



## REDESIGNING PUBLIC SAFETY

# Substance Use RECOMMENDATIONS

### ABOUT THIS SERIES

All communities deserve to have the resources and tools they need to feel safe. Across the United States, communities are working to redesign public safety systems to center racial equity, public health, and community power rather than surveillance and punishment. A growing body of evidence confirms what Black communities have always known: Safety and equity are dependent on each other, and public safety systems must center equity in order to be effective. The *Redesigning Public Safety Resource Series* highlights evidence-informed practices and community innovations that support this vision of public safety. For each set of recommendations in this series, a companion publication provides detailed information and evidence.

### ABOUT THESE RECOMMENDATIONS

The United States has long treated substance use as a crime rather than a public health issue, resulting in [stark inequities](#) in how Black people are punished for drug use. It has also resulted in the creation of smaller, more dangerous drugs and skyrocketing rates of [overdose](#), especially for Black people. People who experience overdose or use drugs deserve a nonjudgmental, noncoercive, and non-carceral response that provides a pathway to treatment and services. New funding opportunities—including through opioid lawsuit settlements—have the potential to help communities prioritize the needs of people affected by opioid use disorder who have historically not received adequate or equitable services. The following evidence-informed strategies outline the most critical ways to achieve a shift from a punishment paradigm for substance use to a public health response.



## Decriminalize Personal Substance Use and Street-Level Selling

Enforcement of illegal drugs is [racist](#): Black people are almost almost twice as likely as White people to be arrested for drug offenses. Enforcement has failed to curb the harms of drug use and may worsen rates of [overdose](#) and [drug market violence](#) in some communities. Meaningfully responding to overdose and other harms of substance use requires shifting away from enforcement as the de facto strategy, and toward things like housing, employment, and evidence-based treatment options.

- 1. End arrests for offenses that criminalize illicit substance use**, including drug paraphernalia (like needles) possession, personal drug possession, and street-level drug selling. Decades of enforcing laws against street-level drug selling has [shown](#) that removing a seller at this level is ineffective to stem the flow of drugs into communities and often punishes people who have a [substance use disorder](#) themselves.

- 2. Decriminalize the personal use of all drugs**, as well as tools that provide safety for drug users, such as syringes and testing strips. Jurisdictions like [Portugal](#) have enacted laws to decriminalize the personal use of all drugs and have had success in reducing arrests and increasing access to services. Adequate, immediate, and sustained funding for treatment and harm reduction services is critical to achieving goals of such reforms.
- 3. Implement pre-arrest diversion programs for offenses that are motivated by or related to substance use but not covered by decriminalization policies.** Jurisdictions should end any use of involuntary treatment, including drug courts, and instead fund wider access to voluntary treatment and harm reduction services.



## Do Not Use Overdose Emergencies for Criminal Investigation

Many people who experience or witness a drug overdose do not seek medical help because they assume that police will respond to a 911 call. Lawmakers and police departments should implement policies to ensure that overdose emergencies are treated as medical emergencies, not an opportunity for punishment.

- 4. Assign overdose calls for service to medical responders.** Some cities already default to dispatching EMS—without police—to the scene of an overdose unless police are needed for an explicit reason.
- 5. Require police to carry and administer naloxone when they encounter a person who may be experiencing an overdose** and to call for assistance from medics or any available community-based alternative crisis response program.
- 6. Ban police who respond to overdoses from investigating or arresting anyone at the scene unless it is related to a serious violent crime.** Officers should be restricted from checking warrants, conducting searches, asking investigatory questions, or taking any other action that is not medically necessary or recommended by medical services.
- 7. Encourage reporting by families, friends, and bystanders who witness people experiencing overdose** by passing or strengthening 911 drug immunity laws, which protect people from arrest, and repealing drug-induced homicide laws, which allow for severe punishment of people who may not even be aware of what was in their drug supply.



## Invest in Community-Based Programs to Prevent and Respond to Substance Use Emergencies

Substance use disorder is a chronic, complex, and deeply stigmatized health issue, and police are **not equipped** to help people who have substance use needs. Community-based response models have taken a different approach to mental health and substance use response. Dozens of cities have shown that unarmed crisis services can effectively divert people experiencing substance use or **mental health** emergencies away from arrest and hospitalization, decrease the repeated use of crisis services, and improve the health of people who need care.

