

A new way for Washington to address substance use disorder and related activities, treating these as public health issues requiring care and support for suffering individuals.

Our children, friends, family members, neighbors, and all community members suffering from substance use disorders and related activities desperately need better access to drug treatment and supportive services. Current approaches are not working, and we all see that from impacted family members and people suffering in our streets. People need clear pathways to recovery. These pathways include a focus on unique individual needs, professional and experienced support, and a community that will invest in this recovery. It requires hope.

Criminalization as a response to substance use disorder and related issues have been ineffective, causing more hurt and creating barriers to recovery. Law enforcement teams are neither equipped nor trained to provide social services, treatment or care; it is unreasonable to expect them to do so. Furthermore, incarceration does not treat substance use disorder or its root causes. The diagnostic criteria for substance use disorder includes continued use despite negative consequences. Therefore, it is implausible that additional negative consequences will lead to a cessation of use. Treating substance use disorder as a crime has simply failed to reduce substance use issues or improve public safety.¹

In response, statewide coalitions including Treatment First Washington and CareFirst Washington, have been working to garner widespread support for the creation of new policies that address how we respond to substance use disorders and other activities, while ensuring that our public health system can provide better outcomes for safety and health for all.

People need their communities' support, and in turn, our communities are strengthened by having healthy people. When we invest in individuals to reach recovery, we improve our communities by making them a safer environment for us all.

¹ Cooper HL. War on Drugs Policing and Police Brutality. *Subst Use Misuse*. 2015;50(8-9):1188-1194. doi:10.3109/10826084.2015.1007669

Current approaches make evident that Washington needs a new way:

- More than 1,300 people in our state died from drug-related poisonings in 2018.² Thousands more people are hospitalized each year for overdoses and drug-related health issues.³ In King County, half of all people who died from a drug or alcohol overdose in 2017 were younger than 46 years old.⁴ Each day about two people die of an opioid-related overdose in Washington; thousands more struggle with substance use.⁵ More so, responding to the opioid epidemic remains necessary but the state of Washington also faces a methamphetamine crisis – methamphetamine was the most involved drug in recent overdose death rates.⁶
- Substance use disorders can contribute to serious medical issues, such as an increased risk of liver, lung, or cardiovascular disease, as well as infectious diseases such as Hepatitis B or C, and HIV/AIDS, and can worsen these health outcomes.⁷ Opioid use, for example, is linked to a surge in hepatitis C infections and babies born with neonatal abstinence syndrome in Washington.⁸
- The estimated cost of substance use disorders to American society is at least \$442 billion per year, including direct and indirect public costs related to crime, health, and productivity.⁹ A significant percentage of costs are attributable to lost productivity as a result of incarceration, costing U.S. society at least \$48 billion annually.¹⁰

Decades of treating this public health issue with arrests and incarcerations has only made matters worse.

In 2018, more than 9,000 people were arrested for possessing controlled substances in Washington, disproportionately impacting people of color and young people.¹¹

² University of Washington Alcohol and Drug Abuse Institute. (2019, November 4). Drug-caused deaths across Washington state. Retrieved from https://adai.washington.edu/WAdata/major_drug_deaths.htm The top drug-related deaths involved opioids, stimulants, synthetic opioids, anti-anxiety drugs, and/or alcohol.

³ Washington State Department of Health. (n.d.). Opioid Overdose Dashboards. Retrieved from <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidCountyOverdoseDashboard> In 2017, 5,792 people were hospitalized in WA for opioid overdose issues, according to the WA DOH Opioid overdose dashboard.

⁴ Public Health — Seattle & King County. (2018, May 9). Drug overdose deaths continue to increase. Retrieved from <https://www.kingcounty.gov/depts/health/news/2018/May/9-overdose-deaths.aspx>

⁵ Public Health — Seattle & King County. (2018, May 9). Drug overdose deaths continue to increase. Retrieved from <https://www.kingcounty.gov/depts/health/news/2018/May/9-overdose-deaths.aspx>

⁶ University of Washington Alcohol and Drug Abuse Institute. (2019, November 4). Drug-caused deaths across Washington state. Retrieved from https://adai.washington.edu/WAdata/major_drug_deaths.htm The top drug-related deaths involved opioids, stimulants, synthetic opioids, anti-anxiety drugs, and/or alcohol.

