Critical Issues in Policing

Opioid Deaths Fall as Law Enforcement and Public Health Find Common Ground

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Police Executive Research Forum

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A Message from Executive Director Chuck Wexler

After decades of fairly consistent increases, drug overdose deaths began to fall nationally in mid-2023. Year-on-year overdose deaths fell 2.6 percent from 2022 to 2023 and 24.3 percent from 2023 to 2024.[1] And the drop in opioid overdoses specifically has been even more encouraging: The number of **reported opioid overdose deaths fell 31.9 percent from the 12-month period ending December 2023 to the 12 months ending December 2024.**[2]

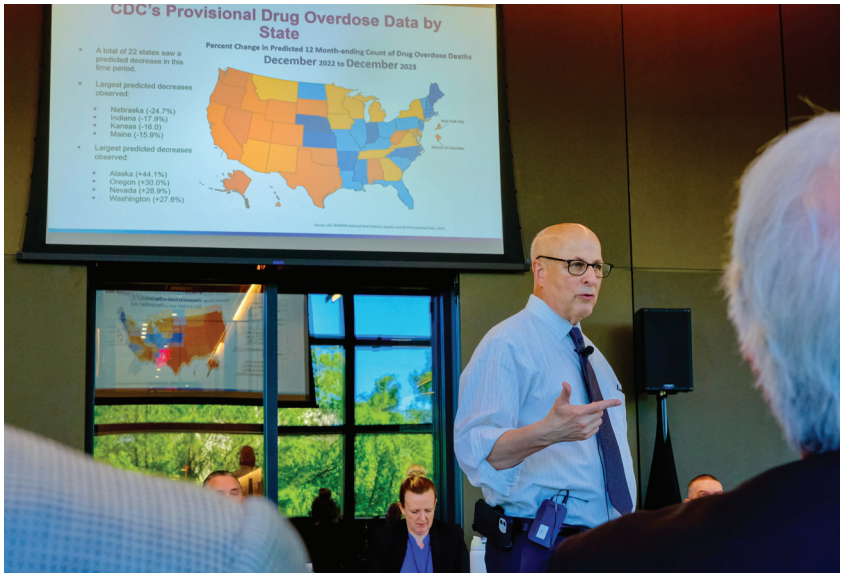
Despite this encouraging news, the CDC predicts more than 54,000 people died from opioid overdoses in 2024. The work communities are doing to reduce overdoses is making a difference, but there is much more work still to be done. Nevertheless, these figures showing relief from overdoses and reduction in deaths represent a welcome development in their communities—an indication that some strategies are working.

Research and practice have shown there are ways to save lives. In 2014, PERF awarded its Gary P. Hayes Award to Patrick Glynn of the Quincy (Massachusetts) Police Department (QPD) for his work bringing naloxone to his agency. In 2010, the QPD was the first police department in the nation to outfit its officers with naloxone. In the decade and a half since, more and more police agencies are supplying officers with this life-saving medication, embracing a public health role in their communities.

Beyond naloxone, police agencies are necessarily playing a larger role in the fight against fentanyl. The best approaches blend treatment, outreach, and targeted enforcement. On May 16, 2024, PERF and the Johns Hopkins Bloomberg School of Public Health co-hosted a meeting to discuss ways to further reduce opioid overdose deaths. We brought together researchers, police, prosecutors, medical examiners, and service providers to discuss all aspects of this crisis and strategies that could keep decreasing the total number of fatal overdoses.

1. National Center for Health Statistics, "Provisional Drug Overdose Death Counts," Centers for Disease Control and Prevention, last modified August 3, 2025, https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.
2. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).

We were grounded in the reality of those deaths by the participation of two mothers whose 19-year-old sons died after ingesting fentanyl. Stefanie Roe founded the advocacy organization Texas Against Fentanyl after the death of her son Tucker, and Sandra Bagwell began working with the organization after the death of her son Ryan. Both have advocated for use of the term "poisoning" instead of "overdose" for cases in which the individual was not aware they were consuming fentanyl.



This report includes insights from the day-long meeting and research behind the strategies described. Police and public health officials must coordinate their efforts to continue reducing fentanyl deaths. Thanks also to the PERF members who took the time to complete our questionnaire, as well as all those who attended our meeting. This report wouldn't be possible without their knowledge and experience.

I am particularly grateful to Dr. Joshua Sharfstein, Distinguished Professor of the Practice at Johns Hopkins University. Dr. Sharfstein works to develop and promote public health strategies, health care payment approaches, and regulatory policies that advance health and equity. He hosted our meeting at the Johns Hopkins Bloomberg Center in Washington, D.C., and brought many of his researchers to contribute their expertise to the discussion. PERF collaborated with Dr. Sharfstein on related work a few years ago, and he remains an excellent partner.

The Motorola Solutions Foundation has been a longtime friend of PERF. We particularly extend sincere thanks to Greg Brown, Motorola Solutions Chairman and CEO. Greg is a remarkable leader whose insights, wisdom, and friendship PERF has come to value and appreciate for many years. Also, we recognize Jack Molloy, Executive Vice President and Chief Operating Officer; Jason Winkler, Executive Vice President and Chief Financial Officer; John Zidar, Senior Vice President, North America Government; and Karem Perez, Vice President, Foundation and Global Inclusion. And we are glad to be working with Wesley Barden Touhy as the new Executive Director of the Foundation. This is the 54th project in the Motorola Solutions Foundation–supported Critical Issues in Policing Series. Many of the recent editions of the series are listed on the back cover of this report, and all previous projects are available at https://www.policeforum.org/critical-issues-series.

Finally, thanks to the PERF staff who made this work happen—in particular to Bailey Maryfield, Dave McClure, Tom Wilson, Jen Sommers, Martin Bartness, Chris Fisher, Zoe Mack, Melissa Fox, James McGinty, and Dustin Waters.

Chuck Wexler
Executive Director
Police Executive Research Forum

Executive Summary

In 2023, for the first time since 2018, the number of overdose deaths in the United States began to decline, and they have continued to do so. Data from the Centers for Disease Control and Prevention (CDC) show that there were an estimated 106,881 drug overdose deaths nationwide in 2023—a decrease of 2.6 percent from the estimated 109,745 such deaths in 2022. In 2024, overdose deaths fell at an even greater rate: 80,856 overdose deaths, a year-on-year decrease of 24.3 percent.[3] But even as the numbers have fallen, it has remained true that most overdose deaths have been due to opioids; more than 850,000 people have died from opioid-related overdoses since 2000, including almost 55,000 in 2024 alone.[4]

During that time, the role of police in responding to the opioid crisis has changed significantly, shifting from an enforcement-focused role to one incorporating a growing range of public health objectives. PERF has highlighted this public health role in a series of publications in the past 11 years.

In 2014, PERF highlighted law enforcement strategies for reducing heroin use and overdoses.[5] That report featured the Seattle Police Department's Law Enforcement Assisted Diversion (LEAD) as a promising practice for getting those with addiction issues into treatment programs. Two years later, PERF released a report emphasizing the importance of partnership

3. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).
4. "Understanding the Opioid Overdose Epidemic," Centers for Disease Control and Prevention, last modified November 1, 2024, https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html; National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).
5. PERF, *New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana, Critical Issues in Policing* (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.

between law enforcement and public health agencies to address opioid use.[6] That publication described the wraparound services offered by harm reduction providers such as the Cabell-Huntington Harm Reduction Program in West Virginia.

PERF's next report on the subject, *The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response*, was published in 2017.[7] It noted on its cover that more Americans had died from drug overdoses in 2016—64,070[8]—than in the worst years of a series of other events: more than two and a half times as many as homicide victims in 1991, for example, and almost four times as many as Vietnam War fatalities in 1968. That report, which labeled 2016 as a peak year in the opioid epidemic, also documented **exponential growth in police use of naloxone to reverse overdoses** and highlighted data-sharing efforts through programs like the Overdose Detection Mapping Application Program (ODMAP) that detect and stop spikes in fatal overdoses.

The following year, PERF helped convene a meeting with Johns Hopkins University researchers and police executives who developed 10 standards of care for policing and the opioid crisis.[9] Among these were recommendations to support Good Samaritan laws and educate officers and the public on addiction and stigma.

In 2019, PERF published a report with the RAND Corporation that highlighted promising practices, such as the use of medications for opioid use disorder (MOUD) and increasing the frequency and scope of drug screens in death investigations.[10]

PERF's most recent report on opioids was published in 2021 and highlighted law enforcement's three different roles on the front lines of the opioid crisis: emergency response and public safety as well as law enforcement.[11] That report described how these occasionally conflicting roles relate to various strategies for reducing overdoses, such as investigating opioid overdose deaths as homicides.

As data began to show some communities were beginning to see their overall number of opioid overdose deaths decline, PERF convened a meeting of subject matter experts at the Johns Hopkins University Bloomberg Center in Washington, D.C. During that meeting on May 16, 2024, participants shared a wide range of insights and experiences from years of working to reach such a turning-point in the opioid crisis. If there was a single unifying take-away from the day's discussion, it was this: **It is not enough for law enforcement and public health to**

6. PERF, *Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use* (Washington, DC: Office of Community Oriented Policing Services, 2016), https://portal.cops.usdoj.gov/resourcecenter?item=cops-p356.
7. PERF, *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.
8. The cover of PERF's 2017 report shows a figure of 64,070. In the almost eight years since then, that total has been refined down to 63,938, a difference of 1 percent. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).
9. Johns Hopkins Bloomberg School of Public Health, "Policing and the Opioid Crisis: Standards of Care," last modified May 31, 2018, https://americanhealth.jhu.edu/news/policing-and-opioid-crisis-standards-care.
10. Sean E. Goodison et al., *Law Enforcement Efforts to Fight the Opioid Crisis* (Santa Monica, CA: RAND, 2019), https://www.rand.org/pubs/research_reports/RR3064.html.
11. PERF, *Policing on the Front Lines of the Opioid Crisis* (Washington, DC: Office of Community Oriented Policing Services, 2021), https://portal.cops.usdoj.gov/resourcecenter?item=cops-p451.

collaborate, tolerating trade-offs between their sometimes competing priorities. Addressing the opioid crisis requires achieving public safety and public health objectives at the same time.

For example, taking down an opioid distribution network (a law enforcement priority) can hardly be considered a success if it leads to a major increase in opioid deaths when people overdose on whatever replacement form of opioids they find. Likewise, decriminalizing opioids and other drugs to reduce stigma and increase access to treatment (a public health priority) cannot be considered a success if it leads to massive increases in crime, public disorder, or increased drug use.

Pursuing a more comprehensive and productive vision of public safety requires simultaneous attention to law enforcement and public health priorities. Fortunately, participants at PERF's 2024 opioids meeting, along with respondents to PERF's member questionnaire, shared many examples of how they are merging public health and law enforcement priorities to better address the opioid crisis.

This report focuses on the following 11 strategies—drawn from the information gathered before, during, and after the May 16, 2024, meeting—that law enforcement and public health officials have used to pursue a more comprehensive form of public safety in the opioid crisis:

1. Cross-train public health and public safety staff.
2. Share information with the community about the specific dangers of opioids in different forms.
3. Collect and share data to identify and evaluate interventions.
4. Develop strategies that are responsive to the specific environment.
5. Recognize the unintended consequences of law enforcement actions for increasing overdoses.
6. Reserve drug-induced homicide prosecutions for the most serious and predatory cases.
7. Use naloxone to prevent overdoses from becoming fatal.
8. Support effective implementation of buprenorphine and other treatment programs.
9. Coordinate with overdose prevention centers.
10. Support follow-up and follow-through on post-overdose responses.
11. Use peer navigator programs.

The first section of this book, **The Opioid Crisis Today**, discusses the current state of the opioid situation in the United States—who is addicted, who is overdosing, what kinds of opioids they are using, and how they are getting them. The second section, **What "Public Safety" Means in Today's Response to the Opioid Crisis**, discusses the intersection of public safety and public health and examines the roles police and other public servants play in responding to the opioid issue. The third section, **How Law Enforcement and Public Health are Working Together**, outlines the 11 strategies discussed at the May 16, 2024, meeting and examines various ways to continue combating the opioid crisis in the hope of reducing U.S. overdose deaths even further.

The May 16, 2024, meeting of subject matter experts convened by PERF at the Johns Hopkins University Bloomberg Center in Washington, D.C.

The Opioid Crisis Today

Until 2024, the number of opioid overdose deaths had been climbing steadily for more than 25 years. The crisis began in the late 1990s with a dramatic rise in prescription opioid overdose deaths, followed by a surge in heroin overdose deaths beginning around 2010, then a rise in synthetic opioid overdose deaths starting in 2013 and jumping in 2020.[12] Nearly 727,000 people lost their lives to opioids between 1999 and 2023.[13] And a fourth wave may be emerging (alongside an even more alarming surge in overdoses and deaths due to use of methamphetamine[14]) that involves the combination of fentanyl with stimulants such as cocaine.[15]

Drawing on the latest data from the CDC, the Drug Enforcement Administration (DEA), and the first-hand experiences of law enforcement officials and other stakeholders, this section describes the emerging downward trend in the still alarmingly high number of fatal opioid overdoses, as well as trends in drug use, composition, and distribution.

