

Abolition vs. Reform for Public Health

This document explores the differences between abolition-focused and reform-focused anti-criminalization work in health departments and other public health agencies serving people who use drugs, engage in sex work, or face increased health risks due to marginalization. Public health officials must recognize how policing and criminalization impact health inequity, especially for racial and ethnic minority communities who have been disproportionately targeted by the war on drugs. Addressing the issue of criminalization is foundational to closing health disparities.

This is the second in a three-document series on the role of public health in addressing the impacts of criminalization and policing.

Due to the advocacy of a growing group of public health researchers, teachers, graduate students, non-profit leaders, and community organizers, in 2021, the American Public Health Association (APHA) officially adopted the following policy position:

APHA recommends moving toward the abolition of carceral systems and building in their stead just and equitable structures that advance the public's health by:

- 1. Urgently reducing the incarcerated population;*
- 2. Divesting from carceral systems and investing in the societal determinants of health (e.g., housing, employment);*
- 3. Committing to non-carceral measures for accountability, safety, and well-being;*
- 4. Restoring voting rights to formerly and currently incarcerated people; and*
- 5. Funding research to evaluate policy determinants of exposure to the carceral system and proposed alternatives.*

Reform-based approaches are ineffective for long-term equity work as they often invest in law enforcement rather than in public health and social services, which entrenches and expands harmful systems. Abolition, instead, aims to eradicate the roots of the carceral system. Public health practitioners and agencies cannot advance equity with a narrow focus on mitigating the impacts of criminalization and must engage with upstream solutions such as abolishing punitive policies and practices.

The chart on the next page illustrates how approaches might look when implemented by health departments and public agencies in their work to address criminalization as a structural determinant of health.¹

¹ Critical Resistance's pioneering work on abolitionist reform provided the basis of our work here and the chart below. Critical Resistance is a national organization of local chapters seeking to end the prison industrial complex. For more information, check out their guide Reformist Reforms vs. Abolitionist steps to End Imprisonment.



REFORMIST APPROACH	ABOLITIONIST APPROACH
<i>Urgently reducing the incarcerated population</i>	
<ul style="list-style-type: none"> » Supporting the building of new prisons and jails to provide increased services or reduce the density of incarcerated populations. 	<ul style="list-style-type: none"> » Using public health data on the impact of mass incarceration to support decarceration efforts. Decarceration campaigns aim to reduce jail and prison populations by releasing currently incarcerated people and ending policies such as pretrial detention.
<i>Divesting from carceral systems and investing in the social determinants of health (e.g., housing, employment)</i>	
<ul style="list-style-type: none"> » Advocating for more overdose prevention and response resources for law enforcement officers. 	<ul style="list-style-type: none"> » Advocating to re-allocate existing funding from law enforcement to community-based outreach organizations for overdose education and naloxone distribution.
<i>Committing to non-carceral measures for accountability, safety, and well-being</i>	
<ul style="list-style-type: none"> » Service providers and public health workers joining law enforcement stings on sex workers as “outreach.” » Supporting the creation of “diversion” programs that require court-mandated service provision. 	<ul style="list-style-type: none"> » Supporting non-law enforcement crisis intervention teams offering services to people in immediate need. » Sustained investment in non-carceral community safety infrastructure, including wraparound support and services.
<i>Restoring voting rights to formerly and currently incarcerated people</i>	
<ul style="list-style-type: none"> » Advocating to restore voting rights for people convicted of only nonviolent felonies. 	<ul style="list-style-type: none"> » Joining coalitions that advocate to restore voting rights for all people, regardless of the underlying charge. » Distributing information on the expungement of criminal records at medical facilities and during outreach.
<i>Funding research to evaluate policy determinants of exposure to the carceral system and proposed alternatives</i>	
<ul style="list-style-type: none"> » Researching the connection between mass incarceration and health inequities, but not going further to examine the causal dynamics between them. » Focusing interventions on the impact of mass incarceration, not on changing the policies which lead to incarceration. 	<ul style="list-style-type: none"> » Incorporating the impact of policing and surveillance into research, policies, and programs related to structural determinants of health.

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