



Policing on the Front Lines of the Opioid Crisis

HOW POLICE CAN EFFECTIVELY MANAGE THEIR MULTIPLE, SOMETIMES CONFLICTING
ROLES OF EMERGENCY RESPONSE, PUBLIC SAFETY, AND LAW ENFORCEMENT



COPS

Community Oriented Policing Services
U.S. Department of Justice



POLICE EXECUTIVE
RESEARCH FORUM



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Letter from the Acting Director of the COPS Office

Colleagues:

In 2016, the COPS Office hosted a forum with the White House Office of National Drug Control Policy and the Police Executive Research Forum (PERF) to discuss ways law enforcement agencies around the United States are combating the opioid epidemic through comprehensive approaches focusing on prevention and treatment. Since that time, the opioid crisis has continued almost unabated, and PERF has continued to examine the issue from as many angles as possible to find solutions wherever they may be possible.

This report describes the response of police departments and sheriffs' offices to a PERF survey about dealing with the opioid crisis on the ground, outlines some challenges presented by some policies under which law enforcement professionals operate, and offers suggestions for ways to make progress in this ongoing epidemic. We are thankful to PERF for continuing to persevere in this important struggle.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Chapman", with a long horizontal flourish extending to the right.

Robert E. Chapman

Acting Director

Office of Community Oriented Policing Services



Letter from the Executive Director of PERF

Colleagues:

Fatal opioid overdoses and the availability of increasingly lethal forms of opioids are a national crisis. In many cities and states, fatal drug overdoses—primarily from opioids—outnumber homicides, deaths from auto accidents, suicides, and many other types of fatalities. And after decreasing slightly in 2018, in 2020 opioid-related deaths have begun to increase again.

PERF has been focusing on the opioid crisis since 2014, conducting various types of research and issuing four major reports on our findings:

1. Goodison, Sean E., Michael J.D. Vermeer, Jeremy D. Barnum, Dulani Woods, and Brian A. Jackson. *Law Enforcement Efforts to Fight the Opioid Crisis: Convening Police Leaders, Multidisciplinary Partners, and Researchers to Identify Promising Practices and to Inform a Research Agenda*. Arlington, VA: RAND Corporation, 2019. https://www.rand.org/content/dam/rand/pubs/research_reports/RR3000/RR3064/RAND_RR3064.pdf.
2. Police Executive Research Forum. *The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response*. Washington, DC: Police Executive Research Forum, 2017. <https://www.policeforum.org/assets/opioids2017.pdf>.
3. Police Executive Research Forum. *Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use*. COPS Office Emerging Issues Forums. Washington, DC: Office of Community Oriented Policing Services, 2016. <https://cops.usdoj.gov/RIC/ric.php?page=detail&id=COPS-P356>.
4. Police Executive Research Forum. *New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana*. Critical Issues in Policing Series. Washington, DC: Police Executive Research Forum, 2014. https://www.policeforum.org/assets/docs/Critical_Issues_Series_2/a%20heroin%20epidemic%20and%20changing%20attitudes%20toward%20marijuana.pdf.

In this report, PERF drills down from the big-picture issues to the real-world challenges that police departments and sheriffs' offices are encountering as they implement policies and practices on the frontlines of addressing the opioid crisis.

To gather detailed information about these challenges, PERF fielded a questionnaire to police departments and sheriffs' offices in which we asked them to describe the tactical challenges they face while addressing the opioid crisis in their communities.

A pattern emerged from across the responses: The police are filling multiple and sometimes conflicting roles in their responses to the opioid crisis.

In some cases, it turns out that a policy that seems like an obvious and excellent idea from the perspective of one role can produce unintended consequences for another role, which can make the overall problem worse.

For example, police agencies have become more adept at closely monitoring opioid overdoses on a daily basis, and they notice when an extremely lethal batch of opioids hits their community. It seems obvious that when police notice a surge in overdoses, they should immediately warn the broader community that a lethal supply of opioids is on the streets. But police have found that publicizing such a risk may backfire. Without careful consideration of the messaging and targeted dissemination, such warnings can cause some opioid users to seek out that lethal supply as they search for a more powerful “high.”

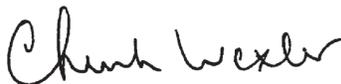
And the reason for that is that police agencies actually are working toward three different goals: (1) preventing opioid overdose fatalities, (2) providing longer-term assistance to opioid users to help them into recovery, and (3) enforcing laws against the illegal sales of opioids.

Recently, there has been a growing chorus to “defund” the police, remove officers from responding to societal issues such as homelessness, mental illness, and drug addiction, and shift those responsibilities to other agencies. This approach is both impractical and ill-advised when it comes to opioids.

By the very nature of their work, police are on the front lines of the opioid crisis, responding to calls at all hours about individuals who are overdosing, working to get people the help they need and access to treatment as part of their daily patrols, and disrupting the trafficking operations that supply communities with opioids. Yes, these roles sometimes create conflicts—within police agencies and with other stakeholders. But it makes far more sense to work to understand and manage those conflicts than it does to remove the police from the response altogether.

The role of the police in addressing illegal drugs in general and opioids specifically has evolved through time. In the past, police officers focused almost exclusively on their enforcement role by arresting users. Today, their roles have expanded to include a new emphasis on saving people from overdosing and helping them get into treatment while still holding drug traffickers accountable. Effectively managing this new complexity can be a challenge for many jurisdictions, especially now as communities grapple with an ongoing opioid crisis during the COVID-19 pandemic. We hope that this report will help law enforcement agencies as well as drug treatment providers, elected officials, and others to understand some of the conflicts that can occur from implementing current opioid laws and policies and to work together to minimize those conflicts, help people addicted to opioids, and protect communities.

Sincerely,



Chuck Wexler

Executive Director

Police Executive Research Forum

Acknowledgments

PERF is grateful to the U.S. Department of Justice's Office of Community Oriented Policing Services (COPS Office) for supporting the research detailed in this report about the law enforcement response to the nation's opioid crisis.

We would like to especially thank Billie Coleman of the COPS Office, who was the original grant monitor for the project and was instrumental in developing our focus on tactical and policy issues as seen through the eyes of police practitioners. This project also benefited greatly from the talents of the late Tawana Elliott of the COPS Office, who shepherded our research along and kept us on track. Tawana will be greatly missed by the PERF staff members who worked with her. Deborah Spence, who took over the project after Tawana's passing, has been helpful and supportive to PERF as we finalized the report and its publication. Matthew Scheider of the COPS Office provided thoughtful feedback on a draft of this report.

PERF is also thankful to the following police executives who provided feedback on the police agency questionnaire about opioid policies that is at the heart of this report: Former Philadelphia (Pennsylvania) Police Commissioner Richard Ross; Former Morgantown (West Virginia) Police Chief Ed Preston; Former Gloucester Township (New Jersey) Police Chief Harry Earle; Former Burlington (Vermont) Police Chief Brandon del Pozo; and Springboro (Ohio) Police Chief Jeffrey Kruithoff.

At PERF, Senior Principal Dave McClure managed and designed the project, created and administered the questionnaire, analyzed the data, presented the findings and gathered further expert feedback, and wrote and revised the report. Kevin Morison, Sean Goodison, and Jeremy Barnum provided feedback on the police agency questionnaire; and James McGinty, Soline Simenauer, and Balinda Cockrell disseminated the questionnaire and helped to maximize participation. Kevin Morison provided advice throughout the project as well as edits and recommendations on drafts of the report. Jessica Calahorrano copyedited drafts of the report and identified some of the background research and studies cited in the document. Craig Fischer edited and revised the report draft.



Executive Summary

For decades, enforcing laws against illegal drug trafficking, drug dealing, and drug possession was the primary role of police departments and sheriffs' offices across the United States. During the *Just Say No* era of the 1980s and 1990s, arrests for illegal drug possession more than doubled¹ as part of law enforcement's efforts to deter and diminish drug use. Through time, however, the role of police and sheriffs has evolved and expanded as "demand-reduction policies" have become increasingly prominent.²

Today, for example, many police agencies administer naloxone, a life-saving medication that quickly reverses the effects of an opioid overdose. Police in some cities and towns also work to connect addicted persons with drug treatment and other services.³ In many jurisdictions, police have reprioritized their enforcement of laws against possession or use of illegal opioids.

Police have had to adjust to what remains a major—and evolving—public health crisis. According to the National Institute on Drug Abuse, an average of 128 people in the United States died *every day* in 2018 after overdosing on opioids.⁴ And there are reports that the COVID-19 pandemic may be resulting in higher numbers of overdose deaths.⁵

Through time, police responsibilities have grown to encompass at least three different roles on the frontlines of responding to the opioid crisis:

1. **Emergency response.** Preventing an opioid overdose from becoming a *fatal* opioid overdose.
2. **Public safety.** Helping individuals protect themselves from opioid-related harms.
3. **Law enforcement.** Investigating and disrupting opioid-related criminal activity.

All three of these roles influence the way police respond to the opioid crisis. For some responses, such as hosting disposal sites or "takeback" events for unneeded prescription drugs, the police can serve all three roles at the same time. Disposal sites and takeback events reduce the availability of unneeded prescription drugs that could cause accidental overdoses (emergency response) or be stolen and illegally used or sold (law enforcement).

1. Bureau of Justice Statistics, "Drugs and Crime Facts," Office of Justice Programs, last modified October 22, 2020, <https://www.bjs.gov/content/dcf/enforce.cfm>.

2. National Research Council, *Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us* (Washington, DC: The National Academies Press, 2001), <https://www.nap.edu/catalog/10021/informing-americas-policy-on-illegal-drugs-what-we-dont-know>.

3. For details about police agencies' and sheriffs' offices work to save lives and help get persons addicted to opioids into treatment programs, see PERF's report, *The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response* (Washington, DC: Police Executive Research Forum, 2017), <http://www.policeforum.org/assets/opioids2017.pdf>.

4. "Opioid Overdose Crisis," National Institute on Drug Abuse, last modified May 27, 2020, <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>.

5. Brianna Ehley, "Pandemic Unleashes a Spike in Overdose Deaths," Politico, last modified July 2, 2020, <https://www.politico.com/news/2020/06/29/pandemic-unleashes-a-spike-in-overdose-deaths-345183>.

Disposal sites and takeback events also create opportunities for the police to provide the public with information and access to other resources that can help people with an opioid use disorder (public safety).

However, many other police responses can lead to conflict among the three roles the police play in responding to the opioid crisis. To understand the role conflicts that can result from police responses to the opioid crisis, the Police Executive Research Forum (PERF) identified eight common police policies that respond to a challenging aspect of the opioid crisis. Through a questionnaire, PERF collected the perceptions, experiences, and concerns about these policies from 111 police officials representing more than 100 police departments from across the United States and Canada. By combining their insights and published empirical research, PERF attempted to untangle the role conflicts and unintended consequences that can result from implementing these eight common opioid response policies.

The chart below represents PERF's analysis of how each of the eight policies impacts each of the three roles that the police play in responding to the opioid crisis. The policies were categorized either as being consistent with the police role, having mixed consistency, or being inconsistent with the role. As shown in table 1, these widely used policies often advance one police role at the expense of others, and none of the policies was consistent with all three roles.

Table 1. Impacts of opioid-related policies on the three police roles in responding to the opioid crisis

Policy	Emergency response	Public safety	Law enforcement
1. Making arrests for opioid possession	inconsistent	mixed	consistent
2. Making naloxone available to the public	consistent	mixed	inconsistent
3. Issuing naloxone to officers	consistent	mixed	mixed
4. Amnesty programs and Good Samaritan laws	consistent	mixed	inconsistent
5. Other harm reduction programs, such as needle exchanges	consistent	mixed	mixed
6. Warning the public about specific threats	mixed	consistent	inconsistent
7. Limiting or eliminating field-testing of unknown substances that could be highly potent opioids	mixed	consistent	inconsistent
8. Investigate opioid overdose deaths as homicides	inconsistent	mixed	consistent

PERF assigned the different impacts across policies based on assessments of questionnaire responses and the relevant research. Importantly, these assignments should not be interpreted as indications that an individual opioid-related policy is “good” or “bad” for the police. Rather, these assignments should be interpreted as indications of the ways policies can impact the multiple roles the police serve in responding to the opioid crisis.

The following are some examples of the conflicts that can arise among various laws and policies.

- **Policy 1.** Arresting persons who possess heroin or other opioids can advance the law enforcement role of the police, but it can further destabilize the already turbulent life of some people with opioid use disorders and it can even increase those persons' risk of fatal opioid overdose.
- **Policy 4.** When a person witnesses someone overdosing on opioids, a "Good Samaritan" law allows that person to call 911 for help without fear of being criminally prosecuted for the opioid-related activities they may be engaging in at that moment. While such laws increase the chance the police will be called to help prevent an overdose from becoming fatal, it comes at the expense of police being able to pursue their law enforcement role. Further, preempting their arrest powers may also make it more difficult for police to get some people help with their opioid use disorder.
- **Policy 6.** When the police have intelligence suggesting an impending spike in overdose deaths, possibly because they have learned about an unusually lethal batch of heroin being trafficked to their jurisdiction, they face a tension between compromising a potential intelligence source and preparing the community to guard itself against the especially dangerous drugs. However, even deciding to warn the public about the threat can lead to the unintended consequences of more extreme opioid users intentionally seeking out what they perceive to be especially "good" drugs.

While implementations of these eight common opioid-related policies can often create conflict between the three police roles in responding to the opioid crisis, PERF identified five strategies police departments can use to lessen or reverse these conflicts and improve the overall response to opioids.

1. Signal to the public that the local police are interested in helping the victims of opioid abuse and arresting those who are doing them harm. When done successfully, this approach can provide more clearly defined areas for the police to pursue each of their multiple roles without creating conflict between them.
2. Develop relationships and maintain communications with opioid users after they have had an opioid-related encounter with the police. This approach provides increased opportunities for police to bend the trajectory of a person's addiction toward a path to recovery, as well as opportunities for the police to gather information that could help them investigate and disrupt higher-level opioid-related networks and criminal activities.

3. Inside the department, designate an individual or a team to focus on understanding how the department is responding to opioid cases. Coordinating a department's own opioid-related activities and operations can help the department follow a more consistent and coherent overall response to the opioid crisis, as well as developing in-house opioid expertise.
4. Outside the department, participate in multiagency and cross-disciplinary collaborations to develop new response options and make more efficient use of limited resources. With so many different efforts and investments in addressing the opioid crisis already being made, collaborating with other agencies can provide a police department with an opportunity to take advantage of those resources and structure their responses in a way that does not needlessly recreate efforts that are already underway.
5. Ensure that officers understand how opioids affect a person's body and mind. Understanding the effects of opioids on a person's body and mind can be difficult, which can lead to misperceptions about the threats of accidental exposure and the thought-process of someone with opioid use disorder. An accurate understanding of how opioids work and what they do can help the police pursue all three of their roles more effectively.

Unlike most other stakeholders, the police have a broad range of responsibilities in responding to the opioid crisis. The police play multiple roles—emergency response, public safety, and law enforcement—and sometimes their efforts to advance one of those roles can come at the expense of other roles. The police are in a unique position that allows them to better recognize and address the kinds of policy-related conflicts that occur across the different roles of *many different kinds of stakeholders* responding to the opioid crisis. For non-police stakeholders (who may serve just one role in responding to the opioid crisis), it will be more difficult to recognize how their efforts produce unintended consequences for those in other roles.

This report is designed to help police departments and sheriffs' offices recognize their multiple and sometimes conflicting roles and understand the unintended consequences that role conflicts can create across different policies. The report also describes several strategies for implementing these policies in ways that help agencies minimize conflicts and more effectively address the opioid crisis. In addition, for non-police stakeholders, this report should serve as an example of the importance of balancing and coordinating multiple priorities in addressing the opioid crisis and help them avoid inadvertently shuffling problems and unintended consequences from one role to another.

