

To: New York State Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Dear Co-Chairs Harckham, Carlucci, and Rivera, and Distinguished Members of the Committee,

First and foremost, thank you for the opportunity to be heard by this distinguished committee today. There may be no more serious health crisis that faces us than the opioid crisis that has taken far too many lives over the past decade.

I am Director of Policing Strategies with the Law Enforcement Assisted Diversion (LEAD) National Support Bureau. LEAD is a pre-arrest/pre-bookings initiative that allows police officers to exercise discretionary authority at point of contact to divert individuals to a community based, harm reduction intervention for law violations driven by unmet behavioral health needs.

In addition, I am an active member of the Law Enforcement Action Partnership (LEAP). LEAP's mission is to unite and mobilize the voice of law enforcement in support of drug policy and criminal justice reforms that will keep communities safer by focusing law enforcement resources on the greatest threats to public safety, promoting alternatives to arrest and incarceration, addressing the root causes of crime, and working toward healing police-community relations.

Prior to my position with the LEAD National Support Bureau, I spent 23 years with the Albany police department, retiring as Chief of Police in 2017. When I began my career in 1994 the mindset in law enforcement was to arrest anyone who had anything to do with drugs. We were full go into the war on drugs and thought we were fighting a righteous battle and helping people turn their lives around. We used arrest as the first response, not the last resort. Twenty-five plus years later, thanks to many wise friends, I now know better. Evidence has shown us that incarceration is an ineffective, harmful, and wasteful response to behavioral illness.

If we are to appropriately respond to the opioid crisis, the first step we need to take is to actually end the war on drugs. We need to treat drug use, and the trauma that surrounds problematic drug use, as a public health issue. This means we need to stop using the criminal justice system as the focal point of the response to addiction. It is our partners in public health we should be turning to for solutions; they are the experts. It is the time to start backing the criminal justice system out of the equation.

I have seen first-hand what the war on drugs has done to the community I served for 23 years. I have witnessed the trauma and vicious cycle of harm to families as the result of arrest and incarceration. I have also seen what it looks like when law enforcement and communities work together to de-stigmatize addiction and make arrest the last option.

This means we need to embrace harm reduction approaches - approaches that may seem counterintuitive at first. We must recognize that not everyone is ready, willing, or able to change. Rather than the harmful and unproductive cycle of arrest, we must instead form partnerships that allow us - law enforcement, health agencies, and social services - to meet people where they are at, literally and figuratively, so that we can help them to make positive steps forward. If we are to help people to change their behavior over the long run, we must first support them in staying alive. We must understand that for many people there is underlying trauma that has never been addressed. We must understand that this is not simply an addiction problem. Mental health, trauma, housing, poverty, employment, and educational opportunities all play a role in problematic drug use.

And yes, we must understand that abstinence is not realistic for everyone, and that it should never be a precondition to receiving essential support. So, what can we do?

We can make harm reduction a pillar of our statewide drug policies. We can deploy resources - both financial and human - to work on the front lines with people that are most at risk of overdose.

We can expand LEAD across the state by providing incentives for communities to start pilot programs, while enhancing current initiatives so that they can grow to scale. This will enable law enforcement across the state to make arrest the last option when it comes to substance use while providing them with the appropriate resources to help the participants that get referred into LEAD.

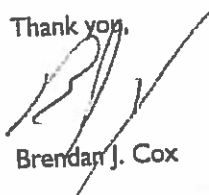
LEAD is currently operational in 59 jurisdictions across 14 states is an evidence based public safety response that reduces recidivism, decreases costs, and improves outcomes for participants. Washington, California, Colorado, New Mexico, and Hawaii have paved the way ahead by placing LEAD implementation and expansion into their state budgets.

We can open non-abstinence housing options so that we can get people with substance use disorders housed first, building on that stabilizing foundation to help address their underlying needs. Both in the community and in custody, we can increase access to Medication Assisted Treatment, or MAT. No one should have to wait in line six days a week for medication to be dispensed or struggle to find a doctor who can write a prescription. We can expand syringe exchange, include readily available fentanyl screening strips so people can make an informed decision on what it is they are about to consume. We can ensure naloxone is distributed to communities. And yes, we need to open safe consumption spaces, so we reduce overdose deaths. This is a lesson that many countries around the world have already taught us. The time is now, the evidence is clear, and there is no need for further deliberations.

We must also recognize that drug trends change. We are already seeing this nationally with an increase in the use of methamphetamine. We should recognize that our drug policies shouldn't change based on the type of drug or who the user is. That is exactly why harm reduction needs to become a pillar of our state strategies for all drug policies, not just opioids, and the war on drugs needs to end.

