

## Report:

# Dismantling the Drug War in States: A Comprehensive Framework for Drug Decriminalization and Shifting to a Public Health Approach

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Since the launch of the modern drug war fifty years ago by President Nixon, states throughout the United States have not only replicated the harsh federal system of criminalizing drug use and possession, they raced to the bottom to enact the most punitive policies possible. Especially in the 1980's and 90's, states enacted harsh sentencing schemes and prosecution strategies that caused incarceration to skyrocket. From 1980 to 2018 state-level incarceration for drug offenses grew from 25,000 to over 300,000, with some states locking up more than 200 residents per 100,000 for drug behaviors.<sup>1</sup>

Policymakers in many states have recognized that criminalization of drugs has inflicted far-reaching harms, particularly for Black, Latinx, Indigenous, and other people of color who have been disproportionately targeted, while exacerbating health risks and ruining state budgets. Voters have widely expressed support for meaningful reforms that reduce reliance on archaic “get tough” strategies.<sup>2</sup>

The time has come for states to enact broader, more thoughtful approaches centered around decriminalization of drug use and possession and the many other activities associated with drug use. Numerous countries throughout the world have eliminated criminal penalties for personal use of drugs.<sup>3</sup> Notably, Portugal decriminalized drug possession twenty years ago, and the country has since observed drastically improved health outcomes, including

reductions in overdose deaths and rates of infectious disease transmission.<sup>4</sup>

Leaders throughout the United States are now reimagining the systems we rely upon to ensure community safety, and designing more humane, compassionate, and inclusive policies centered around public health rather than punishment. Decriminalizing personal use and possession of drugs is an essential element of such reforms and is now being implemented and proposed nationwide.

In the November 2020 election, Oregon voters overwhelmingly passed a landmark decriminalization policy. Ballot Measure 110 made that state the first in the nation to change low level possession of drugs from a criminal offense to a civil violation, while steering funds to make drug treatment more widely available.<sup>5</sup> Similar legislation has been introduced or is under development nationwide to shift from punitive systems to those focused on public health.<sup>6</sup>

As efforts to decriminalize drug possession continue to gather steam, it is important to keep key principles and elements in mind, and include reforms to reduce incarceration, repair past harms, and refocus funding on improving community health and safety. If not done thoughtfully, decriminalization could continue to inflict similar harms as the war on drugs has for fifty years. State policymakers should thoroughly uproot the many punitive policies that harm individuals and families.<sup>7</sup>

1 “More Imprisonment Does Not Reduce State Drug Problems: Data show no relationship between prison terms and drug misuse,” The Pew Charitable Trusts (March 2018). Available at <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

2 Brian Elderbroom and Julia Durnan, “Reclassified: State Drug Law Reforms to Reduce Felony Convictions and Increase Second Chances (Urban Institute, 2018).

3 <https://www.release.org.uk/sites/default/files/pdf/publications/A%20Quiet%20Revolution%20-%20Decriminalisation%20Across%20the%20Globe.pdf>

4 <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

5 Oregon Ballot Measure 110, “The Drug Addiction Treatment & Recovery Act”. For more information see <https://healthjusticerecovery.org>.

6 For example, in the 2021 legislative sessions drug decriminalization legislation has been introduced in the states of Maryland (HB 488), Washington (HB 1499), Massachusetts (HD 3439), and New York (S. 1284), and is expected to be introduced imminently in Vermont and Maine. A bill has also been introduced in Kansas (HB 2288), though it currently contains problematic language on mandatory treatment and criminalization for non-compliance.

7 More information about how the drug war has taken root in these systems available at [UprootingtheDrugWar.org](http://UprootingtheDrugWar.org).



Comprehensive approaches to drug decriminalization must embody the following principles and carefully address the considerations outlined below.

## Key Principles

### 1. Minimize coercion and harm to people:

While eliminating criminal penalties will eliminate a major source of harm for people who use drugs, harsh civil penalties, coerced treatment, and the threat of incarceration for not complying with civil consequences can continue to cause harm. Services should be readily available, but access should be voluntary and coercion minimized to the extent possible. Civil penalties, such as fines, should likewise be minimized and not place onerous burdens on people with low incomes. Failure to comply with civil penalties should not result in criminal penalties or incarceration.

