August 11, 2021

Dear Fellow Californian,

We are writing as parents of children at risk of imminent death from fentanyl, as parents of children killed by fentanyl, recovering addicts, and concerned citizens, to warn of the imminent threat to California’s children from fentanyl, and to invite you to join us in our campaign.

Our mission is to shut down the state’s drug death markets, win psychiatry for all, and move from a Housing First to Shelter First policy on homelessness.

On Monday, August 16, we will launch our coalition in Sacramento by protesting the drug death market downtown, debunk widespread misinformation about drugs and homelessness, and rally on the steps of the Capitol Building to demand that policymakers take swift action to address the drug death crisis which killed 93,000 people in the U.S. last year, in destroying California cities, and threatening our very humanity.

You can see our full agenda for August 16 on our web site.

Policymakers and Californians in general have in recent years been subject to a significant amount of misinformation about drug deaths and homelessness. Some advocates of drug decriminalization and Housing First policies have claimed that Portugal reduced overdoses by legalizing or decriminalizing drug use, that “Safe Injection Sites” like ones that exist in Netherlands and other nations are proven to reduce drug deaths, and that homelessness is fundamentally the result of high rents.

These are myths. In reality, people caught using hard drugs in Lisbon, Portugal are arrested and required to appear before a Commission for the Dissuasion of Drug

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Addiction, and drug dealers are sent to prison. There are fewer than 150 people allowed to use medically-administered heroin in the Netherlands, which has a centralized and universal psychiatric and addiction care system, which California lacks. Simply providing homeless drug addicts with heroin, fentanyl, and meth would worsen the addiction crisis and may increase drug deaths.

Addiction and untreated mental illness are the two main drivers of homelessness in California, along with alienation from family members. Rents increased in Miami, New York, and other big American cities while the number of sheltered and unsheltered homeless declined. The reason homelessness rose 31% in California and declined 18% in the rest of the U.S. is because California’s state government and county governments have refused to build sufficient homeless shelters.

One does not need to be a parent to care about the drug death crisis. Addiction and untreated mental illness are the main causes of the 31% increase in homelessness in California, as compared to the 18% decline in the rest of the U.S. Even those who claim to not care about their fellow humans dying in parks, on sidewalks, and underneath freeways today recognize that homelessness has resulted in worsening crime, growing disorder, and the destruction of public spaces.

While we believe there is an important role for police and criminal justice, we agree that the drug death crisis fundamentally stems from a failure of our mental health care and drug addiction care system, as well as lingering stigmas in our society against mental illness and addiction, which we have all experienced ever since speaking out publicly. Shame and public stigma are the main factors preventing other parents from speaking out.

We can overcome the drug death crisis, and yet the dominant mood among policymakers in Sacramento is that the problems of rising drug deaths and homelessness are unsolvable. Many believe that we must choose between mass homelessness and mass incarceration. Others believe we cannot take account of mental illness without a return to the horrors of the “One Flew Over the Cuckoo’s Nest”-era of mental institutions. And still others believe that no nation has found a way to prevent such problems without restricting personal freedom.

The drug death crisis demands practical solutions, not ideology. Our Coalition is proposing a comprehensive solution based on what has worked in other parts of
the U.S. and in Europe. We must shut down the open air drug scenes and homeless encampments. We must efficiently deliver psychiatric and addiction care for all who need it. And we must provide sufficient homeless shelters, not housing, and require people to use them.

We believe there is a middle path between mass homelessness and mass incarceration. We propose the centralization of mental health and addiction services at the state level through a new agency, Cal-Psych, given the failure of counties to solve the problem; temporary shelter for all who need it, and the requirement that it be used; the enforcement of laws against public camping, defecation, and drug use; and the restoration of mandatory addiction and psychiatric treatment as an alternative to jail and prison.

California needs a system of universal psychiatric and addiction care. Most experts agree that the current system is too fragmented between different agencies and institutions to be effective. Centralizing psychiatric care at the state level through a single agency, let’s call it Cal-Psych, will allow for the efficiency, accountability, and transparency the system needs.

Cal-Psych would centralize state and federal resources and provide services directly or indirectly through existing health providers. Psychiatrists and other health care workers would be freed up from administrative paperwork to focus on patients. Tele-psychiatry would reduce the cost and increase the efficiency of care.

Cal-Psych mobile vans would circulate throughout the state, responding in the place of police, or alongside police to 911 calls, educating parents and communities, and being a positive presence for children and adults in need. Cal-Psych could oversee a Public Service Advertising campaign to warn of the dangers of things like fentanyl, and work with student and youth organizations to make illicit drug use uncool, in the way that the anti-cigarette Truth Campaign did two decades ago.

