

Abolitionist Praxis for Substance Use Clients Who Experience Anti-Drug Policing



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Because of the long history of anti-drug policing in the United States and the criminalization of substance use, clients who use substances are vulnerable to direct and vicarious experiences of police violence. Consequently, those who use substances may face a greater risk of experiencing symptoms of trauma that counselors should address in treatment. We recommend the use of a trauma-informed and abolitionist praxis in clinical and social justice practices as a framework to support clients who use substances and have histories of exposure to police violence.

Keywords: substance use, police violence, trauma, abolitionist, social justice

Policing in the United States has received increased scrutiny in recent years with renewed attention resulting from the Black Lives Matter protests in 2020. Specifically, policing has been critiqued by prison–industrial complex abolitionists—activists who advocate toward an end to systems of policing, prisons, and related carceral systems in favor of systems and practices that promote accountability, justice, healing, and transformation—as being inherently violent, meaning that it relies on the use of behavior that is considered violent in any context (Cullors, 2019; A. Y. Davis et al., 2022; Green, 2022; Kaba, 2021; Klukoff et al., 2021). Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug et al., 2002, p. 5). Thus, we define police violence as the inherently violent uses of force by police officers. According to the World Health Organization, there are four types of violence that can be used to categorize police violence: physical (e.g., arrests and the use of weapons), sexual (e.g., strip searching and sexual assault), psychological (e.g., intimidation and verbal threats), and neglect (e.g., failing to provide support to medical and mental health needs; DeVylder et al., 2017; Krug et al., 2002).

Current data suggests that 58.3 million U.S. residents over the age of 16 experienced contact from police officers in 2020 with roughly 1 million experiencing or being threatened with non-fatal force (Tapp & Davis, 2022). Moreover, of the 82 million arrests reported by the Federal Bureau of Investigation (FBI; 2022) between 2011 and 2021, substance use violations were the second most common arrests, accounting for 14% of arrests. Oftentimes, counselors may work with clients who have been court-ordered to treatment as part of diversion programs that seek to route individuals away from incarceration and toward treatment for criminalized behaviors, such as substance use (Scott, 2020). Given that substance use–related offenses are among the most common offenses leading to violence through an arrest (FBI, 2022), it is essential for substance use counselors to prepare to address experiences of police violence that may result from anti-drug policing—the use of police violence as a response to individuals who use substances. Although anti-drug policing impacts both those who use substances and those who traffic them, our discussion on anti-drug policing will focus on populations who use substances.

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Research on counselor preparation suggests that most counselors receive no training regarding clinical practice and advocacy to address matters of police violence despite a recent study that found that 68.2% of counselors reported working with clients who had experienced police violence (Green & Evans, 2021). Moreover, Bride et al. (2009) found that most substance use counselors do not learn about treating psychological trauma in their academic programs and instead predominantly rely on continuing education. Given the vulnerable nature of those who use substances and evidence suggesting that gaps exist in training counselors in treating police violence and trauma, we will explore approaches to clinical practice, social justice, and advocacy to best support substance use clients who experience police violence because of anti-drug policing. Specifically, the purpose of this article is to provide a sociopolitical analysis of anti-drug policing in the United States that informs our proposal for substance use counselors to adopt and integrate an abolitionist praxis into their practice of counseling with clients who use substances.

Sociopolitical Context of Anti-Drug Policing in the United States

Initiated by President Richard Nixon in 1971 and escalated by President Ronald Reagan in 1982, the war on drugs increased and incentivized anti-drug policing and enforcement, intensified legal penalties associated with drug-related crimes, and demonized individuals, particularly those who were part of marginalized communities and struggled with substance use disorders (Benson et al., 1995; Cooper, 2015; Koram, 2022; Park et al., 2019). Cooper (2015) and Saleem (1997) noted that contemporary anti-drug policing practices, such as stop-and-frisk and police drug raids, have been permitted through court cases such as *Terry v. Ohio*, *Whren v. United States*, and *Illinois v. Wardlow* and have eroded the Fourth Amendment and 1878 Posse Comitatus Act protections against unreasonable searches, seizures, and militarization of policing. Specifically, these court cases have permitted frisking for reasonable suspicion, allowed police to conduct stops in which police may stop individuals for suspicion of drugs under the pretext of other minor criminalized violations, and expanded the definition of suspicious behavior that may warrant being stopped by police (Cooper, 2015; Saleem, 1997). Although several anti-drug policing reforms have been made, such as the development of drug courts and the decriminalization of substances in various states (Klukoff et al., 2021; Scott, 2020), anti-drug policing practices have persisted, expanded, and received legislative support. For example, despite stop-and-frisk searches being declared unconstitutional in 2013 with the decision in *Ligon v. City of New York*, the practice was reduced by 98% by 2017 as opposed to ceasing entirely (New York Civil Liberties Union, n.d., 2019). Despite this decrease, racial disparities were maintained in these stop-and-frisk practices between 2014 and 2017, as 53% of targets were Black and 28% were Latino (New York Civil Liberties Union, 2019). Lastly, President Donald Trump voiced support for greater anti-drug policing efforts, while President Joseph Biden's Safer America Plan seeks reform that simultaneously increases funding for policing and substance use treatment resources (Kaba & Ritchie, 2022; Koram, 2022; The White House, 2022). Although these systemic supports for reform from the executive branch may be aimed at drug trafficking, individuals who use substances may be at continued risk of being impacted by anti-drug policing with the increased support for and reliance on carceral approaches.