### 2. Center the voices of people who have been most impacted:

The people who have been most impacted by the problem are closest to the solution and should lead at every step of the way, from conceptualization to implementation. Any decision-making bodies that will determine allocations to services funded by decriminalization should be comprised of a majority of people from impacted communities or required to consult with bodies comprised of a majority of people from impacted communities.

### 3. Invest in communities most harmed by the war on drugs:

Decriminalization and investment in services should focus on repairing and investing in the marginalized communities that have faced intergenerational devastation in the United States. Millions of Black, Latinx, and Indigenous people have experienced violent oppression and economic disenfranchisement in the name of drug criminalization. Therefore, decriminalization and investment must first benefit those negatively affected by the war on drugs, while ultimately benefiting all.

### 4. Focus on evidence-based interventions to improve health:

Money should go to evidence-based health interventions that are appropriate for the needs of specific communities. These include harm reduction interventions, housing first initiatives, low-barrier substance use disorder treatment, and other supports for people who use drugs.

## Key Elements/Considerations

### 1. Decriminalize Drug Use and Possession:

States should be the leaders in shifting toward public-health approaches to substance use by repealing statutes that criminalize drug use and possession. In decriminalizing, lawmakers should be cautious to avoid replacing criminal penalties with new systems and barriers that continue the harms to the most impacted individuals.

Decriminalization *should*:

- Respect personal dignity and autonomy;
- Be developed in consultation with people who use drugs and harm reduction service providers;
- Facilitate voluntary and seamless connections to public health and social services for those who need and voluntarily desire assistance;
- Prioritize the reduction of police contacts with individuals who use drugs.

Decriminalization *should not*:

- Replace criminal penalties with substantial fines that create new hardships or burdens;
- Establish low, meaningless quantity thresholds for arrestable offenses that fail to take into account varying circumstances, including geographic differences;
- Continue to criminalize people who use drugs through more punitive laws such as “possession with intent to distribute” or through other “nuisance” offenses such as “public use,” “public intoxication,” or “loitering”;
- Rely on “graduated” systems of sanctions that increase penalties for individuals having repeated contacts



with law enforcement (i.e., possession should remain decriminalized no matter how many times a person has been cited);

- Include coercive measures such as mandatory enrollment in substance use disorder treatment.

States should work together to develop consistent policies informed by people with lived experience. They should replace policing of drugs with systems to facilitate connection to supportive services and ensure that police forces are adequately trained to reduce their involvement as required by these new policies (though funding made available through decriminalization policies should go towards services, not law enforcement). As detailed in subsequent sections, states must root out the many systems that impose harm through civil systems and ensure that policies do not simply result in other types of criminalization or punishment.

States should be cognizant of efforts to reduce the various fines and fees levied on people who interact with law enforcement. If a decriminalization policy includes the possibility of a fine for violations, states should ensure that the fine is not too high, that there are many opportunities to waive and dismiss the fine, and that people who are fined are protected from predatory collection practices and other consequences that only worsen the problem, such as high interest rates, wage garnishment, and suspension of licenses for non-payment.

Decriminalization should apply to new substances or variations of existing substances as they are discovered. States must resist recreating punitive systems as new drug trends emerge.

While all states should seek to eliminate the use of law enforcement to respond to drug use and possession, where criminalization continues to result in police encounters, states should continue to develop robust systems for pre-arrest diversion to prevent the use of the criminal justice system for responding to drugs.

## 2. Decriminalize Drug Paraphernalia:

Repeal laws criminalizing possession of common supplies including syringes, smoking devices, measuring devices, packaging, and other such materials. Strong evidence shows that distribution of supplies to ensure safer use of drugs, including sterile syringes and fentanyl test strips, prevent disease transmission and reduce the risk of fatal overdose.<sup>8</sup> Statutes criminalizing paraphernalia threaten public health, and also tend to be vague, arbitrarily enforced, and criminalize even those not in possession of any controlled substances.

## 3. Decriminalize Public Drug Use and Intoxication:

Decriminalize offenses that are currently used to criminalize and inequitably harm unhoused persons, including public use, public intoxication, vagrancy and loitering<sup>9</sup>. Throughout the United States hundreds of thousands of arrests are made for public intoxication each year. Detaining or arresting people simply for being intoxicated in public opens the door for dangerous and arbitrary police interactions and disproportionately harms homeless individuals, people of color, and people with substance use disorders. Additionally, repeal laws that criminalize people by association, such as “presence in a location where drugs are found.”

