

Seattle Has Figured Out How to End the War on Drugs

While other cities are jailing drug users, Seattle has found another way.

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SEATTLE — On gritty streets where heroin, fentanyl and meth stride like Death Eaters, where for decades both drugs and the war on drugs have wrecked lives, the city of Seattle is pioneering a bold approach to narcotics that should be a model for America.

Anyone caught here with a small amount of drugs — even heroin — isn't typically prosecuted. Instead, that person is steered toward social services to get help.

This model is becoming the consensus preference among public health experts in the U.S. and abroad. Still, it shocks many Americans to see no criminal penalty for using drugs illegally, so it takes courage and vision to adopt this approach: a partial retreat in the war on drugs coupled with a stepped-up campaign against addiction.

The war on drugs has been one of America's most grievous mistakes, resulting in [as many citizens with arrest records](#) as with college diplomas. At last count, an American was arrested for drug possession [every 25 seconds](#), yet the mass incarceration this leads to has not turned the tide on narcotics.

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The number of opioid users has surged, and more Americans now die each year from overdoses than perished in the Vietnam, Afghan and Iraq wars combined. And that doesn't account for the way drug addiction has ripped apart families and stunted children's futures. More than [two million children](#) in America live with a parent suffering from an illicit-drug dependency.

So Seattle is undertaking what feels like the beginning of a historic course correction, with other cities discussing how to follow. This could be far more consequential than the legalization of pot: By some estimates, nearly half of Americans have a family member or close friend enmeshed in addiction, and if the experiment in Seattle succeeds, we'll have a chance to rescue America from our own failed policies.

In effect, Seattle is decriminalizing the use of hard drugs. It is relying less on the criminal justice toolbox to deal with hard drugs and more on the public health toolbox.

Decriminalization is unfolding here in part because of Dan Satterberg, the prosecuting attorney for King County, which includes Seattle. It's also arguably underway because of what happened to his little sister, Shelley Kay Satterberg.

At the age of 14, Shelley ran away from home because her parents wouldn't let her go to a concert on a school night. It was a rebellion that proved devastating. She was away for several months, was gang-raped by two men, was introduced to hard drugs and began to self-medicate with those drugs to deal with the trauma of rape.

As Dan Satterberg rose through the ranks of prosecutors, Shelley Satterberg wrestled with addiction. She was never arrested or jailed (middle-class drug users often avoid police attention, which focuses on marginalized people who use or sell in public).

Dan told me that he was angry at Shelley — angry that she had made terrible choices, angry that she had hurt their parents. But over time he also concluded that his own approach of prosecuting drug users accomplished little, except that it isolated them from the family and friends who offered the best support system to escape addiction.

In 2015, Dan took Shelley to Navos, a nonprofit that provides mental health and addiction services, and she was able to stop using street drugs and gradually put her life back in order. Dan saw that treatment made a huge difference in Shelley's life and became a believer.

Yet it wasn't enough. Shelley died of a urinary tract infection last year at age 51, a consequence of previous drug and alcohol abuse.

"It gave me some insight about what works better than jail," Dan Satterberg told me. "What Shelley needed was not a jail cell and not a judge wagging a finger at her, but she needed some support."

Seattle's first crucial step came in 2011 when Satterberg and others started a program called [LEAD](#), short for Law Enforcement Assisted Diversion. The idea is that instead of simply arresting drug users for narcotics or prostitution, police officers watch for those who are nonviolent and want help, and divert them to social service programs and intensive case management.

Almost immediately, this was a huge success. A 2017 [peer-reviewed study](#) found that drug users assigned to LEAD were 58 percent less likely to be rearrested, compared with a control group. Participants were also almost [twice as likely](#) to have housing as they had been before entering LEAD, and 46 percent more likely to be employed or getting job training.

LEAD isn't cheap — it costs about \$350 per month per participant to provide case managers. But it is cheaper than jail, courts and costs associated with homelessness. As a result, this approach has spread rapidly around the country, with 59 localities now offering LEAD initiatives or rolling them out.

Chian Jennings, 45, who had struggled with drugs for years, living in the streets and financing her habit by selling sex and by stealing, was smoking crack when a policeman stopped her.