Addressing the opioid crisis involves multiple roles carried out by multiple stakeholders, including the police. The more each stakeholder understands and appreciates how its actions may impact others, the better the chances of developing and carrying out a coordinated and effective response.

Introduction

In the United States, the opioid crisis is not a single problem: it is a health crisis, it is a criminal justice crisis, and it is a human services crisis. The pervasiveness of opioid addiction (referred to in this report as opioid use disorder) and the rapid increase of fatal opioid overdoses have received the most publicity. But there are many other consequences, such as physical and psychological harms to children,⁶ losses in economic productivity,⁷ significant costs to Medicaid,⁸ strains on state and local criminal justice⁹ and child welfare systems,¹⁰ children born with neonatal abstinence syndrome,¹¹ and others. The opioid crisis is too large to understand or address from just one perspective (e.g., public health, criminal justice, human services).

6. Laura Lander, Janie Howsare, and Marilyn Byrne, "The Impact of Substance Use Disorders on Families and Children: From Theory to Practice," *Social Work in Public Health* 28, no. 3–4 (2013), 194–205, <https://doi.org/10.1080/19371918.2013.759005>.

7. Douglas L. Leslie et al., "The Economic Burden of the Opioid Epidemic on States: The Case of Medicaid," *American Journal of Managed Care* 25, no. 13 (2019), S243–S249, <https://www.ajmc.com/journals/supplement/2019/deaths-dollars-diverted-resources-opioid-epidemic/the-economic-burden-opioid-epidemic-on-states-case-of-medicaid>.

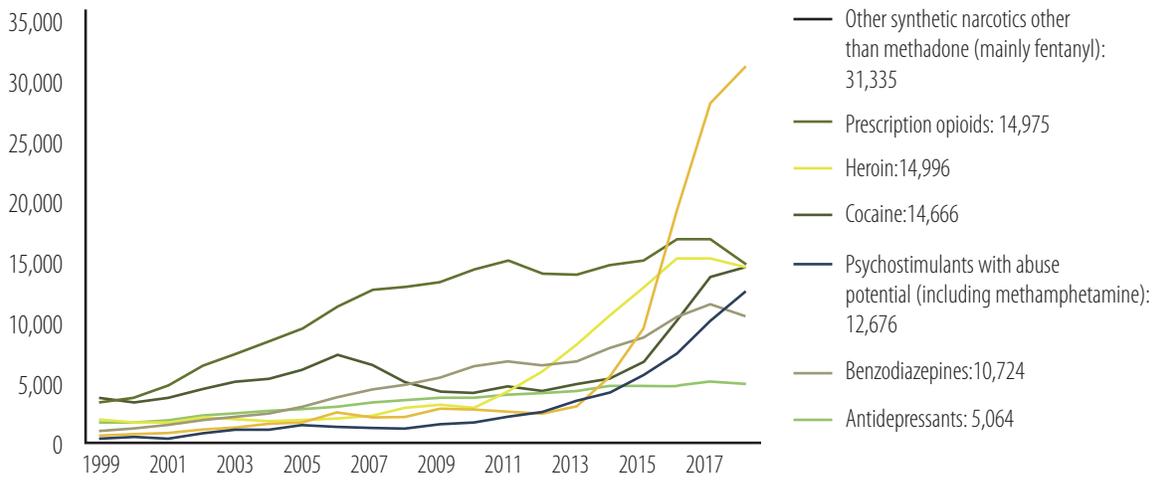
8. "Deaths, Dollars, and Diverted Resources: Examining the Heavy Price of the Opioid Epidemic," *American Journal of Managed Care* 25, no. 13 (2019), <https://www.ajmc.com/journals/supplement/2019/deaths-dollars-diverted-resources-opioid-epidemic>.

9. Gary Zajac et al., "Estimated Costs to the Pennsylvania Criminal Justice System Resulting From the Opioid Crisis," *American Journal of Managed Care* 25, no. 13 (2019), S250–S255, <https://www.ajmc.com/journals/supplement/2019/deaths-dollars-diverted-resources-opioid-epidemic/estimated-costs-pennsylvania-criminal-justice-system-from-the-opioid-crisis>.

10. Daniel Max Crowley et al., "Considering the Child Welfare System Burden From Opioid Misuse: Research Priorities for Estimating Public Costs," *American Journal of Managed Care* 25, no. 13 (2019), S256–S263, <https://www.ajmc.com/journals/supplement/2019/deaths-dollars-diverted-resources-opioid-epidemic/considering-child-welfare-system-burden-opioid-misuse-research-priorities-estimating-public-costs>.

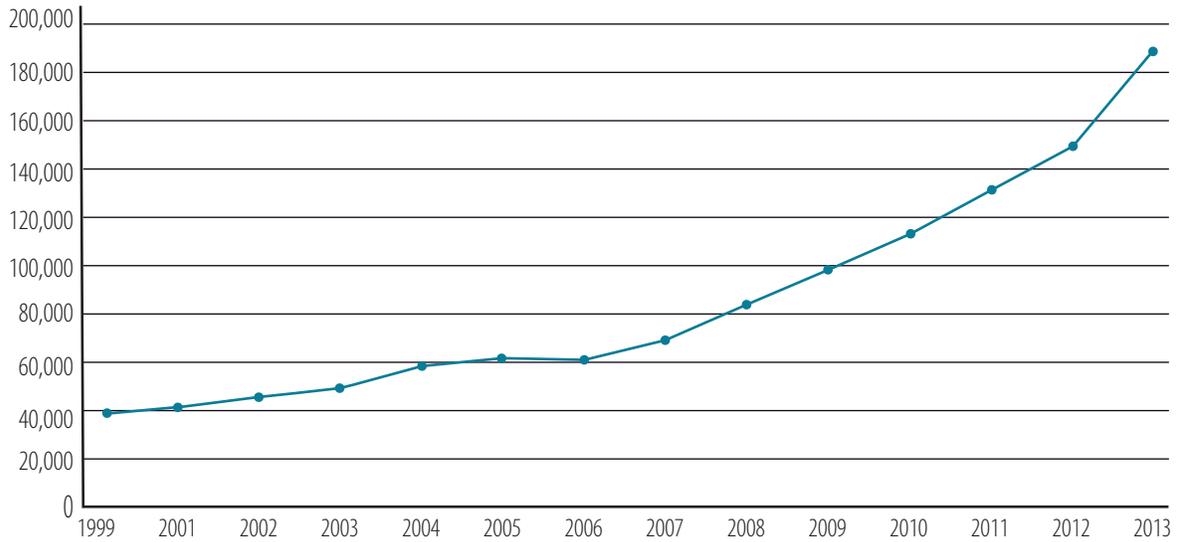
11. Paul L. Morgan and Yangyang Wang, "The Opioid Epidemic, Neonatal Abstinence Syndrome, and Estimated Costs for Special Education Services," *American Journal of Managed Care* 25, no. 13 (2019), S264–S269, <https://www.ajmc.com/journals/supplement/2019/deaths-dollars-diverted-resources-opioid-epidemic/opioid-epidemic-neonatal-abstinence-syndrome-estimated-costs-special-education-services>.

Figure 1. National drug overdose deaths (all ages, 1999–2017)



Source: "Overdose Death Rates" (see note 12).

Figure 2. Number of Medicaid enrollees diagnosed with opioid use disorder (1999–2013)



Source: Leslie et al., "The Economic Burden" (see note 7).

Figure 1 presents the numbers of drug overdose deaths in the United States from 1999–2017 broken out by type of drug involved. Importantly, opioids are the most prominent drugs involved, with prescription opioids increasing steadily over that period and fentanyl increasing rapidly since 2013.¹² Figure 2 shows the trend of a rapid increase in opioid use

12. "Overdose Death Rates," National Institute on Drug Abuse, last modified March 10, 2020, <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>.

disorder diagnoses among Medicaid enrollees in a sample drawn from 17 states from 1999–2013.¹³ Together, these figures depict the increasing pervasiveness and lethality of the opioid crisis in the United States.

Separate policy efforts (based on different perspectives) often interact and conflict with one another; a policy that achieves an intended outcome to address one aspect of a larger problem produces unintended outcomes that worsen another aspect of the problem. As a result, it is difficult for partners with different perspectives on the problem to recognize their impacts on one another, let alone work together to improve the situation.

A significant challenge for addressing the opioid crisis is that there is not enough of a common understanding of the problem or the methods for solving it among the various partners (criminal justice system agencies, health organizations, legislators, etc.) to have an immediate, direct, and sustained positive impact.

— Chief John Letteney, Apex (NC) Police Department

Local police departments and sheriffs' offices face multiple and conflicting expectations about their roles in society, and the police tend to be handed responsibility for a wide range of problems that extend far beyond law enforcement. The sociologist Egon Bittner once described the role of police as handling "something that ought not to be happening and about which someone had better do something now!"¹⁴

Unlike most social service and public health agencies, police departments must respond to calls for service 24 hours of every day. So, for example, when a person is found on the street unconscious in the middle of the night, suffering from an opioid overdose, police and emergency medical services are the ones who respond. When people see something that upsets or concerns them, they call the police because they think the police are the ones who can make visible problems "disappear," at least in the short term.

13. Leslie et al., "The Economic Burden" (see note 7).

14. Egon Bittner, *Aspects of Police Work* (Boston: Northeastern University Press, 1990).

Their uniquely broad range of responsibilities forces the police to confront the ways one of their efforts to address the opioid crisis may conflict with their other efforts. Further, it raises the question: *What is the role of police in responding to the opioid crisis?*

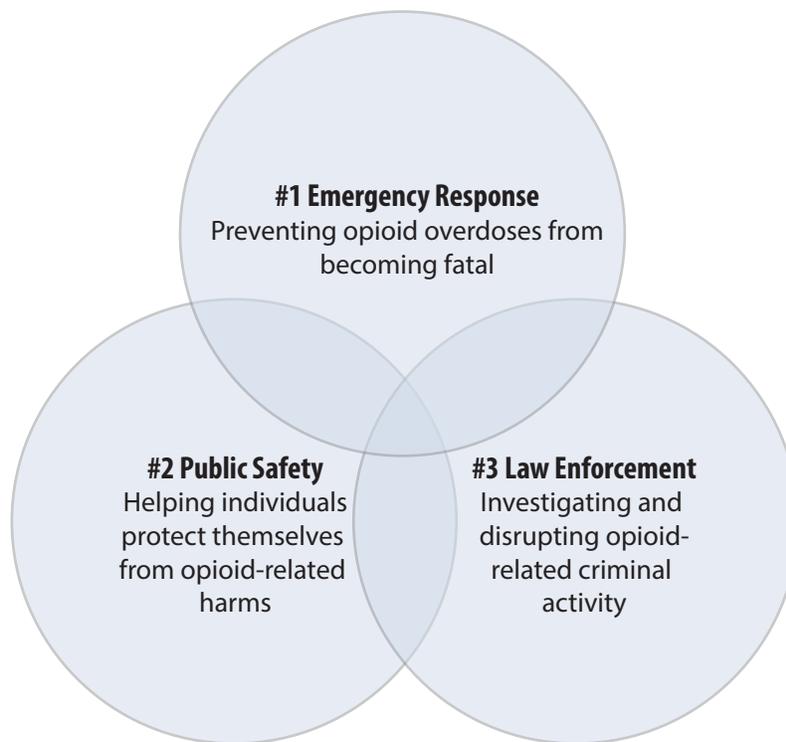
The largest problems we have encountered in addressing the opioid crisis have been a resistance to treating addiction as a neurobiological disease that requires treatment, destigmatizing drug addiction, and building in a tolerance for chronic relapse.

We continue to face the challenge of culture change within policing related to the strategies employed to combat the opioid crises and culture change within the community at large.

— Assistant Chief Kevin Hall, Tucson (AZ) Police Department

The answer is that the police do not play just one role on the front lines of the opioid crisis. They have *three* roles, as shown in figure 3: (1) emergency response, (2) public safety, and (3) law enforcement.

Figure 3. The multiple roles expected of police in their front-line responses to the opioid crisis



Within each of these roles, police have responsibilities and expectations about how they will implement specific opioid-related policies, programs, and strategies.

Role 1. Emergency response

Fatal opioid overdoses are one of the most significant consequences of the opioid crisis. Emergency first responders—such as police, fire, and emergency medical services (EMS)—have the goal of quickly reaching the scene of an opioid overdose and taking the appropriate action to prevent an opioid overdose from becoming a *fatal* opioid overdose.

The following policies and programs are examples of common emergency responder efforts to prevent opioid overdose fatalities:

- Collect and use data to better predict when and where future overdoses are likely to occur.
- Enact Good Samaritan laws and programs to encourage people to call officials for life-saving assistance.
- Establish harm reduction programs that reduce the risks of opioid use becoming fatal.

- Host prescription drug disposal locations and events to reduce the number of unneeded drugs in circulation.
- Increase the availability of naloxone so it can be used to temporarily revive someone from an opioid overdose.

Among first responders, police are often best equipped to enter and engage in uncertain and potentially dangerous situations that can pose serious threats to the responder's safety.

Role 2. Public safety

Opioid use disorder can cause lost or diminished employment, depression, neglect and emotional abuse of family and friends, and many other problems.

To address these underlying issues, public safety officials—such as police, public health officials, and social services agencies—work to help addicted persons get the help they need to protect themselves from opioid-related harms. Primarily, this involves connecting people with opportunities for effective treatment. More specifically, the policies and programs for pursuing this goal include the following:

- Amnesty programs for those self-reporting to the police and seeking assistance
- Arrest diversion and deflection programs
- Co-responder models, in which social workers or clinicians join police officers when responding to calls
- Drug courts
- Jail intake screening services
- Jail-based substance abuse treatment

While social service agencies can *offer* options to help people protect themselves from opioid-related harms, the police have the authority to take someone into custody. Police arrest powers create a unique ability to “bend the trajectory” of a person's addiction towards recovery.

Role 3. Law enforcement

Illicit opioids are in great demand because of their addictiveness, the pains of withdrawal, and their ability to create a euphoric high. Given the demand, illegal drug trafficking and distribution networks maintain a flow of different types of opioids for abuse. These illegal networks divert otherwise legal prescription opioids for unauthorized use, organize large-scale misprescribing of opioids for the purposes of diverting the drugs, and conduct international trafficking of heroin and potent synthetic opioids like fentanyl. In addition to the crimes of possessing and distributing these opioids, dealers often commit other criminal acts, such as violence associated with maintaining their drug sale territory. Respondents to the PERF questionnaire said some dealers have *intentionally* caused overdoses to demonstrate the strength of their product and increase sales.

Those responsible for enforcing drug laws—such as police officers, prosecutors, and federal agencies within the U.S. Department of Justice and U.S. Department of Homeland Security—share a goal of investigating and disrupting such opioid-related criminal activity. Common law enforcement policies and strategies include the following:

- Collecting evidence on individual acts and widespread patterns of criminal network behaviors
- Conducting “Buy & Bust” operations targeting drug distribution
- Investigating opioid overdose fatalities as homicides, in which the person who supplied the victim with the fatal drug is criminally charged
- Making arrests for illicit opioid possession and distribution
- Participating in interagency task force operations
- Recruiting cooperating witnesses and informants

The task of managing these three different roles—emergency response, public safety, and law enforcement—is unique to local police agencies. While federal and state agencies have specific law enforcement roles in addressing opioids, they generally do not have emergency response or public safety responsibilities—at least not to the extent that local agencies do. Local agencies truly are on the front lines of addressing the opioid crisis, and with that comes the conflict that serving one of these roles may work against their other roles.

