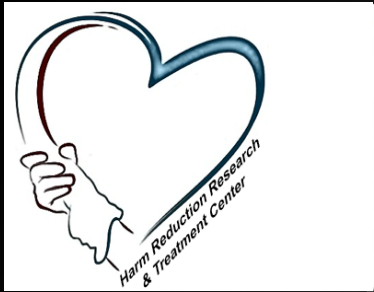




# Addiction is Everybody's Business: Innovative Harm Reduction Approaches from Seattle, WA

**Seema L. Clifasefi, PhD, MSW**  
**University of Washington-Harborview Medical Center**

Cutting Edge Conference  
Te toka tū moana  
Wellington, New Zealand  
8 September, 2017



G. Alan Marlatt, PhD  
Professor, Director  
Addictive Behaviors Research Center  
1941-2011



“Throughout his life, Marlatt labored to bring empathy and compassion into a field that had historically advocated harsh and coercive techniques that were not effective . . . When I look back through the stories in which I’ve quoted him, his kindness and sympathetic nature come through in every sentence.” -Maia Szalavitz, Time Magazine

**Substance use is here to stay**

# Session Outline



- Background & Statistics



- What does the science say?

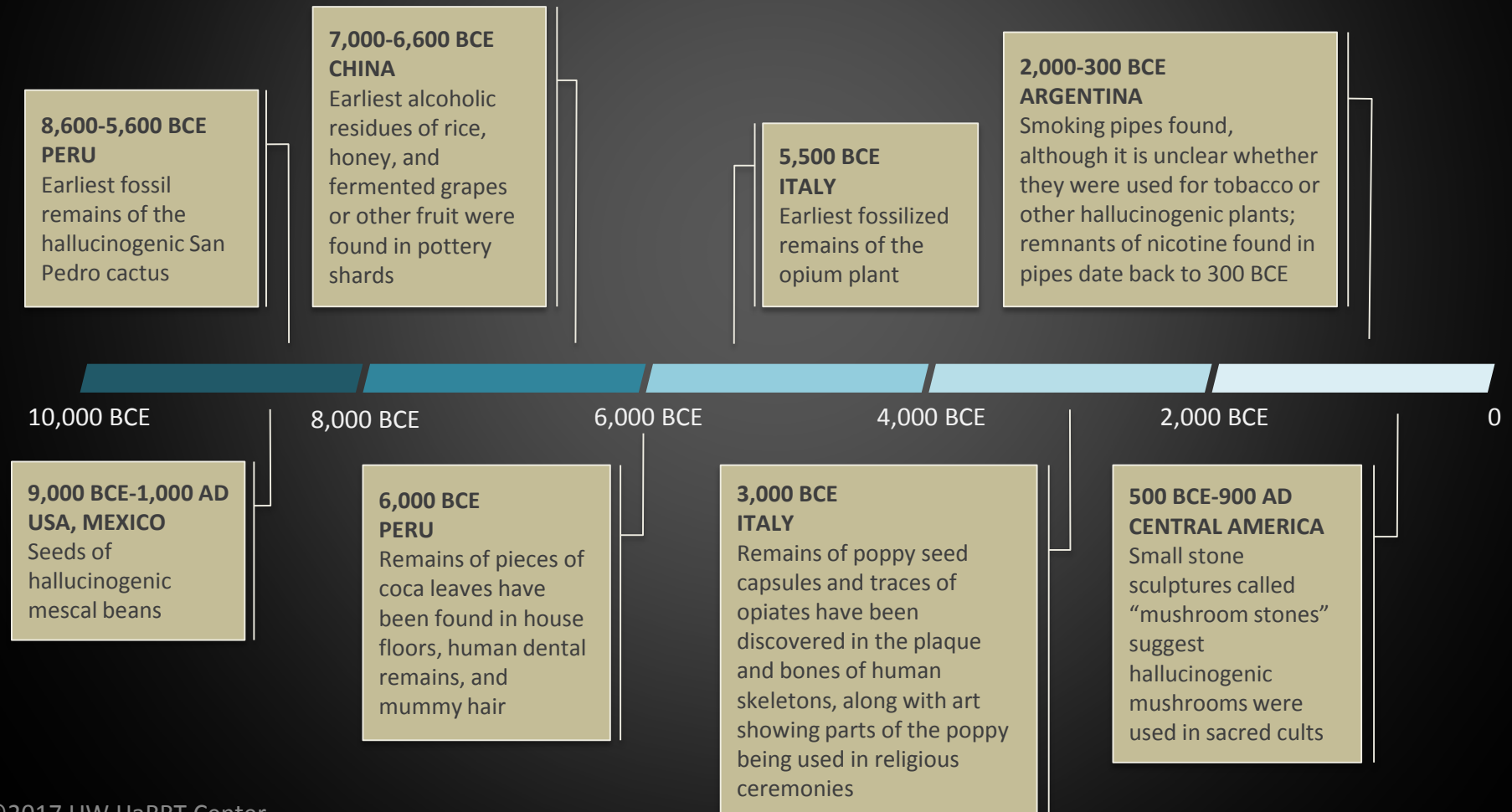


- Lessons learned/The way forward

# Humans Have Been Getting High Since Prehistoric Times, Research Shows



By Macrina Cooper-White



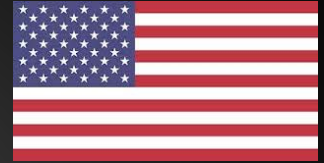
# History of Drug Laws in the United States

- Our drug laws have changed over time, and have been racially charged.
  - Anti-opium laws targeting Chinese immigrants (1800's)
  - Anti-cocaine (and then crack) laws targeting Black Americans (1900's)
  - Anti-marijuana laws targeting individuals of Hispanic origin

Sources: Human Rights Watch, 2009



# U.S. War on Drugs



Sources: Department of Corrections, Prison statistics, 2017; Kerby, 2013; [drugwarfacts.org](http://drugwarfacts.org); [sentencing project.org](http://sentencingproject.org); Travis et al., 2014)



# U.S. War on Drugs



- [illegible]

Sources: Department of Corrections, Prison statistics, 2017; Kerby, 2013; [drugwarfacts.org](http://drugwarfacts.org); [sentencingproject.org](http://sentencingproject.org); Travis et al., 2014)

# U.S. War on Drugs



- 1 TRILLION dollar price tag
- There are 2.2 million people in the nation's prisons and jails—a 500% increase over the last 40 years.

Sources: Department of Corrections, Prison statistics, 2017; Kerby, 2013; [drugwarfacts.org](http://drugwarfacts.org); [sentencing project.org](http://sentencingproject.org); Travis et al., 2014)

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- Imprisonment rate of around 666 per 100,000 population.
- 51% of US inmates are incarcerated for a drug related charge
- 1 in every 15 African American men and 1 in every 36 Hispanic men are incarcerated in comparison to 1 in every 106 White men

Sources: Department of Corrections, Prison statistics, 2017; Kerby, 2013; [drugwarfacts.org](http://drugwarfacts.org); [sentencing project.org](http://sentencingproject.org); Travis et al., 2014)

# New Zealand Statistics



- New Zealand second highest incarceration rate for offenders in the Western World.

Sources: World Prison Brief, 2017; Department of Corrections, Prison statistics

# New Zealand Statistics



- New Zealand second highest incarceration rate for offenders in the Western World.
- Imprisonment rate of around 212 per 100,000 population

Sources: World Prison Brief, 2017; Department of Corrections, Prison statistics



# New Zealand Statistics



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- 10% of those imprisoned in NZ are for drug offences

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# New Zealand Statistics



- New Zealand second highest incarceration rate for offenders in the Western World.
- Imprisonment rate of around 212 per 100,000 population
- 10% of those imprisoned in NZ are for drug offences
- 51% of prisoners are Māori, despite being only 15% of the population

Sources: World Prison Brief, 2017; Department of Corrections, Prison statistics

# New Zealand Statistics



- New Zealand second highest incarceration rate for offenders in the Western World.
- Imprisonment rate of around 212 per 100,000 population
- 10% of those imprisoned in NZ are for drug offences
- 51% of prisoners are Māori, despite being only 15% of the population
- Māori 6 times more likely to be incarcerated than non-Māori

Sources: World Prison Brief, 2017; Department of Corrections, Prison statistics

# Cost of substance misuse



- Average cost per US prisoner on drug related conviction: \$22,000
- Average cost in lost productivity in US\$740 billion annually



- Average cost per NZ prisoner for minor drug offences: \$18,000
- Average cost in lost productivity in NZ\$1.8billion annually

“What’s good for Maori is probably good for Pakeha”

