Drug overdose is the leading cause of accidental death in the United States, and communities across the country are struggling to respond. But the punitive approach exemplified by the “war on drugs” has driven mass incarceration, exacerbated racial disparities within the criminal justice system, and devastated communities of color. The United States needs a new paradigm that prioritizes community health, harm reduction, and recovery.

This report by the Vera Institute of Justice (Vera) examines the intersection of problematic drug use and the criminal justice system. It offers practical guidance for practitioners, policymakers, and funders by compiling the wide range of interventions that communities can consider to minimize justice system contact for people who use drugs and improve public health and safety.

The analysis, observations, and recommendations in this report are based on a review of the literature; interviews with experts; and site visits to Ross County, Ohio, and Atlanta, Georgia. The findings and recommendations are guided by the principles of harm reduction—a set of practical strategies and ideas aimed at reducing the negative consequences of drug use—and by the conviction that drug use should be addressed primarily as a public health problem rather than a criminal justice issue.

Promising practices from the field

Vera identified the following promising practices from the two jurisdictions it studied.

› Collaboration and information sharing among health providers, justice system agencies, and community members can foster holistic responses to problematic drug use and support overdose prevention.

› Efforts to downsize reliance on the criminal justice system and strengthen community-based services have been driven by people and community groups with direct experience of drug use and the justice system and focused on issues of racial and gender justice.

› Increasing naloxone access results in a decrease in drug overdose deaths. Community-based programs that distribute naloxone directly to people who use drugs are an effective way to achieve this.

› Syringe service programs and other harm reduction services work best when state laws permit their operation and expansion and when local police understand their benefits for community health and do not interfere with service delivery.

› Diversion initiatives can also catalyze criminal justice reform by engaging justice system stakeholders, building support for alternatives to arrest and criminalization, and strengthening the infrastructure for health and social services.

› Public education and open conversation about problematic drug use led by respected community leaders can reduce stigma and increase support for adoption of evidence-based practices.
Recommendations

Drawing on these two case studies as well as interviews with advocates, scholars, and practitioners in the field, Vera recommends the following strategies to minimize the harms of punitive responses to drug use while advancing health and harm reduction centered and community-based approaches. Achieving these ambitious goals requires both public and private investment in public health and harm reduction efforts.

› **Adopt harm reduction across the justice continuum.** Police officers should support community-based harm reduction interventions, such as naloxone distribution, syringe service programs, and supervised consumption sites, and they should also carry naloxone to prevent overdose deaths. Naloxone and medication-assisted treatment should be available in all criminal justice settings, including drug courts, jails and prisons, and community corrections.

› **Move responses upstream.** Legislative attention should be focused on decriminalizing drug use and increasing resources and infrastructure for public health and community-based harm reduction responses. These include expanding Medicaid, increasing the capacity of substance use treatment providers, and improving regulations around medication-assisted treatment, naloxone distribution, syringe service programs, and supervised consumption sites. Policymakers should reform laws and policies that limit and prohibit people with criminal histories from accessing employment, housing, and other social benefits.

› **Diversify definitions of recovery.** A variety of harm reduction, treatment, and abstinence-based recovery interventions should be widely available to all people with substance use disorders, to determine what works best for them. Substance use treatment in community and criminal justice settings should not enforce abstinence or punish relapse.

› **Empower people who use drugs.** People who use drugs and community members who have been directly impacted by drug use and the health and criminal justice systems should be included in the development of policies and programmatic responses to drug use and the overdose crisis. Funders and policymakers should support the leadership of local and national groups representing the perspectives of people who use drugs. Opportunities for peer recovery supporters in health, harm reduction, and recovery services should be expanded.

› **Center racial equity and justice.** Jurisdictions should apply a race equity lens to all policies and programs to analyze, monitor, and take action to eliminate racial disparities. Collaboration should happen across criminal justice and drug policy reform and broader health, racial, and social justice movements to address structural inequities and root causes of drug-related harms.

As the United States moves to transform its criminal justice response to drug use, policymakers must consider the perspectives, insights, and contributions of stakeholders at all levels. A new path forward requires not only bold leadership at the local level, where true transformation can occur, but also sustained investment in community organizations led by people who are affected directly, centering racial equity and justice in all practices and policies.