This report describes the challenges for local police agencies in reconciling the conflicts among their three basic roles. More specifically, this report presents eight policies that present such conflicts and then offers five recommendations for reducing those conflicts and improving the police response to the opioid crisis.

PERF Questionnaire

In 2019, PERF fielded an online questionnaire to police executives about their experiences and concerns about their departments' daily responses to the opioid crisis. Drawing on PERF's prior work, conversations with police officials, news media accounts, and published research, PERF inquired about specific tactical issues such as officers reversing potentially fatal opioid overdoses for the same person on multiple occasions or strategies for minimizing deaths resulting from a tainted supply of heroin or other opioids.

PERF's questionnaire was not intended to provide a nationally representative sample of police perspectives. Rather, the questionnaire was designed to capture a wide range of the different perspectives that exist among police officials. A total of 111 police officials representing more than 100 police departments and sheriffs' offices completed the questionnaire. This report is based on a synthesis of their responses and includes direct quotes from many of them. (Individuals quoted in this report are identified by the titles and affiliations they had at the time they completed the questionnaire or were otherwise contacted by PERF.)

Policy Conflicts on the Front Lines of the Opioid Crisis

The three police roles described in this report were based on the responses to PERF's questionnaire. No single respondent explicitly described their experiences in terms of those roles. Similarly, no respondent specifically described any opioid-related policy challenges in terms of conflict between multiple police roles. Rather, the three roles emerged from similarities that became apparent from analyzing more than 100 responses.

After identifying the three different roles police serve in responding to the opioid crisis, it became much easier to interpret many of the challenges police officials described in their questionnaire responses. In particular, the role conflicts and their consequences were most apparent in eight opioid-related policies meant to address different underlying problems of the opioid crisis. The impacts of these eight opioid-related policies on the multiple roles police serve in responding to the opioid crisis are summarized in table 2.

The table represents PERF's analysis of how each of the eight policies impacts each of the three roles that the police play in responding to the opioid crisis. The policies were categorized either as being consistent with the police role, having mixed consistency, or being inconsistent with the role.

Table 2. Impacts of opioid-related policies on multiple police roles in responding to the opioid crisis

Policy	Emergency response	Public safety	Law enforcement
1. Making arrests for opioid possession	inconsistent	mixed	consistent
2. Making naloxone available to the public	consistent	mixed	inconsistent
3. Issuing naloxone to officers	consistent	mixed	mixed
4. Amnesty programs and Good Samaritan laws	consistent	mixed	inconsistent
5. Other harm reduction programs, such as needle exchanges	consistent	mixed	mixed
6. Campaigns to warn the public about specific threats	mixed	consistent	inconsistent
7. Limiting or eliminating field-testing of unknown substances that could be highly potent opioids	mixed	consistent	inconsistent
8. Investigating opioid overdose deaths as homicides	inconsistent	mixed	consistent

This section of the report describes how each of the eight policies is meant to address an underlying problem related to the opioid crisis, as well as the role conflicts and unintended consequences its implementation can create.

Policy 1. Making arrests for opioid possession

Summary. *Many police officials share the view that “we’re not going to arrest our way out of this problem.” They recognize the negative consequences that can flow from making arrests for illegal opioid possession, including the possibility of further destabilizing the lives of people with opioid use disorder, increasing risks of fatal overdose, contributing to social stigma about opioid addiction, and overwhelming the criminal justice system.*

Opioids can be a dangerous drug that can cause significant and even fatal consequences for those who abuse them. Further, illicit opioids and other illegal drugs are often associated with illegal drug trafficking networks, violent criminal drug dealing networks and gangs, as well as other criminal activities drug users may engage in (such as property crime) to support their use of illegal drugs.

The major problem is the amount of opioids being abused by individuals on the streets and other problems caused by addicts, such as trespassing, shoplifting, burglaries, and occasional aggravated assaults and robberies. These drugs are extremely addictive and easy to find [and] purchase by those looking for them. The amount of crimes related to the opioid crisis spills over into overcrowded jails, emergency rooms, and additional calls for service to our local fire department.

— Sergeant Joseph Hutchinson, Mesa (AZ) Police Department

Law enforcement officials serve an important role in addressing the opioid crisis by investigating and disrupting these opioid-related criminal activities. Beyond holding individuals accountable for their own individual criminal activities, making arrests for relatively minor opioid-related crimes (such as unauthorized possession of a controlled substance) can be an effective means of generating information to support more significant opioid-related criminal investigations, including investigations targeting distributors.

We have a very positive relationship with the District Attorney's Office regarding opioid addicts. We are able to put people on contract [i.e., make them confidential informants] if they have been charged and are willing to work with officers and provide assistance in leading officers to the dealers.

— Police administrator in a large urban police department

However, many police leaders agree that opioid use disorder is a medical issue, not a criminal issue. A common sentiment among questionnaire respondents was, “We’re not going to arrest our way out of this problem.” Treating an individual with opioid use disorder as a criminal can often make their overall situation much worse (e.g., causing a person with opioid use disorder to lose their job and face other consequences of a criminal record).

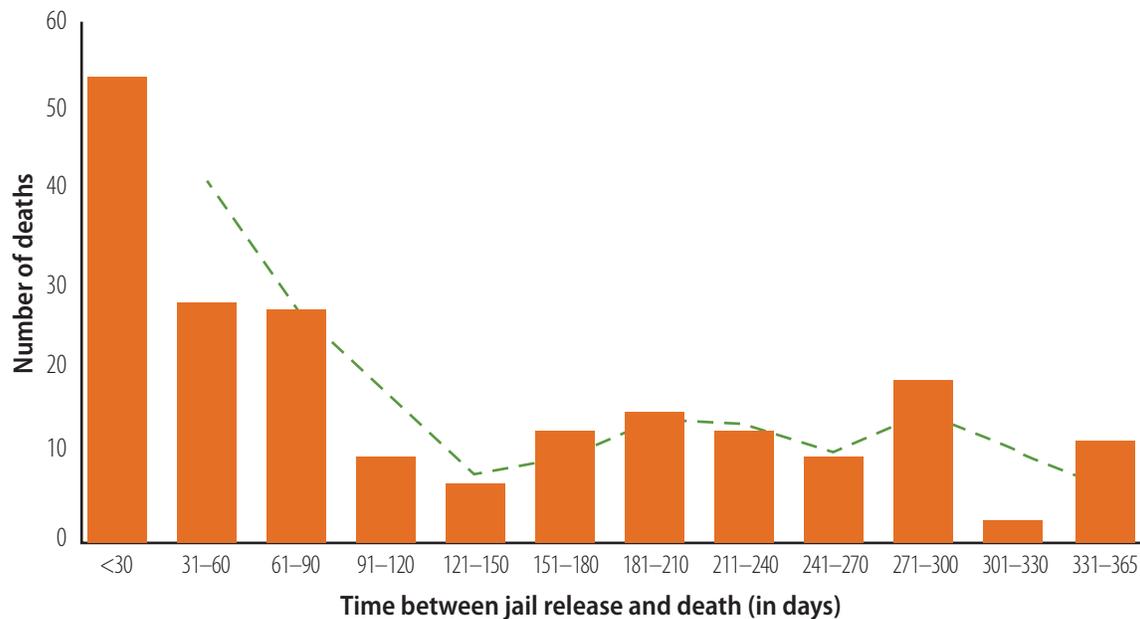
We are still behind in how we think about and handle addiction. Arrest should be a last resort for a person suffering from substance use disorder.

— Chief Lianne Tuomey (retired), University of Vermont Police Department

In addition, where individuals with opioid use disorder are arrested and incarcerated, data from several cities have shown those individuals are at a greater risk of fatally overdosing upon release. While incarcerated, a person’s body may “detox,” and their opioid tolerance declines. If they return to using their preincarceration opioid dose upon release, they will likely overdose.

One study looking at recently released prison inmates in North Carolina found their risk of fatally overdosing was 40 times greater in the first two weeks after release than before incarceration.¹⁵ Data from Allegheny County, Pennsylvania, show a similar pattern.

Figure 4. Time between Allegheny County (PA) jail release and fatal overdose, 2008 through 2014 (N = 211)



Source: Hulsey et al., *Opiate-Related Overdose Deaths*, 25 (see note 16).

In an analysis (see figure 4) of opioid overdose cases occurring in Allegheny County (Pittsburgh), Pennsylvania, between 2008 and 2014, analysts assessed “the number of days between jail release and fatal overdose to understand if there were critical periods post-release when fatal overdoses occurred. There were 211 people who had an incarceration and release from jail in the year prior to death. The largest number of overdose deaths (54 of 211, or 26 percent) occurred during the first 30-day period following jail release, and more than half (109 of 211, or 52 percent) occurred during the first 90 days.”¹⁶

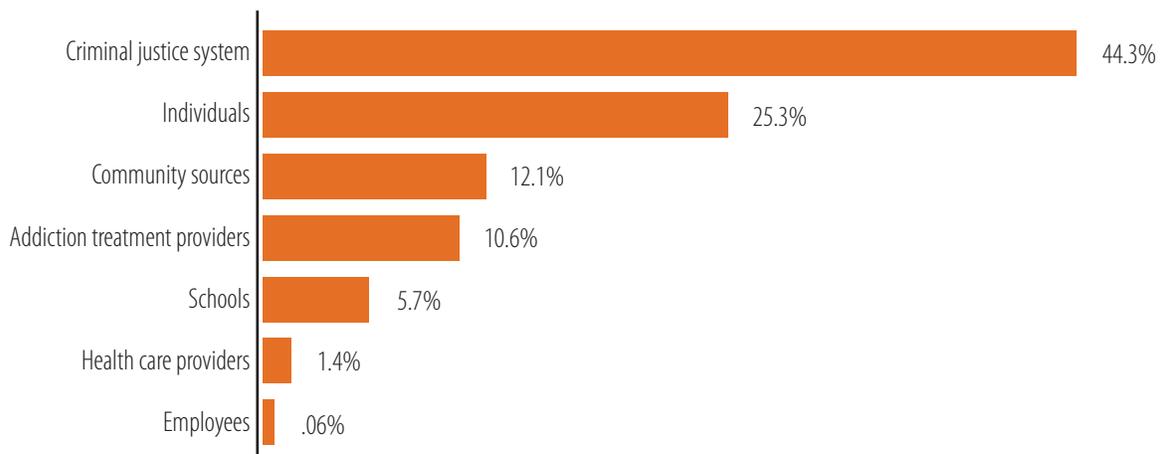
While arrest and incarceration can increase the risks of a fatal opioid overdose for some people, they are also among the primary means of getting people the treatment they need, whether through referrals to other agencies, drug courts, medication-assisted treatment (MAT) in local jails, or other methods.

15. Shabbar I. Ranapurwala et al., “Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015,” *American Journal of Public Health* 108, no. 9 (2018), 1207–13, <https://doi.org/10.2105/AJPH.2018.304514>.

16. Eric Hulsey et al., *Opiate-Related Overdose Deaths in Allegheny County: Risks and Opportunities for Intervention* (Pittsburgh, PA: Allegheny County Department of Human Services, 2016), 24–25, https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Programs/Special_Initiatives/Overdose_Prevention/Opiate-Related_Overdose_Deaths_in_Allegheny_County.pdf.

A 2009 survey of many addiction-related policy issues showed the criminal justice system was the single largest source of treatment referrals, by far (see figure 5).

Figure 5. Sources of referral to publicly funded addiction treatment



Source: CASA Columbia, *Addiction Medicine*, 11 (see note 17).

A 2009 Columbia University survey of addiction-related issues (see figure 5) found that only 1.4 percent of referrals to publicly funded treatment came from a health care provider. In contrast, 44.3 percent of the referrals to treatment were from the criminal justice system, “highlighting the fact that this disease typically is addressed only at the point at which it results in profound social consequences.”¹⁷

Arrest for illegal opioid possession provides the police with a measure of control over what happens next for that individual. If the local jail has a substantial treatment program or the jurisdiction has a drug court, an arrest may be beneficial for getting that person access to treatment, especially if they have been unwilling or unable to access treatment elsewhere.

However, the benefits of using police arrest power to get people into treatment can quickly become self-defeating if it is used too often and puts too many people with opioid use disorder into the criminal justice system.

As an alternative to diversion programs that connect people with services *after* arrest, “deflection” programs provide police with options for redirecting people toward services *before* arrest and avoid entering the criminal justice system altogether.

17. CASA Columbia, *Addiction Medicine: Closing the Gap between Science and Practice* (New York: Columbia University, 2012), 11, <https://drugfree.org/reports/addiction-medicine-closing-the-gap-between-science-and-practice/>.

We operate the largest jail in Minnesota. Thirty percent of opioid overdose deaths in Hennepin County, and 10 percent of the opioid overdose deaths in the entire state, had contact with our jail in the last year of their life, so if there is one institution which might be the best nexus to connect people with treatment in the state, it is our jail. We have instituted thorough screening for opioid use during intake and have low-barrier access to medications for opioid use disorder during incarceration at our facility and follow-up on release. We know that roughly 50 percent of all people with an opioid use disorder (and 73 percent of people who use heroin) touch the criminal justice system, so it's a moral imperative to provide medications for opioid use disorder in jails.

— Chief of Staff Rob Allen, Hennepin County (MN) Sheriff's Office

Frankly, jail can be the best place for many addicts, especially if they get the meds they need to control their addiction. Outside of that controlled environment, too many fall into temptation.

— Lieutenant Robert Collins, Cedar Rapids (IA) Police Department

We do not have many options outside of our jail system. We do not have an inpatient or outpatient treatment facility. We do not have a detox center. By no means do I think the jail system is the right solution, but it is the best option we have available in our area.

— Commander Chris Guerrero, Kennewick (WA) Police Department

Laws that mandate opioid possession as a misdemeanor charge create a risk of overwhelming the criminal justice system without providing for the substance abuse programs to address addiction issues.

— Chief Daniel Brennan (retired), Wheat Ridge (CO) Police Department

Arresting opioid users has stressed our court system, so judges are releasing offenders much more quickly. This [quick release] disincentivizes the use of drug courts for treatment [since individuals can now get a shorter sentence without opting-in to drug court].

— Executive Officer Eldys Diaz, Miami (FL) Police Department

Our department has initiated a “deflection” program, which allows officers to deflect drug charges and get the person into treatment rather than charging them with a crime.

— Officer in a large urban police department

We have not transitioned into the ability to “deflect” an opioid user from a criminal arrest to a treatment program. We respond to overdoses and provide treatment options. We need to focus on a deflection program that can reach a user before they overdose.

— Captain David McBain, Montgomery County (MD) Police Department

Making arrests for opioid possession can also complicate police efforts by making some people less willing to call for help in the event of a potential overdose for fear of criminal consequences. With fewer calls for help, first responders are not able to intervene in as many potentially fatal overdoses as they might otherwise.

Policy 2. Making naloxone available to the public

Summary. *The prevailing consensus among research studies supports the police perception that public access to naloxone reduces fatal opioid overdoses. However, some respondents to PERF's questionnaire noted that public access to naloxone may increase the risk an individual will not receive proper follow-up care, as well as reducing opportunities for government officials to connect people with treatment services, collect data about overdose occurrences, and generate investigative leads. There is also evidence to support concerns among some police officials that public access to naloxone may lead to riskier drug consumption and increases in crime, though these findings are far from settled.*

The cocktail of neurotransmitters that opioids release into a person's brain causes muscle relaxation, among other things. If a person takes an opioid dose that is more than their body can tolerate, their muscles may relax so much that their body stops breathing. A person can lose consciousness and experience significant brain damage after just a few minutes without breathing; a few more minutes can be fatal.

