

June 6th, 2023

Dear Members of the Seattle City Council,

We write to you as individual healthcare and public health professionals to ask you to vote no on CB 120586, an ordinance to add criminalization of simple drug possession (without intent to distribute) and public drug use into the Seattle Municipal Code. It is in your authority, and it is your solemn responsibility to ensure that our city's municipal code reflects sound public policy. As health professionals, public health researchers, and experts in our fields, we urge council members to recognize that criminalization will not be an effective strategy to reduce public drug use or help people access treatment or reduce harm. Additionally, it will have significant costs to taxpayers, will add a Sisyphean burden to our [thinly stretched police and criminal legal system](#) and is likely to significantly harm our least fortunate neighbors. We have 50 years of experience showing us that criminalization of drug use does not decrease drug use.

We agree with the Seattle Times Editorial Board statement that, "Just doing nothing isn't a viable option," but we disagree with their conclusion that criminalization is the right or effective thing to do. On April 17, 2023, Mayor Harrell signed [Executive Order 2023-04](#) (Addressing the Opioid and Synthetic Drug Crisis), which calls for expanding the City's public health infrastructure via evidence-based treatment approaches to effectively combat the synthetic and opioid drug crisis.

In alignment with the Mayor's Executive Order, we need to enact smart, data-proven policy that will achieve our intended goals, not naive, reactive, and harmful policy that repeats the mistakes of the past. There are effective policy interventions that Councilmembers could consider instead to provide short, medium, and long-term solutions to the worsening problems associated with increasing visible homelessness and public consumption.

The proposed ordinance directly targets people experiencing homelessness. In our experience, nearly every one of the individuals at the intersection of homelessness and substance use has experienced significant early life trauma. Most of those living outside have been, since long before becoming homeless, subject to life threatening conditions and face significant barriers in accessing services which might help lift them out of homelessness.

Incarcerating individuals for non-violent public drug use will do nothing to treat the underlying mental illness and little to decrease public drug use. The King County Jail cannot accommodate more people suffering from addiction. The Jail's [death rates](#) are already among the highest in the country, not even counting the devastatingly high death rates from overdose following release. Taxpayers pay for the costs incurred by the courts and jail system; homeless individuals pay with their lives and the [additional burden](#) of increased difficulty pursuing recovery, jobs, and housing. [Racial disparities](#) will undoubtedly be increased.

Further criminalizing public consumption would unquestionably worsen an already dire epidemic of overdose deaths. It would perpetuate the overuse and overcrowding of jails, increased utilization of emergency rooms, and housing instability. It would further disrupt therapeutic relationships and connections to care and ultimately lead to more homelessness. This proposed legislation will divert resources away from public health and health care interventions, housing, diversion, and community support.

Short-term interventions can have significant impact. Overdose prevention centers, contingency management programs and increasing the availability of medication treatment are interventions that could quickly be implemented.

Overdose prevention centers, [unquestionably decrease overdose deaths](#). They reduce public drug use without increasing the prevalence of drug use or drug use disorders. They move existing drug use away from the numerous de facto unsafe, unregulated, and often public spaces into safer, regulated environments. Decades of data and experience at overdose prevention centers outside the United States should give policymakers confidence of the value of these interventions. Overdose prevention centers also facilitate connection between people who use drugs and services that improve health. In many ways, they can be an on-ramp to treatment services that result in reduced drug use over time. In 2016, King County's Opioid [Task Force](#) recommended the establishment of two such overdose prevention sites.

The Washington Health Authority is already funding pilot programs of [contingency management](#), an evidence-based and effective treatment program that makes strategic use of rewards to promote healthy outcomes and reduced stimulant use. Methadone and Suboxone programs exist, but not at the scale and efficiency necessary. Instead of ineffective criminalization, the Seattle City Council could fund additional proven strategies for individuals with substance use disorders.

Longer-term, we need more and better residential rehabilitation. We need more and better permanent supportive housing. We need compassionate and effective *therapeutic* detention for those struggling the most with psychosis and uncontrolled drug use. Criminalizing public consumption takes us further from these goals.

We urge you to enact policy that is grounded in evidence-based practice and to vote no on CB 120586.

Sincerely,

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