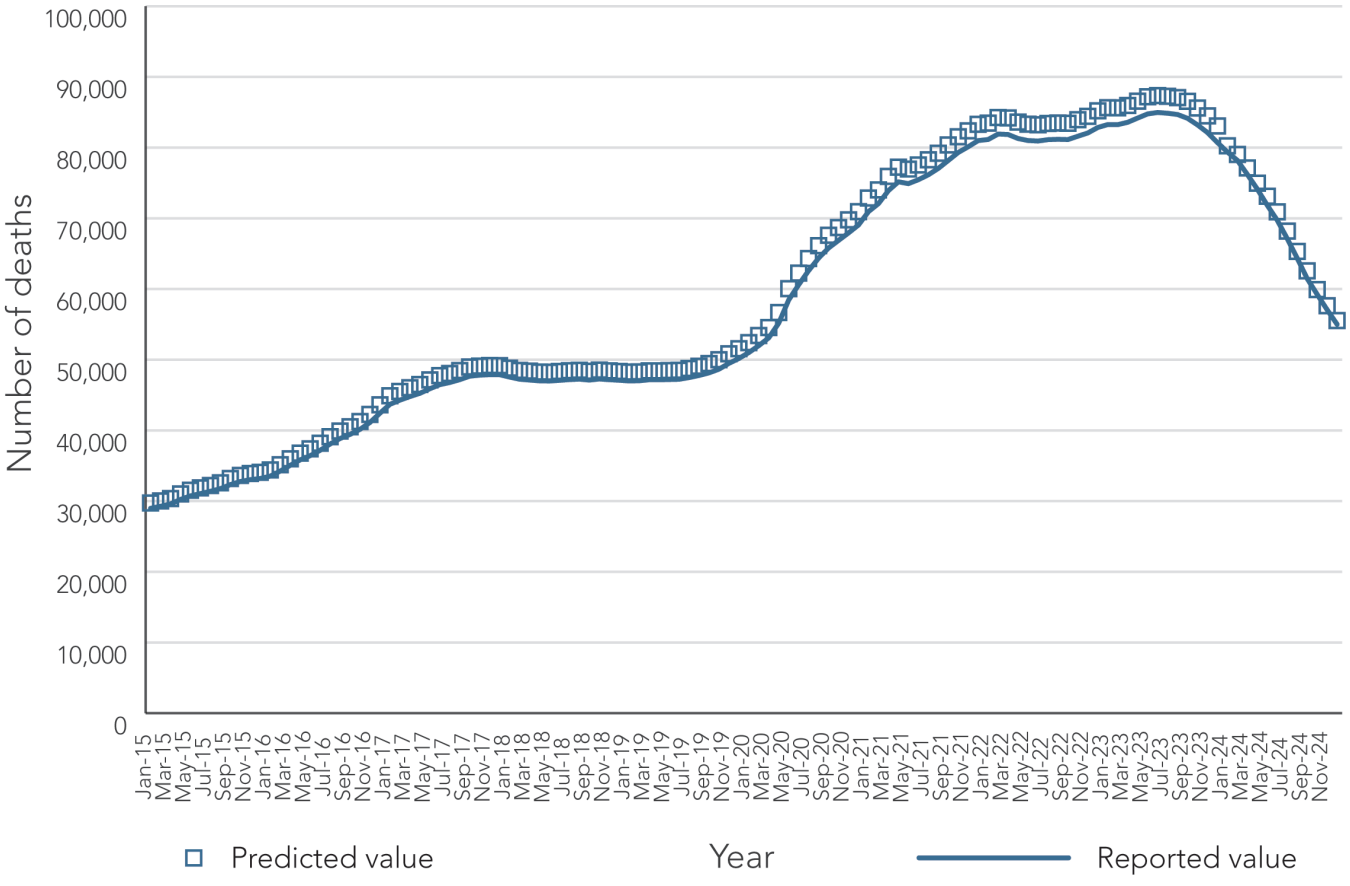
12. CDC, "Understanding the Opioid Overdose Epidemic," last modified November 1, 2024, https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html.
13. CDC, "Understanding the Opioid Overdose Epidemic" (see note 12).
14. Jan Hoffman, "As Fentanyl Deaths Slow, Meth Comes for Maine," *The New York Times*, April 16, 2025, https://www.nytimes.com/2025/04/16/health/meth-maine-fentanyl.html; Jan Hoffman, "What to Know about Today's Meth," *The New York Times*, April 16, 2025, https://www.nytimes.com/2025/04/16/health/what-is-meth.html.
15. Joseph Friedman and Chelsea L. Shover, "Charting the Fourth Wave: Geographic, Temporal, Race/Ethnicity and Demographic Trends in Polysubstance Fentanyl Overdose Deaths in the United States, 2010–2021," *Addiction* 118, no. 12 (2023), 2477–2485, https://onlinelibrary.wiley.com/doi/10.1111/add.16318.

How have the numbers of opioid overdose deaths changed?

On May 15, 2024, the day before the PERF meeting, the CDC released what were at the time its latest preliminary estimates of drug overdose fatalities in the United States for all of 2023. These data (which have since been refined) show an emerging downward trend in the number of opioid overdose deaths. Though only a slight decline—from an estimated 81,806 opioid deaths in 2022 to an estimated 79,358 in 2023, or a fall of 3 percent[16]—**it marked the first time the data had shown a significant downward trend.**

Updates from the CDC since the meeting have been even more encouraging (figure 1). The number of reported opioid overdose deaths fell 31.9 percent from 80,719 in the 12-month period ending December 2023 to 55,005 in the 12-month period ending December 2024 in the United States as a whole (figure 1a). Between December 2022 and December 2023, opioid overdose deaths were increasing in at least 19 states and the District of Columbia (figure 1b on page 7); by the following year, opioid overdose deaths were falling in all but two states for which data were available, along with Washington, D.C.; New York City; and Puerto Rico (figure 1c on page 7).[17]

Figure 1a. 12-month rolling counts of opioid overdose deaths in the United States, 2015–2024



Source: National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).

16. Matthew F. Garnett and Arialdi M. Miniño, "Drug Overdose Deaths in the United States, 2003–2023," National Center for Health Statistics, last modified December 19, 2024, https://www.cdc.gov/nchs/products/databriefs/db522.htm#table4.
17. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).

Figure 1b. Change in opioid overdose deaths from December 2022 to December 2023

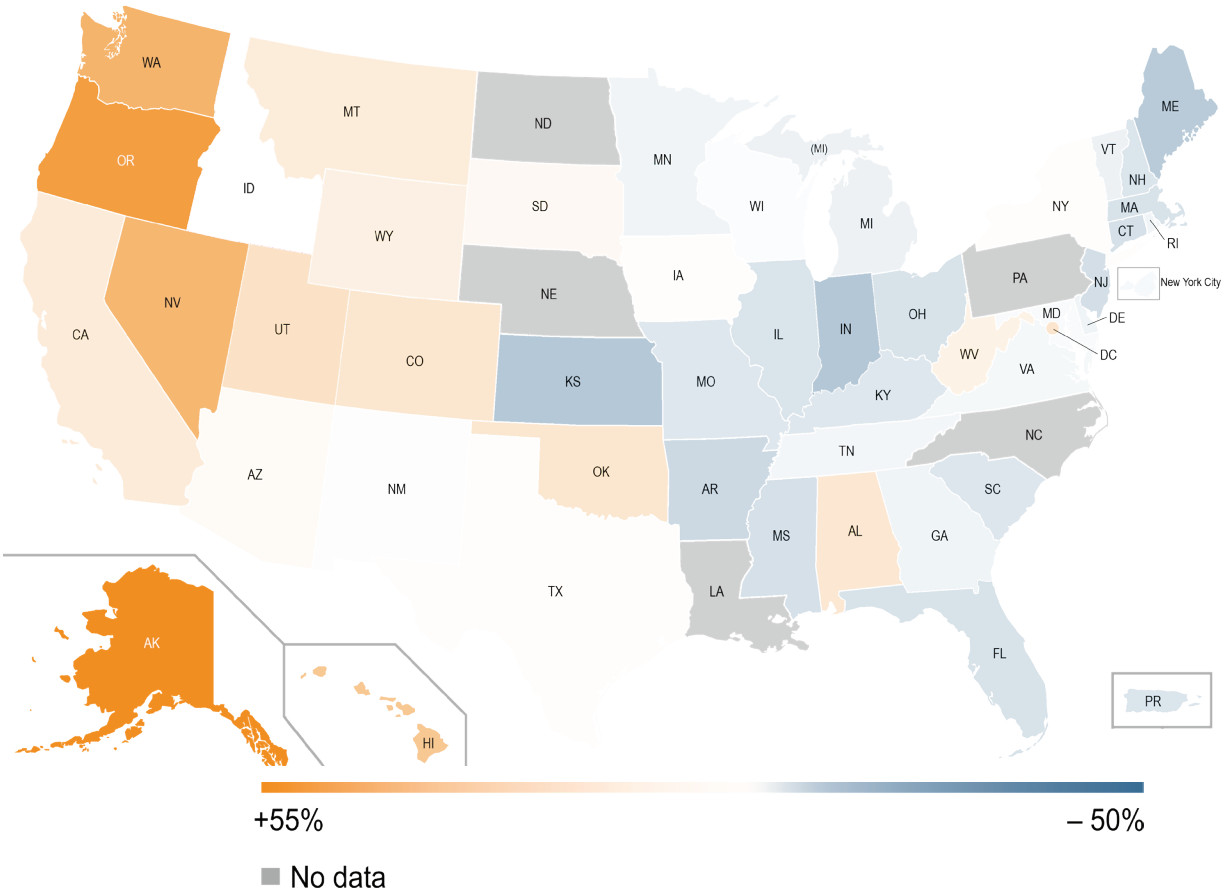
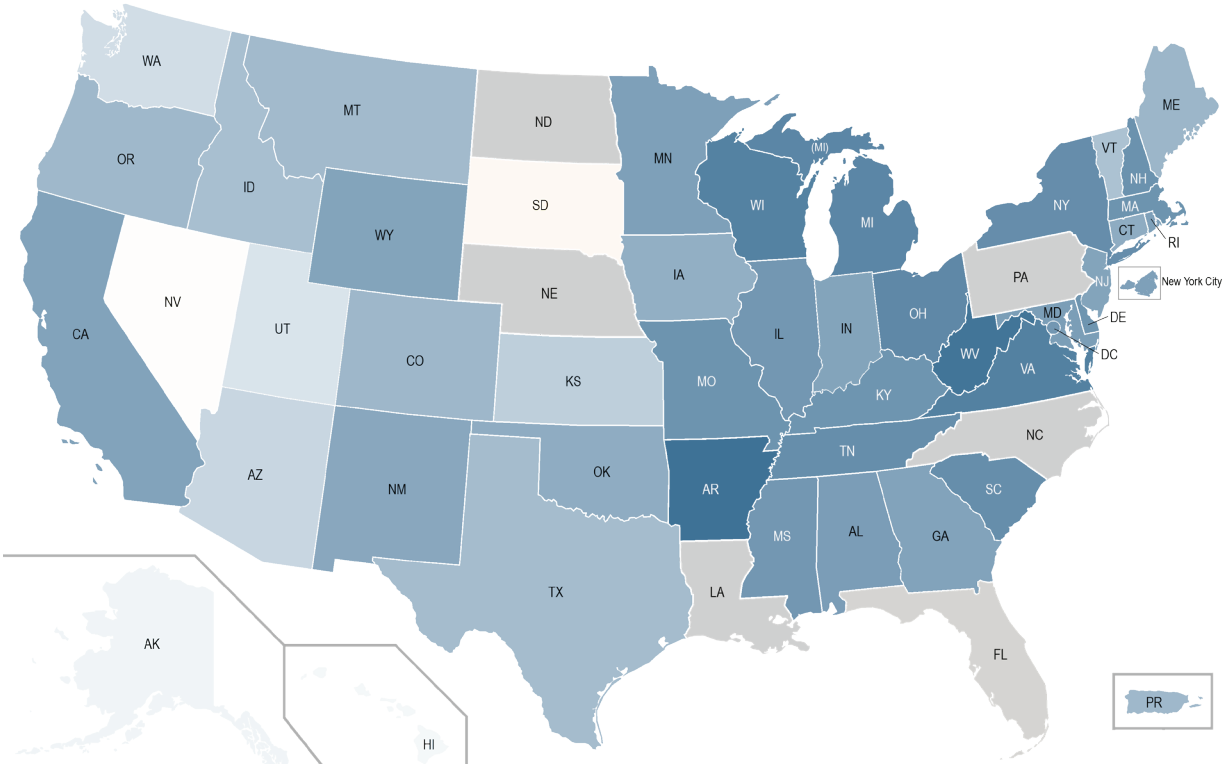


Figure 1c. Change in opioid overdose deaths from December 2023 to December 2024



Source: National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).

Accessing the Latest CDC Data

Amid the shifting priorities and funding and the restructuring of many government departments in early 2025, the National Vital Statistics System (NVSS) at the website for the Centers for Disease Control and Prevention (CDC) continues to update its provisional drug overdose death counts frequently. Figure 1a was assembled from data updated May 4, 2025, at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm by choosing "12 Month–ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class" from the main options and specifying "United States" in the first and "Opioids (T40.0–T40.4, T40.6)" in the second accompanying dropdown menu; figures 1b and 1c were assembled from the same data by choosing each state or city under the first dropdown menu and computing the resulting increase or decrease in opioid overdose deaths for each.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

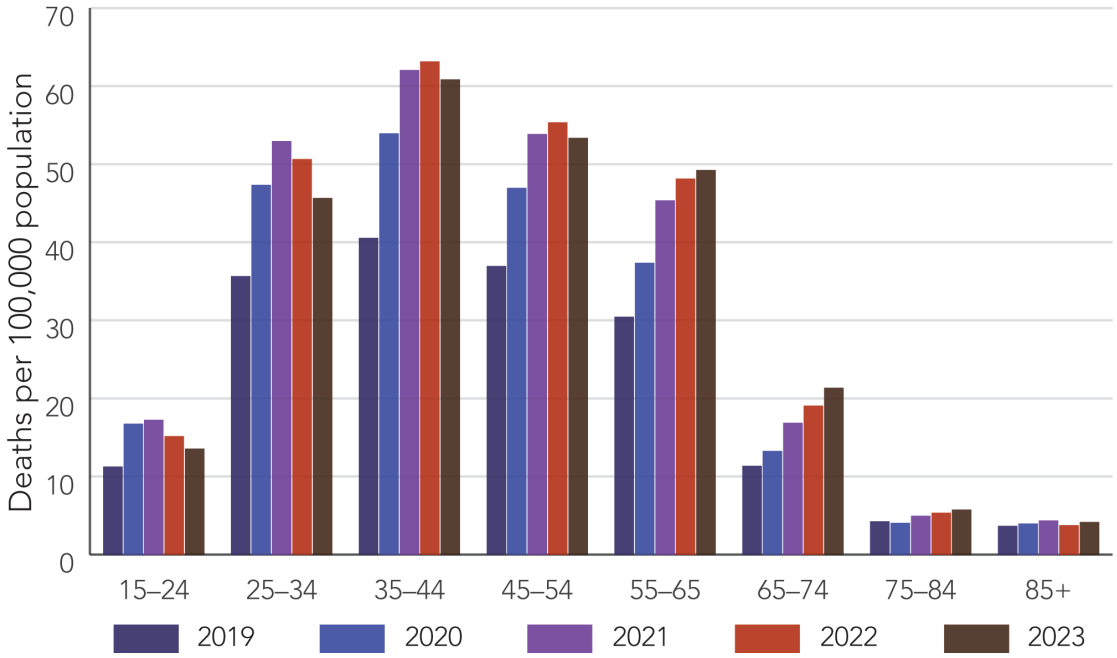
Dr. Grant Baldwin
Director, Division of Overdose Prevention
Centers for Disease Control and Prevention

The trend suggests that something is working to prevent overdose deaths. Expressing the feelings of many people at the meeting that day, Dr. Grant Baldwin, Director of the CDC's Division of Overdose Prevention, said, "many of us have been at this for a long, long time. To finally see a decrease means that what we're doing is working and finally having an effect. It shows we're able to wrestle some of this down." However, he went on to temper the enthusiasm by noting, "It's important to keep in mind that this decrease still means we're losing tens of thousands of fellow Americans to opioids per year. So, this is not the time to declare victory, but it is progress." Dr. Baldwin also acknowledged the grim possibility that some of the decline could be the result of a shrinking population of people at risk of fatally overdosing. In other words, it is possible that so many people have already died from opioid overdoses that there are not as many at-risk opioid users still alive to continue dying at such an alarming rate.