Naloxone is the generic name of a prescription drug that can quickly “unplug” the opioid neurotransmitters from a person's brain, returning the person to pre-opioid brain functioning (including signals to the lungs to breathe).¹⁸ Naloxone can work very quickly when delivered to a person who has overdosed on opioids, but there is only a short window of time to deliver the drug between the time someone stops breathing and they asphyxiate (die from lack of oxygen).

Easy availability of naloxone to the public is probably the leading factor in reducing deaths. Hospital overdose reports are also down probably due to self-medication.

— Major David Moyer (retired), Fairfax County (VA) Police Department

To increase the likelihood of naloxone being available and delivered to a person in time to save their life, some jurisdictions have issued a prescription to an entire city so any member of the public may have access to naloxone.

18. “Opioid Overdose Reversal with Naloxone (Narcan, Evzio),” National Institute on Drug Abuse, last modified February 20, 2020, <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio>.

For example, in 2015 Baltimore, Maryland, Health Commissioner Dr. Leana Wen issued a jurisdiction-wide standing order for naloxone, which served as a blanket prescription for all Baltimore residents allowing them to buy naloxone from a pharmacy without getting a prescription from a doctor.¹⁹

Several studies have shown that public naloxone programs have been effective in preventing otherwise fatal overdoses in many circumstances.²⁰ In a synthesis of multiple studies on the topic, researchers concluded that “our findings support overdose education and lay administration of naloxone as a safe and effective community-based approach to controlling the opioid overdose epidemic.”²¹

So while research suggests that public naloxone programs can be effective in reducing fatal opioid overdoses, it is important to recognize that training and education are an important aspect of making these programs effective.

For example, naloxone can wear off before all the neurotransmitters from the opioids have cleared the brain, so those neurotransmitters can reattach to receptors in the brain and cause the person to overdose again. People are supposed to go directly to a hospital for immediate medical care following a naloxone reversal of an opioid overdose. Otherwise, individuals are at risk of re-experiencing an overdose once the naloxone wears off.

In addition, naloxone unplugs the neurotransmitters that relieve the symptoms of opioid withdrawal and cause a sense of euphoria. So at the same time naloxone is reversing a potentially fatal opioid overdose, it is also “stealing” a person’s high and putting them into complete opioid withdrawal.²² It is not uncommon for an individual to consume additional opioids following a reversal to stave off withdrawal symptoms and reclaim their high. This behavior puts the person at a much greater risk of overdosing again when the naloxone wears off.²³

There is also a concern that public administration of naloxone without follow-up can prevent the collection of valuable data about opioid overdose patterns in a community, which help first responders and public safety officials to predict when and where future overdoses might occur.

19. “Naloxone,” Baltimore City Health Department, accessed October 23, 2020, <https://health.baltimorecity.gov/naloxone>.

20. “Community-Based Opioid Overdose Prevention Programs Providing Naloxone—United States, 2010,” *Morbidity and Mortality Weekly Report (MMWR)* 61, no. 6 (February 17, 2012), <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>.

21. Rebecca E. Giglio, Guohua Li, and Charles J. DiMaggio, “Effectiveness of Bystander Naloxone Administration and Overdose Education Programs: A Meta-Analysis,” *Injury Epidemiology* 2, no. 1 (2015), 10, <https://doi.org/10.1186/s40621-015-0041-8>.

22. “Opioid Overdose Reversal” (see note 18).

23. “Opioid Overdose Basics: Overdose FAQs,” National Harm Reduction Coalition, last modified September 8, 2020, <https://harmreduction.org/issues/overdose-prevention/overview/overdose-faqs/#22>.

In addition, individual naloxone use reduces the potential opportunities for police and other public health and safety officials to contact affected individuals and connect them with services and other resources.

One of the largest problems we have seen is that a large number of ODs are using naloxone, and law enforcement is no longer contacted.

— Commander in a mid-sized urban police department

While naloxone freely distributed to the public saves lives, so can naloxone administered by EMS/Police/Fire. With private citizens administering naloxone and not calling 911, we don't have the opportunities to collect valuable data that would aid in our criminal investigations into opioid DTO's [Drug Trafficking Organizations] in our area. There is no way to respond to this.

— Lieutenant Robert Collins, Cedar Rapids (IA) Police Department

In addition to reduced contact with people experiencing overdoses and the lost potential to generate leads for criminal investigations, some of PERF's questionnaire respondents also expressed concern that easier access to naloxone can encourage riskier drug consumption behaviors and even enable criminal activities. Drug users equipped with naloxone may be more willing to use stronger opioids if they have friends nearby whom they trust to bring them out of an overdose with the naloxone.

We see addicts bringing their own "cut" and Narcan when they are not sure about the supplier.

— Lieutenant colonel in the state police

In 2018, economists from two major research universities released a white paper concluding that widespread public access to naloxone was related to an *increase* in risky drug use behaviors and property crime. That controversial conclusion led to significant scrutiny of the researchers' methods and critiques of their conclusions.²⁴ The researchers incorporated the feedback into their analyses in a revised white paper (as opposed to a formally peer-reviewed scientific publication) and released their updated 2019 conclusions, summarized here:

We find that broadened access led to more opioid-related emergency room visits and more opioid-related theft . . . , with no reduction in opioid-related mortality. These effects are driven by urban areas and vary with local access to substance abuse treatment. We find the most detrimental effects in the Midwest, including a 14 percent increase in opioid-related mortality in that region. While naloxone has great potential as a harm-reduction strategy, our analysis supports the concern that it encourages riskier behaviors with respect to opioid abuse.²⁵

Their updated conclusions still run counter to the findings of several peer-reviewed studies,²⁶ as well as the priorities of many stakeholder groups responding to the opioid crisis. While their conclusions remain highly controversial and far from settled, the researchers' findings are consistent with concerns expressed by some police officials who responded to the PERF questionnaire about their experiences in responding to the opioid crisis.

Policy 3. Issuing naloxone to officers

Summary. *Providing officers with naloxone is an effective tool for reducing fatal opioid overdoses, but those benefits can come at some underappreciated costs. For example, assigning officers the responsibility of saving someone's life over and over without giving them the ability or resources to prevent these recurring lifesaving efforts can lead to compassion fatigue among some officers and demotivate them. This frustration represents one of the challenges that must be addressed in large-scale naloxone programs that continue for long periods of time.*

24. Jennifer L. Doleac and Anita Mukherjee, "The Moral Hazard of Lifesaving Innovations: Naloxone Access, Opioid Abuse, and Crime," IZA Newsroom, April 24, 2018, <https://newsroom.iza.org/en/archive/research/the-moral-hazard-of-life-saving-innovations-naloxone-access-opioid-abuse-and-crime/>.

25. Jennifer L. Doleac and Anita Mukherjee, "The Moral Hazard of Lifesaving Innovations: Naloxone Access, Opioid Abuse, and Crime," *SSRN: Pharmaceutical Science Research Network*, April 3, 2019, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3135264.

26. Alexander Y. Walley et al., "Opioid Overdose Rates and Implementation of Overdose Education and Nasal Naloxone Distribution in Massachusetts: Interrupted Time Series Analysis," *British Medical Journal* 346 (2013), f174, <https://www.bmj.com/content/346/bmj.f174>; Daniel I. Rees et al., "With a Little Help from My Friends: The Effects of Good Samaritan and Naloxone Access Laws on Opioid-Related Deaths," *Journal of Law and Economics*, 62, no. 1 (2019), 1–27, <https://www.journals.uchicago.edu/doi/10.1086/700703>; Chandler McClellan et al., "Opioid-overdose Laws Association with Opioid Use and Overdose Mortality," *Addictive Behaviors* 86 (2018), 90–95, <https://doi.org/10.1016/j.addbeh.2018.03.014>; Rahi Abouk, Rosalie Liccardo Pacula, and David Powell, "Association Between State Laws Facilitating Pharmacy Distribution of Naloxone and Risk of Fatal Overdose," *JAMA Internal Medicine* 179, no. 6 (2019), 805–811, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2732118>.

Many police departments recognize that supplying officers with naloxone to reverse potentially fatal opioid overdoses has been an effective means of reducing fatal opioid overdoses. Compared to jurisdictions without a naloxone program, one study found “intranasal naloxone administration by police first responders is associated with decreased deaths in opioid overdose victims.”²⁷

One study described an estimate that “as of March 2018, 2,340 law enforcement agencies in 42 states reported that they administered a naloxone rescue program.”²⁸

Currently, first responder access and use of naloxone has saved more lives and done no harm.

— Chief Ken Miller, Greenville (SC) Police Department

We believe our naloxone program and our prioritization of opioid-related overdose cases has resulted in a significant decrease in possible opioid-related deaths and in opioid-related crime.

— Lieutenant Tom Myers, Scottsdale (AZ) Police Department

We were one of the first departments in Alabama to deploy naloxone among our officers. We have had great success. There are still many agencies that refuse to allow officers to use and carry naloxone. Or perhaps it is offered, but resisted by the officers. This [resistance] is regrettable.

— Chief Ron Tyler, Florence (AL) Police Department

27. Jessica Rando et al., “Intranasal Naloxone Administration by Police First Responders Is Associated with Decreased Opioid Overdose Deaths,” *The American Journal of Emergency Medicine* 33, no. 9 (2015), 1201–1204, <https://doi.org/10.1016/j.ajem.2015.05.022>.

28. Arthur J. Lurigio, Justine Andrus, and Christy K. Scott, “The Opioid Epidemic and the Role of Law Enforcement Officers in Saving Lives,” *Victims & Offenders* 13, no. 8 (2018), 1055–1076, <https://doi.org/10.1080/15564886.2018.1514552>.

We have experienced a handful of opioid-related overdoses in the last three years, with one death due to laced drugs. Rapid medical and police response with naloxone has been successful to address most of the opioid-related overdose incidents.

I believe changing prescription practices and increasing the ability of first responders to recognize and respond to overdoses has been efficient and effective.

— Chief Paul Keith, El Cerrito (CA) Police Department

In addition to reducing fatal overdoses, respondents explained that equipping police officers with naloxone has other advantages, especially in providing opportunities for first responders to help direct people into treatment programs and services. Contacts also generate data on the occurrences of opioid overdoses that can be helpful for predicting and potentially preempting future opioid overdoses and facilitating criminal investigations.

We offer a “bridge” to treatment to every overdose survivor we administer naloxone to, and every person we arrest for possession. We created a form that, if accepted, allows us to share victim information with treatment organizations, which then follow up with contact and treatment plans.

— Chief Steven Skrynecki, Southampton Town (NY) Police Department

However, police naloxone programs can present challenges. The drug can be expensive or unavailable, requires certain storage conditions, and needs to be replaced after about 18 months. Officers who have not administered or replaced their dose of naloxone in that time or who have left it in the extreme hot or cold temperatures of a parked vehicle may find the drug is not effective when they need to use it.

We find it difficult to manage naloxone in the field because of its price and weather volatility if left in a vehicle.

— Lieutenant Roger Knott, Harrisonburg (VA) Police Department

The major issue is finding funding for our naloxone supplies. We are working with the county Chiefs of Police associations to come up with a solution.

— Chief David Wermes, Wauconda (IL) Police Department

In Fulton County, funding was cut for naloxone and our department had to make an unplanned purchase. To my knowledge, the funding issues have not been resolved. Fortunately, we can move budget monies around and keep our officers stocked, but for some of Georgia's more rural counties, this life-saving tool is simply not affordable.

— Chief Rich Austin, Milton (GA) Police Department

Some of PERF's questionnaire respondents also said that administering naloxone can be stressful for officers, especially when they find themselves repeatedly saving the same individual without that person showing any interest in getting help or avoiding another overdose. These repeated encounters can be frustrating and psychologically taxing for the officers to watch as individuals' lives continue to deteriorate. The situation can become even worse if an officer learns of someone they recently saved going on to injure someone else through their drug-related behaviors.

We are concerned that there seems to be very little help or treatment available to addicts who have had to be revived several times over the course of a year with naloxone. We sometimes feel like we are kind of "spinning our wheels"

with reviving these addicted individuals time and time again, and yet they cannot receive treatment for their addiction in a timely manner.

— Former Chief John C. Franklin, Jacksonville (AR) Police Department

We respond to overdose calls with EMS. The largest hurdle is non-cooperation from those who have overdosed. Most do not want help for their addiction and are not willing to provide information about their supplier.

It's disheartening for our personnel when the subject does not want help and just wants to go back for that same high, and decides to take the chance that naloxone will revive them if they overdose.

— Chief Eric English, Harrisonburg (VA) Police Department

Of our 149 overdoses between January 1, 2017, and May 2019, 20 individuals accounted for 46 of the ODs (31 percent). Of those 20, six are currently deceased from an OD.

— Chief David Zibolski, City of Beloit (WI) Police Department

Our department has experienced several incidents of "multiple reversals." The overdosed subject in one case caused a traffic accident that resulted in the death of a toddler.

— Sergeant in a mid-sized urban police department

In addition to psychological challenges, reversing opioid overdoses can sometimes pose physical threats to emergency responders' safety because people are often irritable and sometimes even combative following a reversal. When naloxone unplugs the opioid's neurotransmitters from the receptors in a person's brain to revive them, it also instantly dissipates a person's high and throws them into withdrawal. The need to direct people to the hospital following a reversal can escalate those tensions. Many police respondents from larger jurisdictions said that "combative reversals" are not a significant issue for them because multiple first responders are typically present at the scene of an overdose; this is not always the case in smaller jurisdictions.

We see combative reversals from time to time, but with the number of EMS, fire, and police staff on hand at most ODs, there's plenty of people to deal with the issue.

— Lieutenant Robert Collins, Cedar Rapids (IA) Police Department

Equipping all our vehicles with naloxone has saved many lives, but our fire department will not use naloxone because the person may become combative. Therefore, our officers are the ones to give this life-saving dosage.

— Lieutenant Mike Bruno, Monterey (CA) Police Department

As a small agency, our officers are often solo. An encounter with a combative reversal is problematic.

— Chief John R. Cueto (retired), Town of Duck (NC) Police Department

In addition, there are reports of people simultaneously taking stimulants (such as methamphetamine) and opioids (which are depressants). Taken together, the competing drugs can somewhat counteract one another. However, when an opioid overdose is reversed by naloxone, the methamphetamine or other stimulant is no longer counterbalanced by the opioid and it takes its full effect. This rapid shift creates a potentially dangerous situation for the officer. In some jurisdictions, this potential danger of a combative reversal is the reason that police, as opposed to fire or EMS personnel, are assigned the responsibility to administer naloxone.

Policy 4. Amnesty programs and Good Samaritan laws

Summary. *Amnesty and Good Samaritan laws appear to be an effective means of increasing public outreach to the police for assistance with opioid overdose emergencies, as well as possibly seeking access to treatment. It may also help reduce some of the social stigma surrounding opioid addiction. However, constraining police arrest powers limits the possibility of leveraging an arrest to get someone into treatment, as well as hindering larger criminal investigations.*

Time is precious in the emergency of an opioid overdose. Just a few minutes can make the difference between an opioid overdose and a *fatal* opioid overdose. If a person witnesses an overdose and hesitates to call 911 because they are concerned about their own criminal culpability, that delay may result in a fatality. In the worst-case scenario, some witnesses may choose to abandon the overdose victim, which virtually eliminates the possibility of reversing the overdose before it becomes fatal.

In response to these concerns, some jurisdictions have adopted amnesty programs, which provide immunity from arrest for people who seek assistance for their opioid use disorder. Many jurisdictions also have enacted Good Samaritan laws, which provide immunity for persons who call for assistance after witnessing someone else overdose—even when the callers may also be opioid users or might otherwise have their own exposure to criminal charges.