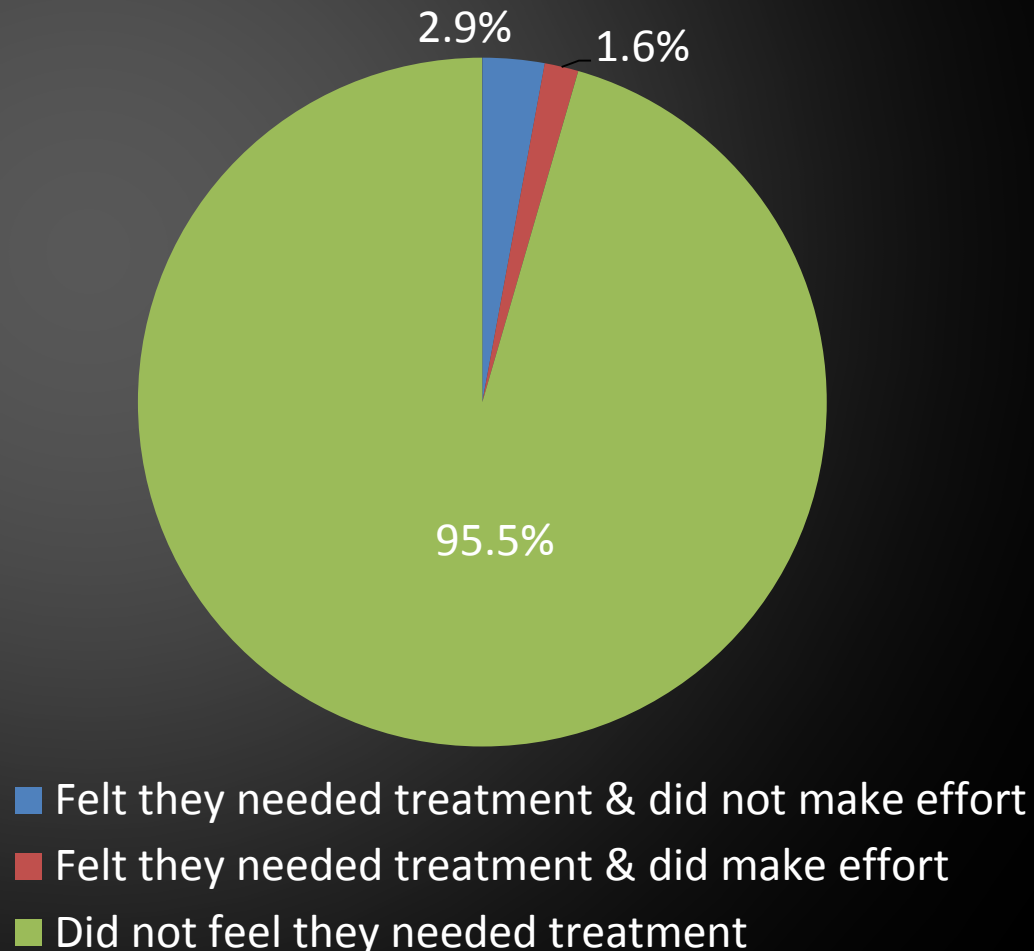
#blacklivesmatter

**Addiction is everybody's business**

# Our current treatment systems are NOT working

According to SAMHSA, in 2013  
22.7 million Americans  
needed treatment  
2.5 million received  
treatment

Of Americans who needed but did not receive treatment...





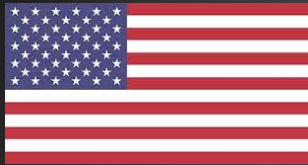
# Harm Reduction...The way forward.



Harm reduction is a grass-roots inspired set of compassionate and pragmatic approaches to reducing the negative consequences and risks of substance use [and other health-related behaviors] and improve quality of life.



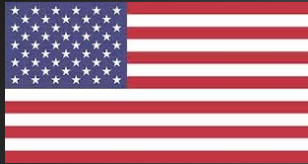
# Homelessness is a rising issue...



- In 2016: 549,928 individuals were left homeless on any given night nationwide in the US
- In 2016: in Seattle this number was estimated at 4505
- Average Age of death = 47-52 years of age

Sources: "The 2016 Annual Homeless Assessment Report to Congress," US Department of Housing and Urban Development

# Homelessness is a rising issue...



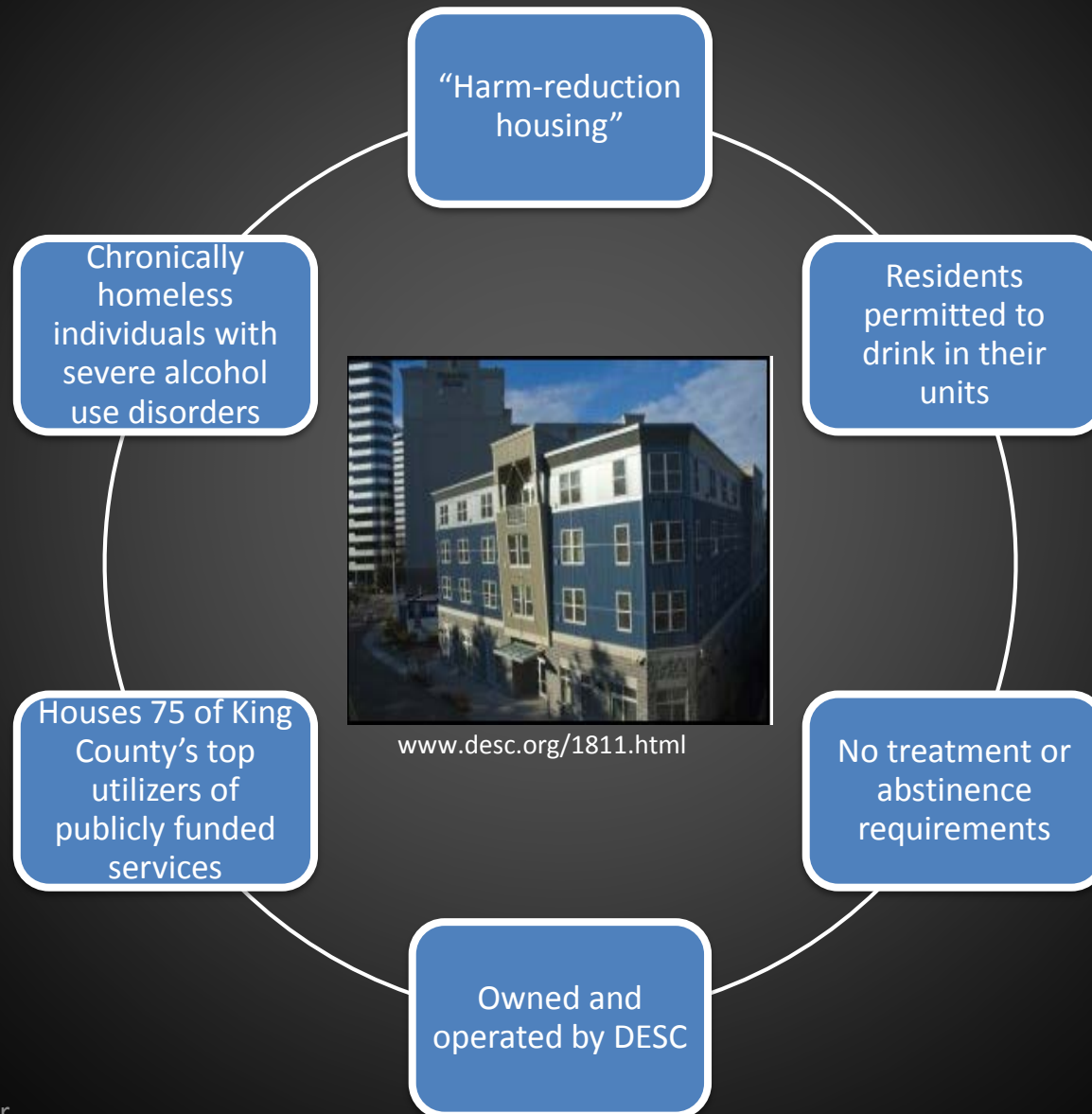
- In 2016: 549,928 individuals were left homeless on any given night nationwide in the US
- In 2016: in Seattle this number was estimated at 4505
- Average Age of death = 47-52 years of age



- In 2013: 41,075, or 1 per cent of New Zealand's population
- Between 2006-2013, New Zealand's population grew by 4.8 per cent, while the number of homeless grew by 25 per cent.

Sources: "The 2016 Annual Homeless Assessment Report to Congress," US Department of Housing and Urban Development

# 1811 Eastlake Housing First Project



# 1811 Eastlake initially Controversial



MICHAEL MEDVED  
CULTURE CLASH

---

WORLDNETDAILY EXCLUSIVE COMMENTARY

---

Liberal lunacy mandates 'drunk dorms' as  
homeless cure

---

Posted: October 28, 2002  
1:00 a.m. Eastern

The Seattle Times

---

Editorials & Opinion: Monday, October 21, 2002

Editorial

## Wrong time, place for alcoholic house

### Too Bad Stupidity Is Legal

October 7, 2003



Ken Schram

**Video : KOMO 4 NEWS**

The State Court of Appeals just green-lighted a plan to build a 75-unit apartment building, stock it with chronic alcoholics, then encourage them to drink.

