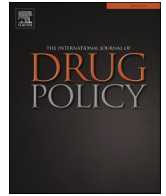




Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Commentary

Abolition and harm reduction in the struggle for “Care, Not Cages”

Jeremy Levenson^{a,b,c}, Lauren Textor^{b,c,d,*}, Ricky Bluthenthal^e, Anna Darby^f, Rafik Wahbi^{g,h}, Mark-Anthony Clayton-Johnson^{h,i}^a Department of Psychiatry, Yale University, United States^b Department of Anthropology, UCLA, United States^c Center for Social Medicine, University of California Los Angeles, United States^d Department of Psychiatry, UCLA, United States^e Department of Preventive Medicine, Keck School of Medicine, USC, United States^f Emergency Medicine Program, LAC+USC Medical Center, Keck School of Medicine at USC, United States^g Department of Community Health Sciences, UCLA Fielding School of Public Health, United States^h Frontline Wellness Network, Los Angeles, United Statesⁱ Dignity and Power Now, United States

ARTICLE INFO

Keywords:

Movement for harm reduction
 Movement for prison abolition
 Drug overdose and drug related harms
 Public health policy
 Abolitionist harm reduction

ABSTRACT

Care that is organized around the principles of harm reduction and the movement for police and prison abolition has the potential to uproot and transform structural causes of harm and violence, in the interconnected crises of drug-related harm, policing, and punishment. The United States' crisis of overdose and drug-related harm and its system of policing and punishment are historically and empirically linked phenomena. The abandonment of people whose use of drugs leads to their premature death, in the form of an overdose, is directly and indirectly connected to wider systems of criminalization and incarceration that also produce premature suffering and death. Organizations advocating for harm reduction for people who use drugs (PWUD) and organizations seeking the abolition of police and prisons have developed in parallel albeit with different genealogies. We examine the historical origins, principles, and practical applications of the two movements to identify points of overlap and lessons to be learned for the public health goals of addressing and preventing premature suffering and death in the United States. A case study of Los Angeles (LA) County, where elected officials have promised a new paradigm of care, not punishment, frames our analysis. We show how the principles and strategies of harm reduction and abolition are both necessary to practically realizing a paradigm of care, not punishment, and achieving system transformation.

Resisting carceral expansion with “Care not Cages”

In early 2019, the Los Angeles (LA) County Board of Supervisors arrived at a crossroads. By the end of the year, the county would break ground on a new jail facility, a “treatment facility” that had been planned over decades to replace the “Men’s Central Jail,” its largest, oldest and most decrepit facility. The \$3.5-billion-dollar jail plan reflected a thinking popular across the country: with rates of behavioral health disorders in jails increasing, new “treatment” facilities are criminal legal and public health interventions. It also reflects a new iteration of an enduring logic: when jail conditions deteriorate, build new ones. Such thinking follows a logic that continued investment in incarceration is a solution to social problems and an appropriate response to

interpersonal harm.

This fiscal commitment to a new carceral facility was challenged through a consideration of the county’s other problems. At the end of 2018, LA County counted over 52,000 house-less people, a figure that grew by more than 20% over the next two years ([Los Angeles Homeless Services, 2021](#)). In addition, 1,204 people died from drug or alcohol overdose in 2018, a number that was on track to double by the end of 2020 ([Los Angeles Department of Public Health, 2021](#)), and PWUD made up as much as 65% of the nearly 150,000 people who churned through the jails ([Los Angeles County Sheriff’s Department, 2019](#)). These statistical categories overlapped in the lives of people in crisis: drug or alcohol overdose is the number one cause of death among the approximately 1,000 houseless that die each year in LA and up to 20% of

* Corresponding author.

E-mail address: LTextor@mednet.ucla.edu (L. Textor).<https://doi.org/10.1016/j.drugpo.2023.104163>

Available online 16 September 2023

0955-3959/© 2023 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).

those people had been incarcerated in the two years prior to their death (Los Angeles Department of Public Health, 2020).

A broad coalition of formerly incarcerated people, their families, and survivors of harm united as “JusticeLA” to demand a different plan: “Care, Not Cages.” Their plan outlined an alternate vision of public health. They argued that police and jails are hazards to public health, and behavioral health disorders require support, not punishment. Their campaign was successful (Clayton-Johnson et al., 2021). Embracing the call for a “Care First, Jail Last” approach, the Supervisors commissioned an “Alternatives to Incarceration” workgroup and then, months later, cancelled the new jail contract. This pivot has led to a debate over the meaning of “Care, Not Cages,” which has stakes for counties across the country and for public health: what systems of care should be developed as alternatives to “treatment” jails?

Before considering what lessons this debate offers for public health, we look backwards into the histories that produced the crises of incarceration and abandonment, and the movements shaping JusticeLA’s organizing against them.

The fatal coupling of drug policy and the carceral state

Fear, blame and punishment of Black and Latinx drug users and sellers was central and explicit to the historic expansion of the United States’ carceral state over the past fifty years (Alexander, 2020). This followed a historical pattern in the U.S. (which was also exported abroad) of casting addiction as a racial threat, such as in the 1870s with the banning of opium “dens” as anti-Chinese legislation, and the banning only of Chinese importation of smoking opium in 1909 while White people could still import it (Herzberg, 2020; Ahmad, 2014; Hansen et al., 2023). President Nixon’s declaration of a “War on Drugs” in 1971 helped establish institutional, legal and policy structures based around criminalization and punishment of drug use that remain today. These foundations supported at least two ideas: First, War on Drugs policies assume that drug users are responsible not only for their own predicament but also other social problems that are structural in nature. Second, in order to win this “war”, material resources would need to be invested into policing and confining people.

By coupling drug policy with policing power and punishment, the War on Drugs helped expand the carceral state. The precedents it set around policing, sentencing and racial disproportionality have become normal features of a massive criminal legal system. In addition, stigma against drug use helped to extend the reach of punishment beyond arrest and incarceration, spurring legislation that constrains the citizenship rights of formerly incarcerated people. In short, the War on Drugs helped establish the norm of using police, jails and prisons as “catchall solutions to social problems” (Gilmore, 2007).