All of this might sound expensive but it is likely to be far cheaper than California’s current mental health care system. California today spends more, per capita, than any other state, and yet has some of the worst outcomes, as a result of our large size and overlapping agencies. Centralization and standardization will unleash efficiencies, reduce redundancies, and drastically reduce the administrative paperwork that is required when combining different sources of federal, state, and local funding, from both private and public sources.
Next, California officials must ban dangerous drug dealing. This might sound counter-intuitive: isn’t dangerous drug dealing already prohibited? To some extent it is, but efforts over the last two decades to reduce mass incarceration created loopholes that have allowed for the dealing of dangerous drugs, both in the real world and on-line, to spread.

Over the last two years, several of us had children die from pills they thought were prescription opioids, which they had purchased from dealers they hooked up with on Snapchat. We have met with Snapchat company officials, who expressed remorse, but have to date done nothing to restrict deadly drug dealing on the company’s app, even though it is technically possible to do so. Snapchat must be compelled to do so.

Meanwhile, homeless encampments, which experts describe as open air drug markets, or “open drug scenes,” have spread across the state, serving as a place of easy access to deadly drugs including prescription opioids, fentanyl, and other hard drugs. Part of the reason for this is because of the public’s compassion for the sick and the poor. Another part of it is liberalized laws around drug possession.

Our laws, enforcement practices, and our values all must evolve to deal with the problem. Proposition 47, which decriminalized the possession of up to three grams of hard drugs, needs to be reformed to restore treatment as an alternative to jail, rather than being optional. The governor needs to coordinate law enforcement agencies so that when drug markets are closed in one neighborhood they don’t simply re-emerge elsewhere.

We the people need to understand that while illicit drug use and addiction are fundamentally mental health problems, many addicts require the threat of jail or other forms of coercion to stop breaking the law and get their lives together. This is not the same as long prison sentences. In fact, research shows that “swift and certain” consequences for law-breaking are more effective than slow, uncertain, and longer sentences.

We need to break up the open drug scenes and homeless encampments the same way European nations did 20 years ago, which was through a combination of law enforcement and social services. In no situation has any city or nation ended open drug scenes with just one or the other.
This requires California moving away from a “Housing First” policy to a “Shelter First” policy. The reason for the high number of unsheltered homeless in California is because our leaders have for decades diverted funding from low-cost shelters to housing that costs between $750,000 to $1 million per unit. Housing should be a reward for abstinence and other behaviors, not an entitlement. Building sufficient shelter, and requiring people to use it, is a crucial step to ending the open drug scenes.

We are proposing a practical agenda based on what works, not one based on existing liberal or conservative orthodoxies. In truth, both soft and hard measures are required to reduce drug deaths and close open drug scenes. While universal mental health care will appeal more to liberals and banning dangerous drug dealing will appeal more to conservatives, both are required if we hope to solve the problem.

While the scope of the problem is daunting, solving it holds the potential to bring us together, as liberals and conservatives, as Californians, and as Americans. Few people believe, when pressed, that the solution could ever be either health care or law enforcement. Most people recognize that, in the case of preventing drug deaths, and so many other things, we need both.

We recognize that this is a complex challenge that will require good will and good intentions on all sides. Our website explains our agenda and describes the way cities across the United States, and in Europe, have closed open drug scenes and homeless encampments: with an intelligent and compassionate mixture of carrots and sticks, law enforcement and services.

Thank you again and we look forward to meeting with you about how, together, we can take responsibility for the dangerous and immoral situation that is killing our children, degrading our cities, and destroying human dignity.

Sincerely,

○ Andy Bales and LaTonja Lindsey, Union Rescue Mission
○ Jacqui Berlinn, Co-Founder, Mothers Against Drug Death (formerly Stop Fentanyl Deaths)
○ Steve Filson, Hugh Sharkey, Realists Against Drug Deaths (RADD)
○ Michelle Leopold, We Are Not Alone Coalition
○ Gina McDonald, Co-founder, Mothers Against Drug Deaths
○ Soledad Ursua and Chie Lunn, Venice for Peace
○ Rev. James Thompson, O.P., Promoter of Justice & Peace, Western Dominican Province
○ Gabrielle Haigh and Michael Shellenberger, Environmental Progress
○ Jaime Puerta, President of Victims of Illicit Drugs
○ George Francisco, President Venice Chamber of Commerce
○ Tom Wolf, Recovery Education Coalition
○ Amy Neville, President of Alexander Neville Foundation, Co-Founder, Mothers Against Drug Deaths
○ Erica Sandberg, San Franciscans for Peace and Justice
○ Christine Capelouto, Co-Founder, Mothers Against Drug Deaths
○ Matt Capelouto, President, Drug Induced Homicide