[Watch Video](#) 

## Seattle to build housing for street drunks

By Stuart Eskenazi  
Seattle Times staff reporter

# Housing First Research Methods

## Aim

- To evaluate association of a “Housing First” intervention for chronically homeless individuals with severe alcohol problems with health care use and costs & alcohol use outcomes.

## Design

- Quasi-experimental design comparing outcomes for individuals who were housed vs. wait-list controls)

## Participants

- N=134 (95 Housing First residents vs 39 wait-list control participants).

## Measures

- Use and cost of services (criminal justice and health care system records; other publicly funded services (Emergency Medical Services, drug and alcohol detox center, etc.)
- Self-reported alcohol use and alcohol-related harm



# Resident demographics

134 participants (6.3% Women)

## Education level

37.2% some high school

29.8% HS grad/GED

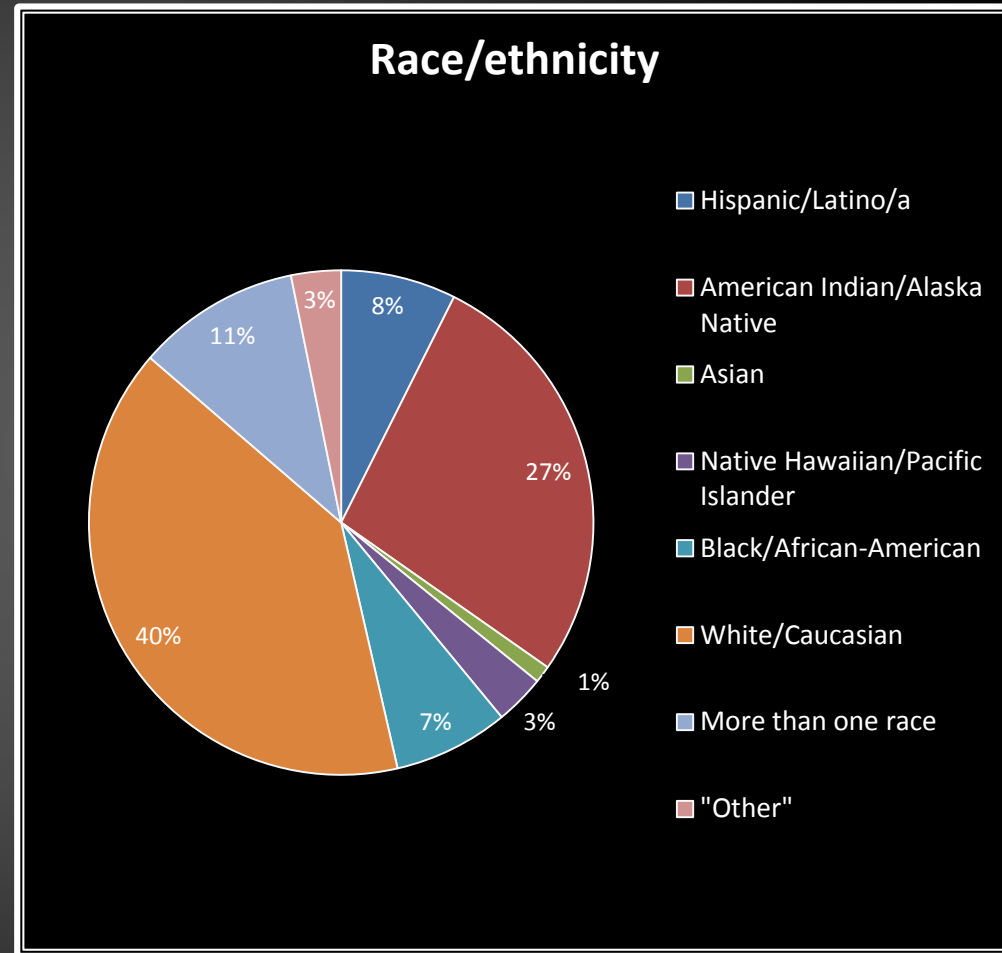
8.5% vocational school

18.1% some college

4.3% college grad

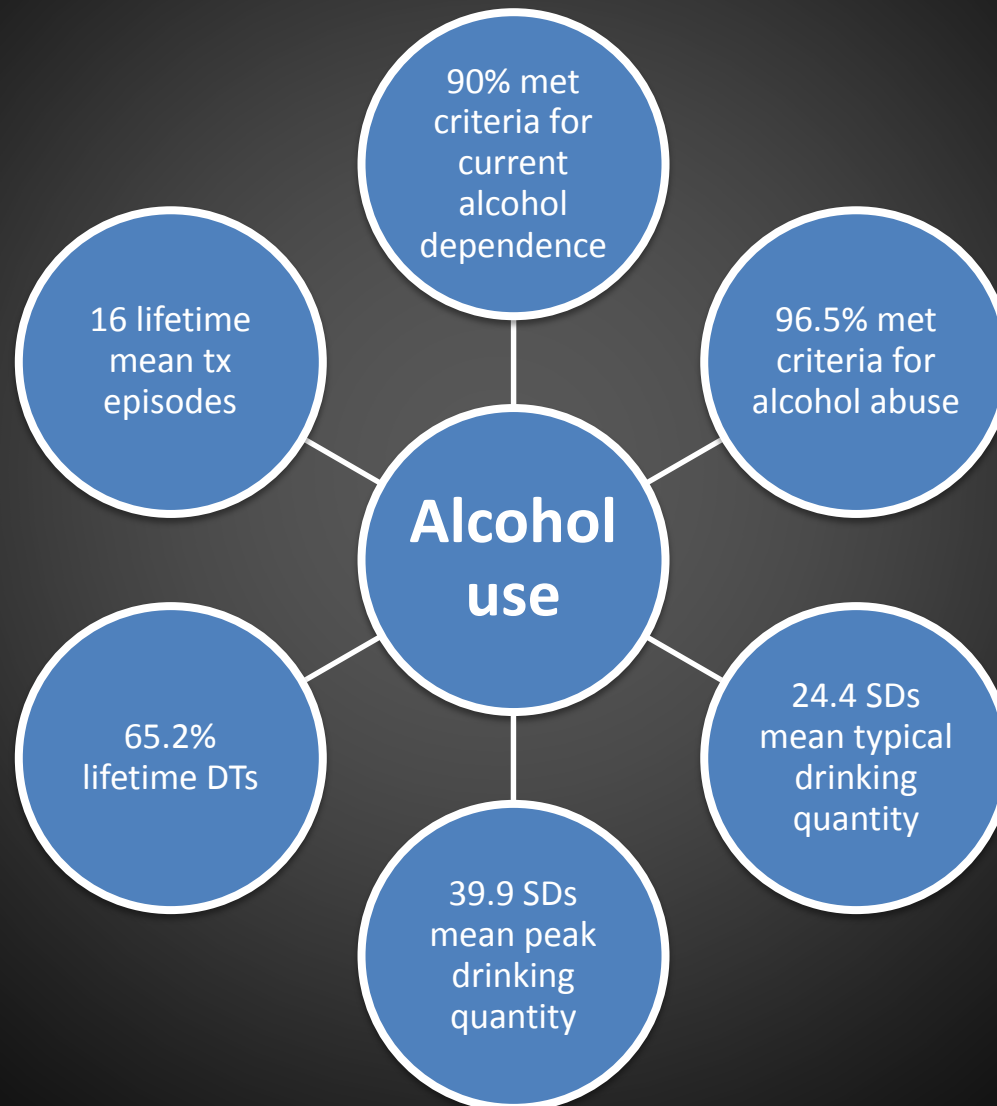
2.2% grad school

Average age is 48 yrs old



Participants with self-reported AI/AN heritage comprised 38% of the sample.

# Residents' alcohol use is striking...



...but most striking (and sadly unmeasured) is their resilience.



# Housing First was associated with...



Over \$4m in tax-payer savings over the first year (Larimer et al., 2009)



Significant decreases in alcohol use and related problems (Collins et al. 2012)



Significant reductions in jail days and jail bookings (Clifasefi, Collins & Malone, 2013)



Significant reductions in emergency medical service use (Mackelprang, Collins & Clifasefi, 2015)

HF is seen by many residents as the thing that saved their lives...