For example, the North Carolina Harm Reduction Coalition provides the following description of that state’s Good Samaritan law:

[T]he 2013 law lifts the fear of calling for medical assistance in the event of a drug overdose. Under SB20, witnesses and victims of an overdose have limited criminal immunity from prosecution for small amounts of most drugs and paraphernalia that may be found as a result of calling for help. The immunity also applies to underage drinkers who seek help for alcohol poisoning, but the caller must give their real name and stay with the victim.

As of August 1, 2015, a person who seeks medical assistance for someone experiencing a drug overdose cannot be considered in violation of a condition of parole, probation, or post-release, even if that person was arrested. The victim is also protected. Also, the caller must provide his/her name to 911 or law enforcement to qualify for the immunity.²⁹

Empirical research suggests that Good Samaritan laws are effective in achieving their goal of saving lives. A 2018 study found that people with accurate knowledge about a jurisdiction’s Good Samaritan law were three times more likely than people without such knowledge to call 911 for assistance when witnessing a drug overdose.³⁰

29. “NCHRC’s Community Based Overdose Prevention Project,” North Carolina Harm Reduction Coalition, accessed October 23, 2020, <http://www.nchrc.org/programs-and-services/>.

30. Andrea Jakubowski et al., “Knowledge of the 911 Good Samaritan Law and 911-Calling Behavior of Overdose Witnesses,” *Substance Abuse* 39, no. 2 (2018), 233–238, <https://doi.org/10.1080/08897077.2017.1387213>.

Another 2018 study found a relationship between states implementing Good Samaritan laws and a 15 percent average reduction in fatal opioid overdoses. The study found these laws were associated with an even larger 26 percent average reduction of opioid overdose fatalities of African Americans. The researchers said:

Our results show that these laws are associated with reductions in overdose mortality without leading to increases in the number of people who use opioids nonmedically.³¹

Consistent with the findings of the research, some police agencies have emphasized the importance of informing people about these laws.

The public needs to be educated about amnesty laws so they will call and report overdoses, rather than allowing an overdose to continue out of fear of being arrested.

— Lieutenant Brian Miller, Petaluma (CA) Police Department

An overreliance on arrest is not an issue for our department, because the Good Samaritan law prevents arrest in most of these cases. We approach each overdose from a helping perspective instead of an enforcement perspective.

— Detective Mark Lucas and Ariana Ciancio, Delray Beach (FL) Police Department

In addition to preventing opioid overdose fatalities, Good Samaritan laws and amnesty programs allow the police to advance public safety by increasing engagement between the police and people who need their assistance. Greater engagement with people experiencing opioid use disorder provides officers with more chances to educate these individuals about treatment and other available options.

Lake County, Illinois, implemented a program called “A Way Out.” This program allows addicts to turn themselves over to a local police department to be transported to a specific facility for help without repercussions from law enforcement.

— Chief David Wermes, Wauconda (IL) Police Department

31. McClellan et al., “Opioid-overdose Laws” (see note 26).

However, while increasing people's willingness to call the police for help will increase the opportunities for the police and other agencies to get people into treatment programs, Good Samaritan laws essentially advance the life-saving role of police as first responders at the expense of their law enforcement role.

The most difficult problem that we are experiencing is not being aware of overdoses. When people call 911 and just ask for medical assistance, the police are typically not contacted. We are only contacted if the caller says the person is overdosing on drugs, or if the EMS sees signs of drugs and/or paraphernalia on the scene. Hospitals do not contact police regarding overdoses, because of HIPAA [Health Insurance Portability and Accountability Act] provisions on patient privacy.

Another factor to consider is that many people are driven to the hospital in a private vehicle for overdoses, and we never know they have overdosed.

The consequences of not having all of the data about overdoses makes it difficult for police to respond. Our goal is to get addicts into treatment, as well as to get information on their dealer, so we can work our way to the source through investigations. Without knowing who has overdosed, we cannot fully respond to the problem.

— Compiled responses from members of the Houston (TX) Police Department

Michigan law has changed, so an overdose victim cannot be charged with possession. There are two sides to this issue, as it hinders our ability to prosecute some cases.

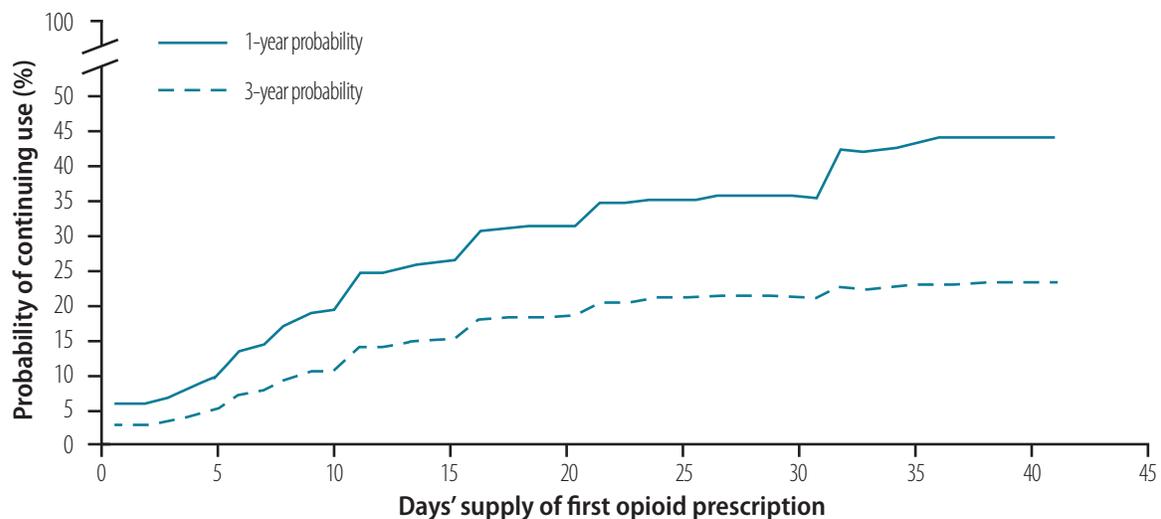
— Public Safety Chief Kevin Lenkart, Owosso (MI) Department of Public Safety

Policy 5. Other harm reduction programs

Summary. Harm reduction strategies (such as “needle exchange” programs) are sometimes controversial because of public perceptions that they condone or even facilitate illegal drug use. However, research has shown that many of these strategies are effective means of reducing fatal opioid overdoses, helping to connect opioid users with public services and treatment options and reducing communicable disease transmissions. Some police executives have come to appreciate and take advantage of the potential benefits that harm reduction programs can create in their jurisdictions—or at least not hinder those programs. However, others perceive these programs as wholly inconsistent with their view of the role of police and oppose them.

Compared to other illegal drugs, opioids are especially addictive, pervasive, and life-threatening for users.³² Unlike most other illegal drugs, millions of Americans have received prescriptions to legally use pharmaceutical opioids, such as oxycodone for pain relief. Prescription opioids are addictive even after short periods of use. One study found the risk of addiction increases significantly after being prescribed as little as a five-day supply of opioids (see figure 6).³³

Figure 6. Probability of continuing to use opioids, based on how many days of supply were provided in the subject’s first opioid prescription



Source: Shah, Hayes, and Martin, “Characteristics of Initial Prescription Episodes” (see note 33).

32. David Nutt et al., “Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse,” *Lancet* 369, no. 9566 (2007), 1047–1053, <https://pubmed.ncbi.nlm.nih.gov/17382831/>; “Overdose Death Rates” (see note 12).

33. Anuj Shah, Corey J. Hayes, and Bradley C. Martin, “Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015,” *Morbidity and Mortality Weekly Report (MMWR)* 66, no. 10 (March 17, 2017), 265–269, <https://doi.org/10.15585/mmwr.mm6610a1>.

As figure 6 illustrates, for persons who first received a prescription for two weeks' worth of an opioid drug, there was approximately a 25 percent probability that they would be continuing to use opioids a year later.

Given the pervasiveness of opioid abuse, the difficulty of overcoming opioid addiction, and the severe consequences of allowing a person's opioid use disorder to take its course without intervention, some jurisdictions have recognized the inevitability of continued opioid use and have aimed some of their policy efforts at *reducing the harms* caused by opioids.

For example, naloxone programs are not designed to eliminate or prevent a person's opioid use disorder, but they are considered a harm reduction strategy because they try to reduce the most serious harm of opioid abuse: fatal overdose. Other types of harm reduction strategies include supervised injection facilities (SIF) and needle exchange programs.

SIFs provide a controlled location for opioid users to consume their own drugs under the supervision of on-site medical personnel who can quickly respond if the person overdoses. These programs are very controversial; currently, no SIFs officially operate in the United States, though the programs are gaining increasing attention and consideration.³⁴

34. Jeremy Roebuck, "Facing Pandemic and Protests, Philly Too 'Frayed' for a Supervised Injection Site Right Now, Judge Rules," *Philadelphia Inquirer*, June 24, 2020, <https://www.inquirer.com/health/opioid-addiction/safe-injection-site-legal-philly-safehouse-mcswain-mchugh-appeal-third-circuit-20200624.html>.

Needle exchange or syringe exchange programs, on the other hand, are increasingly common across many states. As of late 2020, one organization listed 453 programs in the United States.³⁵ As their name implies, a needle exchange program allows intravenous drug users to exchange a used syringe for a new and sterile syringe. These are not simply needle supply programs; they require users to trade in a used syringe to get used syringes out of circulation so they cannot be used again, thus reducing the spread of infections and disease.

While these programs are primarily aimed at reducing disease transmission caused by needle sharing, they also provide an opportunity for officials to engage with opioid users and offer them treatment options and other services. Several studies have found needle exchange programs are effective at achieving both goals. In a study of one such program in Baltimore, researchers at the Johns Hopkins School of Public Health found:

Health care providers and NEPs [needle exchange programs] represent an important bridge to drug abuse treatment for HIV [human immunodeficiency virus]–infected and uninfected IDUs [injection drug users]. Creating and sustaining these linkages may facilitate entry into drug abuse treatment and serve the important public health goal of increasing the number of drug users in treatment.³⁶

Several police chiefs have credited needle exchange programs with playing a role in reducing fatal opioid overdoses in their jurisdictions. Even though police departments do not *operate* needle exchange programs, the presence of these programs in a jurisdiction gives the police opportunities for engaging with people who may need their assistance and attempting to direct them to treatment services.

Our overdose death numbers have been mitigated to some degree by the local needle exchange program.

— Executive Officer Eldys Diaz, Miami (FL) Police Department

35. "SEP [Syringe Exchange Program] Locations," North America Syringe Exchange Network, accessed October 23, 2020, <https://www.nasen.org/map/>.

36. Steffanie A. Strathdee, David D. Celentano, Nina Shah, et al., "Needle-Exchange Attendance and Health Care Utilization Promote Entry into Detoxification," *Journal of Urban Health* 76, no. 4 (1999), 448–460, <https://doi.org/10.1007/BF02351502>.

Partnering with needle exchanges in an effort to redirect addicts to recovery and sobriety services has proved effective and helped reduce overdoses and deaths in my city and in the surrounding areas of the jurisdiction.

— Chief Ed Preston (retired), Morgantown (WV) Police Department

We are supportive of overdose prevention sites as a means of protecting the community and increasing the likelihood of the person getting into treatment via medical intervention and not the criminal justice system.

— Chief Lianne Tuomey (retired), University of Vermont Police Department

We participate in a countywide opioid committee through the county health department, which offers free syringe exchange and addiction services information. Countywide, representatives from the criminal justice system meet to discuss issues and implement strategies to improve the justice system. Frankly, there are not enough treatment programs or facilities to deal with the number of people with substance abuse or mental health issues.

— Chief Daniel Brennan (retired), Wheat Ridge (CO) Police Department

Despite the increasingly well-established benefits of harm reduction programs, they remain highly controversial because of the impression that they condone, support, or even encourage illegal drug use. These views are not limited to the public, as several questionnaire respondents expressed varying degrees of opposition to “convincing people drugs are okay.” However, not all communities (or police executives) share the perception that police must be actively opposed to all aspects of drug use.

Attitudes in the general public towards drug sales and possession charges have made it more difficult to obtain convictions in cases in order to address the supply.

— Detective Sergeant Elliott Stiasny, San Diego (CA) Police Department

I had an officer who wanted to know why our needle exchange program would distribute clean cookers and tourniquets if we weren't trying to encourage drug use. I pulled out the data showing him that Hepatitis-C can live on the surface of a cooker or tourniquet for 7–14 days and then explained we supply clean ones so people won't need to handle someone else's. He stopped, looked at me for a moment, and then said, "We touch that stuff all the time."

— Nurse Director Angela Gray, Berkeley-Morgan County (WV) Board of Health

The argument that participating, as a community, in harm reduction somehow condones substance abuse is a myth that kills and endangers the public. Chittenden County, in which Burlington resides, has demonstrated that we can save lives by redirecting people away from the criminal justice system, engage with harm reduction, and move people with substance use disorder toward medicine and not into the further stigmatizing and life-limiting world of the criminal justice system.

— Chief Lianne Tuomey (retired), University of Vermont Police Department

Harm reduction strategies and programs may even provide some benefits for the law enforcement role of police. A study of the first supervised injection facility in Canada—in Vancouver, British Columbia—found that concentrating drug consumption in supervised injection facilities helped reduce the disorder of publicly visible drug use without increasing crime.³⁷

In Vancouver, we've had needle exchanges and supervised injection facilities for so long that no one bats an eye at them anymore. In fact, when our officers find someone about to shoot-up on the street or down a laneway, they will send them over to one of these facilities so they can get a clean needle and even test their dope for fentanyl instead of using an old needle and dirty puddle water to mix their works, and then overdosing where no one is around to help.

— Chief Constable Adam Palmer, Vancouver (BC) Police Department

Policy 6. Informing the public about specific overdose threats

Summary. *When a jurisdiction learns of a specific threat of increased opioid overdoses, the police and other officials need to carefully consider the best way to prepare the public. They need to provide enough information so potential overdose victims are aware of how to protect themselves from opioid-related harms and how to get help in the event of an opioid-related emergency. But they have to avoid providing so much information that it compromises the community's sense of public safety, attracts the most ardent drug users to the tainted supply, or alerts traffickers to law enforcement's awareness of their networks and patterns of criminal behavior.*

Cities and regions receive illicit opioids in batches as they are delivered along drug trafficking routes. Once delivered, those batches move through local distribution networks while the traffickers are on their way to deliver a batch to the next area along their route. When a bad batch arrives in a city or a part of the supply is “cut” in a way that makes it unusually lethal, that jurisdiction can experience sudden spikes in fatal opioid overdoses. Given the way drugs are trafficked along major highways in the United States, it is even possible for fusion centers and other investigators to see spikes in overdoses moving from

37. Evan Wood et al., “Impact of a Medically Supervised Safer Injecting Facility on Drug Dealing and Other Drug-Related Crime,” *Substance Abuse Treatment, Prevention, and Policy* 1 (2006), 13, <https://doi.org/10.1186/1747-597X-1-13>.

city to city, as a tainted batch is delivered along the Interstate. For example, a spike in fatal overdoses in Baltimore followed a few days later by a spike in Philadelphia may suggest a spike will soon occur in New York City.

As the nation's border law enforcement agency, we are aggressively sharing information about new and emerging drug threats with our domestic and international partners, so that they are better prepared to deal with such threats.