⁷ Center for Health Information and Analysis. (2015). Access to substance use disorder treatment in Massachusetts (Publication No. 15-112-CHIA-01). Boston, MA: Center for Health Information and Analysis, Commonwealth of Massachusetts. Retrieved from <https://www.mass.gov/files/documents/2016/08/nr/csac-access-to-substance-use-disorder-treatment-in-mass.pdf>

⁸ Washington State Department of Health. (2018). 2018 Washington State Opioid Response Plan. Retrieved from <https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf>

⁹ National Institute on Drug Abuse. (2017, April). Trends & Statistics. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics>

¹⁰ National Institute on Drug Abuse. (2017, April). Trends & Statistics. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics>

¹¹ National Drug Intelligence Center. (2011). The Economic Impact of Illicit Drug Use on American Society. Washington D.C.: U.S. Department of Justice. Retrieved from <https://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf>

Substance use-related “[a]rrest and incarceration often destabilize an individual’s life, including their housing, health care, employment, and social connectedness,” according to the U.S. Department of Health and Human Services.¹²

- Researchers have found that even brief incarceration leads to adverse consequences, including loss of employment and future employment opportunities, poorer physical and behavioral health due to breaks in health care services and treatment, loss of housing and fewer future housing opportunities, and disruptions in family life and social connections.¹³
- Once in the criminal justice system, individuals with mental and substance use disorders stay in jails longer, have an increased risk for self-harm, and receive more frequent punitive responses to infractions. Due to funding and staffing limitations, many people with substance use disorders do not receive the services they need, and their conditions often worsen inside jail settings.¹⁴ In fact, only a small percentage of those who need treatment while behind bars actually receive it, and often the treatment provided is inadequate.¹⁵
- For individuals already receiving medication treatments and treatment in the community, these services may be interrupted during incarceration, creating lapses in treatment and difficulties in resuming treatment upon release and reentry to the community.¹⁶
- Detoxification during incarceration is rarely effective in disengaging patients from opioid use disorders and may lead to relapse and overdose.¹⁷ Rates of opioid overdose deaths are particularly high among individuals with an opioid use disorder who have recently stopped their use as a result of detoxification or incarceration. As a result, their tolerance for the drug is reduced, making them much more vulnerable to an overdose.¹⁸

¹² U.S. Substance Abuse and Mental Health Services Administration. (2019). Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide (HHS Publication No. SMA19- 5097). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from

<https://store.samhsa.gov/system/files/sma19-5097.pdf>

¹³ Lowenkamp, C. T., VanNostrand, M., & Holsinger, A. M. (2013). The hidden costs of pretrial detention. Houston, TX: Laura and John Arnold Foundation. Retrieved from <http://csgjusticecenter.org/wp-content/uploads/2013/12/The-Hidden-Costs-of-Pretrial-Detention.pdf>

¹⁴ Lurigio, A. J. (2011). People with serious mental illness in the criminal justice system: causes, consequences, and correctives. *The Prison Journal*, 91(3), 66S-86S. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/0032885511415226?journalCode=tpjd>

¹⁵ National Institute on Drug Abuse. (2019, June). Drug Facts: Criminal Justice. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

¹⁶ U.S. Substance Abuse and Mental Health Services Administration. (2019). Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide (HHS Publication No. SMA19- 5097). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from <https://store.samhsa.gov/system/files/sma19-5097.pdf>

¹⁷ U.S. Substance Abuse and Mental Health Services Administration & U.S. Office of the Surgeon General. (2016). Chapter 4: Early Intervention, Treatment, and Management of Substance Use Disorders. *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK424859/>

¹⁸ Id.

The criminal and legal approach has specifically impacted communities of color.

- Communities of color remain disproportionately represented in Washington State’s court, prison, and jail populations, relative to their share of the state’s general population.¹⁹
- Washington’s current criminal justice-focused response to drug use disproportionately impacts people of color. Among felony drug offenders in Washington, Black defendants are 62% more likely to be sentenced to prison than similarly situated White defendants.²⁰
- Compared to White counterparts, communities of color have less access to behavioral health services and contend with lower quality of care, as well as a dearth of culturally competent treatment programs.²¹ That’s especially true for racial and ethnic groups experiencing disparities in entering and receiving substance use disorder treatment services.²²
- Barriers to treatment, as well as criminal prosecution, disproportionately impact communities of color. For example, Native Americans/Alaskan Natives have one of the highest overdose rates for opioids in Washington State, and in the nation.²³ A recent study found that the overdose death rate for Black people from cocaine is similar to the opioid overdose death rate for White people, yet cocaine overdose deaths receive far less attention.²⁴ Overdose death rates for Hispanic persons increased by 2% per year from 1999 to 2015 nationwide.²⁵

¹⁹ Task Force on Race and the Criminal Justice System Research Working Group. (2011). Preliminary Report on Race and Washington’s Criminal Justice System. Seattle, WA: Task Force on Race and the Criminal Justice System. Retrieved from <https://law.seattleu.edu/Documents/korematsu/race%20and%20criminal%20justice/preliminary%20report%20-%20final%20release%20march%201%202011%20for%20printer%20.pdf>