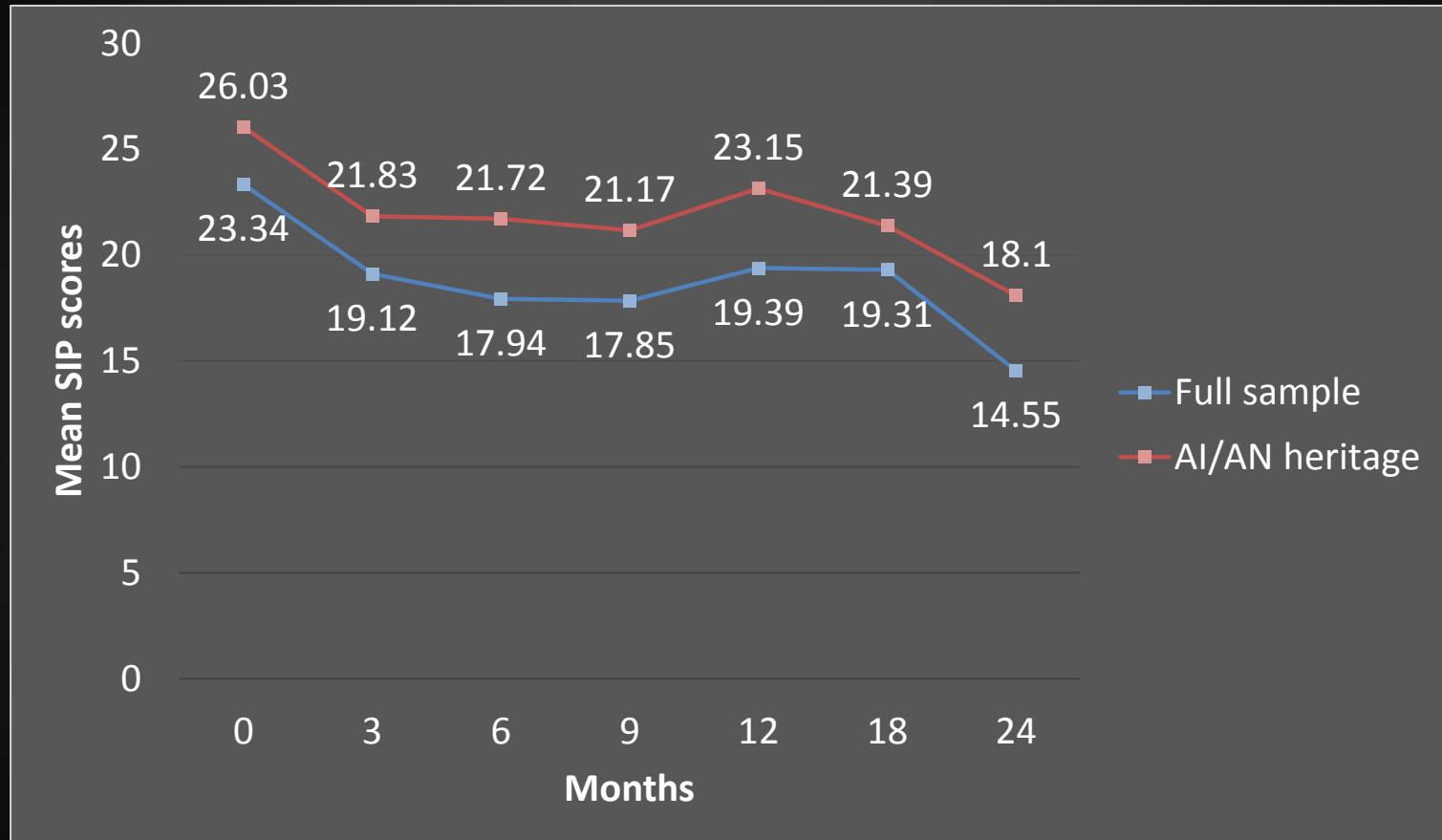
**We already know: housing provides the essential platform...**

**Housing  
first!**



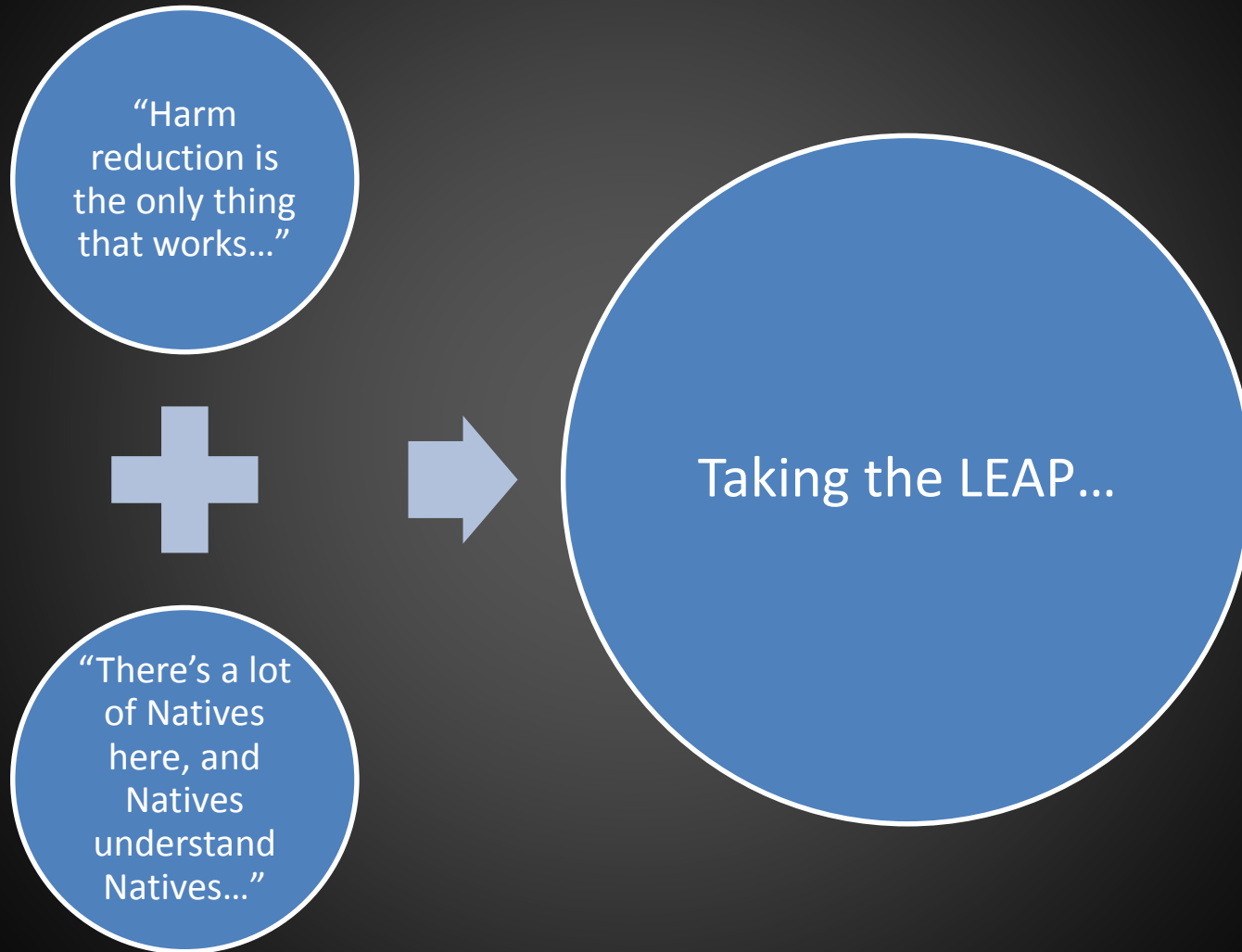
**What comes  
second?**

# Despite the clear positive effects of Housing First...



...residents still experienced alcohol-related problems.