## 4. Decarcerate Persons Incarcerated for Drug Offenses:

Decriminalization should apply retroactively to include people who are currently incarcerated or on supervision, particularly those convicted for a drug possession conviction. In the United States one in five incarcerated people are locked up for drug offenses. Any process to meaningfully reform drug policy must reduce harsh sentencing policies and establish a “second look” process for those incarcerated solely for drug offenses. States

8 Davis CS, Carr DH, Samuels EA. Paraphernalia Laws, Criminalizing Possession and Distribution of Items Used to Consume Illicit Drugs, and Injection-Related Harm. *Am J Public Health*. 2019 Nov;109(11):1564-1567. doi: 10.2105/AJPH.2019.305268.

9 See National Law Center on Homelessness & Poverty, *No Safe Place: The Criminalization of Homelessness in U.S. Cities (2019 update)*. [https://www.nlchp.org/documents/No\\_Safe\\_Place](https://www.nlchp.org/documents/No_Safe_Place) (reporting that 33 percent of states “make it illegal to loiter in public throughout an entire city”).



should establish procedures for reopening sentencing proceedings for individuals convicted of drug offenses and provide immediate set asides and release for those convicted of decriminalized offenses.

## 5. Automatically Expunge Criminal Records of Drug Offenses:

States should mandate and adequately fund criminal record removal processes to eliminate records of conviction for drug offenses. States should develop systems to automatically expunge or seal records of drug possession and other “petty” drug-related convictions (such as public use, public intoxication, loitering, and other “public order” offenses) and also provide a mechanism for individuals with convictions for other drug-involved offenses to petition the Court for relief.<sup>10</sup>

## 6. End Parole and Probation Revocations for Drug Use:

Decriminalization proposals should prohibit conditions of probation or parole that disallow any drug and alcohol use or possession of decriminalized amounts of controlled substances. Policies should also prohibit routine and random drug testing of all persons under supervision. In 2016, approximately 60,000 people were incarcerated in state prisons because of technical violations of probation and parole rules. Such incarceration, particularly for positive drug tests, serves no productive purpose in reintegrating those who have served sentences of incarceration. States should eliminate sanctions, including incarceration, for conduct that would be decriminalized for the general population.

## 7. Ensuring Youth Drug Possession is Also Decriminalized:

Youth should not be subjected to harsher penalties for possession than adults. Youth should be offered as many

resources as needed to address health and other problems, but they should not be left out of decriminalization or subjected to involuntary treatment for being in possession of drugs. It is crucial to stop legal system involvement early.

## 8. Reduce Penalties and Expand Diversion Opportunities:

The penalties for other drug offenses, including possession with intent to sell drugs or other non-decriminalized drug offenses should be reduced to minimize criminal legal system involvement, and to recognize that many who engage in sales and distribution also use drugs or live in poverty and sell for their own subsistence. This includes reducing the designation for drug-related offenses from felonies to misdemeanors or violations. Under no circumstances should penalties for non-decriminalized drug offenses be increased. Where conduct remains criminalized, states should establish a presumption for diversion and design expansive pre-plea diversion programs to help individuals avoid criminal legal system involvement and meet individual needs. These programs should be voluntary, available at no cost to participants, and not centered around abstinence-only principles.

## 9. Stop Facilitating Removal of Non-Citizens for Drug Possession:

States should limit cooperation with federal immigration authorities seeking to remove individuals solely for offenses related to possession of drugs. After “illegal entry,” drug offenses were the most common offense among people who were deported in 2019. States should prohibit the sharing of personal information with federal immigration authorities and refuse to comply with immigration detainer requests from federal immigration authorities.

## 10. Eliminate Civil Punishments and Barriers to Work and Public Assistance:

Punitive drug war policies have created serious consequences in nearly every sector of civil life, including education, employment, housing, child welfare, immigration, and public benefits.

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<sup>10</sup> Several states, including Pennsylvania, Utah and Michigan have enacted “clean slate” legislation to authorize automatic expungement of certain criminal records. Code for America has helped implement such systems in various states (see <https://www.codeforamerica.org/programs/clear-my-record>). However, states can and should take further steps to eliminate waiting periods and limitations on those who can seek relief.