Although reforms related to criminalized behaviors may reduce harm through their trauma-informed focus, abolitionist authors and activists have critiqued such reforms as counter-productive when they expand the power and legitimacy of policing, maintain the criminalization of substance use, and perpetuate harm and violence toward those who use substances (Klukoff et al., 2021; Purnell, 2021a). For example, according to Fazel et al. (2017), 24% of the global imprisoned population meets the criteria for alcohol use disorder, compared to the less than 2% of the general population (Global Burden of Disease Network, 2016). Similarly, 30% of male prisoners and 51% of female prisoners meet the criteria for illicit drug use disorder, while less than 1% of the global population meets the criteria

(Global Burden of Disease Network, 2016). Moreover, as stated earlier, substance use violations are the second most common arrest reason in the United States (FBI, 2022). Lastly, some authors have concluded that mixed results exist on the effectiveness of diversion programs for offenses associated with mental illness and substance use regarding recidivism and subsequent arrests (Klukoff et al., 2021; Scott, 2020). These data highlight a prevalent connection between policing, incarceration, and substance use in the United States and around the world despite contemporary reforms to anti-drug policing established through the war on drugs.

Policing functions to maintain social order and provide security by enforcing laws, policies, and social norms (Bureau of Justice Statistics, 2021; Giovengo, 2016). Moreover, police are ordained to investigate, arrest, and enact force upon those deemed as, or suspected to be, threatening to the safety and interests of dominant communities. Thus, the criminalization of substance use has been conceptualized as exerting control over and oppressing minoritized groups (Dollar, 2019; Purnell, 2021b). Marginalized communities have been hit especially hard by these zero tolerance policies, which drastically increased community members' run-ins with police (Cooper, 2015). For example, the influx of stop-and-frisk procedures, a method that permitted police officers to detain an individual suspected of illegal activity and physically search them, led to minoritized individuals being racially profiled and targeted for searches without specific cause (Cooper, 2015). In fact, anti-drug policing has resulted in a shift from Black people accounting for 22% of those arrested in 1976 to 40% in 1992, despite making up 12% of the U.S. population (Cooper, 2015; Tonry, 1994). Thus, instead of eliminating substance use in communities, these crackdowns have only further increased the prevalence of police brutality, traumatized communities and individuals, and increased violence within communities (Cooper, 2015; Rhodes et al., 2006; Werb et al., 2011).

Structural Violence and Trauma From Anti-Drug Policing

Given the confiscation of an individual's bodily autonomy, resulting in the infringement of the individual's basic and constitutional rights and liberties, as well as the possibility for physical harm to take place during searches, anti-drug policing, which can involve violence, harassment, and killings, can place significant psychological stress and turmoil on targeted individuals (Park et al., 2019; Sarang et al., 2010). It is essential to analyze the long-term consequences of police violence perpetuated upon impacted individuals, including the possibility of traumatization and death (Bryant-Davis et al., 2017; Cooper, 2015; Krieger et al., 2015). Emerging research has demonstrated connections between being stopped by police and symptoms of anxiety and post-traumatic stress disorder (PTSD), particularly when the experience is perceived as intrusive and unjustified (Geller et al., 2014); suicide attempts (DeVylder et al., 2017); and symptoms of manic and depressive episodes (Meade et al., 2017). Likewise, vicarious traumatization from watching or learning of another individual experiencing police violence is also a concern given the high proportion of individuals living with substance use disorders who have both experienced trauma and witnessed police violence (El-Bassel et al., 2011; Park et al., 2019; Shaw et al., 2016). Research on those who witness police violence has often emphasized the unique impact on Black people. This research has demonstrated associations with vicarious exposure and poor mental health (Bor et al., 2018), distress from anticipated exposure following media consumption (Green et al., 2024), and psychological distress among Black mothers (Joe et al., 2019). Galovski et al. (2016) demonstrated that community protests following instances of police violence may result in symptoms of depression and PTSD among community members. Additionally, recent research has demonstrated a connection between vicarious exposure and increased cannabis use among Black Americans (Motley et al., 2022). Taken together, these findings suggest that directly and vicariously experiencing police violence may promote greater risk of traumatization.