What do we know about the people dying from opioid overdoses?

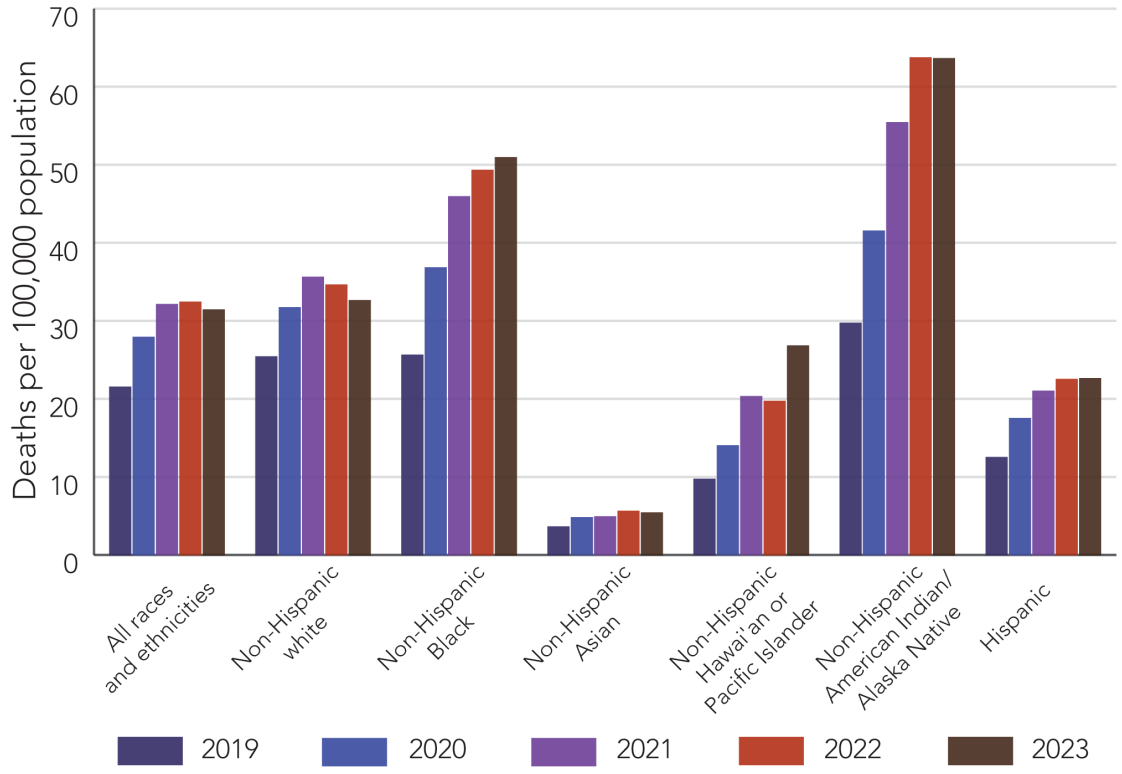
Dr. Baldwin explained that "it's still middle-aged adults. We did see an uptick in opioid use among adolescents and young adults during the pandemic, but that has been coming down." (See figure 2a on page 9.)

Figure 2a. Drug overdose deaths by age group, 2019–2023



Source: CDC, "Underlying Cause of Death, 2018–2023," accessed April 23, 2025, https://wonder.cdc.gov/.

Figure 2b. Drug overdose deaths variation by race and ethnicity, 2019–2023



Source: CDC, "Underlying Cause of Death, 2018–2023," accessed April 23, 2025, https://wonder.cdc.gov/.

Dr. Baldwin shared that in the last few years, user demographics have shifted by race and ethnicity, with the 46 percent increase in overall death rates more attributable to certain racial and ethnic groups than others (figure 2b on page 9). Between 2019 and 2022, the drug overdose death rates (for all drugs, not just opioids) have nearly doubled for non-Hispanic Black and for Hawai'ian and Pacific Island Native individuals. The rate has more than doubled for non-Hispanic American Indian and Alaska Native individuals, and there has also been a significant increase among Hispanic individuals. Overdose deaths also went up for non-Hispanic white and Asian individuals, but not nearly as much as it did for other demographic groups.

The Dangers of Smoking Opioids

Smoking may be associated in some users' and service providers' minds as a safe way of ingesting opioids. Breaking the skin carries inherent risks even if the tools used to do so are sterile and only used once, which is not always the case.* Grant Baldwin of the CDC suggests researchers also note that users may be able to manage withdrawal symptoms more easily when they normally smoke rather than normally inject heroin.

But smoking opioids is far from safe. According to data through the end of 2022, the CDC noted that the route of opioid administration among decedents was more often attributed to smoking than to injection.† That is, smoking may be less uncomfortable and lead to fewer complications, but the end result is simply that if more people are smoking heroin than injecting it, more smokers than injectors will suffer fatal overdoses.

"I know in the Commonwealth of Virginia that opioid use has transitioned from needles to primarily smoking. To inject an opioid just seems more serious than smoking. I think the message we have to convey to the public, particularly with our kids, is that if you see this smoking behavior, it can be fatal. I think that those messages and a lot of the public messaging is probably having an impact."

— Pete Newsham
Prince William County (Virginia) Police Department

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* Thomas Fitzpatrick et al., "Heroin Pipe Distribution to Reduce High-Risk Drug Consumption Behaviors among People Who Use Heroin: A Pilot Quasi-Experimental Study," *Harm Reduction Journal* 19 (2022), 103, https://doi.org/10.1186/s12954-022-00685-7.

† Lauren J. Tanz et al., "Routes of Drug Use among Drug Overdose Deaths — United States, 2020–2022," *Morbidity and Mortality Weekly Report* 73, no. 6 (2024), 124–130, https://www.cdc.gov/mmwr/volumes/73/wr/mm7306a2.htm.

The State Unintentional Drug Overdose Reporting System, or SUDORS, provides insights into the characteristics and circumstances of drug overdose deaths.[18] These data help to examine how resources might have intervened to prevent an overdose death. Strikingly, more than one-quarter of those who died from drug overdose had a mental health diagnosis; 14 percent were in treatment for mental health or substance use disorders at the time of their death. These data suggest that there were, as the SUDORS dashboard notes, "opportunities for family, friends, and care providers to . . . link people who use drugs to care."[19] Further, more than 78 percent had a history of drug use; almost 12 percent had experienced at least one prior overdose, 3 percent within the month before they died. Although this means close to 22 percent of those who died by overdose had no documented history of drug use, it also shows that the overwhelming majority of drug overdose fatalities were foreseeable and may have been preventable.

"Sixty-three percent of drug overdose deaths [in 2023] had least one potential opportunity, missed opportunity, for intervention. A very small percentage have ever received treatment for substance use disorder and the lion's share of deaths are occurring in a house or apartment setting and where the decedent lived."

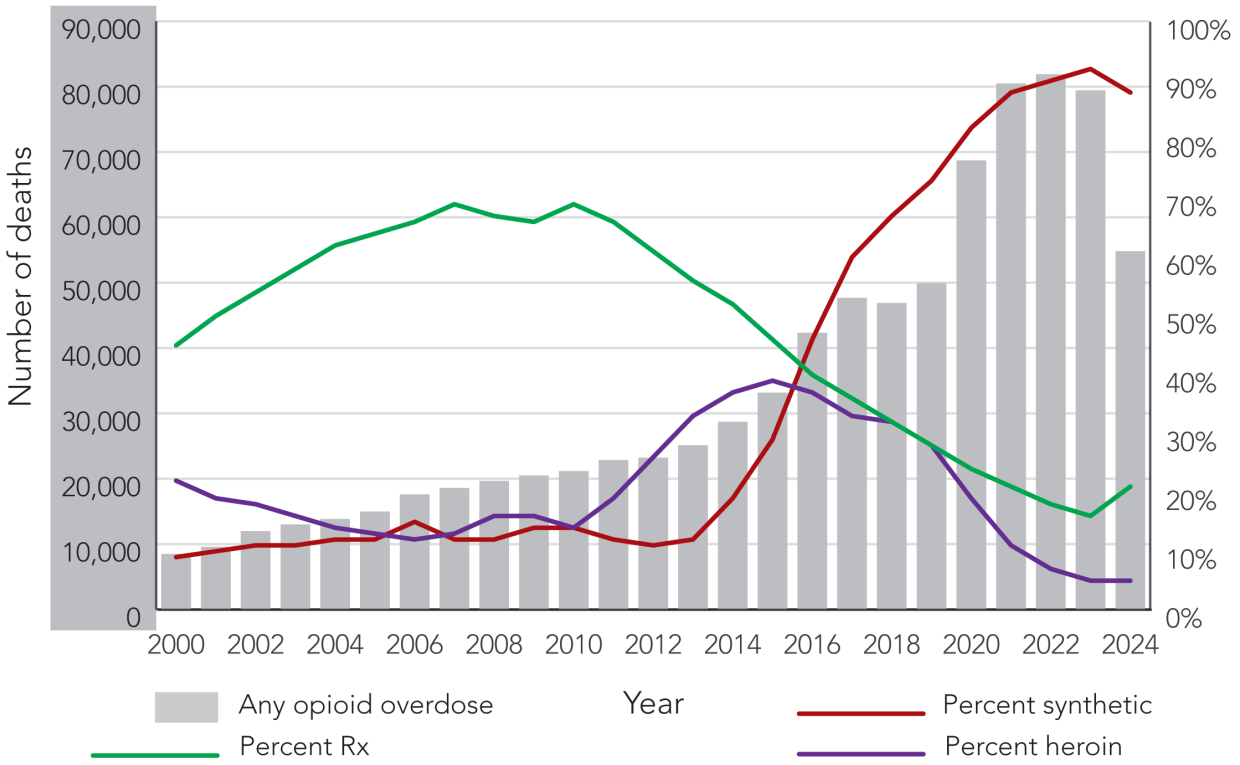
— Grant Baldwin
CDC Division of Overdose Protection

What kinds of opioids are people using?

The kinds of opioids causing fatal overdoses have changed through time. Figure 3 on page 12 shows that more than 850,000 people have died from opioid-involved drug overdoses since 2000, including almost 55,000 in 2024 alone, but there have been changes in the composition of the opioids involved in those overdose deaths: three separate waves of opioid overdose deaths were driven by prescription opioids (peaking at 69 percent in 2010 and falling to a low of 16 percent in 2023, but rising again to 21 percent in 2024), heroin (peaking at 39 percent in 2015 and falling to 5 percent in 2024), and synthetic opioids (increasing to 92 percent in 2023 and falling for the first time in 2024 to 88 percent).

18. CDC, "SUDORS Dashboard: Fatal Drug Overdose Data," last modified February 13, 2025, https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html.
19. CDC, "SUDORS Dashboard" (see note 18).

Figure 3. Major increase in deaths involving synthetic opioids, primarily fentanyl

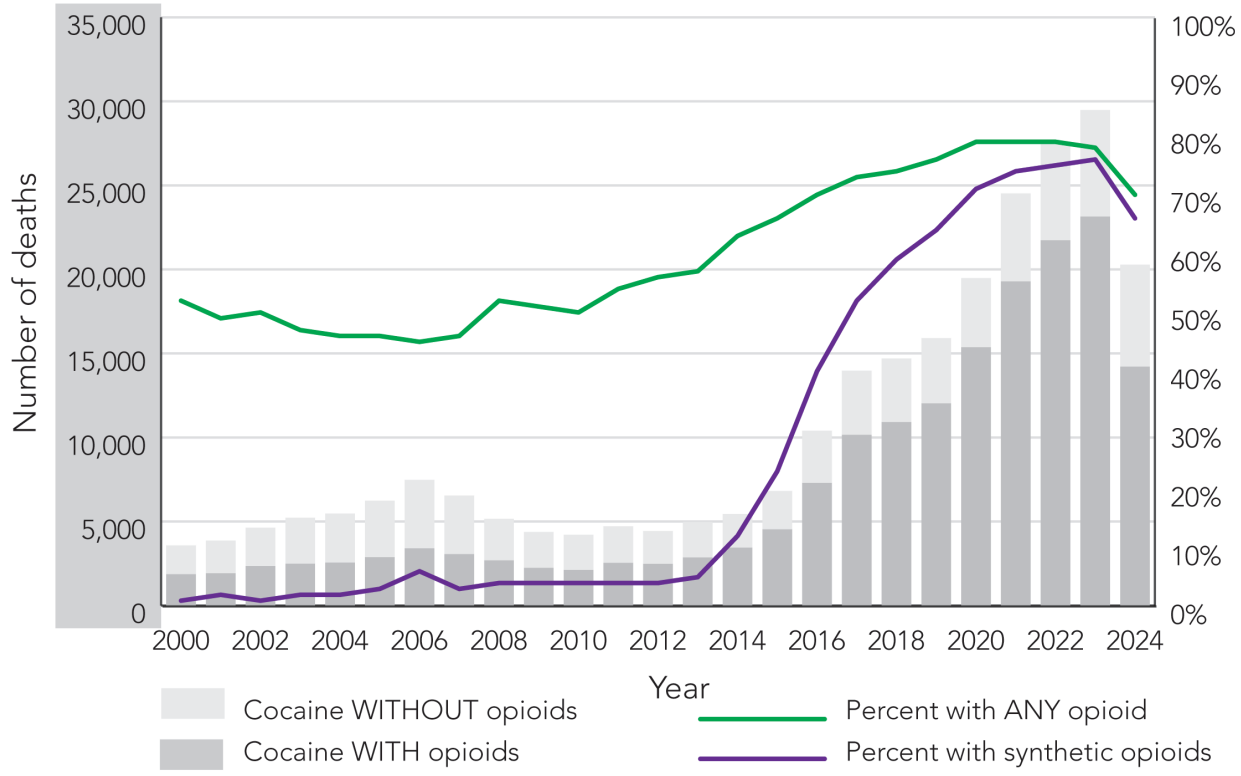


Source: National Vital Statistics System mortality file

Experts have begun to refer to a fourth wave of the opioid epidemic, which is characterized by a greater number of deaths involving mixtures of opioids (mainly fentanyl) and other drugs. Figure 4 on page 13 shows increases in deaths involving cocaine with and without opioids, while figure 5 on page 13 shows increases in deaths involving psychostimulants (such as methamphetamine) with and without opioids.