From a public health perspective, the War on Drugs produces premature harms by two distinct, but connected, mechanisms: punishment and abandonment. First, criminalization and incarceration directly harms PWUD. Some of these harms have been measured: people are at significantly heightened risk of overdose post-release from jail (Binswanger et al., 2013). Incarcerated people also have high rates of suicide, and unsafe injecting practices in jail and prison contribute to high rates of viral infections (see Massoglia & Pridemore, 2015, for review). Moreover, the criminal legal system structures the risk environment for PWUD outside of carceral spaces because fear of arrest leads people to use drugs in isolation, or, in other cases, to inject drugs with borrowed, previously used equipment (Rhodes, 2002; McNeil & Small, 2014; Bourgois et al., 2004; Bourgois & Shonberg, 2009; Collins et al., 2019). Heightened policing of illegal drugs has also led to a more easily concealed, but more potent and dangerous drug supply that, with synthetic opioids such as fentanyl, has exponentially increased risk of fatal overdose. Other harms are harder to measure, such as the suffering of people who are untreated while incarcerated and whose lives are put in further disarray by police and jail contact. These myriad harms are not distributed evenly: the extreme disparity in sentencing for crack and

cocaine and ongoing racial disparities in marijuana arrests are just two examples of a wider phenomenon of marked racial targeting in drug arrests and incarceration (Jones et al., 2021; King & Mauer, 2005). Finally, court-ordered drug treatment programs that offer ‘care’ through coercion weaken the distinctions between criminalization and public health approaches to drug use, raising the question of what kinds of care are possible for PWUD while drug criminalization persists; recent studies illustrate that drug courts often prolong and exacerbate surveillance, imprisonment, and harm (Kaye, 2019; Tiger, 2013).

Second, the War on Drugs obscures and exacerbates social abandonment. Just as governments expanded their capacities to punish, there was a bipartisan consensus against the idea that government should help provide social and economic security. Neoliberal policies implemented over the 1980s and 1990s led to a shrinking in the social entitlement to public goods, such as housing, welfare, and employment (Harvey, 2005). The absence of these goods have been linked with drug-related harm and mortality, associations that are becoming increasingly well understood (McClean, 2016; Zoorob & Salemia, 2017; Nosrati et al., 2019; Rudolph et al., 2020). Moreover, if people whose drug use brings them into contact with the police are in crisis, their arrest and incarceration only deepen that crisis. They can lose their job, housing and social supports. If they are convicted, they can lose access to life-saving public services and their employment prospects are subsequently limited. In these ways, the enforcement of drug policy, concentrated on Black and Latinx communities, functions as much as a technology of social abandonment as punishment.

In the shadow of this history, communities organized for their own and their loved ones’ survival and dignity. Here, we highlight two movements that respectively engaged in a structural critique of power and a theory-informed *praxis of care*: the harm reduction movement and the movement for police and prison abolition.

The harm reduction movement

The harm reduction movement has a global history: annual international harm reduction conferences focus on connecting and advancing strategies and knowledge, while harm reduction movements emerged in different national settings with varied drug policies, law enforcement, public health infrastructure, degrees of social and economic inequality, and cultural belief in the possibility and legitimacy of social interventions (Marlatt, 1996; Cook et al., 2010). While sharing common features, the harms of drug use and the possibilities and trajectories of harm reduction are frequently geographically and contextually specific. Here we focus on the context within the US and review some of the movement’s core critiques and principles.

Genealogy: A year before President Nixon declared his War on Drugs, a coalition of health workers and activists occupied a section of Lincoln Hospital in New York City (Blanchard, 2018; Fernández, 2020). They demanded, among other things, a “People’s Detox” unit be made available for the disproportionately Black and Puerto Ricans unsupported in their heroin use. At the detox unit that was subsequently established, these activists brought political education to health delivery and connected drug use to social policies that shaped individual behavior, rather than blaming individual character (Fernández, 2020). They drew on structural critiques of the emerging biomedical standard of methadone treatment (Greig & Kershner, 2002), and advocated for drug abstinence supported by acupuncture and social rehabilitative programming.

But it was not until the HIV/AIDS epidemic in the 1980s that coalitions of PWUD and former PWUD, HIV/AIDS activists and medical workers in the US began to self-consciously embrace harm reduction, rather than abstinence, primarily as an HIV/AIDS prevention strategy (Greig & Kershner, 2002). After people who inject drugs (PWID) were identified as at risk for HIV early in the epidemic, activists turned, sometimes desperately, to sterile syringe exchange as an HIV prevention strategy. Despite early evidence that showed promising results (Des

Jarlais et al., 1985), in 1988, the US Congress prohibited federal funding for operation of and research on syringe service programs (SSP). In response to this governmental abandonment of PWID to the HIV epidemic, PWUD and diverse allies collaborated to implement SSPs in a dozen cities by the early 1990s. Studies quickly established that these programs were effective at reducing syringe sharing (Bluthenthal et al., 2000), and reduced HIV prevalence and incidence among PWID (Des Jarlais et al., 1996; Hurley et al., 1997). Despite their proven effectiveness, many activists were arrested, as many in the general public wrongly believed that SSPs would lead to increased drug use, crime, and reluctance to enter treatment (Yoast et al., 2001).

In 1993, the Harm Reduction Working Group formed to expand harm reduction beyond HIV prevention. The Working Group, which formed the National Harm Reduction Coalition, elaborated a critique of the War on Drugs and a vision for harm reduction as part of movements for social transformation.

Principles and Critique: Harm reduction advocates developed a critique of criminalization and abandonment and have advocated for practical strategies and approaches to care and structural changes in approaching drugs and PWUD (Roe, 2005; Sherman et al., 2015). Definitions of harm reduction now vary; most definitions signal to the fact that harm reduction incorporates practices, policies, as well as to a set of values and ideas (National Harm Reduction Coalition, 2020; Harm Reduction International, 2023; Hassan, 2022). Here we focus on the latter, the underlying ideas and principles that give meaning to strategies and practices. Some of these principles are summarized in Table 1 (“Harm Reduction Principles”).