Literature suggests that these encounters with police may end in violence beyond psychological distress because of the influence of stigmatization and prejudice against people who use substances (Cooper et al., 2005; Hayashi et al., 2013; Lunze et al., 2015; Wood et al., 2017). Officers may also confiscate civilians' syringes during stop-and-frisk encounters, increasing the prevalence of syringe sharing, a known risk factor for HIV and HCV transmission (Beletsky et al., 2010; Park et al., 2019; Small et al., 2007). Detainment for substance use is also associated with increased risk of death following release because of withdrawal and increased risk of overdose (Chang et al., 2015; Fazel et al., 2017; Kinner et al., 2012; Pratt et al., 2010). Stress and traumatization experienced from anti-drug policing is also associated with high-risk behaviors, including drug injection, among addicted individuals (Maher, 2004; Shannon et al., 2008; Volkman et al., 2011). Moreover, in one study, individuals needing treatment for substance use disorders were 2.74 times more likely to experience arrest and physical assault from police (Werb et al., 2016). Additionally, Werb et al. (2016) found that 27.5% of police encounters occurred within 500 meters of a substance use treatment facility. Similarly, Park et al. (2019) found in a sample of people who inject drugs in Baltimore that 7% experienced physical police violence and one in four knew someone else who had experienced physical police violence, fueling a deep mistrust of the system. Fear of potential retaliation by the police may also discourage individuals, particularly those with marginalized identities, from going to the police during a crisis or emergency situation, such as in cases of overdose. This mistrust of the system negatively impacts individuals' willingness to pursue treatment services, especially when they are in fear of being detained or harmed by police officers (Alang et al., 2017; Cooper, 2015; Park et al., 2019). For example, a qualitative study described the impact of increased surveillance from police as both threatening and interfering with harm reduction practices (Cooper et al., 2005). Treatment centers are typically more centralized in areas where there is a higher drug activity which means that, because policing has a significant presence in these parts of communities, individuals may be hesitant to seek out help and support to avoid police encounters, negatively impacting social and health outcomes (Werb et al., 2016). Additionally, these crackdowns are associated with reductions in syringe exchange programs, drug treatment, and HIV testing accessibility (C. S. Davis et al., 2005; Park et al., 2019; Ti et al., 2013). These findings highlight how anti-drug policing actively inhibits access to safe and needed care.

A Case for Abolition in Substance Use Counseling

Because of the increased risk of experiencing police violence and the subsequent risk for traumatization from police violence, it is essential for counselors to address encounters stemming from anti-drug policing in treatment and develop practices that divest from policing practices and systems. Trauma-informed practice is a "fundamental obligation" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 5) for counselors who work with clients at the intersections of substance use and police violence to reduce or mitigate the adverse impacts of trauma on individuals' physical, emotional, psychological, and spiritual well-being and to prevent further systemic (re)traumatization. Trauma-informed practice is that which recognizes and understands the impact and salience of trauma, effectively responding to it in ways that do not retraumatize and further perpetuate traumatic stress while also recognizing that marginalized groups are at greater risk of experiencing trauma and its effects (SAMHSA, 2014; Sweeney & Taggart, 2018). There are four assumptions that ground trauma-informed practices (adapted from SAMHSA, 2014): 1) a realization of the potentially long-lasting effects of trauma on individuals, communities, groups, families, and systems and that trauma can be perpetuated by systems like the criminal legal system, resulting in a significant impact on continued substance use and mental health; 2) the importance of recognizing the signs of trauma and refraining from pathologizing these responses; 3) the crucial need for a system or organization to respond supportively by applying the six principles of a trauma-informed approach; and 4) resisting the potential to retraumatize individuals who are accessing supports

and care. Moreover, SAMHSA (2014) identified six principles of trauma-informed practices that are intended to serve as the fundamental spirit of trauma-informed care: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice, and choice; and 6) cultural, historical, and gender issues.