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Because of the war on drugs, low-income people are denied food stamps and public assistance for past drug convictions. People who are even suspected of using drugs are evicted from public housing and discriminated against in the private housing sector. Qualified applicants have to pass a drug test unrelated to the tasks involved in the job before they are offered employment. Students are suspended or expelled from school because of random drug screens, and parents permanently lose custody of their children even when they are following the drug treatment requirements from the child welfare agency. Policymakers must work to eliminate the many barriers erected throughout society as punishment for drug use, including the following:

## **Repeal Drug Related Bans on Public Benefits and Drug-Testing Requirements:**

Numerous states have erected barriers to unemployment insurance, student aid, supportive housing and other state financial assistance programs for individuals who submit positive drug tests.<sup>11</sup> States should repeal such laws requiring drug testing for unemployment benefits, housing and other financial assistance programs, including food and nutrition benefits,<sup>12</sup> which have been costly to state budgets, had no cognizable benefits, and made already vulnerable populations even more desperate.<sup>13</sup>

## **Reform Employment Drug Testing:**

States must ensure that workplace drug testing is narrowly tailored to individualized job requirements and does not perpetuate workplace discrimination by imposing unnecessary drug testing requirements. People should not be fired, sanctioned, or denied licenses for decriminalized conduct.

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<sup>11</sup> For example in recent years Tennessee, Arizona, and South Carolina added drug testing requirements that disqualify persons from receiving unemployment insurance upon receipt of a failed drug test. See “Long Lines for Unemployment: How Did We Get Here and What Do We Do Now?” National Employment Law Project (April 2020).

<sup>12</sup> At least 15 states have enacted measures to require drug testing or screening for public assistance applicants or recipients. See “Drug Testing for Welfare Recipients and Public Assistance,” National Conference of State Legislatures (March 2017).

<sup>13</sup> “States waste hundreds of thousands on drug testing for welfare, but have little to show for it,” Center for Law and Social Policy (May 2018).

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## **Limiting Negative Child Welfare Outcomes:**

The child welfare system often relies on drug use to justify removing children from custody or terminating parental rights. If drug possession is decriminalized, it should no longer serve as a basis for negative outcomes without an actual showing of harm to the child. Even where there is harm, the system should prioritize offering the necessary support to keep families together.

## **Protect Tenants from Eviction on Drug-Related Grounds:**

People should not lose their housing for drug-related activity, especially if that activity is no longer a criminal offense. States should ensure that people living in publicly supported and private housing cannot be evicted for drug possession.

## **Restore Voting Rights:**

According to the Brennan Center, thirty-one states bar many individuals from voting based on past criminal convictions.<sup>14</sup> States should enact constitutional protections or laws to protect the voting rights of citizens, and ensure that such a right shall not be denied or abridged because that individual has been convicted of a criminal offense.

## **11. Establish and fund a range of harm reduction interventions for people who use drugs:**

States must ensure access to a range of evidence-based harm reduction services for people who use drugs. These include:

- Explicitly legalizing and funding syringe service programs, without limits of one to one exchange or other restrictive regulation
- Authorizing and funding overdose prevention programs, also known as “safe consumption sites”, where people can use pre-obtained substances to prevent disease

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<sup>14</sup> See *Criminal Disenfranchisement Laws Across the United States (2020)*, Brennan Center for Justice. <https://www.brennancenter.org/our-work/research-reports/criminal-disenfranchisement-laws-across-united-states>

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transmission and overdose death<sup>15</sup>; and

- Supporting naloxone access programs and policies including national efforts to make naloxone an over the counter medication and programs that provide naloxone through vending machines, mail delivery, and upon jail exit.

## 12. Expand Access to Culturally-Specific, Trauma-Informed, Person-Centered, Evidence-Based Substance Use Disorder Treatment:

Providing evidence-based substance use disorder treatment on demand improves treatment participation and outcomes.<sup>16</sup> States must expand access to low-barrier, evidence-based substance use disorder treatment to ensure equitable and wide-scale access. Decriminalization initiatives should provide a healthy, stable source of revenue to expand and support services. States should require recipients of funding to adhere to evidence-based principles of substance use disorder care. Such principles include:

- Providing access to methadone and buprenorphine, or, at the bare minimum, not prohibiting participants from using these medications;
- Prohibiting expulsion based on relapse;
- Not requiring abstinence;
- Not requiring participation in or refraining from certain services to gain access to other services;
- Prohibiting the use of degrading tactics;
- Using participant's goals to define success;
- Involving people with lived experience in providing care;
- Making harm reduction supplies available to those who desire them; and
- Implementing evidence-based behavioral therapies, such as contingency management.