# We asked the experts...



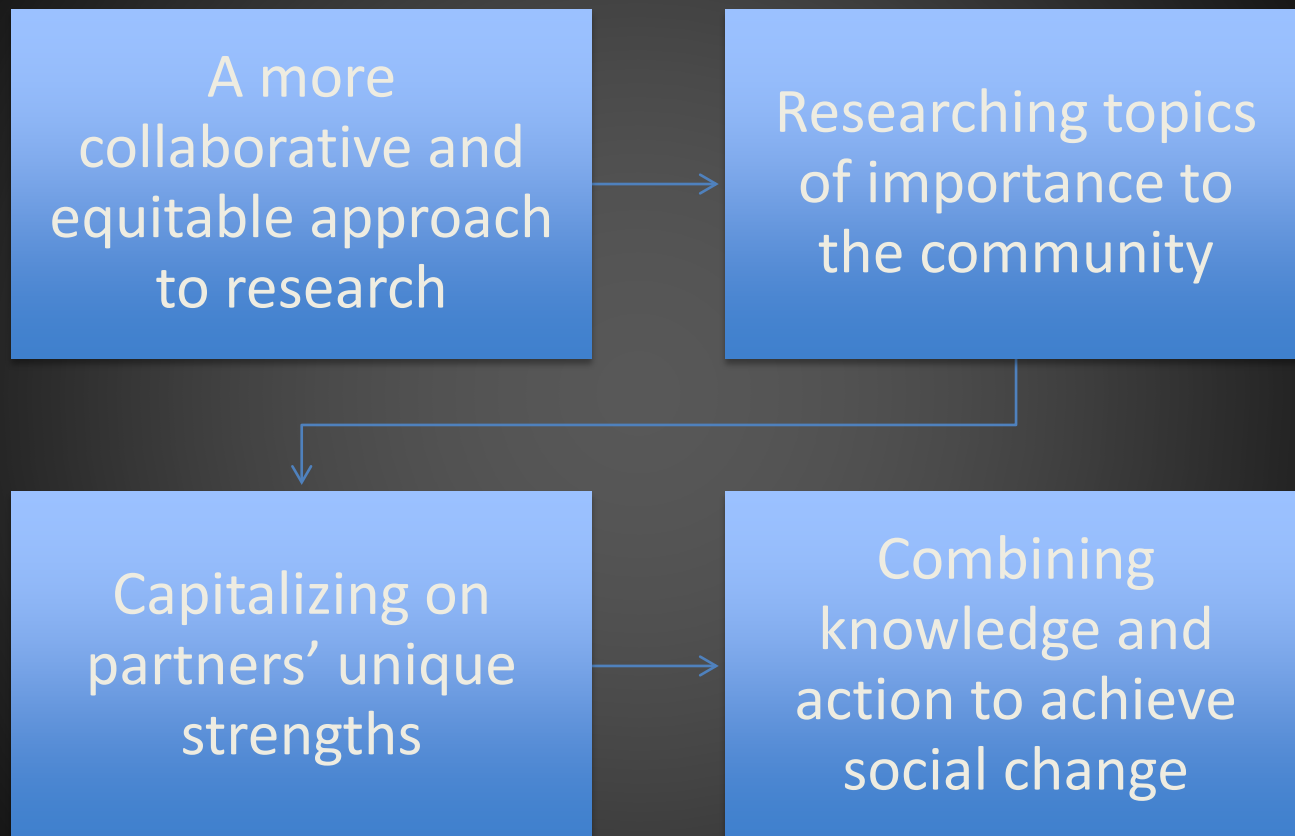


# The LEAP (Life Enhancing Alcohol-management Program)



- Aim: To co-develop and evaluate programs that reduce alcohol-related harm and improve quality of life for formerly chronically homeless individuals living in HF settings.

# What is CBPR?



# LEAP Process

Qualitative analysis of naturalistic observation, interviews and focus groups with staff, management and residents

Phase I

Engaging the community in problem solving around meeting stated needs, hopes and concerns & resident-driven program development

Phase II

Nonrandomized Controlled Trial of LEAP

Phase III

# 2016 LEAP Advisory Board



# 3 components of the LEAP (Phase II)

## Leadership Opportunities

- LEAP Advisory Board, 1 x month: voted upon and appointed members (UW, DESC residents, staff and management)
- LEAP Researcher Meetings 1 x month: UW + all 1811 residents
- Welcoming Committee: 1811 residents helping other residents, more structured orientation for new residents
- Various training opportunities (e.g., Harm Reduction, Cultural Humility)

## Meaningful activities

- LEAP Art Collective: Artist collective to support residents expressing themselves through visual arts, writing and music (2 x week: facilitated by a Meaningful Activities Coordinator that LAB hired)
- Writing Groups/Zine
- Community Garden
- LEAP Speakers Series, 1 x month (speakers/topics identified by the community)

## Recovery and healing

- Therapeutic Poetry Writing Sessions, Offered weekly for 18 weeks
- One on One Harm Reduction treatment
- Harm-reduction groups--helping people learn how to reduce alcohol-harm and safer drinking strategies (2x month)
- Harm Reduction Talking Circles (2 x month)





**“But I Don’t Have to Drink Today”  
A Pilot of the Pongo Poetry Program In a Housing First Setting**





DECK

Please Love and  
Respect the New  
Garden at 1811

Throw your cigarette butts in the  
Butt Can

Take your beer cans to the  
Trash Room on the 2<sup>nd</sup> Floor

Join the Garden/Club! See Cecil or Joey





**UW-1811 LEAP Project**  
**LEAP: Life-Enhancing Alcohol Management Project**

The **LEAP** is a collaboration between the University of Washington, The Downtown Emergency Service Center (DESC), staff, and residents at 1811 Eastlake. The **LEAP** was inspired by the community members of 1811 Eastlake during a previous evaluation.

**EVENTS:**

**LEAP Researchers meeting**  
4<sup>th</sup> Thursday of each month  
3<sup>rd</sup> floor Group Room

**Art Hours**  
Wednesdays, 11:30-1:30  
Thursdays, 2-4  
4<sup>th</sup> floor Art/Piano Room

**Talking Circle**  
Wednesday, 11/11, 10:30am  
Wednesday, 12/16, 10:30am  
3<sup>rd</sup> floor Group Room

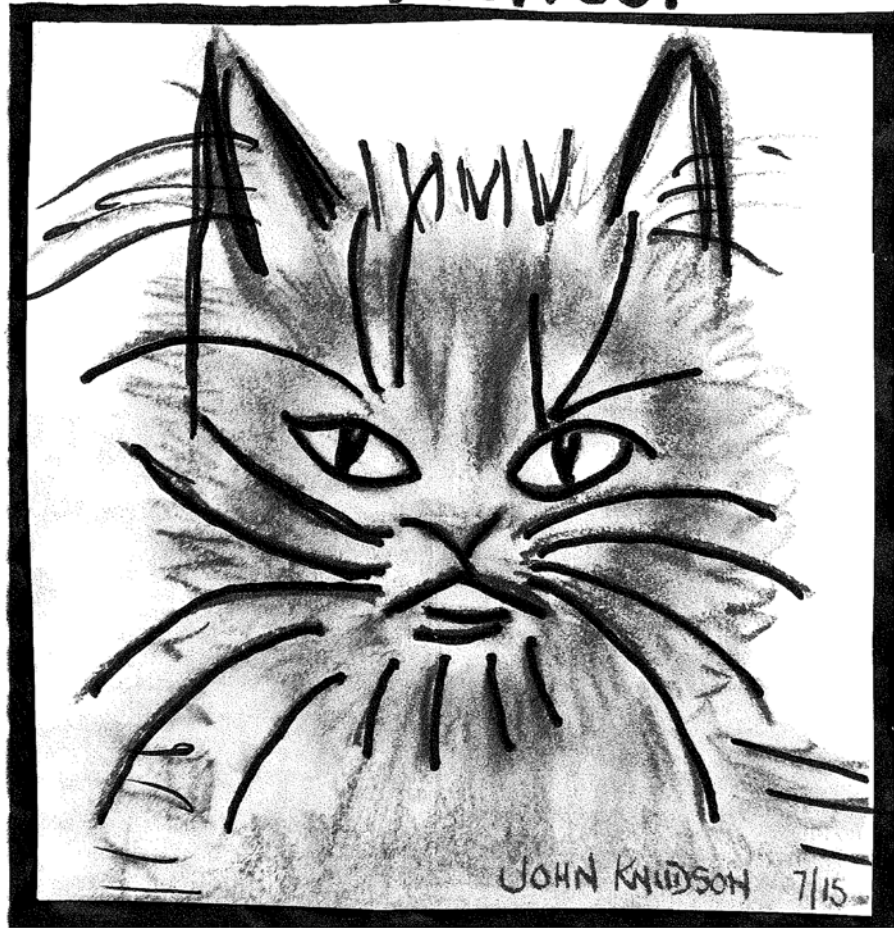
**Harm Reduction Group**  
Thursday, 11/5, 10am  
Thursday, 11/19, 10am  
Thursday, 12/3, 10am  
Thursday, 12/17, 10am  
3<sup>rd</sup> Floor Group Room

**PONGO Poetry Reading**  
Wednesday, November 18th from 6-7pm

# 1811 ZINE

DATE: OCT. 28, 2015

ISSUE: 002, Vol: 001





# LEAP “Peace Quilt” Mural & 1811 Gallery Art Walk

December 1, 2016

4:00-6:00pm

4th floor



# **“Blindfold” by Lovella**



**Pongo Poetry Project**

A University of Washington/Pongo collaboration brings poetry to people  
with lived experience of homelessness and substance use in Seattle.