By SAMHSA's description, current substance use treatment falls short of being trauma-informed when it occurs under systemic conditions in which anti-drug policing and police violence are part of the historical and current response in the treatment and care of individuals who struggle with substance use. As outlined above, anti-drug policing practices can result in police violence that includes stop-and-frisk, arrests, and an intimidating presence that may negatively interfere in treatment accessibility for individuals who are fearful of potential run-ins and harassment (Werb et al., 2016). Anti-drug policing and the broader criminalization of substance use may disrupt safety, retraumatize substance use clients, and diminish trust and transparency in accessing substance use treatment. Moreover, incarceration for using substances may inhibit the potential for peer support and collaborative approaches to treatment. Lastly, the existing racial disparities in anti-drug policing practices demonstrate a history of systemic racism that may disproportionately create a barrier to accessing trauma-informed care for racially marginalized groups, particularly Black Americans. Thus, we contend that an abolitionist praxis that opposes anti-drug policing and divests from carceral approaches to responding to individuals who use substances is needed to fully realize trauma-informed practice with clients who use substances.

Abolitionist Praxis for Substance Use Counseling

Abolition is a social justice praxis that is commonly referenced as a necessary solution to policing and its impact (A. Y. Davis et al., 2022; Kaba, 2021). Abolition refers to the broad movement of divesting from and eliminating carceral systems, such as law enforcement and prison systems, and carceral logics that seek to legitimize the use of punishment, retribution, and vengeance through carceral systems. Rooted in the efforts of Black feminist thought, advocacy, and organizing, abolition calls for a critical analysis of the ways in which policing has functioned to enact the violence of overlapping systems of oppression (Kaba & Ritchie, 2022). Kaba and Ritchie (2022) identified three objectives of abolitionist praxis. First, abolitionist praxis seeks to create collective safety from community violence and the violence of policing and related carceral systems that reinforce systems of oppression, such as White supremacy, patriarchy, and capitalism (Kaba, 2021; Kaba & Ritchie, 2022; Purnell, 2021a). Second, abolitionist praxis seeks to end violence from carceral systems through eliminating those systems as opposed to seeking reforms that preserve the inherent violence of policing and incarceration (Kaba & Ritchie, 2022; Klukoff et al., 2021). This second objective extends beyond institutions of policing and incarceration and extends to the ways in which carceral logic and behaviors of policing are embedded in other systems, institutions, and communities and often internalized by individuals (Kaba & Ritchie, 2022). Lastly, to achieve collective safety, abolitionist praxis necessitates a simultaneous transformation from reliance on the violence of policing and related carceral systems toward cultivating cultures, systems, communities, and ways of being that are centered around care, healing, justice, and accountability (Kaba & Ritchie, 2022).

Abolition exists beyond a theoretical and conceptual framework. It is an iterative process that combines theorizing, action, and reflection upon efforts that divest from and dismantle carceral systems and logics while simultaneously brainstorming solutions to community violence that promote safety, healing, and justice (Cullors, 2019; A. Y. Davis et al., 2022; Kaba & Ritchie, 2022; Klukoff et al., 2021). Abolitionist praxis often utilizes a transformative justice framework to achieve its objective of eliminating carceral systems while creating new systems and ways of being that foster safety, healing,

and justice. Transformative justice aligns with abolitionist praxis in that it is a liberatory strategy that seeks to transform systems and structures that create the conditions for violence (Afuape & Kerry Oldham, 2022). While policing and incarceration focus on retributive justice that assigns inherently violent punishment as a mechanism for change regardless of the harm it causes, transformative justice through abolitionist praxis seeks to create processes of accountability for harm caused interpersonally from criminalized behaviors and systemically from policing and related carceral systems. As a result, abolitionist praxis utilizes transformative justice to create new systems, institutions, communities, strategies, and internalized ways of being that value safety, healing, and justice that are needed to cultivate trauma-informed care and practices for substance use clients.

Regarding substance use counseling, an abolitionist praxis seeks to reduce and eliminate violence as a response to substance use, decriminalize all substance use, and eliminate contact between substance use clients, police, and the broader criminal legal system. Similarly, an abolitionist praxis to substance use counseling challenges the logic that criminalization is a needed step in treatment for substance use. For example, in 2001, the Portuguese government enacted nationwide laws to decriminalize all substances, resulting in a decrease in the prevalence of drug use and overdose rates (Castelpietra et al., 2022; James et al., 2020; Pombo & da Costa, 2016; Smiley-McDonald et al., 2023). In 2021, Oregon decriminalized low-level drug possessions and subsequently increased options for substance use disorder treatment and harm reduction programs (Good et al., 2023; Smiley-McDonald et al., 2023). In their study, Smiley-McDonald et al. (2023) found that the Oregon legislation resulted in a decrease in the number of interactions between police officers and individuals who use drugs. Thus, the abolitionist goal of decriminalizing substance use while implementing harm reduction programs may function to both minimize inherently violent contact with police and reduce the prevalence of substance use.