Praxis: The harm reduction framework inspired a praxis oriented towards meeting PWUD “where they are at”—which is often in a circumstance of criminalization and/or abandonment—with resources and services that provide immediate help. Empirical studies of SSPs have demonstrated that adherence to these principles is associated with improved outcomes. For instance, studies have shown that “needs-based” distribution of syringes is associated with higher syringe coverage (the proportion of clean syringes received to the number of

injections over a period of time) (Bluthenthal, Ridgeway, et al., 2007). In turn, higher levels of syringe coverage are inversely associated with odds of sharing syringes (Bluthenthal, Anderson, et al., 2007). Further, when SSPs with restricted syringe dispensing policies have these limitations lifted, improvements in syringe sharing have been routinely reported (Sherman et al., 2015). SSPs are also an essential venue for the receipt of indicated preventive care including infectious disease screening and even medical care (Abdul-Quader et al., 2013; Behrends et al., 2022; Heinzerling et al., 2006). In addition, SSPs have a long history as sites of referral to substance use disorder treatment and more recently have become sites for induction into buprenorphine treatment (Heimer, 1998; Kidorf & King, 2008; Strathdee et al., 2006). In these ways, harm reduction praxis meets PWUD “where they are” along a continuum of desire to use or to stop using drugs while minimizing harm. Lastly, due to the organizing of PWID adjacent to and also independent of SSPs, new interventions have been developed that further support well-being among PWID and include crucial services such as overdose education and naloxone distribution, safer consumption sites, and safe supply interventions, all of which address leading causes of morbidity and mortality among PWUD (Bonn et al., 2020, 2021; Collins et al., 2018; Kral et al., 2020).

This empirical record has helped the movement gain traction throughout the U.S. In some settings where people implementing harm reduction practices were formerly arrested, these same practices are now funded by the government, and in 2015, the federal ban on SSPs was lifted. While harm reduction principles, policies, and practices are often scoffed at by critics or described as “enabling,” empirically they are shown to be more effective and less expensive in preventing and addressing drug-related harms than incarceration (Kidorf et al., 2011; Mancini et al., 2008). This is in part because harm reduction is not in opposition or an “alternative” to treatment; rather, it transforms care. Harm reduction opposes abandonment, punishment, and “care” through coercion that often constitutes a form of abandonment. Harm reductionists seek to abolish practices and logics that marginalize people who use drugs, transforming care and treatment systems for drug dependence or use (Hassan, 2022).

In this same time period, the conceptual and organizational seeds were also laid for the movement for police and prison abolition—seeds which, in the past seven years, have begun flourishing.

The movement for abolition

Genealogy: If governmental abandonment of PWUD and HIV/AIDS helped spark the harm reduction movement, it was excessive government action to criminalize and punish Black, Latinx and poor communities that created the conditions for the emergence of the movement for abolition. The demand itself was not new (Felber, 2020). In 1966, for example, the Black Panther Party platform had sought the end of police brutality and the “freedom for all black men held in federal, state, county prisons and jails” (Bloom & Jr, 2016). The latter call grew louder in the 1970s as incarcerated political activists became leaders of movements within and without prisons (Berger & Losier, 2017).

In the 1990s and early 2000s, a range of organizations, such as Critical Resistance and Mothers Reclaiming Our Children, formed in coalition to understand the unremitting police violence and world-historic expansion of incarceration affecting their loved ones and community members (Gilmore, 2007). These coalitions included families of incarcerated people and of those killed by the police, environmental justice activists, and disability justice activists, among others (Braz & Gilmore, 2006). They also included radical women of color and anti-racist white feminists, who were marginalized in mainstream conversations about violence against women (Richie, 2012; Thuma, 2019). Their organizing has provided key conceptual frameworks informing both strategy and practical action.

Principles and Critiques: Activists have arrived at abolition, rather than reform, from a series of critiques, many of which overturn

Table 1
Principles of harm reduction.

Principle	Definition	Structural critique
Non-judgment	Accepts the multiple reasons why drugs are used Focuses on reducing harms from drug use and improving quality of life and well-being of PWUD Seeks survival and dignity	Drugs are politically leveraged in ways that produce harmful narratives, including erroneous claims that harms of drug use are universal and self-evident. Judgment-based approaches that seek behavior change with the goal of abstinence have led to pathologization and criminalization of PWUD.
Non-coercive, non-punitive interventions	Avoids binary of innocence/guilt Emphasizes support, rather than punishment Draws on individual and community strength	Punitive approaches: • individualize problems that are structural; • take away the rights and capacities of PWUD to care for themselves; • cause disruptions in social support, employment, educational opportunities, and health care
Drug user leadership	Priority given to insights, concerns and organizing of drug users in developing interventions	Systems will not solve the problems facing PWUD on their own, and often result in greater reliance on institutions rather than a pathway to self-determination and community empowerment.
Build alternatives	Build systems with low threshold for care	Current approaches create interpersonal, institutional and communal barriers.

mainstream narratives and assumptions. Several overarching principles are summarized in Table 2.

Praxis: This framework has shaped the strategy and actions of those seeking to transform not just the criminal legal system but also “the society that could have prisons” (Moten & Harney, 2004). As Ruth Wilson Gilmore puts it, abolition represents both a long-term goal and “a practical program for change” (Gilmore & Kilgore, 2019). This means a strategic integration of immediate efforts at survival with longer term projects of transformation, *seeking changes that reduce the legitimacy, size and scope of the criminal legal system.* Activists inspired by a vision of abolition seek the reduction of the number of people incarcerated and the closing of facilities. Uniting these types of actions is a focus on providing relief to incarcerated people while undermining the notion that there will *always* be a need for a certain number of people to be incarcerated.