<sup>15</sup> In early 2021, ten state legislatures are considering enacting overdose prevention program laws; those states are Arizona (SB 1250 and HB 2625), California (SB 57), Illinois (HB 102), Maryland (SB 279 and HB 396), Missouri (SB 445), New Hampshire (SB 149), New Jersey (Assembly, No. 677), New Mexico (HB 123), New York (A 224 and S 603), Rhode Island (S 16 and H 5245) and Utah (HB 146).

<sup>16</sup> <https://addiction.surgeongeneral.gov/key-findings/early-intervention>

## 13. Provide Evidence-Based, Rather than Abstinence Centered Drug Education:

State-sponsored drug education programs should not be led by law enforcement authorities and centered around threats of punishment. Rather, drug education programs should be funded through public health departments, and promote health and safety by providing honest, science-based information and promoting safety through personal responsibility and knowledge.

## 14. Investing in Housing and Other Necessary Services:

A stable place to live is crucial for people to gain stability and improve their health. Unfortunately, housing options are sparse, especially for people with substance use disorders. Decriminalization initiatives should provide a stable source of funding for housing first initiatives for people who use drugs, including permanent supportive housing. These programs should also offer voluntary access to substance use disorder treatment, physical and mental health services, employment readiness, and other services necessary to achieve stability and health.

## 15. Support the Use of Civilian First Responder Teams:

Civilian, trauma-informed first responders trained specifically to address acute behavioral health issues and other social matters must be part of any effort to reduce drug war policing.<sup>17</sup> Non-police first responder teams, not police, should respond to 911 emergency calls involving mental health and substance use crises and other calls for service where there is no evident threat of violence. States, working in partnership with public health experts and people with lived experience, must help fund and support the development of local programs by supporting the dissemination of best practices, technical assistance, and financial support.

<sup>17</sup> CAHOOTS – Crisis Assistance Helping Out On The Street – in Eugene and Springfield, Oregon, is the leading model of community alternative to policing. CAHOOTS is a program of the non-profit White Bird Clinic. In operation as a medical clinic since 1969, White Bird began receiving funding from the Eugene Police Department to provide crisis response services in 1989. A similar program is being piloted in Denver, Colorado: Support Team Assisted Response (STAR).

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## 16. Collect and Analyze Data on Decriminalization and Services:

States should collect data on how decriminalization has impacted the criminal legal system, government budgets, access to health and other services, and communities impacted by the war on drugs. States should monitor for racial disparities in implementation, including if people of color are receiving disproportionate shares of citations and civil penalties. States should also track trends in enforcement of drug-related or other criminal offenses against people who use drugs once decriminalization is in effect to determine whether law enforcement has changed tactics to continue criminalizing people.

## 17. Repeal Mandatory Minimums and Sentencing Enhancements:

Where applicable, eliminate mandatory-minimum sentences and sentencing codes that allow for enhanced sentences for crimes that are paired with drug offenses. Any underlying offense can and should be sentenced according to the conduct involved, not enhanced simply because it is paired with a drug offense. Additionally, repeal “drug free zone” enhancements that often allow for overcriminalization and excessive punishments.

## 18. Prohibit Civil Asset Forfeiture:

Repeal state civil forfeiture statutes, which authorize the taking of property allegedly having a connection to drugs. Such laws incentivize aggressive policing, contribute to police violence by leading to more pretextual police contacts, and undermine due process. North Carolina, New Mexico and Nebraska have abolished civil forfeiture and many other states have worked to enhance protections in recent years.<sup>18</sup>

## 19. Demilitarize and Deescalate Drug Enforcement:

The enforcement strategies, tactics, and equipment of police as part of the drug war has heightened the dangers to people who use drugs and others throughout our communities. States should enact meaningful reforms

to reduce the risk of police violence and negative health impacts of military-style policing in communities. To start, states should reign in these specific practices:

### ***Prohibit “No-Knock” Warrants and Strengthen Knock and Announce requirements to prevent “Quick Knock” raids:***

Explicitly prohibit “no-knock” warrants and establish meaningful rules for police to follow in serving search warrants.<sup>19</sup> Require that officers, when executing search warrants, give notice to the occupants by knocking in a manner that occupants will hear and giving sufficient time for occupants to respond before entering by force. Some proposed legislation has even included a minimum waiting time, such as 45 seconds, before police may make a forcible entry.<sup>20</sup> Additionally in serving search warrants, states should mandate that officers withdraw whenever feasible should a danger arise.

