



PLANK 18: **End the War on Drugs.**

June 2021 marked the 50th anniversary of the so-called [War on Drugs](#). This effort, which included massive increases in police budgets and the enactment of mandatory minimum sentences, has cost the country [trillions of dollars](#) and devastated countless communities — especially Black, Brown, Indigenous, and low-income communities that were already subject to disproportionate policing practices and underinvestment. Despite similar usage rates, [Black people are approximately four times as likely to be arrested for marijuana possession than White people](#). [Nearly 75 percent of people in federal prison and almost 55 percent of people in state prison for drug offenses are Black or Latino](#).

Instead of providing treatment and support to address substance use, in the United States, there are ever-increasing punishments. The War on Drugs must end. The nation must repair the enormous damage that these policies have caused, reinvesting all savings into the communities most devastated. Addiction should not be treated as a crime, but as the public health challenge that it is.

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State Policy Priorities

Legalize marijuana

- Legalize marijuana through a racial justice framework that focuses on expungements and resentencing, equitable access to the marijuana industry, equity, and repairing the damage of prohibition. For example, state marijuana programs may consider reserving a share of business grants and licenses for marijuana businesses owned and operated by people and communities who have been most harmed by prohibition.

Remove criminal penalties for drug offenses

- Remove criminal penalties for drug possession and certain trafficking offenses that, over the last 50 years, have caused an explosion in the incarcerated population. Ensure that this approach includes resentencing, expunging records, affording relief for immigrant communities, and funding reinvestment in the communities that have been most impacted by the War on Drugs.
- Work toward dismantling the current paradigm of drug criminalization and replacing the current system with a regulatory approach that treats substance use as a public health issue, including through investments in medical care; mental health care; community empowerment; and evidence-based harm-reduction practices that reduce overdose deaths, such as syringe and naloxone programs, drug checking, overdose prevention centers, and medications for addiction treatment.

Provide help to, rather than criminalize, people using drugs

- Facilitate in every community the adoption of free, evidence-based, and public health-run programs, including diversion programs — in which law enforcement divert people away from arrest and incarceration — that are both voluntary and tailored to the needs of the participating individual.
- Ban the practice of drug testing people giving birth and their babies without informed consent.
- Eliminate drug testing in state government employment, including as part of the security clearance process.

Ensure a just transition from drug prohibition to legalization

- Target money “saved” from criminal-legal reforms to repair communities that have been most harmed by the War on Drugs, providing things like legal services, accessible housing, and substance use disorder treatment. Also see **Plank 17: Build a school-to-opportunity pipeline** for more information and details.

Federal Policy Priorities

Remove criminal penalties for drug offenses

- Decriminalize marijuana by urging the administration to remove marijuana from the Controlled Substances Act (CSA) and by urging Congress to pass legislation that is inclusive of reparative justice and reinvestment provisions that support those communities who have been the most impacted by marijuana criminalization.
- Remove criminal penalties for drug possession and certain trafficking offenses that, over the last 50 years, have caused an explosion in the incarcerated population. Ensure that this approach includes resentencing, expunging records, affording relief for immigrant communities, and investing in health services and in the communities that have been most impacted by the War on Drugs.
- Work toward dismantling the current paradigm of drug criminalization and replacing the current system with a regulatory approach that treats substance use as a public health issue, including through investments in medical care; mental health care; community empowerment; and evidence-based harm-reduction practices that reduce overdose deaths, such as syringe and naloxone programs, drug checking, overdose prevention centers, and medications for addiction treatment.
- Pass legislation that addresses front-end drivers of mass incarceration, racial disparities in incarceration, overcrowding in the federal Bureau of Prisons, and over-criminalization by eliminating mandatory minimums and recidivist sentencing enhancements, expanding the federal safety valve, providing judicial second look, promoting alternatives to incarceration, ending life without parole, and ending unfair drug conspiracy sentences and preventing draconian sentences for offenses related to classes of drugs including fentanyl analogues and other emerging illicit drugs.
- End mandatory minimums, retroactively reduce drug sentences for those currently in prison, and expunge prior conviction records for those who have already been released.
- Eliminate, once and for all, the sentencing disparity between crack and cocaine offenses and make this change retroactive.
- End mandatory detention and immigration consequences, including deportations, for drug possession.

Provide help to, rather than criminalize, people using drugs

- Support funding for harm reduction services and repeal the ban on the use of federal funding for syringes. The Centers for Disease Control and Prevention and other agencies should actively promote syringe exchange as a useful tool for reducing HIV infection and drug use.
- Direct the Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration to permanently authorize access to methadone and buprenorphine via telemedicine. Methadone and buprenorphine should also be made available in federal prisons and Justice Department programs.
- End the denial of public housing based on drug activity.
- End the practice of removing children from their homes based on the real or perceived drug use of their guardians.
- Repeal the drug felony ban on TANF and SNAP assistance and all other federal assistance programs.

Focus on harm reduction that works

- Eliminate funding for drug reduction programs that are not demonstrated to be effective, including abstinence-only anti-drug campaigns.
- Appropriate sufficient funding for syringe services programs and other harm reduction service providers administered through Department of Health and Human Services (HHS) agencies, including Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

Address unscientific and punitive fentanyl policies

- Replace punitive fentanyl policies with legislation that advances a public health approach, funds harm-reduction services and treatment as core response to illicit fentanyl and the worsening overdose crisis, and ends unfair drug conspiracy sentences and prevents draconian sentences for offenses related to fentanyl and fentanyl analog-related offenses.
- Preserve the role of science and evidence in drug control decisions by rejecting the flawed class-wide scheduling of fentanyl-related substances.
- Oppose the movement to codify harsher penalties that would place fentanyl analogs permanently into Schedule I.

End drug testing

- Remove cops from schools to end the surveillance of students and eliminate drug testing in schools.
- Eliminate drug testing as a condition of federal probation.
- Eliminate drug testing in federal employment, including as part of the security clearance process.

End the War on Drugs

- Dismantle [the U.S. Drug Enforcement Administration](#) and ensure that any federal entity focusing on drug use conducts its work using a public health approach (i.e., through harm reduction models, treatment, and research) and is staffed with people who have appropriate educational and professional backgrounds. Divest “drug enforcement aid” from all countries and invest instead in public health, sustainable development, and achieving human rights goals.
- End militarized policing practices in pursuit of the drug war. Abolish federal funding streams that support militarized policing and the drug war, such as the Department of Defense’s 1033 and 1122 programs. Prohibit no-knock warrants and quick-knock raids, as discussed in [Plank 1: Protect communities with a new paradigm for public safety beyond policing.](#)