Abolitionist movements are also explicitly oriented towards actions aimed at *budgetary redistribution.* In a strategy based on incarcerated people’s analysis of how systems keep people in a cycle of arrests and re-arrests, abolition activists seek to divest funds from carceral infrastructure and to invest, instead, in infrastructure that promotes health and well-being. This strategy is borne from the critique that it was not inevitable that carceral institutions would come to claim so much of

Table 2
Principles of abolition.

Principle	Definition	Structural critique
Police and prisons produce premature suffering and death	Challenges accepted idea that police and prisons produce safety Highlights how carceral systems make communities less safe, perpetuate cycles of violence and lead to preventable suffering and death	People on the receiving end of carceral systems usually experience these systems as violent, not protective. This violence includes: officer harm, harms inherent to arrests and incarceration and harms of community separation and disorder
Not “broken”	Considers how systems are working “by design” to achieve ends, such as reproducing racial hierarchies and managing poverty without redistributing wealth	Many constituencies benefit from the systems as they are currently organized. Suggesting that the system is broken provides opportunities for these constituencies to expand and strengthen the system through reform
Not “natural” parts of the social landscape	Emphasizes that the size and scope of current carceral systems was not historically inevitable	Historical and comparative analysis shows unequivocally how exceptional the United States is in its practices of police violence, criminalization and punishment. There is nothing about the U. S. that makes it predisposed to more violence nor more punishment The histories and ideas that led to the current system are urgently relevant
Against innocence/guilt	Refuses to accept the binary of innocence/guilt, since this binary can hide the workings of carceral systems more generally	Reforms are often “split”: releasing a narrow subset of incarcerated people while expanding punishments for other offenses. This focus legitimates the norm of extreme punishment. The assignment of innocence/guilt is shaped by histories of racism Human beings cannot adequately be described by the binary of innocence/guilt and it should not determine deservingness for support

public budgets and that the carceral economy is fundamentally connected to the privatization of public goods and infrastructure such as housing, health care and education. Through redistributing and repurposing the public budget, abolition activists tie campaigns to defund carceral systems to other campaigns such as those seeking to stop evictions and to provide universal access to free health care.

In seeking this redistribution of funds away from carceral institutions and towards other life-affirming institutions, the movement for abolition embraces the challenge of *imagining, planning and building alternatives to policing and incarceration* (Kaba, 2021). This focus is often overlooked by those who presume “abolition” is primarily a project about negating carceral systems. On the contrary, these movements seek to *build* the society without prisons. To do so, they focus not only on intervening in processes of criminalization and incarceration but also on planning systems to prevent criminal legal contact in the first place and to repair the generations of carceral harms.

Finally, that these movements use the term “abolition” is not accidental. The term connects current struggles against policing and incarceration to *unfinished and incomplete liberatory struggles* for social transformation from past eras (Burton, 2021; Gilmore, 2019). This framing means seeking lessons from the visions and demands of earlier freedom struggles.

An abolition and harm reduction-informed praxis of care

While the frameworks of harm reduction and abolition differ, Table 3 demonstrates the potential of their synthesis. A synthetic framework can serve as a tool for aligning and mutually enriching respective approaches, strategies, and actions. It could also broaden and strengthen efforts for systemic changes. A praxis of abolition and harm-reduction informed care could integrate the broad range of policy interventions sought by both movements, including but not limited to redirecting the budget for carceral institutions towards the building supervised injection facilities or developing non-law enforcement responses to 911 that also distribute clean injection equipment.

Having looked backward into the genealogies and histories of these two movements, the struggle for Care, Not Cages now unfolding in Los Angeles (LA) provides an opportunity to look forward to how the principles and strategies of both movements have been integrated, as represented in Table 3, in an effort to enact systemic transformation.

Care, not cages

Since LA County abandoned its jail plan, it has shifted its focus towards developing a “care first” approach. What “care” will mean has introduced a new set of political contradictions and a new phase of struggle. The decision not to build a new jail did not itself constitute a change in overall policy towards the communities most criminalized. On the contrary, like in settings across the United States and the world, “care” can appear meaningless when housing insecurity and the punishment and premature suffering and death of drug users and racialized minorities remain normalized. Against this backdrop, the JusticeLA coalition, knowing the Supervisors’ desire to still close its Men’s Central Jail, has sought to connect the County’s new paradigm and “Alternatives to Incarceration” workgroup to the jail’s closure and investments in housing and health care. After all, the goal of the “Care, Not Cages” campaign had been to persuade the county to build institutions and systems of care *in place* of its jail system, not alongside it.

In the months after, JusticeLA won two additional victories. First, it secured the approval of the “Care First, Jail Last” report, a comprehensive vision for replacing the county’s carceral framework with proactive investments in diversion and access to treatment and services that are not dependent on police contact, and in repairing the County’s infrastructure of services. Second, it won a commitment by the County to close its Men’s Central Jail *without* building new jail beds. As a result of JusticeLA’s organizing around a “care first” approach to end systemic

Table 3
Toward an abolitionist harm reduction.