### ***Prohibit Military-style equipment:***

Prohibit procurement and use of military-grade equipment from federal programs, like the Department of Defense 1033 Program, that facilitate the transfer of military equipment to state, local, and tribal law enforcement for drug law enforcement activities.<sup>21</sup>

### ***Restrictions on SWAT team deployment:***

Limit the use of special weapons and tactics (SWAT) teams to only situations involving active violence, including kidnappings, threatened terrorism and arrests of individuals directly linked to violent acts. The use of such militarized units for serving search warrants elevates the likelihood of harm to occupants.<sup>22</sup>

<sup>19</sup> Oregon’s statute, for example, explicitly requires that police “give appropriate notice of the identity, authority and purpose of the officer to the person to be searched, or to the person in apparent control of the premises to be searched, as the case may be.” ORS 133.575. A magistrate has no authority to abrogate the required procedures for executing a warrant, including the “knock-and-announce” requirement. *State v. Arce*, 83 Or App 185, 730 P2d 1260 (1986).

<sup>20</sup> Senate Bill 227, 55th Legislature, State of New Mexico, First Session (2021).

<sup>21</sup> For information about transfers of military equipment to states, see Defense Logistics Agency Law Enforcement Support Office public information website: <https://www.dla.mil/DispositionServices/Offers/Reutilization/LawEnforcement/PublicInformation/>

<sup>22</sup> Delehanty, C., Mewhirter, J., Welch, R., & Wilks, J. (2017). Militarization and police violence: The case of the 1033 program. *Research & Politics*. <https://doi.org/10.1177/2053168017712885>

<sup>18</sup> “Evolving Civil Asset Forfeiture Laws,” National Conference of State Legislatures (2018).



## **20. Protect Privacy by Restricting Police Surveillance Technologies:**

Enact legislation to prohibit law enforcement agencies receiving state funding for the procurement and use of surveillance technologies, including location-tracking technologies, cell-site simulators, and predictive policing technologies for the investigation of solely drug-related offenses in the absence of particularized suspicion of a violent offense. In addition to making residents feel less secure, expenditures for such technologies drive up drug arrests and civil asset forfeitures, contribute to distrust of police and governments, and open the door to police abuses.

## **21. Reform Data Collection and Transparency about the Impacts of Drug Criminalization:**

While policy makers work to enact more compassionate and health-focused drug policies, it is essential that states improve the collection and accessibility of data to better capture the full impacts of existing drug policies. States must work to implement data collection that not only tracks the number of incidents and arrests for each drug offense, but should also include:

### ***Arrest and Incident Information:***

The type and quantity of substances allegedly recovered. States should require law enforcement agencies to make data available in “real-time” so that trends may be effectively monitored by public health officials, policy makers and advocates.

### ***Prosecution and Sentencing Information:***

Detailed information regarding the prosecution of drug cases, including charges filed or declinations to prosecute, any bail imposed, case length and case outcomes, and sentences (including newly-imposed incarceration including community supervision.)

### ***Arrests for Related Offenses:***

Where drug possession remains criminalized, states should also track arrests for possession of drug paraphernalia, public use or intoxication, loitering, and all other drug-related violations.

### ***Police Tactics:***

Monitor the tactics used leading to drug arrests, including searches conducted and whether by warrant or otherwise, any use of force employed, “buy-bust” operations, and use of confidential informants;

### ***Demographic and Geographic Analysis:***

Monitor and analyze the locations of police stops and the race, age, gender, and ethnicity of people stopped and subjected to field screening tests in drug related operations.

States should also prepare annual reports identifying all expenditures on drug offense enforcement, including policing and prosecution, costs of “field tests,” forensic analysis and evidence control, and any police use of force settlements related to drug investigations and arrests.