"It was probably the best thing that happened to me," Jennings told me. "It saved my life." Instead of locking her up, the police officer handed her over to social workers at LEAD.

Through LEAD, Jennings got medical care, clothing and housing. She also gained confidence in herself, people who cared for her and the idea that life could get better. "They're some of the most caring people I've ever met," she said of the counselors. "Whether you come in high or not, they always treat you with respect." Now, she said, "I work to make them proud of me."

Jennings remains a work in progress. She says she still sometimes uses cocaine, but less over time, and she adds that she's no longer stealing. If she had been held in jail, she said, "it would have pissed me off, and I would have gotten high when I got out. I'd still be homeless, stealing for food and drug money."

Prison, she says, just makes people more miserable and more dependent on drugs when they are released. "This bit about 'I learned my lesson' — no, it doesn't work that way," she said. "People are hurting inside. That's why they're using in the first place."

The war on drugs [began in 1971](#) out of a legitimate alarm about narcotics both in the United States and among U.S. troops in Vietnam. But the "war" approach locked up enormous numbers of people and devastated the family structure. [Drug laws discriminated](#) against African-Americans (possession of crack cocaine, disproportionately used by blacks, drew far harsher sentences than possession of the same quantity of powdered cocaine, more likely to be used by whites).

Yet locking up endless waves of users has had little deterrent effect, and overdose deaths have surged. The White House [has estimated](#) that the economic cost of the opioid crisis in the United States exceeds \$500 billion a year, equivalent to about \$4,000 per household. And that doesn't even include cocaine, meth and other drug use.

While the U.S. doubled down on the criminal justice approach to drugs, Portugal took the opposite avenue, decriminalizing possession of all drugs in 2001. It was a gamble, but it succeeded. [As I've reported](#), Portugal's overdose deaths plunged. The upshot is that drug mortality rates in the United States are now about 50 times higher than in Portugal.

Increasingly there is global recognition that drugs are better addressed as a health challenge than as a law enforcement issue. "To criminalize people who use drugs is ineffective and harmful," argues the Global Commission on Drug Policy, a panel of former presidents and other prominent figures from around the world who have explored these issues.

It would be difficult to think of a policy that has failed more definitively than America's war on drugs, sending even small-time users to prison for years. This policy has cost the economy trillions, ruined tens of millions of lives, ruptured the family structure, exacerbated racial inequities — yet we still have a fatal overdose every seven minutes in the United States.

"Legislative and law enforcement solutions to drug problems in the U.S. have consistently caused more harm than they have solved," noted Alex Kral, an epidemiologist with [RTI International](#), a think tank. Countless studies have shown, he said, that [public health approaches](#) work better.

That's the context in which Seattle took another crucial step last September: Satterberg announced then that he would [no longer prosecute cases](#) involving possession of less than one gram of drugs, even cocaine and heroin (one gram is more than a simple user would normally have at any one time). In practice, that means that dealers still get arrested, but not ordinary users.

"Seattle is leading on this," said Daliah Heller of Vital Strategies, a New York group that examines how to reduce overdose deaths. "It's extremely significant."

But don't expect miracles. Overcoming addiction is a slog, and no approach has eradicated drug abuse. Maybe that shouldn't surprise us. We've been wrestling with alcoholism for thousands of years, and we still haven't solved that, either. Even now, more Americans die each year from alcohol (88,000) than from drug overdoses (68,000).

It's too early to have reliable data from the decriminalization experiment, but outside the courthouse in downtown Seattle where Satterberg has his offices, drug users continue to be homeless and feed their habits. At the same time, some police officers feel undermined and robbed of authority.

"You've got a guy shooting heroin on the street, and the cop is supposed to say, 'You O.K.?' " grumbled one law enforcement officer in Seattle. (In fact, an officer would typically confiscate the heroin, admonish the user and move on.) Some residents worry that when the city ignores its own laws on the books and tolerates people openly abusing narcotics, it takes a step toward incivility that will eventually result in chaos and crime. There's also a legitimate argument that the threat of prison is sometimes necessary to motivate users to participate in treatment programs.