Abolitionist praxis would also call for the development of accountability for interpersonal and community harm caused by client substance use that does not rely on legal punishment, or the threat of it, from the criminal legal system (Cullors, 2021). Accountability for harm caused under abolitionist theory entails a developed recognition of wrongdoing and harm, both interpersonally and as mediated by social, economic, and political context, and sustained effort toward intrapersonal, interpersonal, and institutional change that repairs harm (Cullors, 2021; Kaba, 2021). Counselors must re-envision both their clinical practice and engagement in advocacy toward abolition to holistically care for clients who use substances.

Clinical and Advocacy Recommendations

Given the previously outlined mental health outcomes that are associated with direct and vicarious experiences of police violence that suggest its traumatic impact (DeVylder et al., 2017; Galovski et al., 2016; Geller et al., 2014; Green et al., 2024; Joe et al., 2019; Meade et al., 2017; Motley et al., 2022), a trauma-informed approach is essential to working with those who experience police violence as a consequence of anti-drug policing. Counselors seeking to use a trauma-informed approach to treat substance use disorders must infuse abolition into their delivery of services while also engaging in advocacy beyond direct clinical work to better achieve SAMHSA's six identified principles of trauma-informed practice. We provide an abolitionist framing of these six principles and offer abolitionist re-envisioning for substance use counseling below. Moreover, we adapted the sixth principle of cultural, historical, and gender issues to cultural competence and advocacy to emphasize the professional role of advocacy in counseling for substance use clients who experience anti-drug policing.

Safety

Ensuring safety in the therapeutic space is essential because anti-drug policing and the threat of police violence pose a safety risk to clients who use substances and are involved in or at risk of being targeted by the legal system. One step toward maximizing safety for clients is to end the use of abstinence-based treatment. Given that counselors may serve as treatment referral sources for court-mandated clients who meet criteria for diversion programs that seek to route individuals toward treatment for substance use and away from incarceration (Scott, 2020), abstinence-based treatment needs critical examination. Although such interventions can reduce engagement in substance use and mental health symptoms (Pinals et al., 2019), they do so with a looming threat of police violence and incarceration as a consequence for failure to complete the requirements of the diversion program (Scott, 2020). This poses a value conflict with counselors who are treating court-mandated clients for substance use. Counselor participation in diversion programs may require disclosures of client participation and progress in counseling that may lead to legal consequences for clients if they do not meet requirements of the diversion program. For example, counselors may be ethically obligated to document client relapses, which are more common in substance use treatment for minoritized groups and those with histories of experiencing multiple traumatic events (Farley et al., 2004; Heffner et al., 2011), which may be requested by probation officers, attorneys, or courts. In such a scenario, disclosure of client progress in treatment could produce a risk of clients experiencing police violence and incarceration. Moreover, this may produce a circumstance in which a client's dominant motive for engaging in treatment is to avoid the consequences of police violence and incarceration. Consequently, acknowledging the intrapersonal, interpersonal, and community impact of one's substance use and engaging in accountability are likely to become secondary motives for change and repair of any harm caused. Although the potential for incarceration may serve as motivation for change for substance use clients, substance use counselors can align with an abolitionist praxis by engaging in theorizing to develop methods and systems that motivate client accountability and transformation without the threat of violence induced by carceral systems. Moreover, alignment with an abolitionist praxis may require substance use counselors to proactively use their power to advocate for harm reduction in treatment as alternatives to approaches that risk harm through police violence and incarceration. Harm reduction approaches emphasize safe use over non-use of substances and have demonstrated evidence of both maintained and reduced substance use, reductions in harm related to substance use (e.g., less police contact and fewer arrests and emergency hospital visits), and self-reports of feeling safer (Carrico et al., 2014; Smiley-McDonald et al., 2023; Vallance et al., 2016).

