

Reformist Reforms vs. Abolitionist Steps to End the Drug War

These charts break down the difference between reformist reforms which continue or expand the reach of the drug war, and abolitionist steps that work to chip away and reduce its overall impact. As we struggle to decrease the power of the drug war there are also positive and pro-active investments we can make in community health and well-being.

REFORMIST REFORMS

| DOES THIS REFORM... | Reduce the role, funding, and violence of drug law enforcement? | Reduce surveillance, criminalization, and social control of drug users? | Reduce coerced drug treatment and mandated medical interventions? | Reduce stigma surrounding drug use, sales, growing, and/or other drug involvement? | Affirm drug users' right to autonomy, self-determination, dignity, to be free from violence and increase access to voluntary, harm-reduction based interventions and care? |
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| Court-mandated treatment <i>(e.g., drug courts, family courts, treatment courts, probation, parole, etc.)</i> | No — drug courts increase funding for punitive approaches to drug use through mandatory testing, mandated reporting, non-consensual treatment, and incarceration for failure to achieve and maintain abstinence within court-imposed deadlines. | No — drug court participants are subject to intensive surveillance by treatment and court staff through mandated drug testing, treatment, and non-confidential court supervised “counseling.” In addition, they may be punished with incarceration for drug use. | No — drug courts often require total abstinence and mandate participation in programs, many of which do not provide evidence-based treatments. Courts threaten participants with punishment, child removal, and incarceration for treatment noncompletion. | No — drug use, sales, and drug-involvement remain stigmatized and criminalized. Drug courts further stigmatize drug users, and reinforce the presumption that drug use must be surveilled, controlled, and ultimately eliminated. Additionally, most drug users are excluded from drug courts due to restrictive eligibility requirements (i.e. must be a first offense, a “non-violent offense,” must not be diagnosed with a mental health condition, must be over 18, etc.). | No — drug courts engage in coercion under threat of punishment, and do not allow for agency and self-determination. Participants cannot choose which services they receive and their treatment goals or desires are not considered. |
| Mandated drug “treatment” through diversion programs | No — mandated treatment programs (some of which have been branded as “community-based” programs) preserve police power and funding for arrest and prosecution, court costs, mandatory testing, reporting, or other forms of coercion for people who are not “compliant,” and increase the role of law enforcement in the lives of drug users. Court staff with no training can make medical and treatment decisions for participants in programs who often face harsh criminal penalties if they fail to meet the often excessive demands of the program. | No — traditional drug “treatment” often involves intensive surveillance including mandatory drug testing and court-ordered participation in counseling and therapy that is not confidential. It also replicates carceral methods of control, and is often a site of sexual harassment, coercion, and violence so pervasive it is sometimes referred to as “the thirteenth step.” | No — mandated treatment is usually abstinence-based and presumes all drug use is harmful and must be eliminated | No — mandated treatment stigmatizes drug users and it is premised on the presumption that people who use drugs cannot make decisions in their own best interests and would not voluntarily seek support if it was available, accessible, and harm-reduction based. | No — mandated treatment is inconsistent with harm reduction, undermines individual self-determination, and separates people from communities of care. It is often inaccessible and does not meet the specific needs of pregnant and parenting people, migrants, and disabled people. |