Principle	Definition	Conventional Approach	Abolition and Harm Reduction Approach
Non-judgment	Resources and services are provided without judgment of non-normative behaviors or marginalized identities	Discrimination based on identity, behavior and/or innocence/guilt determine access to and quality of services	Resources and services are provided independent of non-normative behavior, e.g., drug use, and innocence/guilt. No one is undeserving of care
Invest in people in crisis	People in crisis need support and opportunities for improving well-being, not punishment/abandonment	Criminal legal institutions manage a range of social problems. Emphasis is on individual criminality, pathology and bad choices. Punishment and/or increased individual responsibility are considered the best solutions	Strategies that seek to minimize harm associated with drug use during arrest/incarceration and develop interventions that promote well-being in the short and long-term. Social problems such as overdose are addressed through institutional changes and life-affirming interventions
Systemic determinism	Individual behaviors are connected to systemic, macro-level phenomena	Illicit drug use is the result of individual choices and/or pathologies	Interventions should seek to change systems producing risks and harms of non-normative behavior. Criminalization has led to premature suffering and death and has not eliminated drug use. Decriminalization and decarceration of drugs and their users prevents premature death
Budgetary redistribution	Carceral systems are working by design and funds need to be redistributed to other institutions that improve health and well-being	Harms due to policing and incarceration should be addressed by increased training and reforms that seek to eliminate “bad apples”	Budgets should be re-directed towards interventions that focus on reducing the harm of carceral systems and re-allocated towards systems better able to respond to complex social phenomena such as drug use
Plan and build alternatives	Systems will not change on their own	Reforms within the system can enhance survival and ensure greater dignity for criminalized people	The organizing of drug users and others affected by criminalization can build alternatives grounded in health, safety and dignity. The current carceral infrastructure was the result of planning; alternatives must also be imagined, planned and built
Center criminalized communities	Lived experience, expertise and consciousness of criminalized are valued	People whose behaviors led to their arrest/incarceration should not be trusted to develop health interventions	Drug users are often experts on risks and harms associated with drug use and incarcerated and formerly incarcerated people have critical insights into the workings and

Table 3 (continued)

Principle	Definition	Conventional Approach	Abolition and Harm Reduction Approach
			the harms of the criminal legal system. These groups should be partners and leaders in developing and implementing interventions

abandonment, these victories included explicit calls to adopt harm reduction strategies as vehicles to build a more life-affirming system of care.

The Care First, Jail Last report, and the rigorous yearlong democratic process that produced it, included harm reduction as a core value. The report addresses how alternatives can be leveraged to shrink the footprint of the criminal legal system in the operations of the county and at every stage of a person’s path through this system. Harm reduction, which is named in several of the 114 recommendations, has offered a critical framework and tool to dictate the meaning of “care” in developing alternatives along this path.

In the process of producing the Care First, Jail Last report, the entanglement of the War on Drugs, the churn of the carceral state and structural racism have been unmistakable. In 2019, for example, the County spent \$10.5 million on technical violations brought by the Department of Probation, such as failed drug tests; this charge was also one of the top reasons Black people were booked into the county jail during that year (Dupuy et al., 2020). The elegance of the “Care First” roadmap is that it proposes addressing these negative interventions both through changes to the Department of Probation directly and by building community-based, and neighborhood specific, interventions that increase access to treatment. The roadmap identifies as a key principle the necessity of ending the practice of punishing non-compliance, which is an abstinence, not harm reduction, based punishment.

However, the “Care First” roadmap process has also highlighted how budgetary decisions limit what interventions can and cannot be made. For example, over the last decade there has been an unprecedented drop in the average daily population of incarcerated youth in county probation camps from 983 young people in 2012 to 185 in May 2020. Similarly, the number of incarcerated young people in juvenile halls dropped from 784 in 2014 to 430 as of February 2021 (Schooley, 2021). Despite these reductions, the Department of Probation has successfully resisted any cuts to their budget, even as there has been a fundamental re-thinking of their role and function.

While carceral institutions are unwilling to concede their funding and authority, the County has been slow to spend new allotments on alternatives. Upon the conclusion of the Care First roadmap, it took pressure for the County to allocate the funding necessary to enact many of the interventions proposed. In addition, a county-led audit of the Department of Probation’s spending in 2015 discovered that over \$140 million of state funds designated for adult alternatives to incarceration remained unspent. These funds went unspent despite California passing Proposition 47 the previous year, a landmark ballot initiative that reclassified seven of the most common felonies to misdemeanors, including illegal drug use. The Department of Probation funding should have been spent to implement non-carceral interventions that had just been voted on.

These examples show just how critical it is that an abolitionist harm reduction inform the meaning of, and models for, care and care-first approaches. Harm reduction’s origins are in the distribution of resources for mutual support and survival. Introducing those interventions into the public sector is limited both by carceral departments disinclined to implement them and the absence of public resources being made available to otherwise fund them. The movement for abolition’s insistence on the reinvestment of public resources in non-carceral

institutions is critical to the enactment of harm reduction-informed interventions. In other words, eliminating negative interventions is incomplete without also challenging the funding and political power of the departments that design and facilitate these interventions.

This political reality spurred a subsequent struggle, and victory. In 2020, the Reimagine LA Coalition sought to permanently constrict the fiscal capacity of LA's carceral apparatus. The coalition drafted Measure J, a local ballot initiative mandating that 10% of the county's revenue be allocated to affordable housing, restorative justice, youth development and alternatives to incarceration with an emphasis on correcting decades of divestment in its Black communities (Castillo, 2022; Chief Executive Office, 2021). A key feature of this allocation is that law enforcement agencies cannot access these funds. Although the measure was only approved two months before election, the measure passed with a 57% of the county voters' approval, securing in perpetuity up to \$1 billion annually for alternatives to incarceration. This measure ensures that it is the goal and responsibility of the county, not just of movements for abolition, to divest from its carceral infrastructure.

Conclusion

The harm reduction movement and the movement for abolition have developed in parallel over the same historical period. A response to the abandonment during the HIV/AIDS epidemic, the harm reduction movement emerged from the imperative to support the survival and dignity of PWUD and to demand resources from governments and health care systems slow, or resistant, to offer support. Harm reduction activists worked in the shadow of, and sometimes in direct defiance of, the criminal legal system. The movement for police and prison abolition, on the other hand, formed in response to the mass criminalization and incarceration of disproportionately Black, Indigenous, Latinx and poor communities. Abolition-inspired activists protested this historic turn in part on the grounds that it came in place of public investment in preventing harms from drug use.