Anti-drug policing views substance use as threatening and seeks to foster security through violent force and criminalization (Kaba, 2021). This security comes at the expense of the safety and well-being of those who use substances. An abolitionist re-envisioning of safety is one that seeks to ensure safety from the harm that both substance use and carceral systems cause to individuals, families, and communities. Regarding safety for substance use clients who experience anti-drug policing, Drustrup et al. (2023) offered an abolitionist approach to safety planning that counselors can adapt to fit the needs of clients mandated to substance use treatment. This approach decenters the default reliance on police in crises and emergencies and emphasizes collaboration with clients to establish methods that can maintain safety. Adapting this to clients, counselors can minimize disclosures of substance use, especially to police, probation officers, and employees of the criminal legal system. Noting the importance of building networks of care in place of carceral systems (Drustrup et al., 2023; Kaba, 2021), counselors should simultaneously collaborate with clients to identify interpersonal and community mechanisms to maintain safety and progress toward substance use-related treatment goals, particularly for when relapses occur. Consequently, this also promotes safety from the impact of substance use and client empowerment, voice, and choice in their treatment and wellness. For

example, counselors could simultaneously utilize family therapy as a mechanism to support structural change associated with the development of a client's substance use and to promote accountability for harm caused by substance use within the family system. Furthermore, when harm from substance use extends to one's community, in collaboration with clients and those directly impacted, counseling could be used to promote reparation for harm caused (Cullors, 2019). Counselors should be mindful of the possibility that clients may not readily share experiences of police violence and substance use because of distrust fostered by carceral systems and if they have experienced invalidation, blame, or neglect regarding their experiences of police violence. Thus, counselors can enhance safety, trust, and the potential for change with clients through a consistent practice of accurate empathy and attunement to clients' subjective experience of police violence (Miller & Rollnick, 2013).

Trustworthiness and Transparency

Trustworthiness and transparency are essential given the systemic distrust fostered by histories of collaboration between helping professions and carceral systems (Jacobs et al., 2021; Klukoff et al., 2021). Counselors need to promote an optimal level of safety and trustworthiness with their clients through nonjudgement, empathy, transparency, positive regard, validation, normalization of the client's responses to adversity, and consistency (SAMHSA, 2014). Counselors pursuing abolition can establish trustworthiness and transparency through using the informed consent process to build rapport and establish parameters of the therapeutic relationship within a societal context that largely criminalizes substance use. While Drustrup et al. (2023) offered inspiration for abolition in the therapeutic relationship, counselors are ethically obligated to make exceptions to confidentiality when imminent risk to self and others is established. Additionally, as mentioned above, substance use counselors may be required to make exceptions to confidentiality to share progress for court-mandated clients. Informing clients of these exceptions to confidentiality is standard in helping professions; however, abolition can maximize trustworthiness and transparency by going beyond merely capturing client signatures on informed consent documents. In addition to establishing the limits of confidentiality, counselors pursuing abolition are recommended to ensure that clients fully understand these limits and the impact of these limits on their participation in the therapeutic context. For example, a substance use counselor could clearly articulate known risks of making exceptions to confidentiality of the therapeutic relationship with police and legal system employees, such as increased risk of experiencing police violence, incarceration, and state-sanctioned surveillance. Counselors pursuing abolition who are directly embedded in carceral systems as a function of their employment, such as prisons, should inform clients of any dual or conflicting interests associated with their counseling in the prison system. Additionally, counselors can use open-ended questioning to provide clients an opportunity to check their understanding of confidentiality, its limits, and the impact of needing to make exceptions to confidentiality. Moreover, counselors pursuing abolition should collaborate with clients to identify external resources to counseling that offer greater trustworthiness that can facilitate transformation and healing from substance use in situations where clients may feel a lack of trust in counseling because of the threat of carceral systems.

Peer Support

Providing opportunities for peer support for clients who have experienced police violence and are living with substance use disorders could also be promotive and helpful for healing because of the access to other individuals who have undergone similar experiences. Group therapy has been associated with positive mental health outcomes, particularly among individuals with PTSD and substance use disorders, due to receiving mutual support from others who have similar experiences and can provide empathy, a sense of belongingness and collectivism, and the opportunity to provide and receive feedback; build safety through interpersonal relationships; and reduce feelings

of isolation and loneliness (Barrera et al., 2013; Mott et al., 2013; Schwartze et al., 2019; Sloan et al., 2013). Substance use counselors pursuing abolition can actively incorporate group therapy within the therapeutic context and help clients heal following traumatization from police violence while promoting their long-term recovery. Additionally, counselors employed in treatment centers who are pursuing abolition should be mindful of added benefits toward safety and trustworthiness that embedding peer support can offer, particularly for court-mandated clients. When a client is unable to experience enough safety and trustworthiness because of the threat and impact of carceral systems, embedded peer support that exists outside of the counselor–client relationship can provide alternate spaces for clients to be heard and validated. Abolitionist substance use counselors can advocate for the inclusion of peer mentoring for accountability and transformation akin to that which exists within 12-step groups through sponsor relationships. Although it may be conceptualized as part of a process of accountability to utilize clients who have advanced in their treatment as peer mentors, counselors pursuing abolition should also consider the feasibility of paying peer mentors to avoid replicating the occurrence of unpaid and underpaid labor that may occur in prison systems.