Businesses are resentful of homeless drug users discarding needles on sidewalks and using bushes as toilets. A television documentary released this spring, "[Seattle Is Dying](#)," captured the frustration of residents; some would prefer to see the police cart drug users off to jail to get them out of the way.

"It isn't as easy as I thought to create a sensible drug policy," Satterberg admitted to me. But he remains confident that his path, if not easy, will work better than simply throwing people in jail.

As I see it, the problem is that while Seattle has done an outstanding job halting the war on drugs, it hasn't done well in financing the war on addiction. It closed the law enforcement toolbox without fully opening the public health toolbox.

Local officials found that in a world of competing budget silos, money saved from jails can't easily be reallocated to treatment. This is so even though researchers repeatedly find that drug treatment [pays for itself](#) by saving huge amounts of taxpayer money, not to mention lives. [One study](#) found that substance abuse treatment in California paid for itself seven times over in reduced crime and other savings.

We need a greater focus on services — mental health, housing, counseling, medication-assisted treatment and more. It should be a scandal that [less than 20 percent of Americans](#) with substance abuse disorders get treatment.

We should also try [other evidence-based public health interventions](#) to reduce the drug epidemic. Let's have safe injection sites, so that an overdose won't turn fatal, as well as testing for fentanyl, so that users can understand what's in the drugs they buy. Let's distribute naloxone widely, as Baltimore has done, to counteract opioid overdoses.

We might also experiment (as Canada has) with providing safe heroin to longtime users who can't break their addictions, for use under medical supervision. It's impossible to help people defeat addictions if they're dead.

Local jurisdictions like Seattle are leading partly because the federal government isn't. President Trump has boasted that his administration is making "tremendous progress" against opioids, but after more than two years, he still hasn't even gotten around to appointing an administrator of the Drug Enforcement Administration.

As a country, we also must tackle root causes, which means ensuring that every kid graduates from high school and that job training and apprenticeships usher disadvantaged young people into decent jobs. The most important kind of drug policy is preventive: It's about providing a future that isn't so depressing that people numb themselves with opioids or meth.

Perhaps I sound too bleak. Nothing is easy, but Johnny Bousquet is a living example of how a patient public health approach can save lives and leave everyone better off.

Bousquet, 42, was born with drugs in his system into a dysfunctional household. His mom, who had been raped by her father and her brother, self-medicated with heroin, and Johnny himself began selling crack at 13 to buy money for food. At 19 he found his mom dead of a heroin overdose. Soon afterward, his stepbrother who was also his best friend was murdered while trying to rescue his sister from being pimped by a gang; then the sister died of an overdose.

In short, Bousquet experienced more trauma by young adulthood than an entire suburb of more privileged children. Yet he's a talented musician and made a good living for a time producing records and corporate jingles, while marrying and having two children. Then life took a rough turn, his wife left him and took the children, he self-medicated, and he ended up homeless on the streets and stealing and selling drugs to get by.

In 2014 he sold \$40 worth of crack to an undercover police officer and was referred to LEAD and a young counselor, Mikel Kowalczyk, who herself had a long history of abusing drugs. Kowalczyk had overcome her addiction and gone to college, and she and Bousquet quickly formed a symbiotic relationship.

"Part of what keeps me clean is Johnny, and people like Johnny," Kowalczyk told me. "Because they let me give back."

Bousquet repeatedly relapsed, but Kowalczyk never gave up on him, and he gradually stayed sober for longer periods. Now he has been drug-free since Feb. 14, 2018, and he has a home and a job. If it hadn't been for LEAD, he figures he would be dead of an overdose, would have killed himself or might have killed someone else.

Now, he says, he goes to a 7-Eleven that he used to shoplift from — and he buys from the cashier. "I'm nothing special," he told me, "but it's a big deal compared to being homeless last year and sleeping outside with needles in my arm."

Day by day, Bousquet is making progress, a reminder that treating drug users as humans with an illness is a more effective strategy than the almost 50-year policy of imprisoning them as "junkies."

"I just paid my rent again yesterday," he said, beaming. "I'm not in your car stealing your stereo. I'm paying damn taxes now."

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