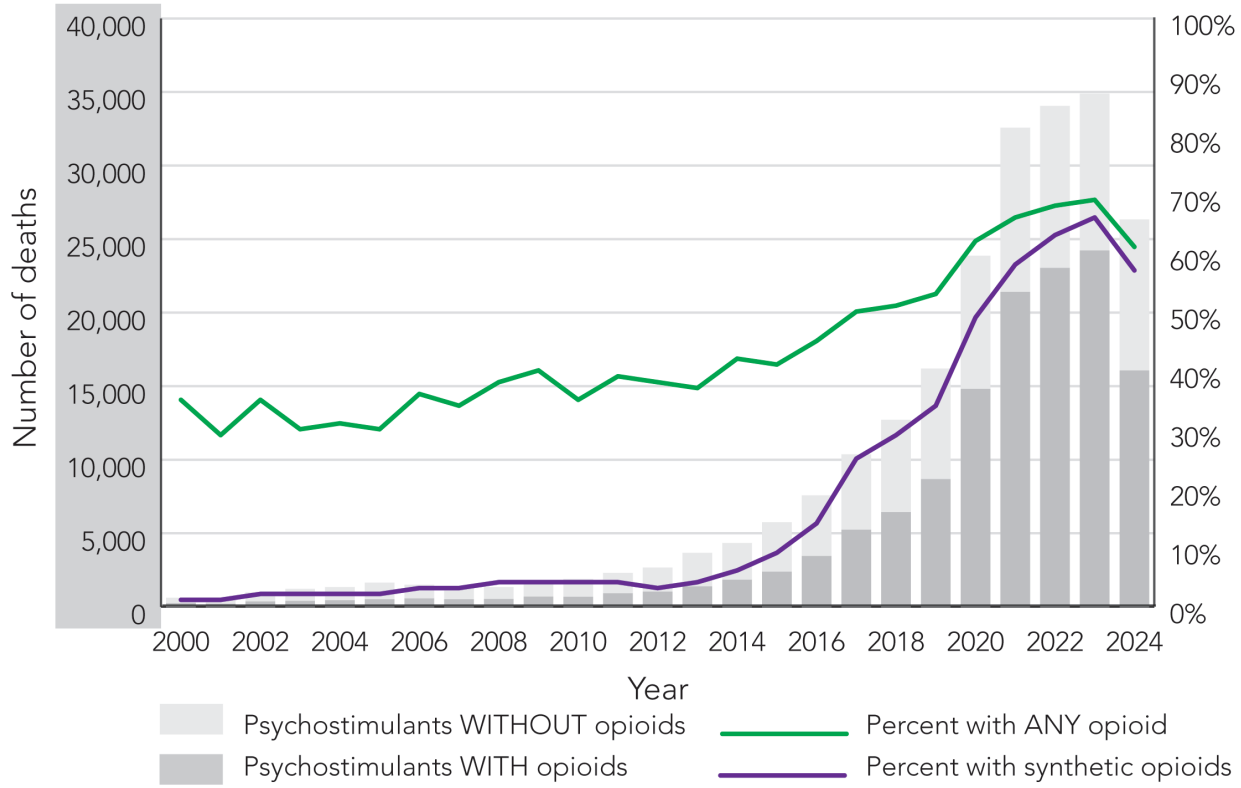
From 2013 to 2023, cocaine overdose deaths in the United States increased from 4,944 to 29,449; the percent of cocaine-related deaths that also involved any form of opioid increased from 57 percent in 2013 to 78 percent in 2023 (after peaking at 79 percent in 2022). In other words, the vast majority of cocaine-involved deaths also involve an opioid. From 2013–2023, cocaine-involved overdose deaths increased almost 9,000 percent (from 245 to more than 22,000) before beginning to drop slightly in 2024 according to provisional data from that year.

Figure 4. Opioid mixture with cocaine



Source: National Vital Statistics System mortality file

Figure 5. Opioid mixture with psychostimulants



Source: National Vital Statistics System mortality file

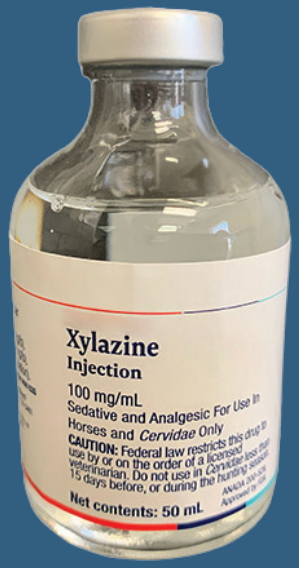
Psychostimulant deaths began dramatically increasing in the mid-2010s. Psychostimulant-involved deaths with opioids increased from 37 percent of all psychostimulant deaths in 2013 to 69 percent in 2023 before falling to 61 percent in 2024, according to provisional data from that year. Deaths involving synthetic opioids such as fentanyl increased from 4 percent in 2013 to 66 percent in 2023 before falling to 57 percent in 2024. From 2013–2021, psychostimulant-involved deaths without opioids increased more than 491 percent (from 2,273 to more than 11,100) before beginning to drop in 2022; but psychostimulant-involved deaths with opioids increased 1,578 percent (from 1,354 to more than 21,000) in the same period and continued to rise through 2022 and 2023. And psychostimulant-involved deaths with synthetic opioids increased 13,370 percent from 142 in 2013 to almost 19,000 in 2021 and continued to increase to more than 23,000 in 2023 before beginning to fall in 2024 according to provisional data.

Xylazine is an Emerging Threat

Xylazine, also known as "tranq," is an animal tranquilizer that is not approved for human use. A sedative, xylazine slows breathing and heart rate and lowers blood pressure.* It is believed that manufacturers are adding xylazine to fentanyl to extend the effects of the high, meaning users can use less frequently and the street value of the drug increases.† Xylazine also creates other medical issues, such as necrotic skin lesions that are very difficult to treat, and the combination of fentanyl and xylazine can be deadly.

"A small subset of local recipients under a CDC-funded initiative are allowed to do drug product and paraphernalia testing. One of the big findings from tracking those tests is that drug users have no knowledge that their drug product contains xylazine. Basically, four out of five users [at that time] had no knowledge that their product contained xylazine. People have no idea what they're using."

— Grant Baldwin
CDC Division of Overdose Protection



As of June 2022, up to a quarter of illicitly manufactured fentanyl-involved overdose deaths also involved xylazine. There has been a particular concentration of these deaths in the Northeast and Midwest. Following a 276 percent increase in the proportion of illicitly manufactured fentanyl–involved overdoses also involving xylazine from January 2019 to June 2022, the CDC declared fentanyl laced with xylazine an emergent drug threat. And just one day before the meeting, the CDC also identified carfentanil as an emerging threat.

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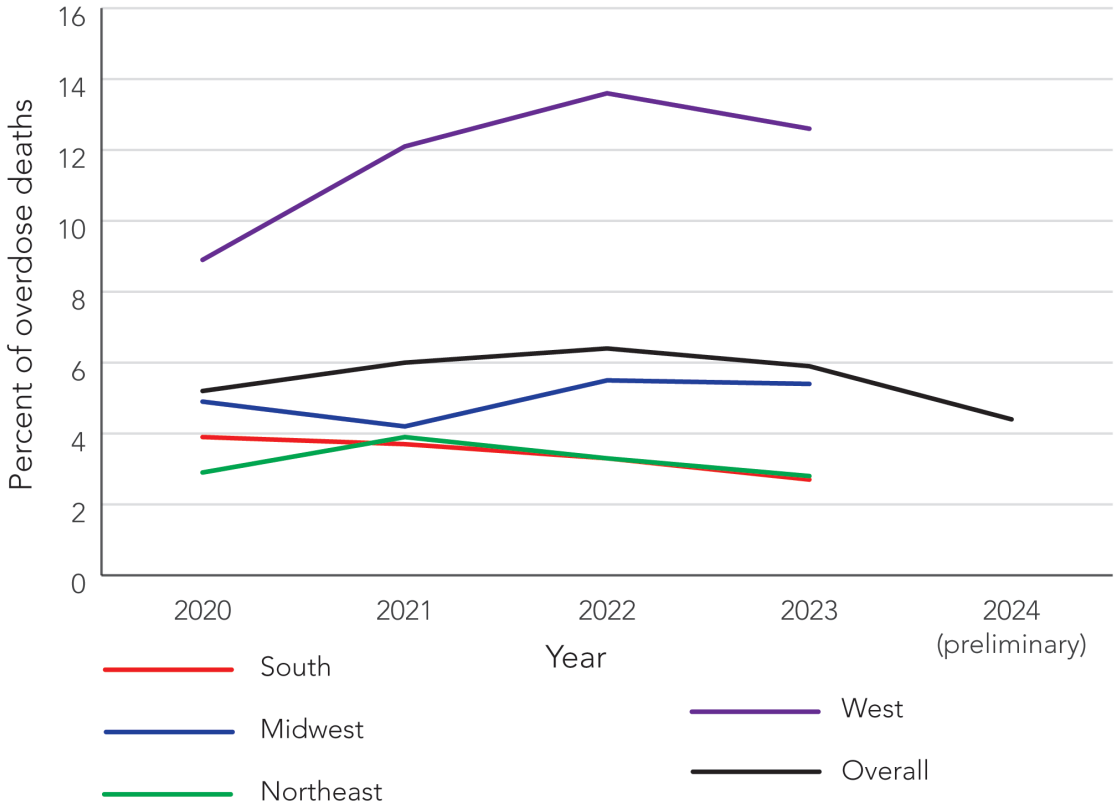
* CDC, "What You Should Know about Xylazine," last modified May 16, 2024, https://www.cdc.gov/overdose-prevention/about/what-you-should-know-about-xylazine.html.

† CDC, "What You Should Know about Xylazine."

Overdose deaths involving counterfeit prescription pills are also a concern. Figure 6 shows a steady increase through 2022 and then a drop beginning in 2023, primarily driven by occurrences in the western states.

Figure 6. Counterfeit pills



* SUDORS had data from 34 jurisdictions in 2020, 33 jurisdictions in 2021, 35 jurisdictions in 2022, and 38 jurisdictions in 2023. Only 27 jurisdictions were represented in all four years' data sets: Alaska, Arizona, Colorado, New Mexico, Oklahoma, Oregon, and Utah (West region); Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, Rhode Island, and Vermont (Northeast region); Iowa, Kansas, Minnesota, Nebraska, Ohio, and Pennsylvania (Midwest region); and District of Columbia, Georgia, Kentucky, Maryland, Virginia, and West Virginia (South region). The overall percentage in this chart is calculated from these 27 jurisdictions' data; the overall percentage at SUDORS includes the seven to nine additional jurisdictions whose data were available in some but not all of the years examined. The preliminary 2024 data are calculated based on reports from 43 jurisdictions—all 27 of those included in this figure plus Arkansas, Hawai'i, Illinois, Indiana, Louisiana, Mississippi, Missouri, Montana, Nevada, New York, South Carolina, South Dakota, Tennessee, Washington, Wisconsin, and Wyoming—but does not disaggregate them by jurisdiction, so only the overall figure is available.

Source: "SUDORS Dashboard: Fatal Drug Overdose Data," Centers for Disease Control and Prevention, last modified February 13, 2025, https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html.

These counterfeit pills are especially dangerous because they make it difficult for people to know what substances they are consuming, which is often an unknown quantity of fentanyl, methamphetamine, or heroin along with other ingredients such as acetaminophen, caffeine, lactose, and diuretics.[20] The latest DEA seizure data revealed that five out of every 10 counterfeit pills seized in 2024 contained a lethal dose of fentanyl.[21]

"Think about fentanyl like artificial sweeteners. They are in everything. They make the product better, unbeknownst to the person using it."

— Herbert Kaldany
New Jersey Department of Corrections

A Mother's Perspective on the Difference between an Overdose and a Poisoning

"My son's name was Ryan Christopher Bagwell; he was 19. Where we live is right on the border in Mission, Texas. And so down there the culture is, you walk across the border and buy medication in Mexico because it's cheaper. People can afford it. So, my son went with a friend across the border. He thought he was buying Percocet. He bought a bottle of 10 Percocet and came home that night. He took one pill that night, and I found him.

"Every medical professional, even my daughter who is in medical school, will say, 'Mom, sorry, but it's an overdose.' And yes, it is an overdose. But the difference is, when you know that you're taking a certain amount—if my son was taking 20 Percocet and he blacked out and took them all at one time, that's an overdose, right? He took one pill and didn't know that there was fentanyl in that Percocet, because it was complete fentanyl. The DEA [Drug Enforcement Administration] tested the pills and there was no Percocet in those pills. So that's the difference. I mean, he was poisoned. My son was poisoned because he did not know that there was fentanyl in those pills. If he did, then we would consider it an overdose, but he didn't. And a lot of these young people are taking these pills, and they have no idea what they're taking."

Sandra Bagwell
Advocate for Fentanyl Awareness
Texas Against Fentanyl

20. Joseph Friedman et al., "Fentanyl, Heroin and Methamphetamine-based Counterfeit Pills Sold at Tourist-Oriented Pharmacies in Mexico: An Ethnographic and Drug Checking Study," *Drug and Alcohol Dependence* 249 (2023), 110819, https://doi.org/10.1016/j.drugalcdep.2023.110819.
21. DEA (Drug Enforcement Administration), "Fake Prescription Pills," accessed May 22, 2025, https://www.dea.gov/factsheets/fake-prescription-pills; FDA (Food and Drug Administration), "Counterfeit Medicine," last modified May 15, 2024, https://www.fda.gov/drugs/buying-using-medicine-safely/counterfeit-medicine; CDC (Centers for Disease Control and Prevention), "Counterfeit Medicines," last modified October 6, 2022, https://wwwnc.cdc.gov/travel/page/counterfeit-medicine.