In closing, if we are to learn anything from history, we should learn that we are far too eager to use punishment as a solution to responses to drug crisis', real or perceived. Punishment has not worked. The war on drugs has not worked. We must bring empathy, humanity, and science to the solution.

Thank you,



Brendan J. Cox



NATIONAL SUPPORT BUREAU

As the United States addresses the urgent crisis of mass criminalization and incarceration, there is a clear need to find viable, effective alternatives, particularly at the front end by preventing people from entering the criminal justice system unnecessarily. This task requires assessing government's current response to safety, disorder, and health-related problems; critically re-examining the role that police officers are asked to play in our communities; and developing alternative-system responses independent of the justice system, while finding ways to improve relationships between the police and those they serve. Law Enforcement Assisted Diversion (LEAD) is a response to these gaps. LEAD uses police diversion and community-based, trauma-informed care systems, with the goals of improving public safety and public order, and reducing law violations by people who participate in the program.

BACKGROUND

In 2011, in an attempt to move away from the War on Drugs paradigm and to reduce gross racial disparities in police enforcement, LEAD -- a new harm-reduction oriented process for responding to low-level offenses such as drug possession, sales, and prostitution -- was developed and launched in Seattle, WA. LEAD was the result of an unprecedented collaboration between police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment providers, housing providers and other service agencies, and business and neighborhood leaders -- working together to find new ways to solve problems for individuals who frequently cycle in and out of the criminal justice system under the familiar approach that relies on arrest, prosecution, and incarceration.

WHAT IS LEAD?

In a LEAD program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle -- booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.

LEAD holds considerable promise as a way for law enforcement and prosecutors to help communities respond to public order issues stemming from unaddressed public health and human services needs -- addiction, untreated mental illness, homelessness, and extreme poverty -- through a public health framework that reduces reliance on the formal criminal justice system.

EVALUATION RESULTS

After three years of operation in Seattle, a 2015 independent, non-randomized controlled outcome study found that LEAD participants were 58% less likely to be arrested after enrollment in the program, compared to a control group that went through "system as usual" criminal justice processing. With significant reductions in recidivism, LEAD functions as a public safety program that has the potential to decrease the number of those arrested, incarcerated, and are otherwise caught up in the criminal justice system. Additionally, preliminary program data collected by case managers also indicate that LEAD improves the health and well-being of people struggling at the intersection of poverty and drug and mental health problems. And the multi-sector collaboration between stakeholders who are often otherwise at odds with one another demonstrates an invaluable process-oriented outcome that is increasingly an objective of broader criminal justice and drug policy reform efforts.

GOALS AND CORE PRINCIPLES OF LEAD

LEAD advances six primary goals:



1. REORIENT

government's response to safety, disorder, and health-related problems



2. IMPROVE

public safety and public health through research based, health-oriented and harm reduction interventions



3. REDUCE

the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty



4. UNDO

racial disparities at the front end of the criminal justice system



5. SUSTAIN

funding for alternative interventions by capturing and reinvesting justice systems savings



6. STRENGTHEN

the relationship between law enforcement and the community

Many components of LEAD can be adapted to fit local needs and circumstances. However, there are certain core principles that are essential in order to achieve the transformative outcomes seen in Seattle. These include LEAD's harm reduction/Housing First framework,

which requires a focus on individual and community wellness, rather than an exclusive focus on sobriety; and the need for rank and file police officers and sergeants to be meaningful partners in program design and operations.

LEAD'S POTENTIAL FOR RECONCILIATION & HEALING

An unplanned, but welcome, effect of LEAD has been the reconciliation and healing it has brought to police-community relations. While tensions rise between law enforcement and community members and civil rights advocates, LEAD has led to strong alliances among traditional opponents in policy debates surrounding policing, and built a strong, positive relationship between police officers and people on the street who are often a focus of police attention. Community public safety leaders rallied early and have remained staunch in their support for this less punitive, more effective, public health-based approach to public order issues. LEAD focuses to answer the pressing question of what the community wants from the police with regard to public order problems by introducing an alternative evidence-based model.

REPLICATING THE LEAD MODEL NATIONALLY

Jurisdictions across the country are interested in replicating this transformative model. In 2011, Santa Fe, NM became the second jurisdiction to launch. In 2015 and 2016, Huntington, WV, Albany, NY, and Fayetteville, NC followed. Dozens of jurisdictions are exploring LEAD programs, and those on pace to launch in 2017 include Baltimore, MD; Portland, OR; Houston Co, VA; Madison, WI; San Francisco, Stockton and Los Angeles, CA; and several cities in North Carolina. LEAD-aligned programs are planned in Atlanta, GA and New Orleans, LA.

In July 2015, the White House hosted a National Convening on LEAD with interested delegations from nearly 30 jurisdictions including district attorneys, police chiefs, city council members, community police reform advocates, state legislators, and human service providers.