These movement-based critiques, which intersect and overlap, have led to insights that offer important lessons for public health. Our case study of the "Care, Not Cages" struggle in LA reveals the importance of synthesizing these insights in a joint struggle against carceral institutions and for life-affirming harm reduction interventions (Levenson & Samra, 2023). In LA, harm reduction frameworks offered a blueprint for life-affirming approaches to criminalized PWUD— but were vulnerable to cooptation by carceral institutions themselves. On the other hand, the movement for police and prison abolition's emphasis on budgetary redistribution highlighted the need to politically challenge carceral institutions— but did not itself present programs and interventions needing investment. It is only by drawing on the insights of both that the Care, Not Cages coalition in LA has dialectically kept pace with their elected counterparts in seeking meaningful change. Such an example has implications in settings across the country and world, where shifting political terrains have provided fleeting openings for harm reduction or decarceration— but rarely both.

In short, in the U.S. and much of the world, the political linkages of drug-related harm and policing and punishment necessitate broad coalitions, such as those that have formed in LA, united around the principles of harm reduction and abolition. It is only with such a unity that public health itself may be redefined and reshaped, by and for all people.

CRediT authorship contribution statement

Jeremy Levenson: Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Writing – review & editing, Writing – original draft. **Lauren Textor:** Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Writing – review & editing, Writing – original draft. **Ricky Bluthenthal:** Conceptualization, Formal analysis, Investigation, Writing – original draft, Writing – review &

editing. **Anna Darby:** Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing. **Rafik Wahbi:** Formal analysis, Writing – review & editing. **Mark-Anthony Clayton-Johnson:** Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Ethics approval

The authors declare that the work reported herein did not require ethics approval because it did not involve animal or human participation.

Funding sources

This research received funding from the following sources
Lauren Textor received support from the UCLA Medical Scientist Training Program (National Institute of General Medical Sciences training grant GM008042). Lauren Textor and Jeremy Levenson received funding from the UCLA Dissertation Year Fellowship.

References

- Abdul-Quader, A. S., Feelemyer, J., Modi, S., Stein, E. S., Briceno, A., Semaan, S., Horvath, T., Kennedy, G. E., & Des Jarlais, D. C. (2013). Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: A systematic review. *AIDS and Behavior*, 17(9), 2878–2892. <https://doi.org/10.1007/s10461-013-0593-y>
- Ahmad, D. (2014). *The opium debate and Chinese exclusion laws in the nineteenth-century America west*. Reno: University of Nevada Press.
- Alexander, M. (2020). *The new Jim crow: Mass incarceration in the age of colorblindness (Tenth anniversary edition)*. The New Press.
- Behrends, C. N., Lu, X., Corry, G. J., LaKosky, P., Prohaska, S. M., Glick, S. N., Kapadia, S. N., Perlman, D. C., Schackman, B. R., & Des Jarlais, D. C. (2022). Harm reduction and health services provided by syringe services programs in 2019 and subsequent impact of COVID-19 on services in 2020. *Drug and Alcohol Dependence*, 232, Article 109323. <https://doi.org/10.1016/j.drugalcdep.2022.109323>
- Berger, D., & Losier, T. (2017). *Rethinking the American prison movement*. Routledge.
- Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of Internal Medicine*, 159(9), 592–600. <https://doi.org/10.7326/0003-4819-159-9-201311050-00005>
- Blanchard, S. K. (2018). *How the young lords took Lincoln hospital, left a health activism legacy*. October 30. Filter <https://filtermag.org/how-the-young-lords-took-lincoln-hospital-and-left-a-health-activism-legacy/>.
- Bloom, J., & Jr, W. E. M. (2016). *Black against empire: The history and politics of the Black Panther party, with a new preface*. University of California Press.
- Bluthenthal, R. N., Anderson, R., Flynn, N. M., & Kral, A. H. (2007a). Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug and Alcohol Dependence*, 89(2–3), 214–222. <https://doi.org/10.1016/j.drugalcdep.2006.12.035>
- Bluthenthal, R. N., Kral, A. H., Gee, L., Erringer, E. A., & Edlin, B. R. (2000). The effect of syringe exchange use on high-risk injection drug users: A cohort study. *AIDS*, 14(5), 605–611. <https://doi.org/10.1097/00002030-200003310-00015>
- Bluthenthal, R. N., Ridgeway, G., Schell, T., Anderson, R., Flynn, N. M., & Kral, A. H. (2007b). Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. *Addiction*, 102(4), 638–646. <https://doi.org/10.1111/j.1360-0443.2006.01741.x>
- Bonn, M., Palayew, A., Bartlett, S., Brothers, T. D., Touensnard, N., & Tyndall, M. (2020). Addressing the syndemic of HIV, hepatitis C, overdose, and COVID-19 among people who use drugs: The potential roles for decriminalization and safe supply. *Journal of Studies on Alcohol and Drugs*, 81(5), 556–560.
- Bonn, M., Palayew, A., Bartlett, S., Brothers, T. D., Touensnard, N., & Tyndall, M. (2021). The times they are a-changin': Addressing common misconceptions about the role of safe supply in North America's overdose crisis. *Journal of Studies on Alcohol and Drugs*, 82(1), 158–160.
- Bourgeois, P. I., Prince, B., & Moss, A. (2004). The everyday violence of hepatitis C among young women who inject drugs in San Francisco. *Human Organization*, 63(3), 253–264. <https://doi.org/10.17730/humo.63.3.h1phxbbrb7m4mlv0>
- Bourgeois, P. I., & Schonberg, J. (2009). *Righteous dopefiend*. University of California Press.