— Chief Operations Manager Stephen D. McConachie, U.S. Customs and Border Protection

Based on the existence of opioid overdose spikes and the partial ability to predict them, jurisdictions use this information to prepare for impending overdose spikes. While seemingly straightforward, respondents to PERF's questionnaire pointed out that public messaging campaigns must be considered carefully because they can produce unintended consequences. It is helpful to let people know about dangers and how they can get help. These kinds of communications can also help build trust and confidence in the police.

However, public communications about a bad batch of drugs can pose a risk of inadvertently causing some drug users to seek out the dangerous drugs—precisely because they perceive them to be stronger.³⁸

Police personnel immediately attempt to identify brands and areas of the batch being sold. Police flood the area and attempt to “buy-bust” those delivering.

We have minimized media involvement because of the fact it brings the most hard-core users to the area attempting to purchase these tainted batches.

— Lieutenant Patrick Quinn, Philadelphia (PA) Police Department

38. PERF (Police Executive Research Forum), *The Unprecedented Opioid Epidemic: As Overdoses Become A Leading Cause Of Death, Police, Sheriffs, And Health Agencies Must Step Up Their Response* (Washington, DC: Police Executive Research Forum, 2017), <https://www.policeforum.org/assets/opioids2017.pdf>.

We work with HHS [the U.S. Department of Health and Human Services] and [the U.S. Department of] Homeland Security in an attempt to blast information to the public about fatal ODs when we believe they are attributed to “hot batches.”

— Captain David McBain, Montgomery County (MD) Police Department

Because of our county-wide collaboration and the willingness of each of the 27 police departments to share overdose information, we are able to see and monitor spikes in real time. With our public health partners, we determine thresholds when we should alert the public and/or our teams. We use Baltimore/HIDTA’s [high intensity drug trafficking area] OD Map Spike Alert methodology when making public alerts. We just don’t inform the public of the spike; we give resources where active users can find treatment, naloxone, etc.

— Chief Scott C. Allen (retired), East Bridgewater (MA) Police Department

Beyond informing the community at large of the available resources in the event of an opioid overdose, some jurisdictions have found it helpful to conduct more highly targeted outreach. Officials may attempt to contact specific individuals they have previously encountered in opioid-related incidents who are likely to be impacted by the especially lethal drugs. They may also reach out to medical services providers who are likely to come into contact with those individuals.

We have increased awareness when possible with respect to overdose spikes. We have created an email group consisting of all health professionals in the community (doctors and pharmacists), and we also collect emails for all persons who have overdosed in at least the last five years and all of those who participate in our SAVE (Substance Abuse Visionary Effort) Program.

— Chief Harry Earle (retired), Gloucester Township (NJ) Police Department

The Impact of Fentanyl

Police and public health officials have grown concerned about dealers who “boost” their heroin supply with much stronger and cheaper fentanyl and even carfentanyl, a tranquilizer for large animals that is so strong even a few grains of it can be fatal for humans.

In a March 2020 report, the National Institute on Drug Abuse (NIDA) said that “drug overdose deaths involving heroin rose from 1,960 in 1999 to 15,469 in 2016” and then remained fairly steady, with 14,996 deaths reported in 2018.

But “the number of deaths involving heroin in combination with synthetic narcotics has been increasing steadily since 2014 and shows that **the increase in deaths involving heroin is driven by the use of fentanyl,**” **NIDA said. “More than half of the deaths involving heroin also involved synthetics such as fentanyl!”*** (emphasis added).

Because of its potency and potential lethality, the growing presence of fentanyl further complicates the various roles of the police in their frontline responses to the opioid crisis.

*“Overdose Death Rates” (see note 12).

Policy 7. Field testing for potential opioids

Summary. *The perceived risks of an officer inadvertently being exposed to a powerful synthetic opioid (such as fentanyl or carfentanil) has led some departments to exercise an abundance of caution and avoid field-testing unknown substances. Not only does severely limiting or eliminating field-testing of unknown substances create downstream consequences in the criminal justice system—including an inability to prosecute cases—but there is also strong evidence that the actual risks of an inadvertent exposure are far less than many believe, especially when officers receive proper training and equipment.*

Some forms of opioids—fentanyl and carfentanil, in particular—are so powerful that even a small amount of these drugs can be 50 to 5,000 times³⁹ more potent than heroin, yet they all share a very similar appearance. Given the visual similarities and the strength of fentanyl and carfentanil, many police departments are concerned their officers could be accidentally exposed and harmed by even small amounts of these types of opioids.

While this department has not experienced high numbers of officer exposure, these questions should be considered a major issue by any department, simply because of the potential for risk, rise in seizures and encounters, and magnitude of the health risks. . . . One officer injury or death is a major issue.

— Detective Art Stone, Los Angeles (CA) Police Department

It has been a challenge to control anxiety among our personnel about the true risk of exposure.

— Lieutenant and Chief Medical Officer Alexander Eastman, Dallas (TX)
Police Department

39. Fentanyl is 50 times more potent than heroin (“Fentanyl,” drug fact sheet [Washington, DC: Drug Enforcement Administration, 2020], https://www.dea.gov/sites/default/files/2020-06/Fentanyl-2020_0.pdf), and carfentanil is 100 times more potent than fentanyl (Just Think Twice, “Five Quick Facts: Carfentanil,” Drug Enforcement Administration, accessed October 29, 2020, <https://www.justthinktwice.gov/article/five-quick-facts-carfentanil>).

While we have had troopers and detectives feel the effects of being around fentanyl, and have transported [them] to emergency rooms to be checked out, we have had no serious health problems from exposures. We discourage field-testing of suspected fentanyl, and we supply safety kits when units feel it necessary to field-test or in search warrant-related situations. A protocol to use hazmat teams in these situations is also in place.

— Lieutenant colonel in the state police

In response to this perceived danger, many departments have instituted training programs and issued personal protective equipment (PPE) to help protect their officers against the threat of inadvertent exposure to opioids. Some departments have gone further, prohibiting officers from conducting the preliminary field tests of unknown substances that provide an initial identification of the suspected narcotic. These policies are intended to remove one of the primary points of potential inadvertent officer exposure to opioids.

One county in California has stopped requiring or conducting presumptive narcotic testing because of fears of fentanyl. Another department totally changed its handling procedures for drugs because of the perceived dangers of fentanyl. The agency moved its evidence handling area and no longer does presumptive testing of any drug, instead opting for the full test prior to submitting charges to the District Attorney.

However, the lack of preliminary field-test results can cause significant downstream consequences within the criminal justice system. Field tests are critical for identifying an unknown substance as a narcotic, which is required for successfully charging and prosecuting drug cases. Removing an officer's ability to conduct these tests can diminish their ability to investigate and disrupt criminal activity.

We have had to entirely change the way that evidence is seized, secured, and handled. Officers are prohibited from field-testing and are required to submit directly into packaging for evidence. The judiciary refuses to file charges because of the lack of field-testing.

— Chief Ed Preston (retired), Morgantown (WV) Police Department

We have stopped field-testing of suspected opioids to avoid an officer exposure. Lab results are taking six to eight months, and this is pushing both arrests and court dates out many months.

— Major David Moyer (retired), Fairfax County (VA) Police Department

Departmental policies restricting officers' ability to conduct field tests of unknown substances are based on an abundance of caution. However, many respondents to PERF's questionnaire expressed a concern that the risk of inadvertent officer exposure is far smaller than many perceive—especially with proper training and precautions—and that unnecessary consequences may result from overreactions to comparatively small threats.

We train our officers to use common sense and keep ALL suspected drugs away from their face and hands using PPE.

— Lieutenant Robert Collins, Cedar Rapids (IA) Police Department

The most difficult problem for our department regarding the opioid crisis has been deciphering the vastly different medical beliefs associated with opioids in order to select and procure appropriate and effective personal protective equipment for our officers.

— Lieutenant Tom Myers, Scottsdale (AZ) Police Department

An issue that has evolved through our engagement in responding to a large volume of overdoses is concerns about fentanyl exposure to first responders. One of things that I did was learn from public health experts, including doctors, regarding misinformation about exposure to fentanyl.

— Chief Scott C. Allen (retired), East Bridgewater (MA) Police Department

What Are the Real Dangers to Officers of Opioid Exposure?

Many respondents to PERF's questionnaire expressed a belief that the risk of inadvertent officer exposure is far smaller than many perceive—especially with proper training and precautions—and unnecessary consequences may result from overreactions to comparatively small threats.

Retired Chief Scott C. Allen of the East Bridgewater (MA) Police Department referred PERF to a *New York Times* column by two physicians at the Harvard Medical School,* Jeremy Samuel Faust and Edward G. Boyer, who wrote:

This month, Massachusetts became the first state to ban fentanyl and carfentanil from being brought into courthouses as exhibits, out of concern that these substances are simply too dangerous to be in public places. The policy is based in part on the idea that even minuscule amounts of skin exposure to these drugs can be life-threatening. This [belief] is patently false—and we fear that it will worsen what is already a public health crisis.

This false belief about the danger of these drugs seems to stem from several unsubstantiated—though widely disseminated—media reports over the past year. In one such story, a drug patrolman became ill after brushing some powder off his uniform that he picked up while searching a suspect's car. . . .

Fentanyl and carfentanil are synthetic opioids. They are many times stronger than morphine and have a well-established safety record in medical and veterinary use. When abused they can kill. These substances are dangerous in high quantities when injected or ingested by mouth or vigorous sniffing. But clinical toxicity . . . from fleetingly touching even the purest powder forms of these compounds is simply impossible.

* Jeremy Samuel Faust and Edward W. Boyer, "Opioid Hysteria Comes to Massachusetts Courts," *New York Times*, January 23, 2018, <https://www.nytimes.com/2018/01/23/opinion/opioid-fentanyl-hysteria-massachusetts.html>.

The results of preliminary field tests are critical for identifying an unknown substance as a narcotic, which is required for successfully charging and prosecuting drug cases. Departments that constrain or eliminate officers' ability to conduct these tests can diminish their ability to investigate opioid cases and disrupt criminal activity. This diminished ability represents an extremely costly sacrifice because field tests can be safely and effectively conducted with proper trainings and reasonable precautions.

Policy 8. Investigating opioid overdose deaths as homicides

Summary. *Investigating fatal opioid overdoses as homicides can be an effective means of satisfying the policing priorities of enforcing the law by holding offenders accountable. However, it comes at the potential cost of compromising trust and relationships with opioid users. Often, police need those relationships to provide individuals with the service options that can help reduce opioid overdose fatalities and other opioid-related harms.*

A fatal opioid overdose death is a tragedy, especially because it could have been prevented. When such deaths are caused by illegally obtained opioids, they involve the complicity of the person who supplied the drugs, who is also likely to supply opioids to other potential victims in the future. Some drug dealers will intentionally lace other drugs with opioids to make them more addictive. Even more nefariously, some dealers are reported to have sold overly potent opioid doses to *intentionally* cause overdoses, so they can demonstrate the strength of their supply to potential customers.

Several investigations have confirmed that both major traffickers and street dealers are intentionally mixing fentanyl with other drugs, knowingly causing overdoses, because it enhances the marketability of their product.

— Detective Art Stone, Los Angeles (CA) Police Department

Our department has seen a pretty significant increase in the sale of fentanyl packaged as if it was heroin, and also heroin laced with fentanyl.

— Sergeant in a mid-sized urban police department

Recently we have had three overdoses from the pill format. Preliminary investigations show dealers are pressing fentanyl and aspirin together to look like OxyContin and selling it for a lot more than what they have invested. And the pill is stronger.

— Officer Chad Woodman, Janesville (WI) Police Department

We had an overdose death investigation where the decedent mistakenly took fentanyl, believing the substance was cocaine.

— Lieutenant in a mid-sized urban police department

In response to these opioid overdose deaths and the perceived higher degree of culpability for those supplying victims with especially dangerous opioids, some departments have begun investigating fatal opioid overdose cases as homicides.

Our department has instituted a protocol to investigate overdose deaths as murder cases and has presented several cases for prosecution.

— Sergeant in a mid-sized urban police department

We are working fatal overdose cases to charge dealers with homicide. We are working undercover officers into dealers involved with fatal overdoses to obtain a conversation with dealers about their knowledge that the drugs they sold were lethal.

— Acting Commander Scott Mostert, Melbourne (FL) Police Department

Bad batches are something we concentrate on. We use phone records and witness statements to identify the dealer and then target that dealer.

— Sergeant Thomas Cain, Suffolk (VA) Police Department

In some jurisdictions, it can be prohibitively difficult to prove all the required elements of a homicide to pursue charges against an opioid dealer who supplied the drugs leading to a fatal opioid overdose.

The prosecuting attorneys feel that the law is too narrow in scope, and it's difficult to prove that the drugs that the victim consumed were only from the suspect or that there were not other contributing factors.

— Police captain and commander of the vice narcotics section in a large suburban police department

In other jurisdictions, police have worked with federal law enforcement officials to pursue charges in federal court.

Our department has investigated opioid deaths in conjunction with the U.S. Attorney's Office to prosecute opioid-related deaths with federal charges.

— Assistant Chief Robert Schroeder, Louisville Metro (KY) Police Department

From one perspective, investigating opioid overdose deaths as homicides provides a way to remove dangerous drug dealers from the streets. This approach also casts opioid users as victims of crime, which may help reduce some of the social stigma surrounding opioid addiction. Rather than opioid users being stigmatized as drug-using criminals, they may be perceived as people who were victimized by criminals taking advantage of their medical condition of addiction.

We have started an opioid task force to collect data from the overdose on-scene and changed the culture for patrol officers to see the call as a crime, and document everything, just like working any other criminal investigation.

— Major Anna Richardson Griffin, Tampa (FL) Police Department

However, respondents also reported that investigating fatal overdoses as homicides can complicate relationships between the police and people in need of help. They can reduce the trust and cooperation required for productive engagements that can lead to connecting people with the help they need.

One of our challenges has been victims not wanting to cooperate and identify the sellers.

— Lieutenant in a mid-sized urban police department

Noncooperation by OD victims and their friends and family is a problem. Without some level of cooperation, we can't find the dealers and bring them to justice. The only response is to work hard to build trust.

— Lieutenant Robert Collins, Cedar Rapids (IA) Police Department

Occasionally, the person in the best position to call 911 about someone who is overdosing may also be the person who supplied the opioids causing that overdose. Sellers may be reluctant to call for help if they fear being arrested and charged with a crime, including homicide if the victim does not survive.

Even more than making arrests for illegal opioid possession, investigating dealers involved in fatal opioid overdoses is highly aligned with the law enforcement role of police (i.e., investigating and disrupting criminal activity). Whereas arresting an individual for opioid possession can (in some cases) provide a means for connecting that one individual with treatment services (fulfilling a public safety role), incarcerating an opioid dealer for a homicide incapacitates that dealer from continuing to supply illegal opioids to other people (fulfilling both a law enforcement and possibly a first responder role). Further, pursuing these cases can give police leverage to pursue others who are higher up in drug distribution and trafficking networks.

Table 3 summarizes the eight policies covered in this section and indicates how each policy is or is not consistent with the three primary roles that police play on the front lines of the opioid crisis.