## LEAP Phase III Methods

### Aim

- To evaluate the LEAP in terms of pre to post changes on alcohol related harm and quality-of-life outcomes

### Design

- 2-arm, 6-month nonrandomized controlled trial of the LEAP programming (1,3 & 6month follow ups)

### Participants

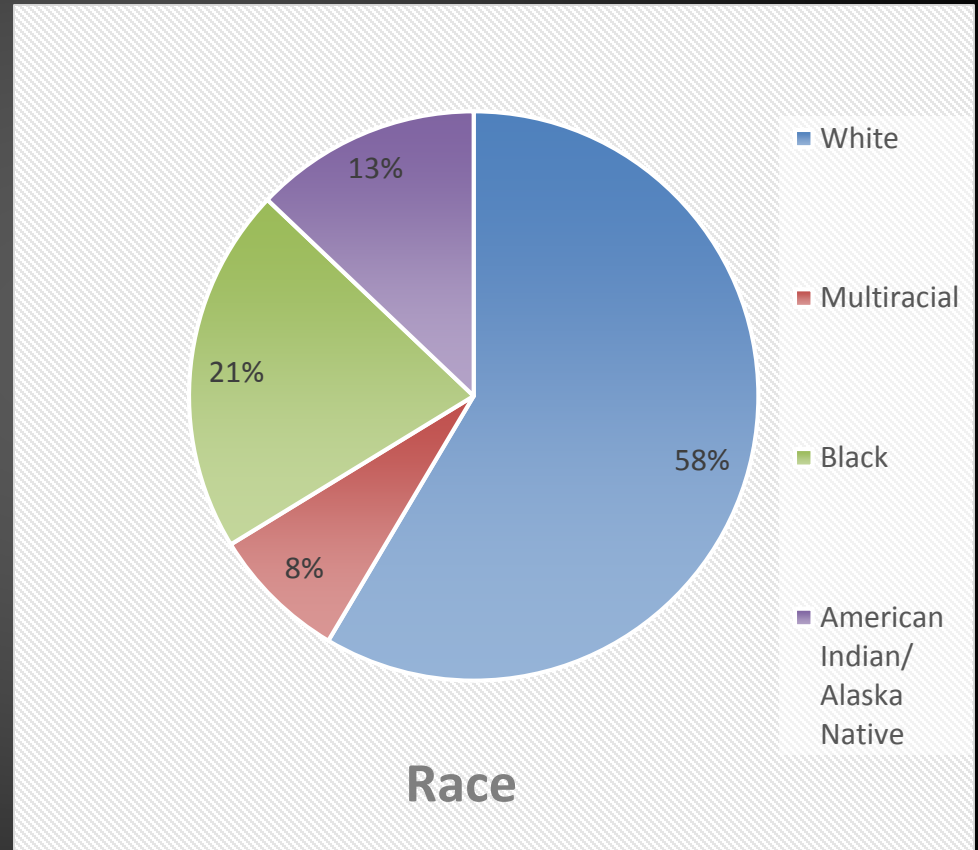
- N=116 Housing First residents (LEAP=66; HF as usual=50)

### Measures

- Self-reported alcohol use, alcohol-related harm, quality of life measure

# Sample Demographics

- Participants were individuals with lived experience of homelessness and alcohol use problems ( $N=116$ ; LEAP=66; Control=50 )
- Age:  $M=52.66$  yrs ( $SD=8.82$ )
- Gender: 19% Female
- Ethnicity: 10% Hispanic/Latino (a)



# What participants said about the LEAP

"Overall it's a very good distraction from drinking. I think there's a lot more residents that would cut down on their drinking if they actually participated."

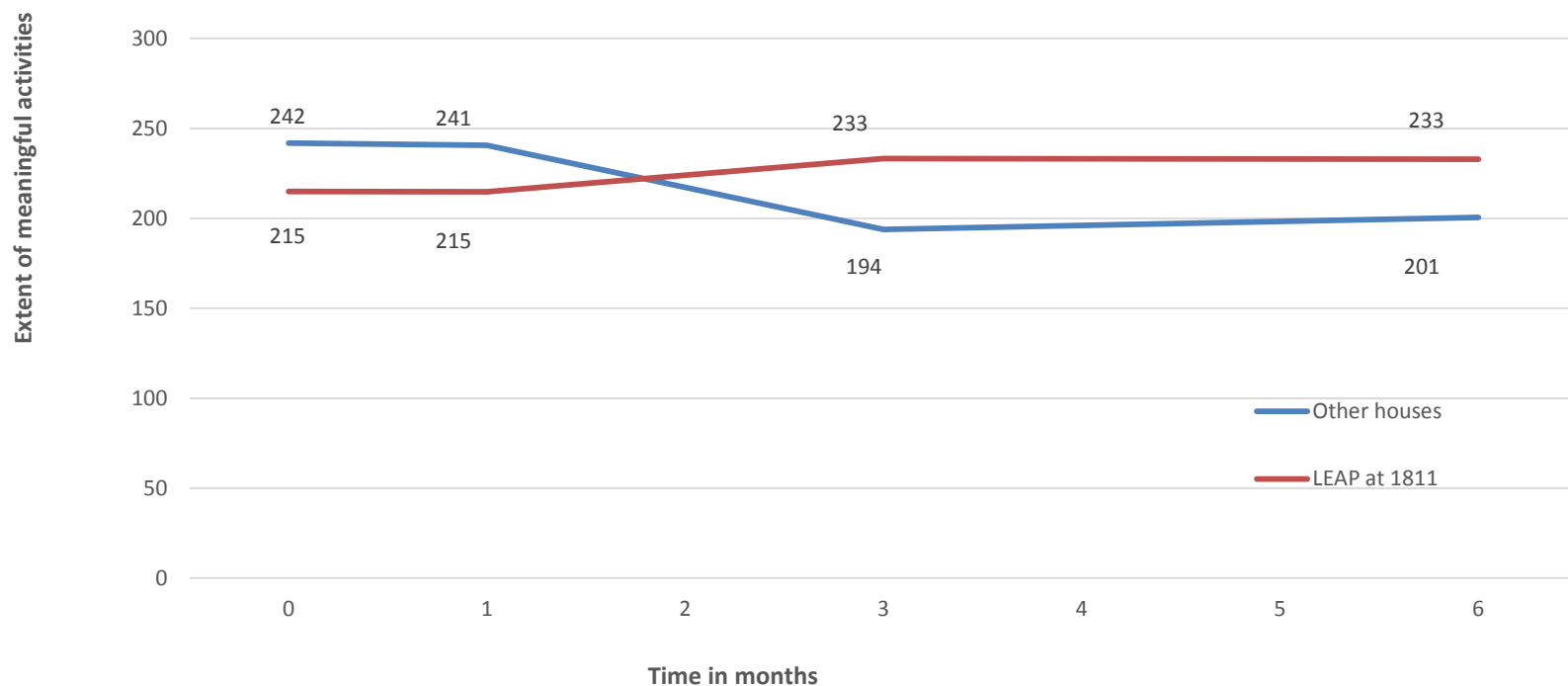
"It has been life changing."

"...It has changed the ecology of the community."

"the University of Washington and the programs that you guys are bringing in is saving people's lives. It's bringing people back from the dead. And I'm not talking about physical death...Somebody that's already [spiritually] dead...we're trying to give them CPR. And we're doing it through art. We're doing it through talking. We're doing it through writing."

# Between subjects results

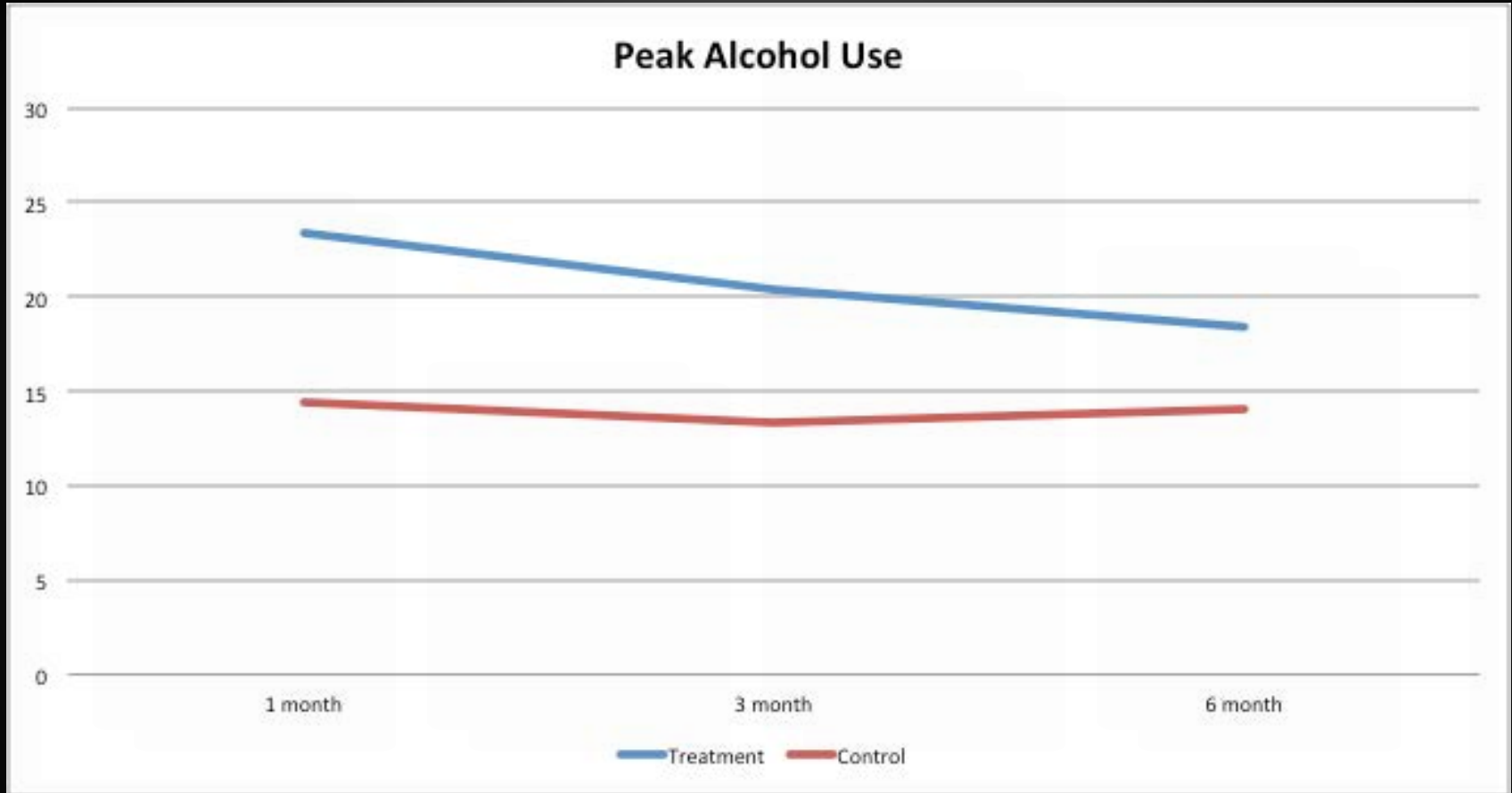
Extent of participation in meaningful activities for both 1811 and other residents