²⁰ Task Force on Race and the Criminal Justice System Research Working Group. (2011). Preliminary Report on Race and Washington’s Criminal Justice System. Seattle, WA: Task Force on Race and the Criminal Justice System. Retrieved from <https://law.seattleu.edu/Documents/korematsu/race%20and%20criminal%20justice/preliminary%20report%20-%20final%20release%20march%201%202011%20for%20printer%20.pdf>

²¹ Stoner, Susan. (2018). Effective Treatments for Racial, Ethnic, and Sexual Minorities: A Brief Review of the Literature. Seattle, WA: University of Washington Alcohol and Drug Abuse Institute. Retrieved from <http://adai.uw.edu/pubs/pdf/2018effectivetreatmentsforminorities.pdf>

²² Satre, D. D., Campbell, C. I., Gordon, N. S., & Weisner, C. (2010). Ethnic disparities in accessing treatment for depression and substance use disorders in an integrated health plan. *International journal of psychiatry in medicine*, 40(1), 57–76. doi:10.2190/PM.40.1.e. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922921/>

²³ Indian Health Service. (n.d.). Opioid Crisis Data: Understanding the Epidemic. Retrieved from <https://www.ihs.gov/opioids/data/>; Health of Washington State Report - Drug Abuse and Overdose 2012 <https://www.doh.wa.gov/Portals/1/Documents/1500/RPF-Drg2014.pdf>

²⁴ Shiels, M. S., Freedman, N. D., Thomas, D., & de Gonzalez, A. B. (2018). Trends in US drug overdose deaths in non-Hispanic black, Hispanic, and non-Hispanic white persons, 2000–2015. *Annals of Internal Medicine*, 168(6), 453–455. Retrieved from <https://annals.org/aim/article-abstract/2665041/trends-u-s-drug-overdose-deaths-non-hispanic-black-hispanic>

²⁵ Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2015. NCHS data brief, no 273. Hyattsville, MD: National Center for Health Statistics. 2017. <https://www.cdc.gov/nchs/data/databriefs/db273.pdf>

Instead of ineffective tools, recovery can be achieved with medication treatment, behavioral interventions, recovery support services, and stable, accessible housing.

According to the U.S. Surgeon General, “Well-supported scientific evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. With comprehensive continuing care, recovery is now an achievable outcome.”²⁶

- Studies have repeatedly demonstrated the efficacy medication treatment as the “gold standard” at reducing opioid-related substance use disorders and overdose deaths, improving retention in treatment, and reducing HIV transmission.²⁷ Since opioid-related substance use disorder is a chronic, relapsing disorder that can alter a person’s brain chemistry, medication treatments sometimes must be used for many years or even life.²⁸
- Currently, there is not ample evidence for medication treatments for other substance use disorders including those involving stimulants or benzodiazepines yet promising practice and innovative thinking points to some medications being a possible remedy for some substance use disorders such as methamphetamine.²⁹ Separately, behavioral therapies and case management services for substance use disorders can also be beneficial. There are a variety of research-based interventions which can help people stabilize their lives and get into recovery.³⁰
- Recovery support services, provided by both substance use disorder treatment programs and community organizations, help to engage and support individuals in treatment, and provide ongoing support after treatment. Specific supports include help with navigating systems of care, peer counseling, removing barriers to recovery, staying engaged in the recovery process, and providing a social context for individuals to engage in community living without substance use.³¹

²⁶ U.S. Substance Abuse and Mental Health Services Administration & U.S. Office of the Surgeon General. (2016). Chapter 4: Early Intervention, Treatment, and Management of Substance Use Disorders. Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK424859/>

²⁷ U.S. Substance Abuse and Mental Health Services Administration & U.S. Office of the Surgeon General. (2016). Chapter 4: Early Intervention, Treatment, and Management of Substance Use Disorders. Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK424859/>

²⁸ Joseph, H., Stancliff, S., & Langrod, J. (2000). Methadone maintenance treatment (MMT). The Mount Sinai Journal of Medicine, 67(5), 6. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11064485>; Substance Abuse and Mental Health Services Administration (US). (n.d). Medication and Counseling Treatment. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment>

²⁹ Rezaei F, Emami M, Zahed S, Morabbi MJ, Farahzadi M, Akhondzadeh S. Sustained-release methylphenidate in methamphetamine dependence treatment: a double-blind and placebo-controlled trial. Daru. 2015;23(1):2. Published 2015 Jan 15. doi:10.1186/s40199-015-0092-y

