Antiracist Addiction Treatment Requires Decriminalization and Harm Reduction

by Sandy Gibson, Ph.D., LCSW

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"*You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin… and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.*"

-Former Nixon domestic policy chief John Ehrlichman

An understanding of the intentionally racist history of U.S. drug policy is necessary; accepting that our society continues to promote drug policies that reinforce this racist foundation is not. We must call out the intersectional nature of drug policy and resulting key social determinants that continue to repress minority populations and target the most vulnerable of communities. This requires that we, as social workers, admit to and own our role in the perpetuation of this problem.

The criminal justice approach to drug use—including the criminalization of even small, personal use quantities of drugs—as opposed to the application of a public health approach, makes simple possession the single most arrested offense in the U.S. As indicated in the opening quote from Ehrlichman, the racial disparities in arrest rates for drug possession are no accident, and are often due to over-policing in communities of color. New Jersey is no exception to this finding. In 2020, the ACLU produced a report detailing the racial disparity in drug arrests, highlighting that Black individuals in New Jersey are on average 3.45 times more likely to be arrested for cannabis possession than White individuals even though their rates of drug use are approximately the same. This social injustice was a key driving force behind the legalization of cannabis in our state earlier this year.

The criminal justice approach to this public health issue has had the effect of removing the right to self-determination and autonomy of entire sub-groups within our society, predominantly among people of color. It also resulted in the introduction of compulsory treatment.

Compulsory treatment is an almost uniquely U.S. approach to drug use treatment and is a practice discouraged by both the World Health Organization and the United Nations, as is the criminalization of drug use. It is a practice that shows very little evidence of efficacy, with virtually no evidence that shows sustained positive outcomes beyond the date when oversight of the client ceases. Although the participation of social workers in compulsory treatment may be benevolent, in doing so we overlook our core values as social workers: primarily our attention to the environmental forces that create, contribute to, and address problems in living, and our commitment to challenge social injustice.

We must also reflect on our clinical work with people who use drugs. Almost universally, addiction treatment programs in the U.S. mandate total abstinence as a treatment goal or even as a

requirement for treatment. It is often THE desired outcome and the measure upon which we judge "success." In no other area of clinical work do we identify a goal for a client and force it upon them as a condition of engagement, nor do we threaten to disengage if they do not accept and achieve our mandated goal. This is a violation of the NASW Code of Ethics 1.02: Self-Determination, which states: "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals."

Compulsory treatment too often begins with a clinician's or agency's assumption there is a substance misuse disorder with each referral. Quite the opposite, research reveals 90% of people who use illicit drugs do not have problems with their use—it is recreational. A key component of the substance abuse diagnostic criteria is that the drug use leads to clinically significant impairment or distress. As a practicing social worker, I often discover much of the reported impairment and distress is related to the consequences of involvement with the criminal justice system, rather than the actual drug use itself.

A 2019 Substance Abuse and Mental Health Services Administration (SAMHSA) national study revealed that 90% of people with substance use disorders did not receive treatment in the past year. The top reason was that they were unwilling to quit using substances in order to meet the requirements of treatment. This is an enormous contributing factor to the treatment gap between those who need treatment and those who receive it—we are quite literally standing in the way.

Substance misuse treatment should be low-barrier and low-threshold, which means we must use a harm reduction approach and meet clients where they are until they are ready to make a change. That change should not be defined by the social worker or agency, but by and with each individual client. There is extensive longitudinal research that shows most people who meet the DSM criteria for substance misuse later change their behaviors and no longer meet the criteria, most without ever engaging in treatment, many without becoming abstinent, a concept referred to as *natural recovery*. This concept leads us to the often misunderstood concept of *recovery*, which has no universally accepted definition, although providers and agencies commonly equate it with abstinence.

The country of Portugal, and more recently, the state of Oregon, offer a glimpse of the benefits the decriminalization of drugs and application of a public health perspective can provide. Portugal launched a decriminalization social experiment in 2001 that resulted in a 60% increase in treatment engagement (none compulsory, no forced abstinence), decreased drug use, decreased overdose, and decreased drug-related infectious diseases, such as HIV and Hep-C. Oregon, our most local effort at decriminalization, projects a 95% decrease in the racial disparity in drug arrests.

A recently released report from New Jersey Policy Perspective on the impact of the War on Drugs in New Jersey sets forth several policy recommendations to divest New Jersey from a drug war mindset and invest in rational drug policies of decriminalization, decarceration, and investment in the health and well-being of people who use drugs and the communities most harmed by 50 years of a failed drug war. Advocates are organizing as the coalition Abolish the Drug War New Jersey. You can find them active on Facebook.

References:

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