How are opioids getting into communities?

Experts at the meeting next described fentanyl's proliferation across the country. James Nunnallee, DEA Deputy Chief of Operations, said, "the track of fentanyl, and also xylazine, started in northeast and then it kind of migrated towards the south and gone west. . . . Right now, we're seeing that California has been inundated with fentanyl. We're hopeful that it's the tail-end of that trend."

On a local level, New York City's Special Narcotics Prosecutor, Bridget Brennan, said her office is seeing this same trend. "We're continuing to see that New York City is a hub for narcotics trafficking." More specifically, she said, "the cartels are shipping stuff in primarily through the Bronx, which is the northernmost borough, and it has a lot of warehouse space and spaces where they can cut up drugs. And then from there, the drugs go to Pennsylvania, throughout New York State, and across the East Coast."

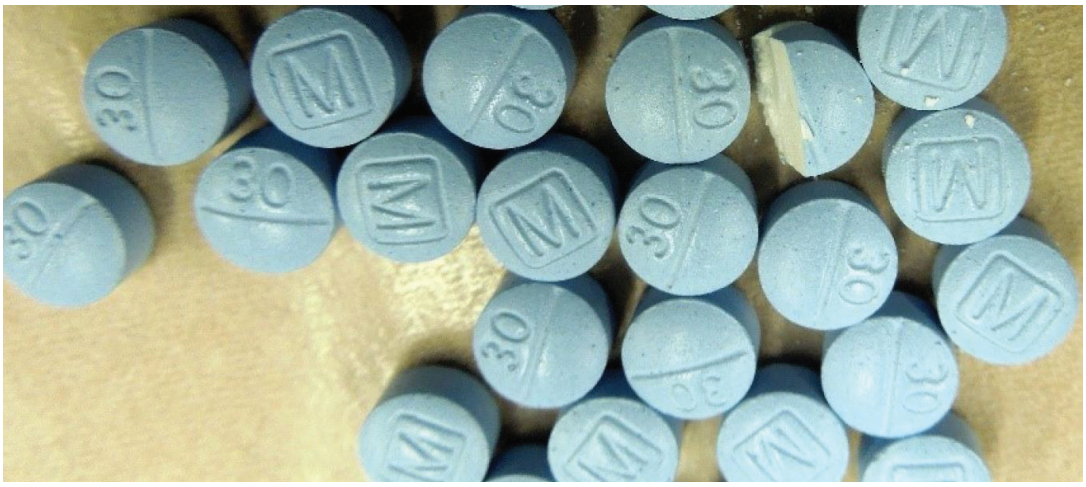
At the time of the meeting, Chauncey Parker, Director of the High Intensity Drug Trafficking Area (HIDTA) for New York and New Jersey, was also a Deputy Commissioner at the New York City Police Department (NYPD). He noted that the cartels are being intentional and strategic in their efforts to bring fentanyl into the United States. "The Mexican cartels are definitely looking at this as a business. They have a plan for everything they do. They have a two-year plan. They have a four-year plan. Fentanyl didn't just arrive. It's all part of a plan."

Chauncey Parker
Director, New York/New Jersey
High Intensity Drug Trafficking Area

Part of that plan appears to be expanding their distribution networks, including direct shipping to consumers. "We've met with the postal inspectors," said Kansas City (Kansas) Police Chief Karl Oakman about his efforts to address the drugs being mailed into his city. "These are their words: '**The U.S. Post Office is probably the number one distributor of fentanyl in America**, and they don't know it. But we're working hard to address that issue.'"

The DEA's 2024 National Drug Threat Assessment (NDTA) highlighted the threats the Mexican Sinaloa and Jalisco cartels pose to the United States via clandestine drug production and large trafficking networks.[22] Specifically, at the meeting, Deputy Chief Nunnallee described how changes in these methods have led to a vicious change in the nature of drug dealing: "It's no longer that I'm going to meet with the drug dealer on the corner. It can all be coordinated via the phone now." Conducting business via social media or smartphone apps keeps traffickers isolated from both the end user and from law enforcement, lowering their risk of complication and arrest, and eliminates the need for a middleman, increasing their profit margin.

22. Strategic Intelligence Section, *NDTA: National Drug Threat Assessment 2024* (Washington, DC: Drug Enforcement Administration, 2024), https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf.



Counterfeit oxycodone M30 tablets containing fentanyl

When asked about the costs and profit of manufacturing fentanyl, Deputy Chief Nunnallee said pills are manufactured for as little as one or two cents, then sold for as high as $9 a pill—a huge return on investment. In 2023 alone, 79 million pills and 12,000 pounds of fentanyl were seized.[23] This amount represents more than 380 million deadly doses—enough to kill every American and then some. The response to this change in drug dealing and large return on investment must be two-fold: There must be emphasis on regulations as well as on enforcement. The 2025 NDTA focuses on the designation of the Sinaloa and Jalisco cartels, as well as four other cartels and two other gangs, as foreign terrorist organizations and specially designated global terrorists,[24] suggesting a greater focus on enforcement against drug suppliers rather than instituting additional regulations governing the treatment and disposition of people who use drugs. At the same time, however, the administration has proposed merging the DEA with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) into a single organization responsible for investigating both drug and firearm offenses[25]—a merger that, if it takes place, might reduce the number of officers available for enforcement-related tasks and make robust regulations even more important.

The nature of the opioid crisis has changed over time. Even though the number of fatal opioid overdoses has started trending down, the overall numbers are still very high and the forms of the drugs becoming even more predatory. To match the changes in the opioid crisis, law enforcement agencies have adjusted and expanded their responsibilities to deliver the most productive impacts they can. As the number of opioid overdose deaths has shifted, so have some of the understandings of how law enforcement can most productively work to address the opioid crisis, especially in connection with public health.

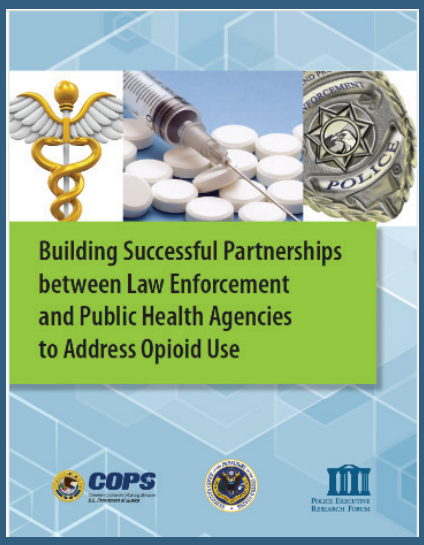
23. In 2024, those figures improved slightly—more than 60 million pills and nearly 8,000 pounds of powder—but 2025 is on pace to exceed those in 2024 with more than 33 million pills and more than 3,800 pounds of powder seized in the first five and a half months of the year. U.S. Drug Enforcement Administration, "DEA Fentanyl Seizures in 2025," last modified May 19, 2025, https://www.dea.gov/.
24. Strategic Intelligence Section, *NDTA: National Drug Threat Assessment 2025* (Washington, DC: Drug Enforcement Administration, 2025), https://www.dea.gov/sites/default/files/2025-05/2025%20National%20Drug%20Threat%20Assessment_Web%205-12-2025.pdf.
25. Sarah N. Lynch and Brad Heath, "U.S. Justice Dept Takes Next Steps to Merge ATF and DEA, Sources Say," Reuters, last modified May 16, 2025, https://www.reuters.com/world/us/us-justice-dept-takes-next-steps-merge-atf-dea-sources-say-2025-05-16/.

How has law enforcement's role in the opioid crisis changed over time?

A decade of PERF publications shows the growth of public health responsibilities among police and law enforcement agencies.

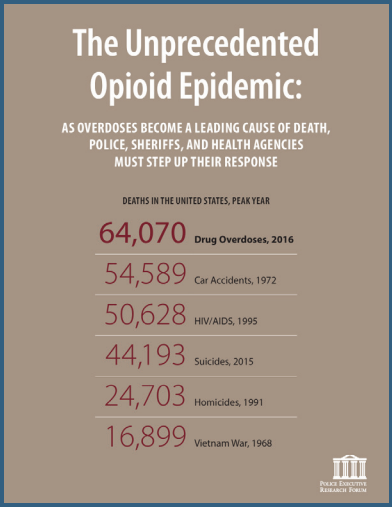
The growth of public health responsibilities in policing is documented by a decade of PERF research and publications on the opioid crisis. Since 2014, PERF has highlighted the voices of police leaders implementing innovative practices to address this public health and safety crisis. The shifting focus and findings of these reports underscore how the roles and expectations for police have evolved in that time.

In 2014, PERF described promising practices for getting people into treatment programs. *New Challenges for Police: A Heroin Epidemic and Changing Attitudes toward Marijuana** reported that increasing opioid-related deaths were changing the way police responded to drug cases: In the face of the increase in opioids, police used more resources to target major heroin dealers and traffickers for arrest and prosecution rather than pursuing simple possession cases. Importantly, in 2014, police acknowledged that opioid users would continue using if they didn't get addiction treatment. This report emphasized that police chiefs and sheriffs can have an important role in calling attention to the heroin epidemic and in bringing together elected officials, public health officials, drug treatment agencies, community groups, and law enforcement agencies to discuss the local issues and options for solving problems. For example, the Seattle Police Department's Law Enforcement Assisted Diversion (LEAD) program was featured as a promising practice for getting people into treatment programs. LEAD established a pre-booking diversion program that steered people arrested for possession of smaller amounts of drugs into drug treatment programs, where they received an array of services, including addiction treatment, housing, and job training.

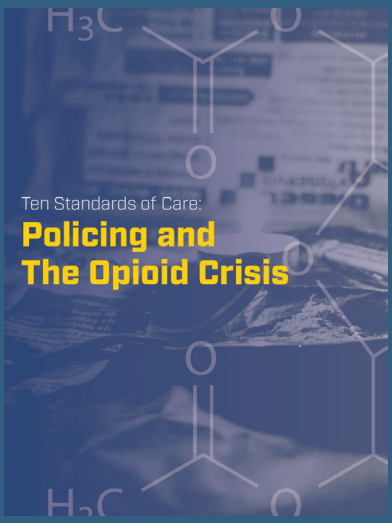


In 2016, PERF gathered and published guidance from a growing number of agencies establishing partnerships between law enforcement and public health. *Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use*† reported on a growing recognition among law enforcement leaders that police have an important role in drug treatment efforts. The report identified five principles for a successful partnership: (1) Find common ground and work toward shared goals, (2) respect and learn from one another's positions and perspectives, (3) involve people from all levels in an organization, (4) be open to expanding your perspective and accepting new roles, and (5) maintain a community focus. Notably, this publication described the wraparound services available at harm reduction facilities

such as the Cabell-Huntington Harm Reduction Program in West Virginia. The program is a collaborative effort that uses syringe exchange and naloxone deployment as a way to battle addiction and a rise in infectious diseases associated with opioid use.



In 2017, PERF documented the exponential growth in police use of naloxone to reverse opioid overdoses, as well as emerging guidance on opioid-related "Standards of Care" in policing. *The Unprecedented Opioid Epidemic: As Overdoses become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up their Response*[‡] reported on the many ways police were responding to overdoses and facilitating treatment. PERF continued to focus on the opioid crisis because, despite the groundbreaking work that police and other agencies were doing, the epidemic was continuing to worsen. This report documented exponential growth in police use of naloxone to reverse overdoses. Further, it highlighted data-sharing programs like the Overdose Detection Mapping Application Program (ODMAP) to detect and stop spikes in fatal overdoses.



That same year (2017), PERF also worked with Johns Hopkins University to host a meeting that led to a report on *Ten Standards of Care: Policing and the Opioid Crisis.*[§] Participants in that meeting generally agreed that police officers' role had expanded to include opioid treatment and overdose response. At that time, about two-thirds of all overdose deaths could be linked to opioids, and overdose deaths had increased fivefold since 1999. Participants identified the following recommended standards: (1) Focus on overdose deaths, (2) use naloxone, (3) educate on addiction and stigma, (4) refer to treatment, (5) advocate for on-demand treatment access, (6) advocate for treatment for those who are incarcerated or under community supervision, (7) prevent outbreaks, (8) consider fentanyl detection, (9) explore innovation, and (10) support Good Samaritan laws.


Law Enforcement Efforts to Fight the Opioid Crisis

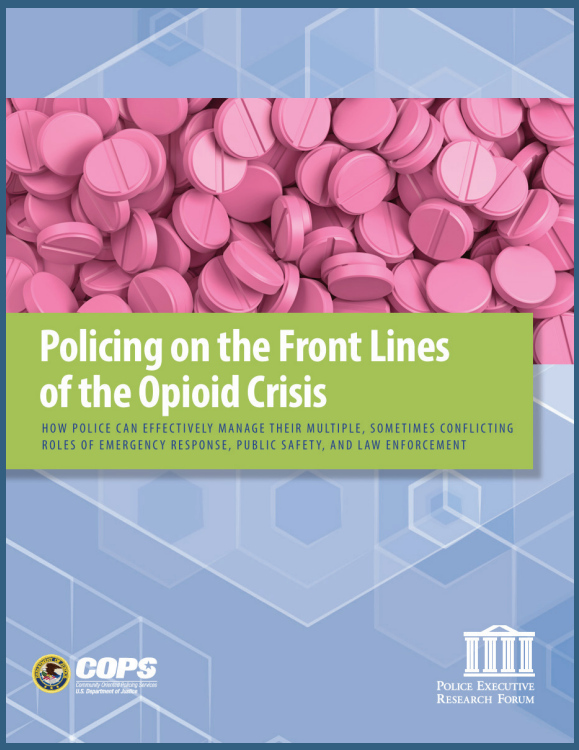
Convening Police Leaders, Multidisciplinary Partners, and Researchers to Identify Promising Practices and to Inform a Research Agenda

EXECUTIVE SUMMARY

HIGH-PRIORITY NEEDS

In 2019, PERF and the RAND Corporation identified the forms of treatment services law enforcement considered most important for their responses to the opioid crisis. *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*[**] identified four of law enforcement's most pressing needs in their response to the opioid crisis: (1) the use of medication-assisted and other treatment modes in institutional and community corrections; (2) same-day, low-barrier access to treatment with a medication-first model of care; (3) the use of syndromic surveillance or sentinel indicators to recognize

spikes in overdoses, the appearance of new opioids in the market, and emerging drug crises; and (4) the provision of mental health intervention for law enforcement officers affected by the stresses of policing during the opioid crisis.