- Braz, R., & Gilmore, C. (2006). Joining forces: Prisons and environmental justice in recent California organizing. *Radical History Review*, 2006(96), 95–111. <https://doi.org/10.1215/01636545-2006-006>
- Burton, O. (2021, April 21). *Revolution is illegal*. Spectre Journal. <https://spectrejournal.com/revolution-is-illegal/>.
- Castillo, M. (2022). December 18 *Reimagine LA advances the idea of care* <https://www.laprogressive.com/california-political-issues/reimagine-la-advances-the-idea-of-care>
- Chief Executive Office. (2021, August 11). *Measure J history*. Alternatives to incarceration initiative. <https://ceo.lacounty.gov/ati/measure-j-history/>.
- Clayton-Johnson, M.-A., Samra, S., & Levenson, J. (2021). Allying public health and abolition: Lessons from the campaign against jail construction in Los Angeles. *American Journal of Public Health*, 111(4), 574–576. <https://doi.org/10.2105/AJPH.2020.306065>
- Collins, A. B., Bluthenthal, R. N., Boyd, J., & McNeil, R. (2018). Harnessing the language of overdose prevention to advance evidence-based responses to the opioid crisis. *The International Journal on Drug Policy*, 55, 77–79. <https://doi.org/10.1016/j.drugpo.2018.02.013>
- Collins, A. B., Boyd, J., Cooper, H. L. F., & McNeil, R. (2019). The intersectional risk environment of people who use drugs. *Social Science and Medicine*, 234, 1–10. <https://doi.org/10.1016/j.socscimed.2019.112384>
- Cook, C., Bridge, J., & Stimson, G. V. (2010). The diffusion of harm reduction in Europe and beyond. In T. Rhodes, & D. Hedrich (Eds.), *Harm reduction: Evidence, impacts and challenges*. Luxembourg: European Monitoring Centre for Drugs and Drug Addiction.
- Des Jarlais, D. C., Friedman, S. R., & Hopkins, W. (1985). Risk reduction for the acquired immunodeficiency syndrome among intravenous drug users. *Annals of Internal Medicine*, 103(5), 755–759. <https://doi.org/10.7326/0003-4819-103-5-755>
- Des Jarlais, D. C., Marmor, M., Paone, D., Titus, S., Shi, Q., Perlis, T., Jose, B., & Friedman, S. R. (1996). HIV incidence among injecting drug users in New York city syringe-exchange programmes. *Lancet*, 348(9033), 987–991. [https://doi.org/10.1016/s0140-6736\(96\)02536-6](https://doi.org/10.1016/s0140-6736(96)02536-6)
- Dupuy, D., Lee, E., Tso, M., & Hernandez, K.L. (2020). *Black people in the Los Angeles county jail*. The million dollar hoods project. <https://ucla.app.box.com/s/w39fzi24tbds8fahqyu853cz7f02jl>.
- Felber, G. (2020). *Those who know don't say*. Garrett Felber. University of North Carolina Press.
- Fernández, J. (2020). *The young lords*. University of North Carolina Press.
- Gilmore, R. W. (2019). Abolition geography and the problem of innocence. G. Johnson, & A. Lubin (Eds.), *Abolition geography and the problem of innocence. Futures of black radicalism*.
- Gilmore, R. W. (2007). *Golden gulag: Prisons, surplus, crisis and opposition in globalizing California*. University of California Press.
- Gilmore, R. W., & Kilgore, J. (2019). *The case for abolition [Journalism]*. June 19. The Marshall Project <https://www.themarshallproject.org/2019/06/19/the-case-for-abolition>.
- Greig, A., & Kershner, S. (2002). Harm reduction in the USA: A movement towards social justice. In S. Hayduk (Ed.), *From ACT UP to the WTO* (pp. 361–369). Verso.
- Hansen, H., Netherland, J., & Herzeberg, D. (2023). *Whiteout: How racial capitalism changed the color of opioids in America*. University of California Press.
- Harvey, D. (2005). *A brief history of neoliberalism*. Oxford University Press.
- Harm Reduction International. (2023) What is harm reduction? <https://hri.global/what-is-harm-reduction/>.
- Hassan, S. (2022). *Saving our own lives*. Haymarket Books. <https://www.haymarketbooks.org/books/1938-saving-our-own-lives>.
- Heimer, R. (1998). Can syringe exchange serve as a conduit to substance abuse treatment? *Journal of Substance Abuse Treatment*, 15(3), 183–191. [https://doi.org/10.1016/s0740-5472\(97\)00220-1](https://doi.org/10.1016/s0740-5472(97)00220-1)
- Heinzerling, K. G., Kral, A. H., Flynn, N. M., Anderson, R. L., Scott, A., Gilbert, M. L., Asch, S. M., & Bluthenthal, R. N. (2006). Unmet need for recommended preventive health services among clients of California syringe exchange programs: Implications for quality improvement. *Drug and Alcohol Dependence*, 81(2), 167–178. <https://doi.org/10.1016/j.drugalcdep.2005.06.008>
- Herzberg, D. (2020). *White market drugs: Big pharma and the hidden history of addiction in America*. University of Chicago.
- Hurley, S. F., Jolley, D. J., & Kaldor, J. M. (1997). Effectiveness of needle-exchange programmes for prevention of HIV infection. *Lancet*, 349(9068), 1797–1800. [https://doi.org/10.1016/S0140-6736\(96\)11380-5](https://doi.org/10.1016/S0140-6736(96)11380-5)
- Jones, K. A., Agboh, D., Patten, M., & Chauhan, P. (2021). An examination of racial disparities in Misdemeanor Marijuana possession arrests following reforms in four U. S. jurisdictions. *Journal of Drug Policy Analysis*, 14(1), 41–53. <https://doi.org/10.1515/jdpa-2021-0008>
- Kaba, M. (2021). *We do this 'Til we free us: Abolitionist organizing and transformative justice*. Haymarket Books.
- Kaye, K. (2019). *Enforcing freedom: Drug courts, therapeutic communities, and the intimacies of the state* (p. 360). Columbia University Press.
- Kidorf, M., & King, V. L. (2008). Expanding the public health benefits of syringe exchange programs. *The Canadian Journal of Psychiatry*, 53(8), 487–495. <https://doi.org/10.1177/070674370805300803>
- Kidorf, M., King, V. L., Pierce, J., Kolodner, K., & Brooner, R. K. (2011). Benefits of concurrent syringe exchange and substance abuse treatment participation. *Journal of Substance Abuse Treatment*, 40(3), 265–271. <https://doi.org/10.1016/j.jsat.2010.11.011>
