

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/appreciating-public-health-oriented-policing-firsthand>

Public Facing Advocacy Writing

Last month, [the New York Times](#) reported that more than 130 law enforcement officials have launched an initiative to reduce both crime and incarceration, representing a public shift in philosophy from previously popular tough-on-crime rhetoric.

As a police officer in Seattle for 31 years and now with the King County Sheriffs Office for the last year, I have personally witnessed this kind of growing willingness from formerly adversarial or at least siloed defense attorneys, prosecutors, civil society groups, health care agencies, and police to begin addressing the long-standing issues facing marginalized groups: the thousands of people whose lives are plagued by trauma, drug addiction, mental illness, and housing instability.

We have failed as a society to invest sufficiently to ensure that all people have reliable access to health care, affordable housing, and drug treatment. As a result, courts and correctional facilities have become the hidden providers of last resort for the poor, uninsured, and marginalized.

However, where before these people were most often criminalized for low-level and non-violent yet publicly disturbing behavior, genuine efforts are now being made to assist them with alternatives to incarceration. As a result, the harm they are doing to themselves and the community is at least being reduced, and sometimes stopped, without having to involve them in the criminal justice system.

Indeed, policing strategies that prioritize arresting and jailing people for drug use and quality of life offenses often do more harm than good. In partnership with public health agencies and community advocates, police departments can play an essential role in promoting access to health and social services for the marginalized people with complex health needs that they routinely encounter. We simply cannot continue punishing our way out of public health problems. Doing so will not make our communities safer, but will harm the health of the people that we should be helping.

In Seattle and King County, in partnership with prosecutors, the mayors office, public defender, and community advocates, I helped pioneer Law Enforcement Alternatives to Detention (LEAD), a pre-arrest diversion program that allows police to redirect people to community-based services, including housing and treatment, instead of booking them into jail. In general, low-level, non-violent/non-predatory drug consumers, drug addicts, drug sellers, and sex workers are offered a diversion from jail at point of arrest.

Vera's report, [First Do No Harm: Advancing Public Health in Policing Practices](#), puts forward a similar model for this kind of public health-oriented policing by outlining how to include health promotion and harm reduction both evidence-based and institutionalized public health principles in policing.

Before the LEAD initiative, if someone possessed any controlled substance, he or she went to jail. A prosecutor would most likely charge; perhaps a plea to a lesser offense could be reached. If not, the person would spend time in jail never receiving treatment or other assistance that would reduce his or her chances of recidivism once they were released.

The unique item in this initiative is that it is not abstinence-based. If the person is found to be selling, possessing, or using drugs, and is not engaged in another crime, the officer has discretion on whether to take enforcement action, or to get the person out of the immediate environment and see their case manager.

So far, the LEAD program is working [the results seem to be positive](#), and much better than those who are not LEAD-involved. It has also improved relationships between police, public health, and advocacy organizations that did not enjoy cooperative relationships in the past. Similar programs across the country have operated for years and demonstrated savings to the community by reducing hospitalizations and jail use, all with no incidents of violence in the community.

In my opinion, harm reduction is not always the best alternative, but it has proven to be valuable to helping communities that we formerly criminalized with no positive results. It has also proven to reduce the harm that people living with mental illness or addiction can cause to both themselves and the communities in which they reside.

Transformative change, sent to your inbox.

Vera Institute of Justice. All rights reserved.