In 2021, PERF analyzed the challenges agencies faced and strategies they adopted to balance their multiple and sometimes conflicting responsibilities in responding to the opioid crisis. *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*†† reported on some of the challenges arising from the expansion of police roles in responding to the opioid crisis. Over time, law enforcement's responsibilities have grown to encompass at least three different roles on the front lines of responding to the opioid crisis: (1) Preventing opioid overdoses from becoming fatal opioid overdoses; (2) Helping individuals protect themselves from opioid-related harms; and (3) Investigating and disrupting opioid-related criminal activity. The report also highlighted strategies for police departments to balance the multiple, and sometimes conflicting, public and internal expectations.

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* PERF, *New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana*, Critical Issues in Policing (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.

† PERF, *Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use* (Washington, DC: Office of Community Oriented Policing Services, 2016), https://portal.cops.usdoj.gov/.resourcecenter?item=cops-p356.

‡ PERF, *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.

§ Johns Hopkins Bloomberg School of Public Health, "Policing and the Opioid Crisis: Standards of Care," last modified May 31, 2018, https://americanhealth.jhu.edu/news/policing-and-opioid-crisis-standards-care.

** Sean E. Goodison et al., *Law Enforcement Efforts to Fight the Opioid Crisis* (Santa Monica, CA: RAND, 2019), https://www.rand.org/pubs/research_reports/RR3064.html.

†† PERF, *Policing on the Front Lines of the Opioid Crisis* (Washington, DC: Office of Community Oriented Policing Services, 2021), https://portal.cops.usdoj.gov/resourcecenter?item=cops-p451.

What "Public Safety" Means in Today's Response to the Opioid Crisis

Over the long course of the opioid crisis, law enforcement agencies and officials have taken on substantial public health responsibilities to better address it. Public health agencies and officials have also played a significant and increasing role in their jurisdictions' responses to the opioid crisis. What both law enforcement and public health have learned is that it is not enough to collaborate, tolerating trade-offs between their sometimes competing priorities. Addressing the opioid crisis requires achieving law enforcement and public health objectives at the same time.

Harm reduction without public safety is not sustainable

A focus solely on harm reduction can have unintended negative effects along with its positive ones. For example, in 2020, voters in Oregon passed ballot measure 110, which decriminalized most possession of small personal-use amounts of controlled substances (including heroin, LSD, cocaine, fentanyl and other opioids, methamphetamine, ketamine, and many others) and reclassified it as a civil offense punishable by a fine, which could itself be waived subject to health assessment and addiction recovery treatment.[26] Advocates maintained treating drug possession and addiction as a public health issue rather than a crime would increase treatment and recovery uptake as well as reducing racial disparities in arrest rates and other justice system involvement statewide.[27]

26. Amelia Templeton, "Measure 110 Would Make Oregon 1st State to Decriminalize Drug Use," Oregon Public Broadcasting, last modified October 14, 2020, https://www.opb.org/article/2020/10/15/measure-110-oergon-politics-decriminalize-drugs/; Andrew Selsky, "Oregon Leads the Way in Decriminalizing Hard Drugs," Associated Press, last modified November 4, 2020, https://apnews.com/article/oregon-first-decriminalizing-hard-drugs-01edca37c776c9ea8bfd4afdd7a7a33e; Oregon Health Authority, "Drug Addiction Treatment and Recovery Act (Measure 110)," accessed April 17, 2025, https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx.
27. "Measure Reduces Black Arrests by 94%," The Portland Observer, last modified October 22, 2020, https://web.archive.org/web/20230609094808/http://portlandobserver.com/news/2020/oct/22/measure-reduces-black-arrests-94/.

Lt. Jason Jones
Portland Police Bureau

However, law enforcement was not part of the process of planning or implementing the measure. Further, the systems for recovery and treatment were swamped, and harm reduction workers were not reliably available for warm handoffs from law enforcement. In 2021, when the measure took effect, police began taking a hands-off approach to drugs as required—and decriminalization led to severe consequences in cities like Portland. "We've seen an exponential increase in violent crime and property crime. Businesses have left. People are leaving the county, and we lost $1.1 billion of annual adjusted gross income from people leaving because of livability issues" said Lieutenant Jason Jones of the Portland (Oregon) Police Bureau. "We saw crime spiked, people got scared, frustrated, and angry. It was very similar to what we saw across the country in the 70s and 80s, across America. Very few people were actually going into treatment as a result of the measure 110."

The police were not involved from the beginning. The state did it in a way where the police lost their ability to regulate the fair use of public space. And that opened it up to a lot of substance use and quality-of-life problems."

— Brandon del Pozo
Brown University

In 2024, the Oregon legislature adopted a law that repealed the decriminalization aspect of measure 110. Possession of controlled substances is now its own category of criminal misdemeanor, punishable by incarceration for up to six months—which can still be waived by enrollment in a drug treatment program.

The Kensington Experience

The Kensington neighborhood—a low-income, working-class neighborhood in the lower northeast section of Philadelphia—has a long history of suffering the consequences of the opioid crisis. Since at least 2012, the area has gained notoriety for being particularly hard-hit by drug activity. Local and national media run stories about how the residents contend with crime, streets littered with drug paraphernalia, and desperate drug users, many of whom need wound care because of the devastating effects of xylazine.* Despite the efforts of many well-intentioned people to turn the neighborhood around, its long-standing drug-related problems persist.

At PERF's meeting in May 2024, Commissioner Kevin Bethel described Kensington's problems with poverty, violence, drugs, and overdoses at the meeting: "Philadelphia's Kensington neighborhood is the largest open-air drug market in the Northeastern United States. This is a 2.5 square mile area made up of 160 blocks. Every day, between 400 and 800 people are seeking opioids in this area. There are approximately 650 unsheltered individuals located in the area, and most of them are in an addicted state. It is also one of the most violent areas of the city. Every day, more than 1,000 residents and families are trying to carry on with their daily lives amidst many people seeking and using drugs. The harm being inflicted on the community is substantial."

The harm is deep and entrenched. Kensington has suffered for decades as waves of opioid variants have flooded the neighborhood, with each wave devastating the community until drug traffickers switch to a new, different variant. Commissioner Bethel described this evolution:

"I worked in narcotics for 15 years, and at one time we had the purest heroin in the nation. Today, that's all pretty much been replaced by the cutting of fentanyl with xylazine. The impacts that we're seeing are significant. We're hitting people three or four times with the Narcan before they come out of it, but then they just get up and walk away. We're seeing ulcers and wounds. Folks are leaving and coming back with amputations, but still coming back into the area."

A shift toward harm reduction, in the absence of law enforcement

Since 2020, Philadelphia has tried to address Kensington's problem by implementing forms of harm reduction, but for a variety of reasons these strategies have not been effective. Importantly, there was not a continuum of long-term care established for opioid abusers. It was not just an issue of resource prioritization; the city and harm reduction advocates had limited options for setting up care facilities because residents in other areas of the city resisted efforts to place harm reduction facilities in their neighborhoods. Regrettably, this obstruction commonly occurs across the country. As Commissioner Bethel said in the meeting: "No one wants harm reduction organizations in their community. Only the more marginalized communities that can't fight back are affected. No one else in the city wants any of these individuals brought to their area, even if the treatment is behind a brick wall and you can't even get into it without scanning in."

Moreover, the lack of coordination between harm reduction practitioners eroded efforts to reduce harm. With groups not working together, it became difficult to offer a consistent set of services to people in need. In Commissioner Bethel's view, the grant process may have fostered a mentality where grant recipients were primarily concerned with their own assigned task, sometimes at the expense of the overall mission. He outlined the problem: "We have these silos of people coming out. 'I come out on Thursdays.' 'I come out on Fridays.' 'I feed them on

Mondays.' We [the Philadelphia Police Department] commonly get attacked by those small groups who say, 'I got a grant to do this.' But they don't understand the impact they're having. No one is creating a true synergy by getting all these folks together in a room and making sure they understand how they all have a value in that space."

Commissioner Bethel, like Mayor Cherelle Parker and others in Philadelphia, believes there is a route to improving the fight against opioids in communities like Kensington. He says it begins with declaring that the current way is not working, and the city will no longer pursue a broken strategy. As Bethel put it, **"For five years, I've watched a model that folks told me was supposed to be working. It is not working. Sometimes you have to say that."**

A shift toward a more productive and comprehensive view of public safety

In early 2024, the newly elected Mayor Parker publicly vowed to reverse Kensington's decades-long drug problem. She hired Commissioner Bethel, an experienced law enforcement leader who believes in a data-driven approach to policing, and tasked him to work with others to "reclaim" Kensington. He brings a valuable blend of experience in public safety and public health to the issues in Kensington.

To move forward, Philadelphia is working to find the right strategy for Kensington's particular circumstances. Commissioner Bethel says they need to create synergy by "getting all these folks together in a room and making sure they understand how they all have a value in that space." According to Bethel, the mayor's announcement of the initiative to address the open-air drug market signaled a "reset."

"I believe the reset looks like a combination of my men and women working with our public health personnel to get into that space. So, when my officers engage a person who wants to go to treatment, they know exactly where to send that person."

At the meeting, Commissioner Bethel outlined a strategy that reconciled public health and public safety approaches to improve outcomes. For the Philadelphia Police Department, that reset does not mean swinging the pendulum to an all-enforcement model. Rather, the reset re-establishes enforcement in a way that helps the community and establishes conditions in which harm reduction programs can better operate. Bethel described two phases of a reset strategy: "We're shifting our model, going back to a much more balanced, phased approach. The first phase is 'all in' the camp, we will take a whole sidewalk and have a 30-day resolution to get that removed. Within June, I will move to a much more police-executed model. And then we'll go in starting to address some of the quality-of-life issues—that's phase two. Sitting us on the sidelines, as if we don't exist, is not going to work. Right? There has to be prevention and intervention. And we believe that we do it effectively. We work with our partners in Philadelphia—with our addiction folks that work in that space and our mental health partners."

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* Megan Myers and Jon Michael Raasch, "Crisis in Kensington," Fox News, last modified August 19, 2023, https://www.foxnews.com/us/crisis-kensington-philadelphia-area-safe-haven-hell-earth; Campbell Robertson, "Can Philadelphia Fix One of the Most Drug-Plagued Neighborhoods in the Country?" *The New York Times*, May 7, 2024, https://www.nytimes.com/2024/05/07/us/philadelphia-kensington-drugs.html.

Accomplish public safety and public health goals together

Along the way, there has been conflict between the multiple and conflicting priorities of law enforcement and public health. But during PERF's May 16 meeting, it was clear that many law enforcement and public health officials have come to appreciate the need to find solutions to public health and public safety at the same time.

Today, law enforcement's role has settled on a more comprehensive view of public safety. For example, in discussing the contentious issue of overdose prevention sites [also commonly known as safe injection sites], Inspector Phil Heard of the Vancouver (British Columbia) Police Department explained that "when overdose prevention sites first came to Vancouver in 2003, a lot of people thought the world was going to end. It didn't." Rather than creating problems for law enforcement, he said, "these places give us somewhere to direct people for low-barrier access to resources." He went on to describe the complementary role of both law enforcement and public health approaches in addressing the opioid crisis:

Insp. Phil Heard
Vancouver Police Department

> "There's definitely a place for enforcement here, but it is directed at the people doing the harm. Gangs, organized crime, the people who are profiting off the death and the misery. That's where enforcement should go. In terms of people who are at risk of harm, people who use drugs, people with addiction, that's where we need compassion, we need to connect them with services."

Describing the prevailing view of prosecutors, Kristine Hamann of the Prosecutors' Center for Excellence said, "As fentanyl deaths rise, I see more law enforcement getting tougher on fentanyl. But at the same time, human kindness is flowing through all law enforcement, and we are becoming more familiar with public health solutions." However, prosecutors also have to balance shifting priorities. Hamann went on: "When there are fentanyl deaths in your community, the families often are very angry and push for harsher sentences. But sometimes they push for the lesser one. So, I think we're learning, but there's no consensus."

James Nunnallee of the DEA shared a common attitude: "We in law enforcement understand that we're not going to arrest our way out of this problem." But Nunnallee went further, saying, "We welcome the harm reduction efforts, and we're integrating them. Even though I am the DEA's Deputy Chief of Operations, I'm very proud of our efforts to integrate harm reduction into our operational efforts."

Chauncey Parker of the NY/NJ HIDTA described the core challenge of combating the crisis. "When we all work together, we can accomplish anything. The challenge is pulling all of us together to look at one map at the same time to set the goal to reduce drug overdoses and save lives. That is what success is." Putting the urgency into a different context, Parker said, "We need to bring the same comprehensive focus to reducing drug overdoses that the Jalisco and Sinaloa Cartels bring to selling drugs and making money."

Like their law enforcement counterparts, many in public health recognize the importance of law enforcement for establishing an environment and conditions of safety where treatment and other public health initiatives can succeed.

Opioids in the Rest of the World

Addiction to and overdoses of dangerous drugs are not problems unique to the United States. The scale of the crisis, however, is vastly different in other parts of the world. For example, writing in *The Washington Post*, Lee Hockstader notes, "In 2022 . . . there were 163 fatal overdoses from fentanyl and its derivatives in the European Union, Norway, and Turkey, whose combined population is more than 500 million. That's roughly the average *daily* death toll in the United States from synthetics such as fentanyl"*—and of course those daily deaths are taking place in a population of only about 340 million. Hockstader goes on to discuss "systemic defenses" against a U.S.-style opioid crisis in Europe: primarily universal health care and a reluctance among doctors in European health care systems to prescribe opioids in the first place, both of which result in better initial treatment of pain and less likelihood of addiction among patients, as well as greater availability of treatment for individuals who do become addicted so they are less likely to overdose, especially fatally.