Collaboration and Mutuality

It is essential for counselors pursuing abolition to cultivate environments and therapeutic relationships that promote collaboration and mutuality. It would behoove substance use counselors to utilize frameworks for treatment that are inherently trauma-informed and collaborative, such as motivational interviewing, for assessing client motivation for change and structuring treatment with clients that is centered around partnership, acceptance, compassion, and evocation (Clark et al., 2014; Miller & Rollnick, 2013). These efforts may be particularly beneficial for clients who have experienced police violence as a result of anti-drug policing in that they allow greater client participation and trustworthiness to a client population that may be prone to experiencing coercion and restricted freedom and being acted upon. Abolitionist substance use counselors can foster greater collaboration and mutuality in their practice of counseling by making mutual aid foundational to their practice. Mutual aid is an intentional resistance to reliance on institutions that cause structural violence (S. W. Davis & Fayter, 2021; Jacobs et al., 2021). Instead of relying on such institutions, mutual aid seeks to establish networks of care that use community members and resources to meet the needs of others (S. W. Davis & Fayter, 2021; Jacobs et al., 2021). Establishing mutual aid in substance use counseling for clients who experience anti-drug policing requires counselors to advocate to establish and streamline connections to community resources that address underlying, unmet, or neglected needs of clients that play a role in their use of substances and experience of anti-drug policing. For example, an abolitionist substance use counselor may actively coordinate with community agencies that provide support in securing shelter to mitigate substance use and the risk of subsequent anti-drug policing that may be associated with homelessness. Integrating peer support and mentoring, as mentioned previously, within and outside of treatment facilities could function as mutual aid; however, substance use counselors working in carceral institutions may experience pushback to such efforts given that mutual aid seeks divestment from carceral systems (S. W. Davis & Fayter, 2021). Lastly, in terms of collaborative goal-setting, the counselor can work with the client to identify the client's objectives for attending therapy. The counselor is recommended to honor the client's voice and work with the client to establish whether the client would like to refrain from using substances in the future, engage in harm reduction practices, and/or process the trauma that the client may have experienced at the hands of police.

Empowerment, Voice, and Choice

Anti-drug policing, incarceration, drug courts, and related carceral approaches to substance use may use interventions that limit the agency of those subjected to their demands. Counselors

can engage in an abolitionist praxis that is rooted in trauma-informed practice by screening and assessing for the prevalence and impact of police violence as a potentially traumatic stressor that relates to the use of substances (Green, 2022; Green & Evans, 2021). Given the importance of divesting from carceral systems and logic in abolitionist praxis, counselors need to engage in an ongoing and iterative process of reflection and change in attitudes and practices that reinforce the criminalization of substance use and practices that treat it as the moral failure of the individual. This can be achieved through screening and assessment for substance use and police violence that counteracts experiences of shame and guilt that may be fostered from interactions with police and the criminal legal system (Clark et al., 2014). Moreover, abolitionist praxis in counseling with clients who experience police violence due to anti-drug policing requires a strength- and healing-oriented approach as an act of radical resistance to the pathologizing and moralizing norm of carceral approaches (Cook et al., 2014; Moh & Sperandio, 2022). In practice, this may entail an intentional focus on a client's progress in collaboratively defined goals and support in actualizing accountability for harm caused from substance use. Similarly, this would require a commitment to approaching clients who use substances with care and compassion, rather than criminalizing, shaming, or infantilizing the individual's responses to trauma and violence they have endured prior to, during, or after their substance use. Lastly, abolitionist praxis in the context of substance use treatment may require counselors to provide opportunities for clients to have input regarding their needs in treatment by prioritizing individualized treatment over a standardized "one size fits all" approach to counseling. Thus, rather than prescribing a course of treatment or implementing treatment prescribed by a referring carceral system, abolitionist praxis would leverage collaboration to allow clients to have a voice in determining what they need to cope and heal from their use of substances and any traumatic experiences that precede and result from substance use.