8. **Invest in and study community-based models for responding to substance use emergencies.** Emerging [research](#) from community-based alternative response models for crisis situations involving substance use shows positive effects on crime and cost savings. Communities are also developing outreach programs to engage people at high risk of overdose and creating places where people in crisis can go for help, such as crisis stabilization units or walk-in crisis services.
9. **Train all crisis responders in evidence-based practices for substance use disorders.** Community-based crisis response program staff and dispatchers should be trained in substance use disorder risk assessment to better meet the needs of people with co-occurring mental health and substance use issues.



## Align Criminal Legal Systems with Public Health Approaches to Substance Use

The continued surveillance, discrimination, and punishment of people who use drugs—or are suspected of using them—disproportionately harm Black people. These policies perpetuate inequities, even after drug use is regulated and legal. They also reinforce the stigma about drug use that often prevents people in need of treatment and support from seeking help.

10. **Legalize marijuana and other drugs with measures that address racialized harm,** including automatic criminal record expungement and the prioritization of people impacted by the war on drugs for participation in the legal drug industry.
11. **End systems of surveillance that undermine safety and support for people who use drugs,** including policies that detect and punish drug use and possession for people on probation and parole, in K-12 schools, living in public housing, facing immigration detention, on public benefits, and who are pregnant or parents.
12. **Revise excessive mandatory sentencing laws.** Trace amounts of fentanyl can result in long mandatory sentences that [disproportionately](#) affect non-White people, even if the person who had the drug was unaware of its presence.
13. **Limit use of fines and fees for offenses related to substance use.**



## Invest in Public Health Approaches to Substance Use

Many people struggling with substance use [need help](#) to control or reduce their use, improve their health, and meet their basic needs. Public health approaches grounded in harm reduction principles rather than abstinence can help reduce negative consequences associated with drug use while limiting the unwarranted and unproductive involvement of police.

14. **Address barriers to equitable expansion of medications for opioid use disorder,** such as buprenorphine and methadone, which are highly effective. [Black patients](#) and [people who are incarcerated](#) are less likely to receive these medications.

15. **Increase access to and quality of services for substance disorder treatment through Medicaid.**
16. **Establish and expand syringe services programs**, which [reduce the harms](#) of drug use by providing services that facilitate safe drug use and connect people to services and [treatment](#), as well as **overdose prevention centers**, which create a [safe space](#) for people to use drugs under the supervision of staff or peers trained to monitor for overdose.
17. **Invest in programs to widely distribute the opioid reversal medication naloxone (Narcan).** Policymakers should prioritize funding free naloxone kits and training in high-risk communities where public overdose is frequent.
18. **Pilot and study harm reduction-based drug education programs** to inform people about how to reduce the risks associated with substance use.
19. **Expand evidence-based incentives for treatment (contingency management programs)**, which provide small rewards like cash for steps toward treatment goals and can be [effective](#) for treating types of substance use which have no medication treatment.



## Improve Data Collection and Transparency

Designing effective and equitable responses to substance use requires accurate, comprehensive, and timely data from several sources. Data can [deepen understanding](#) of the problems that affect a community, help ensure that any new policies are achieving the goal of improved equity and safety, and build evidence for changes not yet made.

20. **Collect and share up-to-date data on overdoses.** Many fatal overdoses are not categorized as such in medical examiners' death records due to issues like inadequate testing. Localities should aim to have non-police agencies, such as the public health department, collect information on all overdose incidents and use it to inform responses.
21. **Collect and analyze data on substance-use related calls for service.** Data on substance use calls for service should be linkable to data collected on police stops and use of force through unique ID numbers. First responders should update the call type information after the call is completed to make sure it is accurately recorded.
22. **Analyze outcomes of community-based response systems, diversion programs, decriminalization efforts, and drug legalization.** Studied outcomes should include:
  - Use of force;
  - Arrests;
  - Calls for police backup;
  - Community-based referrals made by responders, and whether they were accepted.
23. **Collect analyzable data on all police stops and uses of force.** For each stop or use of force incident, officers should record whether anyone perceived the person to be experiencing a substance use or mental health emergency. Data should also include information about the outcome of the call and whether the officer was part of a co-response team.