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| <p>Mandated or non-consensual drug testing</p> <p><i>including non-consensual drug testing of pregnant and parenting people</i></p> | <p>No — mandated drug testing is costly and increases funding to cops and courts to police and prosecute people who are “noncompliant” or test positive for drug use.</p> | <p>No — mandated drug testing is a widespread form of surveillance and social control with disproportionate impacts on low-income and BIPOC pregnant people and people who use drugs. It funds an entire for-profit industry to conduct drug testing. And, in many states, mandated drug testing means people are not allowed to remain on or initiate methadone or buprenorphine treatments.</p> | <p>No — the consequences of a positive drug test usually include mandated abstinence-based treatment that often is not evidence-based, criminalization, incarceration, family separation or deportation, regardless of the reason for the positive test.</p> | <p>No — mandated drug testing increases stigma for all drug users, while non-consensual drug testing of pregnant people and parents presumes some people are incapable of being loving parents based on the results of a drug test</p> | <p>No — mandated drug testing undermines self-determination and access to employment, services, and benefits for all drug users, and contributes to family separation and stigmatization of drug using pregnant and parenting people.</p> |
| <p>Eliminating felony offenses or criminal offenses for certain drug offenses</p> <p><i>giving police discretion to issue civil “tickets” or penalties for drug use and possession; transfer of drug-related cases to civil courts or family courts.</i></p> | <p>No — People will still face arrest and potential incarceration. By reducing penalties for certain drug-related offenses, some people may be able to avoid harsh penalties and discrimination based on their criminal records, but criminalization remains. Cops and courts continue to receive funding to issue and adjudicate civil tickets and criminalize people who cannot pay fines and fees or comply with conditions imposed by civil or family courts."</p> | <p>No — civil courts impose conditions, fines and fees many people cannot complete or afford, family courts foster family policing and separation</p> | <p>No — civil courts may mandate drug testing or treatment to avoid civil consequences or family separation</p> | <p>No —civil infractions are often only available for certain kinds of drugs, usually marijuana, in small amounts, fueling stigma for other drug users</p> | <p>No — civil offenses and courts still represent an effort to regulate and control drug use, criminalizing people in a different from instead of supporting them. Funds used for civil enforcement should go to voluntary, low threshold, accessible harm-reduction based services.</p> |
| <p>Bans on Public Services, Benefits, and Participation in Civic Life for People Who Use Drugs and People with Prior Convictions</p> | <p>No — funding for policing, prosecution, and other expenses of drug law enforcement persists. People can continue to be targeted for arrest and incarceration for drug-related charges.</p> | <p>No — It allows the drug war and surveillance to take root in public services and benefits, and those systems decide who is worthy of services. Exclusions increase surveillance in educational, housing and health care settings of people who use drugs, people profiled or suspected of using drugs, and people related to people who use drugs.</p> | <p>No — It can increase the use of court-mandated treatment as a means to retain or receive services and creates disincentives for people to seek help lest information about their drug use impact access to other benefits.</p> | <p>No — exclusions affirm lifelong stigma and disenfranchisement for drug users and people with past drug-related convictions, isolating them from their communities, makes it difficult for them to meet basic needs, and excluding them from political and social life.</p> | <p>No — exclusions undermine self-determination and autonomy by contributing to food and housing insecurity, poverty, and poor health outcomes, and by making past drug-related convictions vulnerable to exploitation, violence, and other harms because they are denied access to programs and services to meet their basic needs.</p> |
| <p>Enhanced penalties for drugs that are already illegal (or new drugs), including criminalizing use in public spaces</p> | <p>No — it expands funding for drug law enforcement and police power to criminalize people who use drugs.</p> | <p>No</p> | | | |

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| Create drug free zones <i>(i.e. drug free schools and workplaces)</i> | No — they increase funding for drug law enforcement and police enforcement power | No — they increase surveillance of people in and around these settings, including the use of drug testing to enforce “drug-free workplace” policies. | No | No — they affirm stigma by excluding drug users (real or suspected) from social and public spaces (including schools), businesses, and services and denies them the right to an education, employment, and other supports. | No — they limit the freedom of movement, isolates drug users from community spaces and prevent young people who use drugs from getting an education |
| Creating “drug-induced homicide” offenses and Enhanced Penalties for People who Sell Drugs | No — This increases police funding and power, and places people at risk of more criminalization when calling for medical assistance during overdose. | No — These policies give law enforcement more power to surveil people who use and/or sell drugs. | No | No — they increase stigma | No — People will be more afraid to offer or seek care and treatment for fear of facing criminal charges. |