Cultural Competence and Advocacy

Abolitionist praxis requires efforts to repair histories of structural violence (Cullors, 2019); thus, substance use counselors pursuing abolition must develop a critical understanding of the sociopolitical history of anti-drug policing toward those who use substances. This article provided a snapshot of this history as a starting point; however, counselors can delve further into learning about the intersection of anti-drug policing and race, gender, sexuality, disability, and socioeconomic status to develop more robust competence in addressing the scope of anti-drug policing. Counselors should critically reflect upon this historical knowledge to confront and actively dismantle any internalized biases they may have about substance use clients that are perpetuated by carceral systems. Counselors should specifically become aware of how the criminal legal system may perpetuate racial prejudice, particularly anti-Black racism, and how these attitudes affect the counselor's conceptualization of their clients to avoid pathologizing or blaming the client for the structural violence they endure through anti-drug policing. To that end, counselors should actively incorporate practices that are not only trauma-informed, but also culturally responsive (SAMHSA, 2014).

Abolitionist praxis aimed at repairing historical structural violence through anti-drug policing would broadly include efforts toward the decriminalization of substance use. In addition to decriminalization efforts, counselors engaged in an abolitionist praxis might advocate with legal professionals and lawmakers for the retroactive and automatic expungement of drug-related criminal record charges for substance use clients (Adinoff & Reiman, 2019). These efforts would ensure that those with histories of substance use disorder are able to experience transformation that such records and their associated stigma may hinder. Given that abolition calls for counselors to address and promote healing from issues that underlie substance use, counselors seeking to engage in abolitionist praxis should advocate for funds that are currently and formerly used toward

criminalizing substance use to be invested in transformative justice practices and trauma-informed treatment for substance use disorders (Adinoff & Reiman, 2019). For example, abolitionist praxis would call for transformative justice systems and practices to replace drug courts and related diversion programs. Although drug courts may be successful in deterring those who use substances from arrests and incarceration, Klukoff et al. (2021) highlighted the paradoxical nature of relying on carceral punishment as a motive for change because it risks police violence toward those who use substances when drug court requirements are not met. As stated earlier, this creates a value conflict for counselors who may have to disclose information regarding relapse during treatment that can be used in ways that jeopardize and harm the wellness of clients who use substances.

Limitations and Considerations

Adopting and incorporating an abolitionist praxis to counseling with clients impacted by anti-drug policing comes with challenges that counselors must critically reflect on prior to and during the implementation of this practice. First, counselors should prepare themselves to navigate pushback and resistance to social justice practices that would disrupt the status quo (S. W. Davis & Fayter, 2021). For example, it is common for individuals to criticize abolitionist praxis as utopian to inhibit the process of creatively imagining communities and systems that do not rely on carceral logics and systems (Kaba, 2021). Approaches like motivational interviewing are poised to navigate these challenges from colleagues who may be hesitant to embark upon making abolitionist change. In addition to pushback from individuals, it should be noted that, as a praxis seeking the elimination of carceral systems, barriers to the adoption of an abolitionist praxis can be expected from current carceral systems and approaches that may have existing evidence that establish them as efficacious. To counteract this expected barrier, substance use counselors need to engage in research, assessment, and program evaluation of efforts that are developed in alignment with an abolitionist praxis to establish efficacy. This would serve the purpose of ensuring that progress toward safety is achieved, that substance use clients are receiving trauma-informed care, and that other substance use counselors are introduced to new alternatives to existing carceral approaches that may increase the risk of harm to substance use clients. Additionally, counselors should critically reflect on and identify solutions to ethical, legal, and employment-related barriers if implementing an abolitionist praxis on their own. For example, making the choice as an individual counselor in a broader agency to not report substance use to a referring probation officer may be construed as fraudulent and unethical, thus jeopardizing a counselor's employment and career. When making these decisions about whether or not to report substance use, counselors need to carefully weigh the options and consider consequences that can come from each course of action from a legal and ethical perspective, similar to what is suggested in the Forester-Miller and Davis (2016) Ethical Decision-Making Model. In the meantime, counselors can inform and educate probation officers about the nature of addiction and the potential for relapse to occur. Increasing awareness about these matters could generate a landscape shift for how probation officers and other authorities treat those struggling with addiction. Lastly, counselors should consider advocating for organizational support to adopt and implement trauma-informed and abolitionist changes to prevent such outcomes.

Conclusion

Clients who meet criteria for substance use disorders may have experienced, have witnessed, or be vulnerable to experiencing police violence. As a result, those who use substances are vulnerable to experiencing trauma that stems from exposure to police violence, which counselors must address.

Counselors need to utilize abolitionist praxis to achieve a trauma-informed practice that supports healing from experiences of trauma affiliated with substance use and police violence, aim to prevent retraumatization, and create opportunities for both accountability and repair of harm caused by one's use of substances.

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