³⁰ National Institute of Drug Abuse. (2018, January). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies>

³¹ U.S. Substance Abuse and Mental Health Services Administration & U.S. Office of the Surgeon General. (2016). Chapter 4: Early Intervention, Treatment, and Management of Substance Use Disorders. Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington D.C.: U.S. Department of Health and Human Services. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK424859/>

- Intensive, outreach and case management services using recovery and supportive services in lieu of criminal/legal responses have shown positive outcomes including decreased criminal/legal system involvement, decreased system-wide costs, and significantly more successes with obtaining housing, employment and legitimate income.³²
- Stable housing plays a vital role in people’s recovery from substance use disorders. An inability to pay rent and the threat of losing housing can lead to stress that triggers substance misuse and relapse. People experiencing homelessness who also have substance use disorders typically find it difficult to address their substance use without a safe place to live, because they often use alcohol or drugs to cope with the dangers of life on the streets.³³
- In addition, proactive housing interventions have shown successes with substance use disorders. By providing housing, reductions in use and more positive health outcomes have been studied, which proves housing as an effective intervention for not only substance use but community-wide safety and health.³⁴
- Employment has been positively correlated with retention in treatment, and the U.S. Department of Health and Human Services recommends that “vocational services should be an integral component of all substance abuse treatment programs.”³⁵ By holding a job, one establishes a legal source of income, structured use of time, and improved self-esteem, which in turn may reduce substance use.
- Research shows that every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs.³⁶

The evidence is clear – we need a new approach for Washington.

Washington can build from international momentum of countries like Portugal³⁷ and even locally from Oregon’s new drug policy reform efforts³⁸ but also shift to a more health-based and data driven approach. Several

³² Retrieved from <https://www.leadbureau.org/evaluations>

³³ Center on Budget and Policy Priorities. (n.d.). Meeting the Housing Needs of People with Substance Use Disorders. Retrieved from <https://www.cbpp.org/research/housing/meeting-the-housing-needs-of-people-with-substance-use-disorders>

³⁴ Larimer ME, Malone DK, Garner MD, et al. Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems. *JAMA*. 2009;301(13):1349–1357. doi:10.1001/jama.2009.414

³⁵ U.S. Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. (2000). Integrating substance abuse treatment and vocational services. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from <https://store.samhsa.gov/system/files/sma12-4216.pdf>

³⁶ Ettner, S. L., Huang, D., Evans, E., Rose Ash, D., Hardy, M., Jourabchi, M., & Hser, Y. I. (2006). Benefit–cost in the California treatment outcome project: does substance abuse treatment “pay for itself”? *Health Services Research*, 41(1), 192-213. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681530/>

³⁷ European Monitoring Centre for Drugs and Drug Addiction. (2019). Portugal Country Drug Report 2019. Luxembourg: Publications Office of the European Union. Retrieved from http://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf; Bajekal, N. (2018, August 1). Want to Win the War on Drugs? Portugal Might Have the Answer. *Time Magazine*, Ideas. Retrieved from <https://time.com/longform/portugal-drug-use-decriminalization/>; Transform Drug Policy Foundation. (n.d.). Drug decriminalisation in Portugal: setting the record straight. Retrieved from <https://transformdrugs.org/drug-decriminalisation-in-portugal-setting-the-record-straight/>

³⁸ Retrieved from <http://oregonvotes.org/irr/2020/044text.pdf>

Washington-state coalitions, including Treatment First Washington and Care First Washington, have garnered statewide support for enacting new policies that will ensure our public health system can provide better safety and health outcomes.

The Pathways to Recovery Act is both **common sense and transformational**.

It will accomplish the following:

- **Creates and implements a statewide substance use recovery plan** to be developed by experts in the fields of health and safety and individuals with personal experience in recovery from substance use disorders. They will help design a plan for delivering comprehensive pre-treatment outreach, treatment, and recovery support services.
- **Pathway To Recovery decriminalizes personal use amounts of drug possession** by creating a new public health framework for access to care, treatment, and other supportive services, instead of arrest and jail.
- **Provides training for law enforcement** regarding substance use disorders and how to connect people to services.
- **Assess workforce conditions for the behavioral health services sector** with an aim toward improving service provisions and outcomes.
- **Creates better, evidence-based, responses** including referrals to community-based care for public order issues stemming from substance use, to increase the safety and health of all of our communities.
- **Provide funding and resources** for increased treatment and recovery support services, including new revenue, leveraging existing health insurance benefits and grants.

Washington lawmakers can help community members access transformational recovery services in rural and urban areas, while increasing community safety and health, by passing this legislation. The time for this smart, just and effective policy is now.