ABOLITIONIST STEPS

| DOES THIS REFORM... | Reduce funding and violence of drug law enforcement? | Reduce surveillance and social control of drug users? | Reduce coerced drug treatment and mandated medical interventions? | Reduce stigma surrounding drug use and cultivation? | Affirm drug users' right to autonomy, self-determination, dignity, to be free from violence, and to access to harm-reduction based treatments and communities of consensual care? |
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| Decriminalize drug use, drug possession, drug using supplies or equipment, and places where people use drugs | Yes — will reduce arrest, incarceration, and punishment for people who use drugs, although people involved in drug sales will still face criminalization. It is essential to ensure that police, prosecution, and prison budgets associated with drug law enforcement are reduced and eliminated as part of the process of decriminalization. | Yes — people who use drugs will be subjected to less surveillance and criminalization for drug possession, and will avoid new criminal drug charges. It is essential to ensure that surveillance by criminal punishment systems is not replaced by surveillance by other systems including health care, education, and family policing systems. | Yes — without court mandates, people could more easily voluntarily access services based on their preferences and needs. Funds from law enforcement could be reinvested into communities to repair the harms of criminalization by expanding access to services and programs that community members want and need. However, it is important to not condition decriminalization on mandated treatment and coerced medical interventions. | Yes — decriminalization can destigmatize drug use, provided it is accompanied by a robust public education campaign, and that legal regimes do not stigmatize or impose penalties on people excluded from or operating outside of them. It may preserve stigma for people involved in drug sales or growing if those activities remain criminalized. | Yes — provided decriminalization is accompanied by de-stigmatization and promotion of self-determination and autonomy for drug users and increased access to voluntary, harm-reduction based care. Decriminalization could help people who use drugs to make their own decisions about drug use, health, and safety by keeping them out of the criminal legal system. |
| Ensure universal access <i>to no-cost, voluntary, harm-reduction-based, accessible care for drug users regardless of pregnancy or parental status, migrant status, other diagnoses, age, or continuing use or involvement in the drug trade</i> | Yes — if funding is diverted from enforcement to these programs | Yes — if programs can protect the privacy of participants from government surveillance and are not required to collect data that could be used to police, prosecute, or punish or contribute to family separation, deportation, or other punitive consequences | Yes — if participation is entirely voluntary and participants are able to give and withdraw fully informed consent for every aspect of the program | Yes — provided people are treated with dignity and respect when seeking services and programs are not policed, criminalized, or otherwise stigmatized | Yes — provided programs are not policed, criminalized, or stigmatized and are well funded and can meet unique community needs. |

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| Ensure access to age-appropriate and factually correct drug education and overdose prevention information | Yes — if funding is diverted from enforcement to these programs | Neutral | Neutral | Yes | Yes |
| Ensure access to greater drug checking technology and/or a safe supply of drugs | Yes — if funding is diverted from enforcement to these programs | Yes — if use of technology or programs is not surveilled | Neutral | Yes | Yes |
| Eliminate state-sanctioned sexual assault <i>through "stop and frisk" practices, strip searches, visual and physical cavity searches, as well as coerced x-rays and consumption of emetics and laxatives under supervision designed to discover drugs on or in a person's body</i> | Yes — drug law enforcement and technology cost communities millions and facilitate fatal, physical and sexual violence by law enforcement. | Yes | Yes — Without these kinds of surveillance, fewer people are likely to be caught up in state-initiated and -sanctioned coercion. | Neutral — However, it is possible if drugs are also decriminalized when these practices are ended. | Yes |
| End forced sterilization of drug users | Yes — decreases funding to non-consensual coerced medical interventions | Yes | Yes | Yes | Yes |
| Stop Exporting the Drug War Abroad <i>through Funding Interdiction, Crop Eradication, and Increased Enforcement in Other Nations</i> | Yes — Many nations can only fund drug law enforcement because of US aid that fuels these efforts. Fewer people who use drugs in these nations will be targeted by law enforcement. | Yes — Without US aid incentivizing harsher enforcement and tougher policies, people who use drugs in many nations are less likely to be subject to drug enforcement. | Yes — Without US aid, more nations may choose to provide better care and services for people who use drugs, but it is unclear whether all have enough resources to fund this work. | Yes — Without US interference and aid to enforce and toughen drug laws, stigma may be reduced for people who use drugs and those who are involved in the drug trade. | Neutral — It is possible that people may experience less drug war violence from reduced enforcement and without the reinforcement of U.S. prohibitionist ideologies. |

IC INTERRUPTING CRIMINALIZATION