Experts on a podcast with the Brookings Institution discussed the low rate of fentanyl use in South America: "The Demand for opioids in South America is extremely low. . . . And it's not a profitable market to enter into compared to the opportunity cost."† They go on to note "the role of civil society organizations in monitoring drug use, their composition, and risk of what illegal substances are being traded in the streets"‡—implying that drug users are looked after in that region in ways that preserve public safety. The involvement in the drug trade may therefore be more focused on trafficking to other parts of the world rather than on supplying to local users. Similarly, the relatively low numbers of fentanyl overdoses in Asian countries may be due to the bulk of the drugs or precursor chemicals there being trafficked to North America.§

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* Lee Hockstader, "Europe Has So Far Dodged a U.S.–Style Opioid Epidemic. Here's Why," *The Washington Post*, May 22, 2025, https://www.washingtonpost.com/opinions/2025/05/22/opioids-europe-philadelphia-drugs/.

† Sara Garcia, Daniel Mejía, and Vanda Felbab-Brown, "The Emerging Fentanyl Risk in South America," Brookings, last modified October 22, 2024, https://www.brookings.edu/articles/the-emerging-fentanyl-risk-in-south-america/.

‡ Garcia, Mejía, and Felbab-Brown, "The Emerging Fentanyl Risk in South America."

§ Krystina Murray, "Fentanyl Abuse Could Impact Asia in the Future," AddictionCenter, last modified May 15, 2025, https://www.addictioncenter.com/news/2020/02/fentanyl-abuse-asia-countries/.

How Law Enforcement and Public Health Are Working Together

Many participants in PERF's May 16 meeting described ways their agencies and their jurisdictions have been making progress by complementing public health and law enforcement priorities.

Strategies for cooperating with public health partners

Many stakeholder groups are also working to address the opioid crisis. They come from different backgrounds, have different perspectives, and operate under different assumptions. Even groups with similar perspectives may at times unwittingly work at cross purposes or produce results with unintended negative consequences. One strategy to overcome these challenges is cross-training public health and law enforcement staff, to which several meeting participants from New Jersey credited some of their early success in reducing opioid overdose deaths.

Strategy #1. Cross-train public health and public safety staff.

Herbert Kaldany of the New Jersey Department of Corrections advocated for leaders in the various health care fields working to address the opioid crisis to "cross-train your staff so they understand the challenges police officers face." He also described how law enforcement officials can benefit from learning more about the health care considerations: "I'm a physician, and I have had to go out of my way to learn about law enforcement and what law enforcement does. I cross-train myself and my medical staff so we think more like a police officer. I've been doing this for 25 years, and my mission has always been to educate my law enforcement staff about addictions and the behaviors that result from them. And they in turn have taught me and my medical staff about diversion, violence, and all the other things that can come with addiction."

Cross-training law enforcement and public health staff makes them more efficient partners because they better understand one another's needs and circumstances. It is easier for an officer to understand the importance of stability in the time immediately following a person's completion of drug treatment if that officer understands addiction and treatment. And a

public health worker providing harm reduction services can better understand the reasons an arrest or visible police presence may be the best option for public safety when they understand the kinds of decisions that are driving those actions.

Further, Kaldany explained that cross-training also helps reduce the negative biases that can obstruct productive partnerships and foster stigma. A 2022 study of officer attitudes found that "most officers in the sample held at least some stigmatizing views toward people with OUD [opioid use disorder]."[28] One of the study's co-authors (and meeting participant), Brown University Professor and former Burlington (Vermont) Police Chief Brandon del Pozo, wrote that "departments should offer officer training and education on substance use disorders, treatment for addiction, and the potential for a person's recovery," and that training should include personal testimonies from those who have had substance use disorders.

Crisis Intervention Team (CIT) training provides exactly these kinds of understandings to officers. Professor Javier Cepeda of Johns Hopkins University described the results of a 2022 evaluation of CIT trainings in New York State. He said the study found CIT training reduced police officers' negative attitudes toward people experiencing mental illness or substance use disorders.[29] These findings are especially important because they show it is possible to *reduce* stigmatizing attitudes among officers and simultaneously *increase* officers' knowledge of how they can refer people to local resources and treatment.

Chief Michael Yaniero
Jacksonville Police Department

The Jacksonville (North Carolina) Police Department trains all officers on CIT before they go out on patrol. As a result of that training, as well as his efforts to recruit more service-minded officers, Jacksonville Police Chief Michael Yaniero said he has "had some tremendous results in what individual young officers have done to get folks into treatment and to get folks stable in a number of different situations, not just opioids-related, but mental health–related as well."

"Having service-oriented officers on the force begins at the recruitment stage. If you go out and focus on officers who are looking for adventure, you're not going to find the officers who are focused on service. If you're recruiting the right officers, young officers are joining departments with a different attitude, and I think that attitude is one of service."

— Michael Yaniero
Jacksonville (North Carolina) Police Department

28. Jessica Reichert, Brandon del Pozo, and Bruce Taylor, "Police Stigma toward People with Opioid Use Disorder: A Study of Illinois Officers," *Substance Use & Misuse* 58, no. 12 (2023), 1493–1504, https://doi.org/10.1080/10826084.2023.2227698.
29. Gilbert A. Nick et al., "Crisis Intervention Team (CIT) Training and Impact on Mental Illness and Substance Use–Related Stigma among Law Enforcement," *Drug and Alcohol Dependence Reports* 5 (2022), 1000999, https://doi.org/10.1016/j.dadr.2022.100099.

Strategy #2. Share information with the community about the specific dangers of opioids in different forms.

While many of those on the front lines of the opioid crisis can still learn more from one another through partnerships and cross-training programs—like CIT—Stefanie Roe of Texas Against Fentanyl cautioned meeting participants to remember that parents are often the last to be informed. "They don't have access to this information," she said. "Most are just now beginning to understand the dangers of fentanyl—not through formal education but because their child lost a classmate. They're hearing it from other parents, and that pain is what finally opens the door for some of the hardest conversations they'll ever have with their kids."

Bridget Brennan, New York City Special Narcotics Prosecutor, said, "There's not enough of a prevention message out there." While anti-drug campaigns in schools have a complicated history, she feels they are still necessary. She and her colleagues decided, "We're going to go out there and [the students] may listen to us, or maybe not. But we're going to take a shot at it and do what we can to address the problem and get the message out to the kids."

Tucker's Law: A Fentanyl Curriculum for Schools

Tucker's Law, named after Stefanie Roe's son who passed away from fentanyl poisoning, was signed into Texas state law in 2023. For grades 6–12, it "requires school districts to educate students about fentanyl, including fentanyl poisoning awareness week, which must touch on the abuse and addiction of the deadly drug and suicide prevention."* This is an unfunded mandate, meaning the state is not providing schools with additional funding for this education. To help educate students, Texas Against Fentanyl is developing a curriculum to be used in states across the country, a project called "The Tucker Project."† The curriculum comprises the following:

Stefanie Roe
President
Texas Against Fentanyl

- Classroom discussions and case studies
- Guest speakers from healthcare and law enforcement professions
- Assessments of knowledge and skills
- Emphasis on safety and responsibility

So far, in addition to Texas, Georgia is working to implement this curriculum statewide. Texas Against Fentanyl is working to expand this pilot project to more states.

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* Lauren Rangel, "Tucker's Law: Mother Says Not Enough Being Done to Implement Fentanyl Education," FOX 7, last modified May 12, 2024, https://www.fox7austin.com/news/tuckers-law-texas-fentanyl-education-stefanie-turner.

† Texas Against Fentanyl, "School & Student Solutions," accessed February 19, 2025, https://txaf.org/schools/; Texas Against Fentanyl, "The Tucker Project," accessed February 19, 2025, https://txaf.org/thetuckerproject/.

Karl Oakman, Chief of the Kansas City (Kansas) Police Department, said he has seen a reduction in youth opioid overdoses following their school outreach efforts. "In 2021, we noticed an increase in our youth overdoses," Oakman said. "So we started an aggressive education and prevention program for middle schools and high schools. Over the next year, we saw overdoses among these kids dropped significantly."

Fortunately, such efforts and trends seem to be occurring nationally, as well. Grant Baldwin of the CDC shared that according to data from the Youth Risk Factor Behavioral Surveillance System (YRBSS), "we've seen a decrease in substance use among our young people over time."[30]

Many participants agreed that having access to data, such as those showing increases and decreases in overdose deaths among young people, is a critical part of understanding and aligning law enforcement and public health priorities.

Strategy #3. Collect and share data to identify problems and evaluate interventions.

As with many crises, understanding the opioids problem is a critical first step in any effort to address it. Whether that is collecting evidence for a drug-induced homicide prosecution or overdose data for targeted offers of treatment and other assistance, good data are necessary to understand and address the problem. Throughout the meeting, participants said seeing and understanding data helped to shape their views and affected the conversations they've had with partners.

Baltimore, Maryland, has long seen a high rate of drug use. Baltimore City Police Lieutenant Colonel Robert Velte talked about how the police have worked with public health officials to use data to (1) identify the people and places that require the most attention, (2) coordinate their strategy with the city's public health agency, and (3) enforce the law in ways that improve both public health and public safety. "We coordinate with MONSE, which is the Mayor's Office of Neighborhood Safety Engagement, when we're getting ready to do a takedown at the end of an investigation in an area with a high number of overdoses and a lot of violence," Lt. Col. Velte said. "Within the first couple of days after the takedown, MONSE will provide a whole host of services, including peer support, life coaching, addiction counseling opportunities, funds for groceries, and relocation." According to the Maryland Department of Health, the number of fatal overdoses in Baltimore decreased by 35 percent from 2023 to 2024.[31]

In 2004, the New Jersey State Police started collecting all drug-related forensic data from every lab in the state, then pushed the information out to prevention, treatment, and harm reduction organizations throughout the state. These organizations are thus able to respond to the arrival of both fentanyl and xylazine and better serve their clients. A more common way of tracking overdose data is through the Overdose Detection Mapping Application Program

30. From 2013 to 2023, the percentage of high school students who had ever misused prescription opioids as well as the percentage who had ever used illicit drugs—including cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy—had decreased. CDC (Centers for Disease Control and Prevention), *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023* (Washington, DC: U.S. Department of Health and Human Services, 2024, https://www.cdc.gov/yrbs/dstr/index.html.
31. Logan Hullinger, "Baltimore Overdose Deaths Plummeted in 2024, but Black Residents Still Bear the Brunt of the Crisis," *Baltimore Beat*, February 11, 2024, https://baltimorebeat.com/baltimore-overdose-deaths-plummeted-in-2024-but-black-residents-still-bear-the-brunt-of-the-crisis/.

(ODMAP).[32] While this program has been rolled out nationally, more than one-third of the program's 30,000 users are in New Jersey. New Jersey State Police uses these data to determine where the need is greatest in the community and sends community members working as recovery coaches to physically knock on doors, speak with individuals about risks, provide naloxone, and get people into treatment.

"We hire recovery coaches to go out and knock on doors of people identified through the augmented ODMAP surveillance program we have in New Jersey. We're tracking the most affected communities and demographics and knocking on doors of people who have overdosed, giving them naloxone, and assisting the family; we're helping people get into treatment."

— Jason Piotrowski
New Jersey State Police

Data Dashboards are Powerful Tools for Building Focus and Consensus

Today's police departments have access to more data than ever before, and a growing number have created dashboards to help them make better, more data-driven decisions. The most effective dashboards present detailed information clearly and are easy for users to operate. Well-designed dashboards enable stakeholder groups to focus on common goals and objectives.

In partnership with SEARCH and the U.S. Department of Justice's Office of Community Oriented Policing Services (COPS Office), PERF created a three-part guide to help departments design useful data dashboards that meet their unique needs. *Getting it Right** gives examples from the field about following an organized approach to developing data dashboards. *Developing a Concept of Operations*† focuses on creating a shared understanding across users of the capabilities a data dashboard should provide. *Technical Functional Requirements*‡ looks at the technical side of developing and implementing data dashboards.

* Dave McClure, Michael Jacobson, and Mark Perbix, *Designing an Effective Law Enforcement Data Dashboard: Getting It Right and Why it Matters* (Washington, DC: Office of Community Oriented Policing Services, 2023), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w1011.

† Michael Jacobson, Mark Perbix, and Karen Lissy, *Designing an Effective Law Enforcement Data Dashboard: Developing a Concept of Operations Document* (Washington, DC: Office of Community Oriented Policing Services, 2023), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w1012.

‡ Michael Jacobson et al., *Designing an Effective Law Enforcement Data Dashboard: Functional and Technical Requirements* (Washington, DC: Office of Community Oriented Policing Services, 2023), https://portal.cops.usdoj.gov/resourcecenter?item=cops-w1013.

32. ODMAP, "Overdose Detection Mapping Application Program," accessed February 19, 2025, https://www.odmap.org/.

Grant Baldwin of the CDC showed participants several of the extensive data products available through the CDC's website:

> **Drug Overdose Surveillance Epidemiology (DOSE) system**, which looks at nonfatal overdoses presenting to an emergency department. These data cover around 93 percent of emergency departments in the United States. Data come to the CDC with about a three-month lag, but they're available in those communities within 24 to 48 hours.
>
> **State Unintentional Drug Overdose Reporting System (SUDORS)** provides highly customizable dashboards about fatal overdoses, pulling data from medical examiner and coroner reports, death certificates, and toxicology analyses for all drug overdose deaths. The CDC funds 49 states and the District of Columbia to do this work. There are 615 variables pertaining to the context and circumstances of deaths.

Strategy #4. Develop strategies that are responsive to the specific environment.

Access to data helps align law enforcement and public health priorities, helping partners focus on the specific issues and locations in the greatest need of intervention and providing context to inform a comprehensive strategy and selection of tactics to best address problems. For example, New York City Special Narcotics Prosecutor Bridget Brennan described how the city has focused its law enforcement strategies to disrupt the drug trade in areas with the highest concentration of overdose deaths. For example, she noted:

> "One of the big areas for public overdoses in Manhattan has been around Penn Station and Port Authority Bus Terminal. We've tried to take enforcement action, which concentrates our efforts where we have the greatest number of public overdoses—fatal and nonfatal. And we're relentless. The people we arrest are selling drugs that we know are killing people."[33]

Bridget Brennan
Special Narcotics Prosecutor
New York Special Narcotics Prosecutor's Office

Strategy #5. Recognize the unintended consequences of law enforcement actions for increasing overdoses.