- King, R. S., & Mauer, M. (2005). The sentencing project, sentencing with discretion: Crack cocaine sentencing after booker (Jan. 2006). *Federal Sentencing Reporter*, 18(2), 134–145. <https://doi.org/10.1525/fsr.2005.18.2.134>
- Kral, A., Lambdin, B., Wenger, L., & Davidson, P. (2020). Evaluation of an unsanctioned safe consumption site in the United States. *The New England Journal of Medicine*, 383(6). <https://doi.org/10.1056/NEJMc2015435>
- Levenson, J., & Samra, S. (2023). Organized care as antidote to organized violence: An engaged clinical ethnography of the Los Angeles county jail system. *Culture, Medicine & Psychiatry*. <https://doi.org/10.1007/s11013-023-09827-3>. Epub ahead of print.
- Los Angeles County Sheriff's Department. (2019). Custody division population quarterly report Los Angeles: Los Angeles Sheriff's Department.
- Los Angeles Department of Public Health. (2021). *Accidental drug overdose deaths in Los Angeles county during the COVID-19 pandemic*. Los Angeles Department of Public Health. <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/AccidentalDrugOverdoseReport.pdf>.
- Los Angeles Department of Public Health. (2020, April 20). Analysis and recommendations to reduce mortality among people experiencing homelessness in Los Angeles county. https://file.lacounty.gov/SDSinter/bos/bc/1071770_AnalysisandRecommendationstoReduceMortalityAmongPeopleExperiencingHomelessnessinLosAngelesCounty.pdf.
- Los Angeles Homeless Services. (2021). *Greater Los Angeles homeless county—total point-in-time homeless population by geographic area*. <https://www.lahsa.org/documents?id=4692-2020-greater-los-angeles-homeless-count-total-point-in-time-homeless-population-by-geographic-areas>.
- Mancini, M. A., Linhorst, D. M., Broderick, F., & Bayliff, S. (2008). Challenges to implementing the harm reduction approach. *Journal of Social Work Practice in the Addictions*, 8(3), 380–408. <https://doi.org/10.1080/15332560802224576>
- Marlatt, G. A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6), 779–788.
- Massoglia, M., & Pridemore, W. A. (2015). Incarceration and Health. *Annual Review of Sociology*, 41, 291–310. <https://doi.org/10.1146/annurev-soc-073014-112326>
- Mclean, K. (2016). “There’s nothing here”: Deindustrialization as risk environment for overdose. *International Journal of Drug Policy*, 29, 19–26. <https://doi.org/10.1016/j.drugpo.2016.01.009>
- McNeil, R., & Small, W. (2014). Safer environment interventions: A qualitative synthesis of the experiences and perceptions of people who inject drugs. *Social Science and Medicine*, 106, 151–158. <https://doi.org/10.1016/j.socscimed.2014.01.051>
- Moten, F., & Harney, S. (2004). The university and the undercommons. *Social Text*, 22(2), 101–115. https://doi.org/10.1215/01642472-22-2_79-101
- National Harm Reduction Coalition. (2020, Revised). *Harm reduction principles*. <https://harmreduction.org/about-us/principles-of-harm-reduction/>.
- Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. P. (2019). Economic decline, incarceration, and mortality from drug use disorders in the USA between 1983 and 2014: An observational analysis. *Lancet Public Health*, 4(7), e326–e333. [https://doi.org/10.1016/S2468-2667\(19\)30104-5](https://doi.org/10.1016/S2468-2667(19)30104-5)
- Rhodes, T. (2002). The ‘risk environment’: A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, 13(2), 85–94. <https://doi.org/10.1016/j.drugpo.2008.10.003>
- Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. New York University Press.
- Roe, G. (2005). Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction. *Critical Public Health*, 15(3), 243–250. <https://doi.org/10.1080/09581590500372188>
- Rudolph, K. E., Kinnard, E. N., Aguirre, A. R., Goin, D. E., Feeleymer, J., Fink, D., & Cerda, M. (2020). The relative economy and drug overdose deaths. *Epidemiology*, 31(4), 551–558. <https://doi.org/10.1097/EDE.0000000000001199>
- Schooley, T. (2021). *An overview of youth justice data and research on promising practices to support youth development*. Education Access and Youth Development Measure J Subcommittee.
- Sherman, S. G., Patel, S. A., Ramachandran, D. V., Galai, N., Chaulk, P., Serio-Chapman, C., & Gindi, R. M. (2015). Consequences of a restrictive syringe exchange policy on utilization patterns of a syringe exchange program in Baltimore, Maryland: Implications for HIV risk. *Drug and Alcohol Review*, 34(6), 637–644. <https://doi.org/10.1111/dar.12276>
- Strathdee, S. A., Ricketts, E. P., Huettner, S., Cornelius, L., Bishai, D., Havens, J. R., Beilenson, P., Rapp, C., Lloyd, J. J., & Latkin, C. A. (2006). Facilitating entry into drug treatment among injection drug users referred from a needle exchange program: Results from a community-based behavioral intervention trial. *Drug and Alcohol Dependence*, 83(3), 225–232. <https://doi.org/10.1016/j.drugalcdep.2005.11.015>
- Thuma, E. (2019). *All our trials: Prisons, policing, and the feminist fight to end violence*. University of Illinois Press.
- Tiger, R. (2013). *Judging addicts: Drug courts and coercion in the justice system*. New York University Press.
- Yoast, R., Williams, M. A., Deitchman, S. D., & Champion, H. C. (2001). Report of the council on scientific affairs: Methadone maintenance and needle-exchange programs to reduce the medical and public health consequences of drug abuse. *Journal of Addictive Diseases*, 20(2), 15–40. https://doi.org/10.1300/J069v20n02_03
- Zoorob, M. J., & Salemi, J. L. (2017). Bowling alone, dying together: The role of social capital in mitigating the drug overdose epidemic in the United States. *Drug and Alcohol Dependence*, 173, 1–9. <https://doi.org/10.1016/j.drugalcdep.2016.12.011>