

Law Enforcement Assisted Diversion (LEAD): Why utilizing a harm reduction and community care approach is proving a valuable tool to heal the decades of harm caused by America's War on Drugs; one city at a time.

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The war on drugs started in the United States in June of 1971, yet the US has only seen the steep increase of drug addiction, violence, the destruction of individuals and communities, incarceration and death. It is estimated that the U.S has spent over a trillion dollars fighting this failed war, the prison population has grown 700% since this war started. It is estimated that almost 50% of prisoners have been convicted of low-level, non-violent crimes that are often related to addiction, poverty, untreated mental health concerns and homelessness; while no valuable treatment or response can be found within prison walls. Although it has been evident that this approach has been a massive failure, and has caused irreparable harm to significant members of the country, the government has continued to triple down on its tactics to control the import, distribution and use of drugs; which have had significant, disparate impact on communities of color and the poor. In 2011 an innovative approach, developed in Seattle, WA (US), took direct aim at the practices, policies and systems that were in place which were continuing to inflict immense harm to these individuals. The first ever pre-arrest program was developed in the United States; Law Enforcement Assisted Diversion (LEAD). This initiative sought to challenge the practice of over-arresting individuals who struggled with behavioral health concerns; while reiterating that these concerns weren't criminal, but health related. The LEAD program offered a community of care and response that was rooted in Harm Reduction, Trauma Informed Care and centering the humanity of us all. This solution-focused approach to increasing public safety, while also providing much needed services and support to the participants, has proven highly successful; increasing the health and well-being of individuals, neighborhoods and broader communities while showing cost savings across a variety of systems. I will discuss the many elements of this particular approach, how and why it has been proven to work with this very complex, and too often hard to reach, population while discussing the utilization of Harm Reduction and compassionate, person-centered care and engagement as a truly viable response to finding a successful path forward; looking at fully embracing these issues as a public health concern rather than one that's targeted and punished as criminogenic.