LEAP participants had higher scores on measure of meaningful activity participation compared to control participants

( $B = .31$ ,  $p = .002$ ; Cohen's  $d=2.02$ )

# Between subjects results

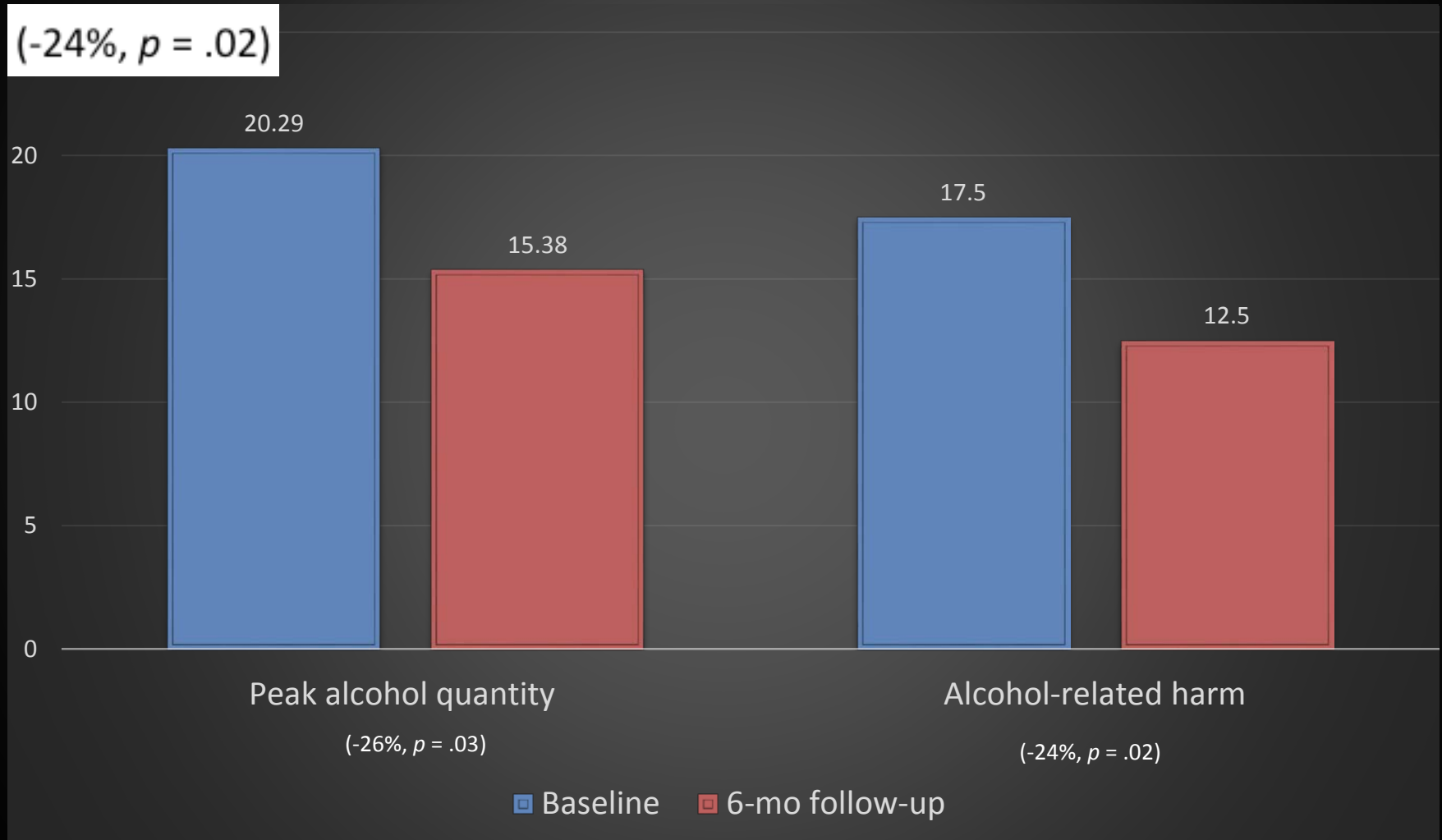


LEAP participants reduced their peak alcohol use over time more so than control participants

(Cohen's  $d=.52$ )



# Within subjects results





# 3 components of the LEAP (Phase II)

## Leadership Opportunities

- LEAP Advisory Board, 1 x month: voted upon and appointed members (UW, DESC residents, staff and management)
- LEAP Researcher Meetings 1 x month: UW + all 1811 residents
- Welcoming Committee: 1811 residents helping other residents, more structured orientation for new residents

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- LEAP Speakers Series, 1 x month (speakers/topics identified by the community)

## Recovery and healing

- Therapeutic Poetry Writing Sessions, Offered weekly for 18 weeks
- One on One Harm Reduction treatment (HaRT-A)
- Harm-reduction groups--helping people learn how to reduce alcohol-harm and safer drinking strategies (2x month)
- Harm Reduction Talking Circles (2 x month)

## Use of HaRT-specific components is associated with...



---

65% reduction in alcohol-related harm

---



---

66% reduction in peak alcohol consumption

---



---

16% reduction in positive urine tests

---

...over a 3-month treatment and follow-up period.

# Housing First Summary

- LEAP & its program components indicates initial promise in helping individuals with histories of homelessness and severe alcohol use problems reduce their alcohol related harm and improve the quality of their lives
- LEAP increases engagement in meaningful activities
- LEAP participation is associated with reductions in peak alcohol quantity and alcohol related harm



# Law Enforcement Assisted Diversion (LEAD) Program

<https://www.leadbureau.org>

# What is the LEAD?

- An innovative program that diverts individuals suspected of low-level drug and prostitution criminal activity out of the criminal justice system and into harm-reduction oriented case management and other supportive services
- Unique partnership between a diverse set of stakeholders

# UW LEAD program evaluation aims

## **Specific Aim 1**

- LEAD impact on criminal recidivism (i.e., arrests, criminal charges)