Table 3. Impacts of opioid-related policies on three police roles in responding to the opioid crisis

Policies	Emergency response	Public safety	Law enforcement	Description of the policy conflicts
1. Making arrests for opioid possession	inconsistent	mixed	consistent	Many police officials share the view that “we’re not going to arrest our way out of this problem.” They recognize the many consequences that can flow from making arrests for illegal opioid possession, including the possibility of further destabilizing the lives of people with opioid use disorder, increasing the risk of fatal overdose, contributing to social stigma about opioid addiction, and overwhelming the criminal justice system. However, many also recognize that selective use of arrest for possession can be beneficial for preventing people from engaging in harmful behaviors, connecting individuals with treatment options, and motivating participation and completion of treatment programs.
2. Making naloxone available to the public	consistent	mixed	inconsistent	The prevailing consensus among studies supports the police perception that public access to naloxone reduces fatal opioid overdoses. However, this policy removes opportunities for trained government officials to directly contact and intervene with people experiencing an opioid overdose as well as limiting data collection and investigative leads. There is also evidence to support police concerns that public access to naloxone may lead to riskier drug consumption and even increased crime, though these findings are far from settled.
3. Issuing naloxone to officers	consistent	mixed	mixed	Providing officers with naloxone appears to be an effective tool for reducing fatal opioid overdoses, but those benefits can come at some underappreciated costs. Of these, assigning officers the responsibility of saving someone’s life over and over without giving them the ability or resources to prevent these recurring life-saving efforts can distress officers.

Table 3 cont'd.

Policies	Emergency response	Public safety	Law enforcement	Description of the policy conflicts
4. Amnesty programs and Good Samaritan laws	consistent	mixed	inconsistent	Amnesty and Good Samaritan laws appear to be an effective means of increasing public outreach to the police for assistance with opioid overdose emergencies as well as possibly seeking access to treatment. It may also help reduce some of the social stigma surrounding opioid addiction. However, constraining police arrest powers limits the possibility of leveraging an arrest to get someone into treatment as well as larger criminal investigations.
5. Other harm reduction programs such as needle exchanges	consistent	mixed	mixed	Harm reduction strategies are controversial because of public perceptions that they condone or even facilitate illegal drug use. However, research has shown that many of these strategies are effective means of reducing fatal opioid overdoses, helping to connect opioid users with public services and treatment options and reducing communicable disease transmissions. Some police executives have come to appreciate these benefits and are seeking to take advantage of the potential benefits of (or at least not hinder) harm reduction programs in their jurisdictions. Other police executives perceive these programs as wholly inconsistent with the role of police.

Table 3 cont'd.

Policies	Emergency response	Public safety	Law enforcement	Description of the policy conflicts
6. Campaigns to warn the public about specific threats	mixed	consistent	inconsistent	When a jurisdiction becomes aware of a specific threat of increased opioid overdoses, the police and other officials need to carefully consider the optimal means of warning and preparing the public. They need to provide enough information so potential overdose victims are aware of how to protect themselves from opioid-related harms and how to get help in the event of an opioid-related emergency. But they have to avoid providing so much information that it compromises the community's sense of public safety, attracts the most ardent drug users to the tainted supply, or alerts traffickers to law enforcement's awareness of their networks and patterns of criminal behavior.
7. Limiting or eliminating field tests of unknown substances that could be highly potent opioids	mixed	consistent	inconsistent	The perceived risks of an officer inadvertently being exposed to a powerful synthetic opioid (such as fentanyl or carfentanil) have led some departments to exercise an abundance of caution and avoid field-testing unknown substances. Not only does severely limiting or eliminating field-testing of unknown substances create downstream consequences in the criminal justice system—including an inability to prosecute cases—but there is also strong evidence that the actual risks of an inadvertent exposure are far less than many believe, especially when officers receive proper training and equipment.

Table 3 cont'd.

8.	Policies	Emergency response	Public safety	Law enforcement	Description of the policy conflicts
	Investigate opioid overdose deaths as homicides	inconsistent	mixed	consistent	Investigating fatal opioid overdoses as homicides can be an effective means of satisfying the policing priorities of enforcing the law by holding offenders accountable. However, it comes at the potential cost of compromising the important trust and relationships with the drug-using community. Often, police need those relationships to provide individuals with the service options that can help reduce opioid overdose fatalities and other opioid-related harms.

Five Strategies for Moving Forward

The opioid-related policies described in the previous section form a complex web of sometimes complementary and sometimes conflicting impacts of the police response to opioids across their three roles: (1) emergency response, (2) public safety, and (3) law enforcement. Without recognizing the interactions among these different roles, the police could implement an individual policy in a way that advances one role at the expense of the others.

For example, constraining police arrest powers through amnesty programs or Good Samaritan laws can make people more comfortable calling the police for help when someone overdoses. This level of trust can help the police prevent the overdose from becoming fatal and facilitate some police efforts to help addicted persons obtain treatment services. However, these benefits come at the expense of officers' role in investigating and disrupting criminal activity as well as the loss of opportunities to leverage arrest to get reluctant people the help they need.

Holding these multiple and sometimes conflicting roles creates many challenges for police on the front lines of responding to the opioid crisis. As a result, it may be tempting to resolve many of the conflicts by attempting to *prioritize* the roles to identify which one is more important when conflicts arise. In effect, this is what often happens with other agencies and stakeholder groups that serve only one role in responding to the opioid crisis; they favor their role as the most important and may not even recognize how it leads to conflict with the other roles they do not serve.

However, by holding three different roles at the same time, police are in a unique position to appreciate how prioritizing or favoring one role at the expense of others does not help address the underlying problems of the opioid crisis. The police have first-hand experience with the way favoring one role tends to shuffle the problem from one role to another.

To help address this problem, PERF has identified five strategies to help police resolve conflicts and better serve all three of their roles on the front lines of responding to the opioid crisis. These strategies are based largely on the different approaches questionnaire respondents have used in implementing different opioid-related policies.

1. Signal to the public that the local police are interested in helping the victims of opioid abuse and arresting those who are doing them harm.
2. Develop relationships and maintain communications with opioid users after they have had an opioid-related encounter with the police.
3. Inside the department, designate an individual or a team to focus on understanding how the department is responding to opioid cases.

4. Outside the department, participate in multiagency and cross-disciplinary collaborations to develop new response options and make more efficient use of limited resources.
5. Ensure that officers understand how opioids affect a person's body and mind.

Drawing on examples of the approaches and practices many agencies have adopted with great success, this section describes specific actions and tactical adjustments that police leaders can use to implement these five strategies.

Strategy 1. Signal to the public that local police are interested in helping the victims of opioid abuse and arresting those who are doing them harm.

Most police leaders already recognize that “we’re not going to arrest our way out of the opioid crisis.” However, respondents to PERF’s questionnaire explained that their arrest authority and other police powers can serve as important tools in addressing the overall opioid crisis.

The power to make an arrest and decide what happens next for a person after an opioid-related encounter with the police can help bend the trajectory of that person’s opioid addiction toward a path to recovery. However, overusing arrest powers can be just as problematic as underusing them. People with opioid use disorder who are worried that any police interaction will lead to their arrest are less likely to call the police for help or cooperate with criminal investigations. Unrestrained opioid arrests can quickly overwhelm jail capacities and court dockets. In addition, treating opioid use disorder as if it were a crime contributes to the social stigma that can make it difficult for people to seek help with their addiction.

A primary source of conflict stems from the ways police are perceived by opioid users:

- Some policies send a message to opioid users that the police are there to help, such as amnesty and Good Samaritan laws, officer naloxone programs, public messaging campaigns, and harm reduction programs.
- Other policies send a message that police will not tolerate opioid-related crimes, such as arresting people for opioid possession and investigating overdoses as homicides.

To prevent these policies and their perceived messages from coming into conflict, departments can signal that the police are interested in helping the victims of opioid use and arresting those who are doing them harm.

Officer Chad Woodman of the Janesville (Wisconsin) Police Department said it best: “We have continuous enforcement and diversion. Enforcement goes after the supply, and diversion goes after the demand.”

Here are some tactics police leaders can apply to achieve this balance:

- Work with other local officials and service providers to ensure that post-arrest programs exist (e.g., diversion, deflection, drug court, in-jail medication-assisted treatment) to help people who have been arrested for an opioid-related offense. If there are no programs in place, making possession arrests will only fill up jail beds and make the person's opioid use disorder worse.
- Selectively use police arrest powers against opioid possession offenses for rehabilitative purposes (i.e., to help an opioid user enter treatment) rather than as a punitive response.
- Focus law enforcement efforts on opioid dealers, especially when it can lead to arresting traffickers. If state laws cannot support these efforts, consider partnering with federal agencies (e.g., U.S. Attorney's Office or the Drug Enforcement Administration) to pursue federal charges.
- While it may not be feasible for the police department to formally support a needle exchange program, safe injection facility, methadone clinic, or other harm reduction strategy, the police can focus their law enforcement efforts on eliminating predatory criminal activities near drug treatment agencies, needle exchange programs, etc. This focus provides the dual benefits of enforcing the law against dangerous criminals who are victimizing vulnerable people and signaling to opioid-addicted individuals that the police are there to help keep them safe, not to arrest them.
- In public discussions, police leaders should describe opioid use as a medical issue and a matter of victimization, while describing opioid dealing and trafficking in terms of predatory criminal activity. This distinction helps avoid stigmatization of opioid users as criminals and reinforces the role of police as a source of service and protection for those who may be harmed by opioids. It also reinforces the police role in addressing opioid-related criminal behaviors.

We have diversion that consists of one full-time officer who concentrates on establishing resources within the community which can assist with treatment. The officer also works with the DA's office for possible deferred prosecution. We have our own vetted recovery coaches who are familiar with our policies and procedures. This [program] has gone a long way with building trust in the community.

— Officer Chad Woodman, Janesville (WI) Police Department

Aggressively working overdose deaths as homicides and partnering with needle exchanges in an effort to redirect addicts to recovery and sobriety services have proved effective and helped to reduce overdoses and deaths in our jurisdiction and the surrounding areas.

— Chief Ed Preston (retired), Morgantown (WV) Police Department

The Bedford Police Department initiated its “Police Partners Program” to divert substance abusers (not dealers) directly to treatment. The department led the creation of a local anti-drug community coalition (BeBOLD—Bedford Building Our Lives Drug-free) and leverages our Crisis Intervention Team to support drug users into treatment.

— Chief John J. Bryfonski, Bedford (NH) Police Department

A deputy pulled up in the parking lot of our local health department (where we provide a harm reduction program with syringe access). I ran right out to meet him before he came inside. He was there to execute an arrest warrant for one of our clients. I asked him if it was for a violent crime (no, it was for cooking meth) and whether he thought he could get her somewhere else (yes, he thought he could). Then I explained that we’ve been trying to build trust with this community and that he’d be shutting us down if he made that arrest at the center. He understood, so he left. A few days later, he successfully made that arrest somewhere else.

— Nurse Director Angela Gray, Berkeley-Morgan County, West Virginia, Board of Health

I feel the most effective response to the opioid crisis is a combination of intervention programs such as Law Enforcement Assisted Diversion (LEAD) and aggressive enforcement of trafficking laws in your jurisdiction. This combined strategy is an attempt to decrease both supply and demand, thereby decreasing the number of addicted people in your population while also deterring dealers from conducting business in your city.

— Sergeant in a mid-sized urban police department

This department has a strong approach to arresting those groups selling and providing opioids to community members. We offer help to low-level dealers that are selling drugs to provide money for themselves or to feed their own drug habits. We do this through drug court and rehabilitation. We are not going to arrest our way out of the opioid crisis, but utilization of arrest, rehabilitation and reentry into society will aid in this problem.

— Sergeant in a mid-sized urban police department

In response to the opioid crisis, [the state police] created three opioid-based drug task forces in [our state], based on geographic regions, North, South, and West. These task forces were created to deal exclusively with opioids, and we have had much success. The opioid task forces focus exclusively on DTOs [drug trafficking organizations] and not street-level transactions.

— Lieutenant colonel in the state police

Strategy 2. Develop relationships and maintain communications with opioid users after they have had an opioid-related encounter with the police.

Following up with people after they have had an opioid-related encounter with the police creates a valuable opportunity to build trust and communication between opioid users and the police, which in turn can help the police pursue all three of their roles in responding to the opioid crisis.

Maintaining communications with opioid users can help police prevent fatal overdoses (emergency response) by allowing for more targeted collection and dissemination of information about specific threats. These relationships can also contribute to public perceptions that police are focused on helping, rather than arresting, users. This level of trust can make people more comfortable contacting the police for help during an overdose without requiring a Good Samaritan law that might constrain police powers to help in other ways.

One of the challenges we face is a lack of a public awareness about how the police can assist. Most people still believe the police only are willing to make an arrest.

— Lieutenant Detective Patrick Glynn, Quincy (MA) Police Department

In addition to promoting the perception that police are available to help opioid users, not just arrest them, this approach can help the police gain cooperation from overdose victims and their families in criminal investigations of opioid dealers and traffickers (law enforcement role).

Continually conducting outreach with at-risk groups or individuals helps us to gain trust and sometimes leads to intelligence information being collected on other matters in the community.

— Chief James O’Shea, River Forest (IL) Police Department

We have asked family members to help identify dealers and make cases against them. This [awareness] has caused some dealers to stay out of our jurisdiction.

— Chief Clyde Parry, Coral Springs (FL) Police Department

Our investigators are now assigned cases in which people have overdosed on a suspected opioid and either survived or died. For those who survived the overdose, we link them to a recovery coach who guides them through the system in order to get on a MAT [medication-assisted treatment] program, as well as peer counseling and individual cognitive behavioral counseling. We also attempt to debrief them regarding their dealer. We also talk to family members of those who did not survive an opioid overdose.

— Compiled responses from members of the Houston (TX) Police Department

When we can, we use the cell phones of people who died from an opioid overdose to try to identify their supplier.

— Police administrator in a large urban police department

Following up with opioid users who have had encounters with police can also help the police fulfill their public safety role by gathering more information about the person's individual circumstances. This information can be used to help direct them toward available treatment and recovery resources suited to their needs.

We have a countywide database of overdoses that is funded by our District Attorney. So when a person from one town overdoses in another town, a notification is pushed to the

point of contact at the police department where that person lives. Then we have an officer and often a recovery coach reach out to the person to offer services. They also track the person's progress through the treatment system and stay in touch. This system has proven very successful.

— Chief Bill Brooks, Norwood (MA) Police Department

We have established pre-arrest and post-arrest law enforcement diversion programs for individuals who commit low-level, nonviolent, drug-related offenses. They are offered community-based substance abuse and behavioral health services.

In addition, we have contracted with TASC (Treatment Accountability for Safer Communities) to examine the gaps in substance abuse treatment services and obstacles to connecting these individuals to treatment services.

— Chief Mike Yaniero, Jacksonville (NC) Police Department

Many departments are hiring civilian employees to perform these follow-up contacts with people who have had an opioid-related encounter with the police.

Initially, our follow-up with overdose victims used a lot of investigative time for our detectives. So we hired a civilian outreach worker to handle these interviews and recovery efforts.

— Sergeant Detective Matthew Leary, Burlington (MA) Police Department

We're adding civilian employees to our Outreach Response teams, which provides outreach specialists to support our police officers, allowing them to be a referral point to treatment. We were able to add these positions through a federal Bureau of Justice Assistance Comprehensive Opioid Abuse Program (COAP) grant. Our teams respond for incidents or at-risk persons for any substance of use. The opioid crisis has evolved to a polysubstance use crisis.

— Chief Scott C. Allen (retired), East Bridgewater (MA) Police Department

Our department has hired numerous civilian employees on a full-time basis to handle drug overdoses and arrests, to see if the subject is ready to accept long-term care. They are all certified recovery coaches.

— Lieutenant Joseph Aiello, Methuen (MA) Police Department

In addition, follow-up contacts with the people officers have encountered during opioid-related incidents (especially overdose reversals) creates an opportunity for those officers to learn of “success stories” that have resulted from their work. Learning about the successes of people they have encountered may help mitigate some of the strain officers can experience from re-encountering people who have been *unsuccessful* in overcoming their opioid use disorder (OUD).

Strategy 3. Inside the department, designate an individual or a team to focus on understanding how the department is responding to opioid cases.

