a different outcome is certain to compound them. We know much about how to respond to these crises most effectively – and how not to. Especially at this time of interlocking crises, we must avoid knee-jerk reactions that fall back on the failed approach of criminalization.

EFFECTIVE SOLUTIONS FOCUS ON HEALTH, PROVIDE A FULL CONTINUUM OF CARE, AND CENTRALIZE COMMUNITY RESPONSES.

Adopting a health approach to drugs and providing a full continuum of care is critical. [Studies show](#) that a **public health response is more effective at reducing overdose deaths and other harms associated with drug use than incarceration.** We also need to **centralize responses to people on the streets** by increasing street outreach, offering more housing and humane shelter, creating community-led crisis-response teams, and opening overdose prevention centers to bring drug use indoors and connect people to care. To effectively address public suffering and drug use, policymakers must shift from criminalization to the solutions below.

VOLUNTARY ACCESS TO QUALITY ADDICTION, RECOVERY, AND TREATMENT SERVICES.

Communities should increase evidence-based addiction and recovery services and remove barriers to access, so that anyone who wants help is able to access quality treatment that works for them when they want it. Not everyone will need or want help. However, there are many people who do want help who do not get it. Communities need to address the range of barriers to addiction services that people now face, including stigma, affordability/lack of insurance, program accessibility, transportation issues, and waiting lists.

A significant focus should be to reduce barriers to and **expand access to the gold-standard medications for opioid use disorder (MOUD)**, like

methadone and buprenorphine. They reduce cravings and withdrawals – two key factors that drive many with opioid use disorder to continue to use opioids. [Research shows](#) that patients who take buprenorphine [cut their risk of overdose in half](#), and it sets them on a path to healing and recovery. But currently there are only [a small minority of health care providers who prescribe buprenorphine](#). And other proven treatments like [Cognitive Behavioral Therapy, Contingency Management](#), and [Motivational Interviewing](#) should be made more available.

Sadly, getting arrested is the easiest way to get treatment in this country. There is wide variability in treatment programs across the country, and many are not using the [best practices we know to be effective](#). Many are punitive and based on abstinence-only models, which do not work for many people. People opt to not get treatment, not because they do not want help, but because they understand how ineffective many treatment programs are.

Making effective and evidence-based substance use disorder treatment available, affordable, and accessible should be our priority. People who want treatment should be able to easily get it. We can make treatment accessible and attractive to people by making it freely given, accessible, voluntarily, trauma-informed, medically assisted, and inclusive of the wide range of their needs beyond addiction.

OVERDOSE PREVENTION CENTERS.

Overdose prevention centers help bring drug use inside for those who are unhoused and intervene in the case of an overdose, while connecting people to services. In their first years, two U.S.-based overdose prevention centers operated by [OnPoint NYC intervened in more than 1,200 potentially fatal overdoses](#). The centers have been used over 100,000 times and diverted over two million units of drug equipment away from public spaces. Welcoming the most stigmatized people who used drugs, they connected them to essential services and supports. [Past research](#) has shown that new users

of a syringe exchange were [five times more likely](#) to enter drug treatment.

**IN THEIR FIRST YEARS, TWO U.S.-BASED
OVERDOSE PREVENTION CENTERS
OPERATED BY ONPOINT NYC INTERVENED
IN MORE THAN**

1,200

POTENTIALLY FATAL OVERDOSES

HARM REDUCTION PROGRAMS.

Harm reduction programs are proven to prevent overdose and other potential harms of drug use and increase connection to other systems of support. While criminalization increases the risks of drug use, harm reduction services [reduce risky behavior and improve health outcomes](#). Services include **provision of syringes and other sterile drug use equipment** that keep people from contracting infectious diseases, **distribution of naloxone** which can reverse opioid overdoses, **education for safer drug use and overdose prevention**, and **drug checking services (such as fentanyl and xylazine test strips)** that allow people to identify substances to prevent harms associated with consuming an unknown substance.

COMMUNITY RESPONSE PROGRAMS.

Rapid response behavioral health services and workers on our streets that respond to community concerns while connecting people to services have [proven to be effective](#). Police encounters with vulnerable populations – including unhoused people and people with mental health disabilities – often end in use of force, arrest, or even death. Communities should minimize law enforcement engagement by creating civilian response programs to respond to calls related to mental health, substance use, and homelessness crises that do not require a law enforcement response. They can significantly reduce law enforcement contact [while substantially reducing costs and improving both public safety and public health outcomes](#).

The Support Team Assistance Response (STAR) program in Denver – which provides a mobile crisis response for community members experiencing problems related to mental health, depression, poverty, homelessness, and/or addiction issues – found that **civilian response led to a [34% reduction in offenses like trespassing, public disorder, and resisting arrest](#)**. And the most evaluated community response program, Crisis Assistance Helping Out on The Streets (CAHOOTS) in Oregon, [responded to roughly 20% of total 911 dispatches](#) and called for police backup in only 1% of those calls, saving an estimated [\\$8.5 million in taxpayer dollars every year](#).

**CAHOOTS IN OREGON
SAVES AN ESTIMATED**

**\$8.5
MILLION**

IN TAXPAYER DOLLARS EVERY YEAR

AFFORDABLE AND SUPPORTIVE HOUSING.

Given the overlapping crises of homelessness, poverty, and drug use, services and treatment that address drug use alone will not adequately address the problem of public suffering. We also need affordable housing and shelter. As communities work to increase their affordable housing stock over the long term, they can immediately enact several proven strategies to help people and families at risk of being unhoused to stay in their homes, including subsidies and eviction protections. To address the needs of the most vulnerable, many of whom currently live unsheltered on the streets, communities should significantly expand permanent supportive housing using a [Housing First approach](#), which offers housing without preconditions like abstinence or treatment participation.

COMMUNITY-BASED MENTAL HEALTH CARE.

Communities need access to quality community-based mental health care. Investing in comprehensive crisis response systems – including call centers, community response teams, and community crisis stabilization centers – and providing preventative and ongoing care in people's homes and communities can [improve health outcomes while reducing the damaging and costly cycling](#) of people with mental health disabilities in and out of jails, emergency rooms, hospitals, and shelters.

VOLUNTARY SUPPORTIVE SERVICES.

Instead of being coerced into addiction services, people should be offered a range of options and support – and empowered to make decisions about their own care. Forced drug treatment does more harm than good. Similarly, involuntary civil commitment is linked to [heightened risk of severe withdrawal, relapse, and opioid-involved mortality](#). And despite being an effort to reduce the criminalization of people with substance use disorders, civil commitment [may not reduce the likelihood of future incarceration](#).

DECRIMINALIZE POVERTY AND HOUSELESSNESS.

Communities should end the criminalization of poverty and houselessness and the widespread, racialized enforcement of so-called “quality of life” offenses (including loitering, panhandling, and sleeping in public spaces). This will reduce the devastating consequences caused by criminalization such as the barriers it creates to jobs, housing, and education. [Research has shown](#) that among individuals who are not arrested for “quality of life” offenses, less than 1% go on to commit any crime relevant to public safety, refuting the commonly held notion that criminalizing poverty effectively targets people who commit violent offenses.

For more information on how we can address these challenges in productive and positive ways, check out our toolkit, [Protecting Our Communities: All Neighborhoods Need Health-Centered Approaches to be Safe and Just](#).