## **Specific Aim 2**

- LEAD impact on cost and systems utilization



## **Specific Aim 3**

- Housing, employment and income/benefit outcomes following LEAD

## Baseline sample demographics

**316 participants overall**

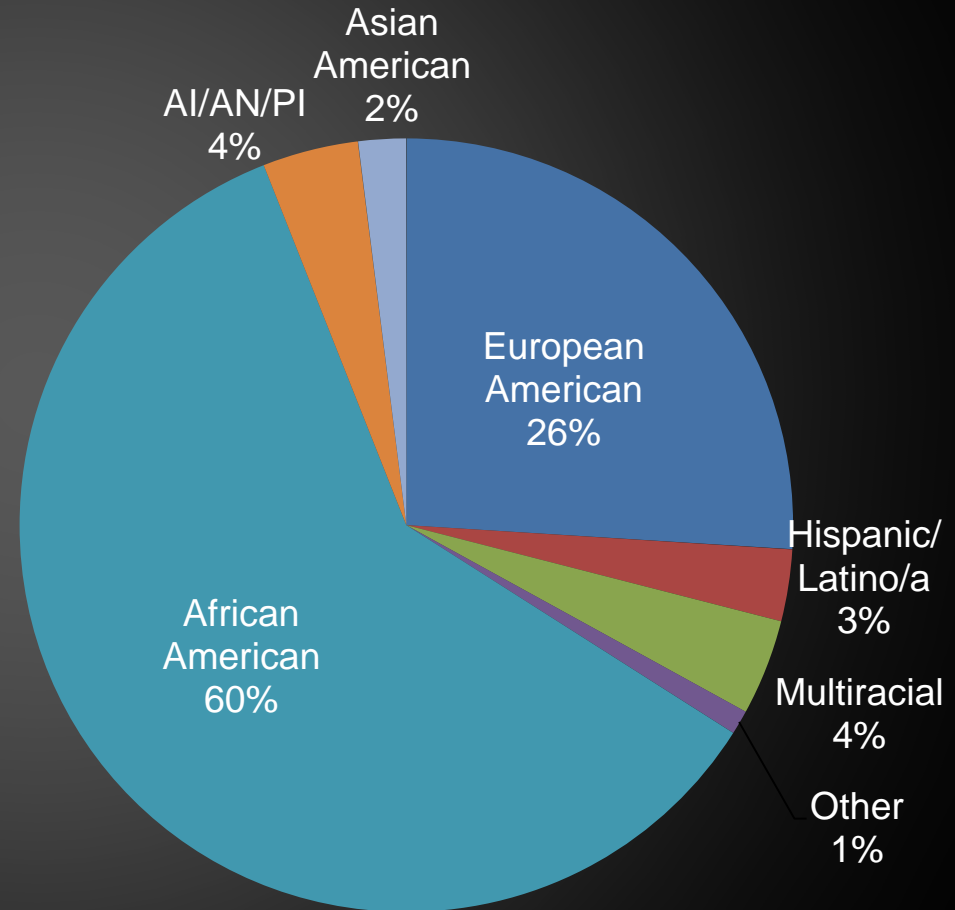
202 LEAD participants

114 system-as-usual controls

**34% Female**

**80% Homeless**

**Mean Age: 40.12 (11.86) yrs**



# Results

## **Specific Aim 1**

- LEAD impact on criminal recidivism (i.e., arrests, criminal charges)

- LEAD participants were 58% less likely than people in the control group to be arrested.
- LEAD participants were 39% less likely to have a felony charge than control participants.



# Results

## **Specific Aim 2**

- LEAD impact on cost and systems utilization

- LEAD participants were booked into jail 1.4 fewer times
- LEAD participants spent 39 fewer days in jail compared to control participants
- LEAD Participants at 87% lower odds of at least one prison incarceration
- LEAD participants cost system \$3861 less per person than system as usual participants

## UW LEAD program evaluation aims

### Specific Aim 3

- Housing, employment and income/benefit outcomes following LEAD
- LEAD participants were 40% more likely to procure housing or shelter during the follow up versus at baseline
- LEAD participants were 33% more likely to have received income/benefits during the follow up versus at baseline
- LEAD participants were 46% more likely to be on the employment continuum (i.e., in vocational training, employed in the legitimate market, retired) at follow-up versus baseline

# Associations with recidivism

- For each additional month housed, participants were 17% less likely to have been arrested during the 6-month follow-up.
- For each additional month spent on the employment continuum to employment participants were 41% less likely to have been arrested

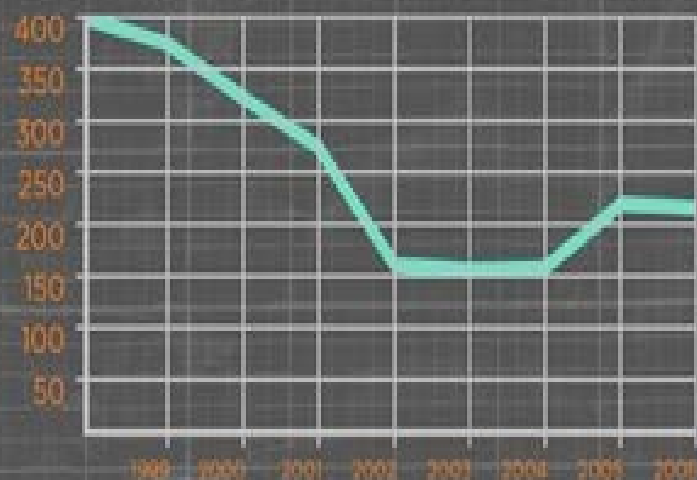
# National Drug Policy 2015 to 2020

The National Drug Policy 2015 to 2020 sets out the Government's approach to alcohol and other drug issues, with the overarching goal of minimising alcohol and other drug harm, and promoting and protecting health and wellbeing.

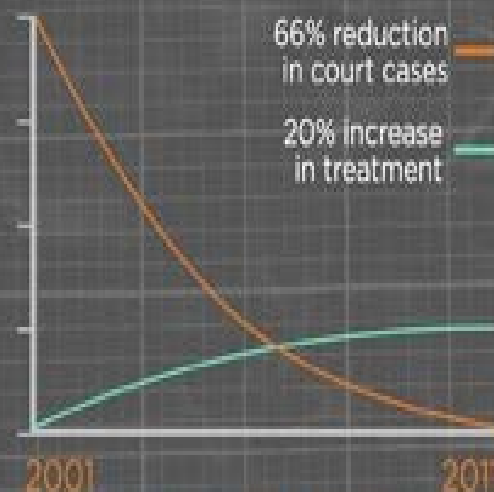
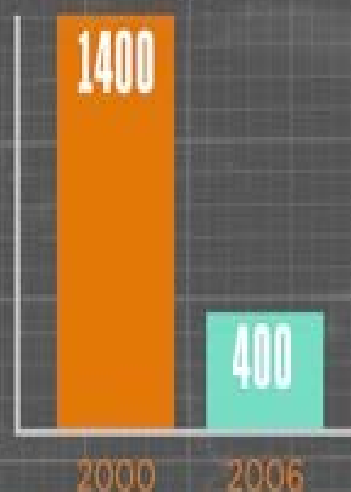
# PORTUGAL WINNING WAR ON DRUGS

In July of 2001, Portugal de-criminalized possession and use of illegal drugs, instead focusing on treatment and prevention, which in turn led to reductions in student drug use, prison overcrowding, overdoses, and spread of HIV/AIDS.

DRUG INDUCED DEATHS IN PORTUGAL



HIV CASES



After 10 years, Portugal has reported a 20 percent increase in drug treatment and a 66 percent reduction in drug-related court cases. Decriminalization in favor of treatment did not produce a surge in drug use, which some predicted.

FROM 2001-2011,  
THE NUMBER OF  
ADDICTS IN  
REHAB ROSE

**400%**

IN THAT TIME, DRUG USE  
HAS FALLEN TO ALL TIME  
**LOWS**

**0.9%**

PORTUGAL NOW HAS THE LOWEST  
DRUG USE RATE OF ANY WESTERN  
EUROPEAN COUNTRY.

6.1% UK 4.6% ITALY 3.2% GERMANY

## Conclusion





# Cutting Edge 2017

Te toka tū moana

Kia Ora to all the New Zealanders who have provided me with cultural guidance, talked to me about NZ politics and the current climate around drug use and drug policies, and shared their general wisdom & brilliance about beautiful Aotearoa to help me prepare for this talk!

# Housing First & LEAP Acknowledgments



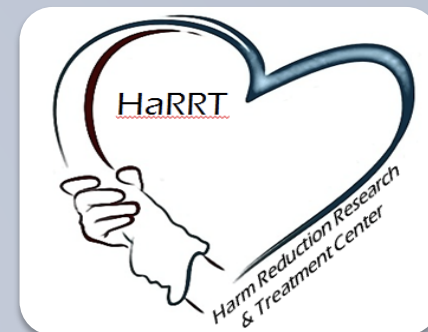
Thank you to all the residents of 1811 Eastlake for inviting us into their homes & sharing what's in their hearts

&

to all our LEAP Advisory Board members!



Thank you to the Downtown Emergency Service Center: Noah Fay, Margaret King, Nicole Macri, Daniel Malone



Thank you to the HaRRT Center team: Matt Enkema, Alyssa Hatsukami, Gail Hoffman, Greta Kaese, Victor King, Ellie Taylor, Emily Taylor, Chelsea Wilks, Angie Woodstock

Much gratitude also to Sam Watson-Alván and Bonnie Duran for their inspired guidance on cultural and spiritual humility, Richard Gold and the Pongo Poetry team for their dedication to this population, Mary Larimer for her unwavering mentorship and support, and to the late trailblazers, Bill Hobson and G. Alan Marlatt, for their uncompromising belief in harm reduction.



# LEAD Acknowledgments

## LEAD evaluation advisory committee

- Mark Baird
- Mary Barbosa
- Mark Cooke
- Clifton Curry
- Kelley Craig
- Lisa Daugaard
- Chloe Gale
- Ian Goodhew
- Ron Jackson
- Jutta Joesch
- Anita Khandelwal
- Alan Lee
- Kris Nyrop
- Christa Valles
- Natalie Walton-Anderson
- Mike West

## Laura and John Arnold Foundation

- This evaluation was funded by a grant from the Laura and John Arnold Foundation to Drs. Collins and Clifasefi.
- Special thanks to: Matt Alsdorf, Erica Gersowitz and Dr. Cynthia Lum

## University of Washington HaRRT Center

- Dr. Heather Lonczak
- Gail Hoffman
- Emily Taylor
- Angie Woodstock
- Sara Hoang

We also acknowledge additional assistance from the King County Prosecutor's Office, the King County Department of Adult and Juvenile Detention, the SPD Narcotics Unit, and the Evergreen Treatment Services' REACH case management team.

# Contact information

For more information regarding these slides, please  
contact me at:

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