The many challenging aspects of the opioid crisis—along with all the different policy efforts to address those challenges—can lead to a lot of “moving parts” in a police department. Some officers may carry naloxone, while others do not. Some officers may be trained and equipped to field-test potential opioids, while others are not. Policies about whether to make arrests for illegal opioid possession may fluctuate depending on available openings for treatment.

All these complexities, however, pale in comparison to the relevant intricacies of different opioids, medications to treat opioid addiction, and all the other important details for understanding and addressing the opioid crisis. Several police officials who responded to PERF's questionnaire identified the lack of in-house opioid expertise as a problem for their department.

These officials said it is beneficial for police agencies to designate an individual or a team to focus on opioid cases and build connections with other relevant organizations. The designated individual (whose role might be akin to that of a "drug czar") or the designated team is not responsible for responding to every opioid-related incident or all cases involving opioids. Instead, the specialists monitor opioid-related issues and operations within the department and identify emerging patterns. They can also review the ways officers in the department are responding to these cases to ensure they are following department policies and making use of the full range of response options and community-based services.

The department's designated specialists can also take the following roles:

- Serving as subject matter experts and change agents within the department
- Providing in-house trainings for officers on local and national trends, new treatment and prevention approaches, and other topics
- Coordinating the department's public outreach efforts to make sure they are relevant and on-message
- Identifying federal, state, and private grants that the department may qualify for and leading the grant application process
- Ensuring better communication and coordination among the different units and officers who are addressing opioid use and trafficking; for example, the specialist can facilitate the sharing of information between patrol officers and narcotics investigators
- Developing and maintaining good working relationships with counterparts in other police agencies and with drug treatment providers and other agencies

I believe that the most efficient responses develop from open communication lines with front-line officers. As a street-level drug investigator, my unit regularly speaks with patrol officers, and we share information about overdoses, dealers, and wanted heroin offenders. This [information sharing]

also allows a fast response from my unit when a problem arises. These types of drug investigations often are not complex but require a fast and efficient response.

— Senior Police Officer Seth Glass, Austin (TX) Police Department

Our department has a special unit to address the opioid crisis in our city. This unit has partnered with numerous public and private organizations.

The members of this unit conduct non-law enforcement home visits to every overdose victim in our city within 24 hours of the overdose in an attempt to have the person voluntarily accept opioid treatment, either inpatient or outpatient. If the overdose victim says no, the unit conducts several more visits to this person.

The unit also has created a drop-in center for addicts and their families. This one-stop center is a resource-rich opportunity for family members and addicts to obtain inpatient services, counseling, mental health treatment, family support services, opiate education and job referrals, etc.

— Chief Kyle P. Heagney, City of Attleboro (MA) Police Department

By developing an understanding of their department's overall opioid-related operations, these designated specialists are prime candidates for representing the department on opioid-related task forces as well as developing insights and informal access to relevant opioid-related operational information from other government agencies.

Strategy 4. Outside the department, participate in multiagency and cross-disciplinary collaborations to develop new response options and make more efficient use of limited resources.

Addressing the opioid crisis requires a detailed understanding of a police department's internal efforts as well as a big-picture awareness of the actions and connections between the other agencies serving different roles. Equipped with this knowledge, departments can enhance the effectiveness of their own efforts and reduce the chances of other agencies working against them. For example, if the work of a methadone clinic is being subverted by opioid dealers operating nearby, the police can help fix that problem by directing patrol officers to maintain a frequent presence at the location. Developing and maintaining this knowledge requires participating in multiagency and cross-disciplinary collaborations to optimize the department's responses to the opioid crisis.

Participating in cross-agency collaboration efforts can help police exchange valuable tactical information and intelligence with other agencies. It can also require a police department to develop a better awareness of its own internal operations and activities and how they compare with other agencies. In addition, a department's representative on these multiagency groups can develop opioid-related expertise and a better awareness of a jurisdiction's overall efforts (and resources) to address the opioid crisis.

The most effective approach is a multidiscipline task force to focus on all aspects of the problem. You must be willing to work with drug abuse prevention, corrections, law enforcement, EMS, mental health, education, etc. It is not 100% law enforcement's problem to solve.

— Commander Geoff Huff, Ames (IA) Police Department

I believe our regional collaboration with all of the key stakeholders in public safety, health care, public health, treatment, recovery, and our day-to-day resource and information sharing has been the key to our seeing more

persons connected to treatment and recovery with decreases in fatal overdoses and nonfatal overdoses. Although we have much work still to do.

— Chief Scott C. Allen (retired), East Bridgewater (MA) Police Department

We work collaboratively with a local heroin working group headed by the Fulton County [Atlanta] DA's office, where we share information about the crises and any trends. However, a new DA was just elected and will take office in a few months. I am working with our local chiefs to ensure the incoming DA knows this is a priority for our agencies.

— Chief Rich Austin, Milton (GA) Police Department

We don't really know the extent of the problem, as we only know about the cases where law enforcement is directly involved. The hospitals are restricted by HIPAA; they don't always give us as much information as we would like. However, our task force has all of the right people to take a multidisciplinary approach to combating the problem, as opposed to trying to enforce our way out, which does not work.

— Commander Geoff Huff, Ames (IA) Police Department

Information sharing tools, such as the “ODMap” mobile application⁴⁰ for recording data on opioid overdoses, provide a ready-made tool for agencies to collect and share specific kinds of data. Establishing partnerships and data sharing agreements directly with other agencies can provide the police with access to precisely the kinds of data they want to incorporate into their operations.

40. ODMAP, or Overdose Detection Mapping Application Program, offers the ability to collect data on suspected fatal and non-fatal overdoses, in real time, across jurisdictions, to mobilize a cohesive and collaborative response. “Home,” ODMAP, accessed October 29, 2020, <http://www.odmap.org/#home>.

We are using ODMAP to live-track overdoses so that the narcotics detectives can move quickly on the identification of bad drugs and potential sources.

— Chief Ed Preston (retired), Morgantown (WV) Police Department

We have involved Public Health in our CompStat meetings so we can keep each other more aware of what is occurring on the ground.

— Chief Carmen Best (retired), Seattle (WA) Police Department

Further, partnering with federal agencies can allow local police to take advantage of additional resources such as opioid-specific grants and task forces. Federal law enforcement agencies also have different statutes available that may be advantageous for addressing a jurisdiction's unique opioid issues.

Strategy 5. Ensure that officers understand how opioids affect a person's body and mind.

Concerning the risks of inadvertent officer exposure to opioids during field-testing, many respondents to PERF's questionnaire indicated they believe the risks are overstated, especially when proper precautions are taken. However, other respondents indicated that their departments did not want to risk officers' safety and were willing to discontinue field-testing for unknown substances, even if that caused problems with criminal cases moving forward.

The effects of opioids are complex, and it can be difficult to understand the ways in which opioids can affect a person's body and mind both in terms of a sudden one-time exposure or a long-term history of addiction. To address this difficulty, police leaders can educate officers on the ways opioids affect a person's body and mind. Providing this information serves two purposes: (1) it can minimize officers' often exaggerated concerns about accidentally

overdosing from an inadvertent exposure to opioids, and (2) it can also create an opportunity for officers to discuss opioid addiction from an informed perspective.

Departments can do the following:

- Provide sufficient trainings and PPE to allow for safe handling of potentially dangerous opioids. When possible, acquire and use no-contact laser scanners to conduct field tests.
- Limit arrests for illegal opioid possession to the most important cases. This limit will result in fewer occasions for conducting field tests, thereby reducing the perceived risk of exposure. It will also follow the strategy of exercising arrest for more serious and predatory opioid-related criminal activities while avoiding the destabilization and dangers arrest can cause for opioid-users.
- Convey to officers the importance of preliminary field test results for prosecutions.
- Provide training and informational materials on how opioids can affect a person's body and mind.

Our department purchased two “no contact” scanners to identify at-risk compounds in field testing and in vice work. [These scanners are able to identify chemicals inside a variety of sealed containers, thereby reducing the risks of exposure involved in opening the containers to test the substances.]

— Chief Ken Miller, Greenville (SC) Police Department

We provide a training bulletin for officers on the use of PPE when testing powders and using pouch-style field test kits with a disposable loading spoon for the sample.

— Acting Commander Scott Mostert, Melbourne (FL) Police Department

In addition, departments can link agency naloxone programs to their perceived benefits for officer safety and criminal investigations. Officers who may initially be resistant to carrying naloxone may change their perspective when they appreciate a fellow officer may be the one to need the naloxone. In addition to the self-evident importance of saving lives, reversing opioid overdoses can also be critical for gathering information that can be used in criminal investigations of the dealers or networks trafficking the opioids.

All officers now have naloxone at their disposal for use on other officers and/or the public.

— Chief Kimberly Petersen, Fremont (CA) Police Department

The most significant internal hurdle was getting some of our officers to carry naloxone. We initially set up a standard operating procedure for how to test substances safely in the office. The protocol included having doses of naloxone at the ready. I did not require carrying of the reversal drug but when asked if officers could carry it we allowed it. After an incident where an officer (not carrying the reversal drug) came upon an overdose in the field and they had to call for someone with the drug and wait . . . the officer started carrying it and became our spokesperson for all officers carrying it. All officers are carrying the reversal drug.

— Chief Lianne Tuomey (retired), University of Vermont Police Department

In addition, departments can encourage officers to discuss their concerns and question with service providers and other experts. This communication can help them better understand the risks they face as well as understanding the counterintuitive thought process of someone experiencing severe opioid use disorder (such as *seeking out* a supply of tainted opioids after being warned they are especially lethal).

I was having a debate with a member of our drug task force about taking away needles from users. Eventually, he said “Look Angie, we take away their needles because we know they’re going to go straight home and use.” Then I said “Exactly! They are going to go straight home and use, which

is why you should leave them clean needles to do it with." I could see in his eyes that a lightbulb had just turned on and he understood.

— Nurse Director Angela Gray, Berkeley-Morgan County, West Virginia, Board of Health

You need to think about the person you're dealing with and consider what's the best approach for that individual. If it's an 18-year-old kid who has just started using heroin, you may have a good chance of helping that kid stop if you can get them into treatment. For a 50-year-old person with a 30-year heroin habit, treatment isn't as likely to get them to stop, but you can still help reduce the collateral harms of their opioid use. Vancouver has a clinical trial program that provides free prescription heroin in a health care setting to select individuals. So, even if we can't get that 50-year old into treatment to stop using, at least there are options where they won't fatally overdose and they won't be breaking into cars to support their addiction. In many cases of addiction, people are better served by the health care system rather than the criminal justice system.

— Chief Constable Adam Palmer, Vancouver (BC) Police Department



Conclusion

Police responses to illegal drugs have evolved well beyond the approaches during the earliest years of the “war on drugs” and the “just say no” era of prevention. Rather than an almost automatic arrest for someone found with a rock of crack or a gram of heroin, today the police are considering how to divert that person out of the criminal justice system and get them into a treatment program.

The current opioid crisis demonstrates just how much the role of police has evolved. Today, the police are actually serving at least three different roles, which are sometimes at cross-purposes:

1. **Emergency response.** Prevent an opioid overdose from becoming fatal.
2. **Public safety.** Help individuals protect themselves from opioid-related harms.
3. **Law enforcement.** Investigate and disrupt opioid-related criminal activity.

Other agencies on the front lines of responding to the opioid crisis typically do not face this type of complexity. Simultaneously holding these multiple and sometimes conflicting roles has forced the police to appreciate how favoring one role at the expense of another is more likely to shift a problem around than it is to solve it.

For example, if law enforcement was the only role of the police, then arresting someone for illegal opioid possession could appear to be a clear success: It enforces the law and gets a drug user off the street. In their public safety role, however, police are recognizing how that arrest for possession can push someone further into addiction by destabilizing their already turbulent life. Similarly, in their role as emergency responders, the police are experiencing how the jail stay that will follow that arrest for possession greatly increases the person’s risk of fatally overdosing upon release.

From the perspective of just one role, it would be difficult to understand how these three roles affect one another. Being in the unique position of simultaneously serving all three roles, the police have been learning to navigate the conflicts that can arise across their multiple roles. Further, the police are even finding ways of pursuing their multiple roles so they mutually reinforce one another.

Over time, the police have assumed primary responsibility for many noncriminal societal challenges. People have come to feel the police are the one agency they can call on to address such problems, including homelessness, mental illness, and drug addiction. As the scope of police responsibilities has expanded, the police have evolved into community problem solvers with the ability to use their unique authorities to augment and enhance the work of other service providers. Police officers carrying naloxone to prevent overdoses and working to get some users into treatment are examples of this problem-solving approach.

Unfortunately, recent calls for police reform could undermine these efforts. Eliminating or severely constraining the ability of police to be part of the response to the opioid crisis and other societal challenges discounts the advantages the police bring through their multiple roles. It can also weaken the connections the police have formed with multiple other agencies in addressing many of these challenges.

This report has shown how there is a role for law enforcement, public safety, and emergency response in addressing the opioid crisis. Importantly, this report has also shown how favoring one role at the expense of the others can shuffle the problems between roles. This prioritization can create unintended consequences that make the problem worse. It can also mean that beneficial opportunities are missed to pursue one role that can support other goals (e.g., using arrest to get someone into treatment or supporting harm reduction efforts by removing predatory dealers from treatment locations).

The various stakeholders combating the opioid crisis can learn from the insights of others. The goal should be to ensure that each stakeholder *can have a positive impact on the work of the other stakeholders* instead of merely trying to shift the problem around among agencies.

This report can serve as a starting point for these discussions. It spells out many of the role conflicts and other challenges that exist among common opioid-related practices across the United States. Police executives and other stakeholders reading this report will understand that these types of conflicts and contradictions are not unusual or unique to a particular jurisdiction; they are very common.

Fortunately, with insight and ingenuity, these challenges can be overcome to improve all agencies' efforts on the front lines of addressing the opioid crisis.

About PERF

The **Police Executive Research Forum (PERF)** is an independent research organization that focuses on critical issues in policing. Since its founding in 1976, PERF has identified best practices on fundamental issues such as police use of force; developing community policing and problem-oriented policing; using technologies to deliver police services to the community; and evaluating crime reduction strategies.

PERF strives to advance professionalism in policing and to improve the delivery of police services through the exercise of strong national leadership, public debate of police and criminal justice issues, and research and policy development.

In addition to conducting research and publishing reports on our findings, PERF conducts management studies of individual law enforcement agencies; educates hundreds of police officials each year in the Senior Management Institute for Police, a three-week executive development program; and provides executive search services to governments that wish to conduct national searches for their next police chief.

All of PERF's work benefits from PERF's status as a membership organization of police officials, who share information and open their agencies to research and study. PERF members also include academics, federal government leaders, and others with an interest in policing and criminal justice.

All PERF members must have a four-year college degree and must subscribe to a set of founding principles, emphasizing the importance of research and public debate in policing, adherence to the Constitution and the highest standards of ethics and integrity, and accountability to the communities that police agencies serve.

PERF is governed by a member-elected President and Board of Directors and a Board-appointed Executive Director.

To learn more, visit PERF online at www.policeforum.org.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- Almost 500 agencies have received customized advice and peer-led technical assistance through the COPS Office Collaborative Reform Initiative Technical Assistance Center.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, round tables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, <https://cops.usdoj.gov/>.

Law enforcement officers play three important roles on the front lines of the opioid epidemic: They are responsible for emergency response and preserving public safety as well as law enforcement. This report discusses the challenge of reconciling the conflicts that can arise among these roles and presents recommendations for alleviating these difficulties and improving law enforcement response to the opioid crisis.



COPS

Community Oriented Policing Services
U.S. Department of Justice

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To obtain details about COPS Office programs,
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