Where operations may disrupt or destabilize the established local drug economy, it is important to coordinate to avoid unintended consequences that could harm the public's safety. A 2023 study analyzed the impact of drug seizures one, two, and three weeks after enforcement action using three data sets: (1) drug seizure data, (2) fatal overdose data from the Marion

33. Preliminary data released in October 2024 showed that in the first quarter (Q1) of that year—January 1 to March 31, just before Brennan made her comments at the PERF meeting in May—there had been 616 overdose deaths in New York City, compared to 726 in the first quarter of 2023. By July 2025, the Q1 2024 figure had been revised to 647, but the decrease from Q3 2023 to Q3 2024 was even more pronounced: 796 overdose deaths between June 1 and September 30, 2023, and 498 between June 1 and September 30, 2024. "NYC Drug and Alcohol Data," NYC Health, accessed August 19, 2025, https://www.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-data.page.

Brandon del Pozo
Assistant Professor
Brown University

County Coroner's Office, and (3) nonfatal overdose emergency calls.[34] Study co-author and meeting participant Brandon del Pozo of Brown University said, "When you do drug enforcement, within a few weeks, it doubles the exposure to fatal overdoses. Those same results have also been found in other cities." He went on to explain that "In the life-saving business, we have to deal with that. So, we need that two-pronged approach to address the drug dealing. Users go to another dealer and get another supply. And so now you have a drug user with less tolerance, willingness to take risks, and just a slightly different dose of fentanyl in that bag. There's very little to no margin of error. And when they go ahead and take it to avoid withdrawal, that's when we see the doubling of overdoses."

Participants described how data-driven approaches have also been useful for improving coordination around operations. Barry Hartkopp of the Boulder (Colorado) Police Department said:

> "About six months ago, the Boulder Police Department came up with an idea of a program where we bring all our stakeholders together. We have our community health, hospital, paramedics, public health, clinics, and jail staff, including our jail reintegration groups that do rehab. We're all together now and communicating with one another. And we identified the people that need our attention most. We created a high utilizer program that identifies those people. We work very closely with our Housing and Human Services group and have our own team in the police department. We identify the groups or individuals that need help because they have been identified through our system. And collectively, we have created a program that's identifying resources for them. This is a new program. It's been going for six months, and we figure the first year is going to cost us about $5 million."

Deputy Chief Barry Hartkopp
Boulder Police Department

34. Bradley Ray et al., "Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021," *American Journal of Public Health* 113, no. 7 (2023), 750–758, https://ajph.aphapublications.org/doi/10.2105/AJPH.2023.307291.

In other places, such as Baltimore, law enforcement officials have recognized a significant overlap between the locations of overdoses and criminal violence. Lt. Col. Velte said:

> "In Baltimore, most overdoses occur in the same places as the shootings and homicides. So, when we take enforcement action against some of the violence, we also address the behaviors that increase fentanyl usage to reduce overdoses. One of the ways we do that is by addressing the void that is left when there is a seizure or an enforcement action, which can lead to additional overdoses."

Lt. Col. Robert Velte
Baltimore Police Department

In addition to coordinated drug disruption activities being a productive way to minimize opioid overdoses, they also provide opportunities for even greater disruption of the illicit opioid supply. Chief Karl Oakman of the Kansas City (Kansas) Police Department said, "When we respond to the scene of an overdose, we require detectives to notify the health department because we want to get that victim care. And we use the victim to go after the dealer. We saw violence go down because a lot of the individuals who are dealing drugs are also involved with violence, shootings, and a lot of other things."

Chief Karl Oakman
Kansas City (Kansas) Police Department

Strategy #6. Reserve drug-induced homicide prosecutions for the most serious and predatory cases.

Drug-induced homicide laws establish criminal liability for individuals who furnish or deliver controlled substances to another individual who then dies as a result.[35] As of January 2019, these laws existed in 23 states, the District of Columbia, and the federal system.[36]

These prosecutions have the goal of disrupting networks selling lethal drugs, but they also can deter people from calling for life saving assistance. Hamann discussed how she focuses their use:

> "If you had a nonaddicted drug seller who knows he's selling high doses of fentanyl to someone who could easily overdose, I think it's easy for all of us to say that's poisoning. That's a homicide. I personally do not think there is a homicide when a drug-addicted friend gives drugs as a favor to the person who overdosed. That's my opinion. There are some who take a stronger point of view. I think that's an opportunity to look for treatment for the drug-addicted supplier and to get some intelligence about the network of drug usage. You can use that to see if there are other dealers out there."

The St. Louis (Missouri) Metropolitan Police Department's "task force officers work hand in hand with the DEA and the U.S. Attorney's Office in the Eastern District of Missouri" to prosecute drug-induced homicide. Major Joe Morici noted that the U.S. Attorney "designated one attorney for overdose deaths. That attorney works with all the various police agencies surrounding the city of St. Louis. The U.S. attorney and the DEA probably handled over 20 cases a year, and they've had success in getting those cases prosecuted."

Maj. Joe Morici
St. Louis Police Department

In Los Angeles, federal prosecutors are working with the Los Angeles Police Department on opioid overdoses to make "cases up to and including homicide." Alan Hamilton, Chief of Detectives for the Los Angeles Police Department, said, "There are cases where we can't prosecute as a homicide, but they'll prosecute other federal charges, and we'll get mandatory minimum sentences that far exceed what we would get on a manslaughter." Hamilton went on to describe how even their "state partners in the attorney general's office are jumping in and helping us on some of these prosecutions."

Alan Hamilton
Chief of Detectives
Los Angeles Police Department

35. Prescription Drug Abuse Policy System, "Drug Induced Homicide Laws," last modified January 1, 2019, https://pdaps.org/datasets/drug-induced-homicide-1529945480-1549313265-1559075032.
36. Prescription Drug Abuse Policy System, "Drug Induced Homicide Laws" (see note 35).

Case Study: Asheville, North Carolina, Homicide Investigation

Case circumstances. A victim died of an overdose. The suspect had sold the victim a lethal dose of fentanyl. The suspect was aware of the potency of the drugs being sold. The case was investigated as a homicide and presented to the Assistant U.S. Attorney.

Evidence gathered. Phone data, including location services; social media posts; eyewitness accounts from victim's parents.

Case result. The suspect pleaded guilty to federal charges and received 15 years imprisonment.

"Major Crimes detectives were able to follow the checklist of things that are needed by the prosecutor to take this case and make a successful prosecution. Using cell phone data and social media, we were able to track and point the suspect at a specific location during the social media interactions that she had with other folks. The suspect was very proud of being able to sell fentanyl, and she sold fentanyl to a number of her customers. She also bragged that this fentanyl was so strong and so good that it was causing them to overdose. We were able to use all this information to then present it to the Assistant U.S. Attorney. With the combination of the investigation, photographs, text messages between the victim and the drug dealer, and the social media interaction between the drug dealer and other customers, we were able to get a conviction."

— Sonia Escobedo
Asheville (North Carolina) Police Department

Strategy #7. Use naloxone to prevent overdoses from becoming fatal.

In 2017, New Mexico became the first state to require all local and state law enforcement agencies to provide officers with naloxone kits.[37] All law enforcement in at least four additional states—Connecticut,[38] Illinois,[39] Maine,[40] and Minnesota[41]—are required to carry naloxone, and similar legislation was proposed in the state of New York.[42] Despite these statewide requirements, many law enforcement agencies are not carrying naloxone. In 2018, just 13 percent (2,340) of the nearly 18,000 law enforcement agencies in the United States reported their officers carry naloxone.[43] This number increased to nearly 2,500 in 2019; however, more recent comprehensive data are not available to assess the current prevalence of naloxone among law enforcement agencies.[44]

Law Enforcement Carrying Naloxone

Background. New York State was one of the first states to implement a statewide law enforcement naloxone administration program.

Study. Researchers reviewed 9,133 naloxone administration reports of fatal and nonfatal incidents by 5,835 unique officers in 60 counties across New York over six years from 2015 to 2020. More than 85 percent of the time, law enforcement were the first to arrive on scene, and almost 88 percent of individuals aided by naloxone survived the suspected overdose.

Implication. Law enforcement officers are an integral part of the continuum of care by providing immediate, life-saving medical care.

Source: Elham Pourtaher et al., "Naloxone Administration by Law Enforcement Officers in New York State (2015–2020)," *Harm Reduction Journal* 19 (2022), 102, https://doi.org/10.1186/s12954-022-00682-w.

37. "Law Enforcement Officers; Naloxone Rescue Kit," N.M. Stat. Ann. § 29-7-7.6 (2017), https://nmonesource.com/nmos/nmsa/en/item/4367/index.do#!fragment/zoupio-_Toc170717437/BQCwhgziBcwMYgK4DsDWszIQewE4BUBTADwBdoAvbRABwEtsBaAfX2zgEYB2ABi+4AsAZi4BKADTJspQhACKiQrgCe0AORrxEQmFwIFS1Rq069IAMp5SAIVUAlAKIAZBwDUAggDkAwg-GkwACNoUnZRUSA.
38. "An Act Concerning the Use of Opioid Antagonists by Police Officers and Studying the Use of Epinephrine Cartridge Injectors by Police Officers," Conn. Gen. Stat. § 7-294u (2021), https://www.cga.ct.gov/current/pub/chap_104.htm#sec_7-294u.
39. "An Act Concerning Health (Lali's Law)," 225 Ill. Comp. Stat. 85/19.1 (2015), https://www.ilga.gov/legislation/publicacts/99/099-0480.htm.
40. "Naloxone Hydrochloride or Another Opioid Overdose–Reversing Medication," Me. Rev. Stat. tit. 22, § 2353.3-A, https://legislature.maine.gov/statutes/22/title22sec2353.html.
41. "Opiate Antagonists; Training; Carrying; Use," Minn. Stat. § 626.8443 (2023), https://www.revisor.mn.gov/statutes/cite/626.8443.
42. "An Act to Amend the Public Health Law," New York Assembly Bill 1773 (2024), https://legiscan.com/NY/text/A01773/2023.
43. Arthur J. Lurigio, Justine Andrus, and Christy K. Scott, "The Opioid Epidemic and the Role of Law Enforcement Officers in Saving Lives," *Victims and Offenders*, 13, no. 8 (2018), 1055–1076, https://doi.org/10.1080/15564886.2018.1514552.
44. Mattie Quinn, "Most Police Still Don't Carry the Drug That Reverses an Opioid Overdose," Governing, last modified April 10, 2019, https://www.governing.com/archive/gov-naloxone-police-officers-cities.html.

Naloxone. The New Jersey State Police proactively provide naloxone to at-risk populations. They further expanded the use of naloxone in 2021 with a "leave behind" program. Any time a police officer administers naloxone, they offer to leave behind an extra naloxone kit. With the help of this program, the administration of naloxone by non–first responders has increased: According to Jason Piotrowski, in 18 percent of overdose cases, naloxone is administered before the first responder arrives:

> "My unit tracks every naloxone administration by law enforcement in the state; we also have daily data exchange with the health department and we get their data on naloxone administrations as well. We track about 15,000 administrations a year. That helps us identify spikes and respond in real time."

Sara Whaley described the studies in the sidebars "Law Enforcement Carrying Naloxone" and "Post-Overdose Response" during the meeting. New York State was one of the first to equip their officers with naloxone. The study in "Law Enforcement Carrying Naloxone" analyzed New York State's implementation of a statewide law enforcement naloxone administration program.[45]

Post-Overdose Response

Background. In addition to carrying naloxone, law enforcement agencies in the United States have developed initiatives to follow-up with individuals after nonfatal overdoses.

Study. A national survey of law enforcement agencies found that 81.7 percent equip their officers with naloxone. Among those, only one-third reported conducting follow-up visits after an overdose. In agencies that did conduct follow-up visits, the most common partner was emergency medical services.

Implication. Law enforcement officers are an integral part of the continuum of care. Partnering with first responders, clinicians, and peer recovery specialists who follow up with people after an overdose can help connect those individuals with essential services and treatment.

Source: Bradley Ray et al., "A National Survey of Law Enforcement Post-Overdose Response Efforts," *American Journal of Drug and Alcohol Abuse* 49, no. 2 (2023), 199–205, https://doi.org/10.1080/00952990.2023.2169615.

The study described in "Post-Overdose Response" revealed some regional trends: Law enforcement agencies in the South were less likely than those in the North to equip officers with naloxone. Of the agencies that report having naloxone, about a third also follow up with overdose survivors.[46] Almost all those agencies work with partners to conduct those follow-up visits. Dr. Sharfstein said:

45. Elham Pourtaher et al., "Naloxone Administration by Law Enforcement Officers in New York State (2015–2020)," *Harm Reduction Journal* 19 (2022), 102, https://doi.org/10.1186/s12954-022-00682-w.
46. Bradley Ray et al., "A National Survey of Law Enforcement Post-Overdose Response Efforts," *American Journal of Drug and Alcohol Abuse* 49, no. 2 (2023), 199–205, https://doi.org/10.1080/00952990.2023.2169615.

"Naloxone is critical. The question is what happens afterward, because naloxone doesn't actually treat the underlying addiction. In this study, almost all police departments that were following up were working with partners to do so. The most common partner was EMS. But then there are these other entities, like overdose response teams, that can follow up after the naloxone has been delivered."

Naloxone Dosing

Background. The typical naloxone dose is 4 mg; the FDA approved an 8 mg dose in 2021. Some theorized it might work better for reversing fentanyl overdoses.

Study. The New York State Police used both 8 mg and 4 mg doses. There was no difference between the two dosages in survival rates or number of doses administered, but the 8 mg dose is much more expensive. People receiving 8 mg doses experienced more severe withdrawal.

Implication. Unless evidence emerges of a marked benefit to the 8 mg dose, police departments should save money by using 4 mg doses.

Given that fentanyl is 50 times more potent than heroin, one might assume that more naloxone is needed to reverse a fentanyl overdose than a heroin overdose. However, the study described in the sidebar "Naloxone Dosing" contradicts that belief.[47] The primary observed effect of a higher dose of naloxone was a more severe withdrawal for the user after administration.

"There is not compelling evidence to justify the use of an expensive formulation of 8 mg naloxone instead of the regular, low-cost 4 mg naloxone. And so, the implication right now is to buy more regular naloxone."

— Joshua Sharfstein
Johns Hopkins Bloomberg School of Public Health

47. Emily R. Payne et al. "Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023," *Morbidity and Mortality Weekly Report* 73, no. 5 (2024), 110–113, https://www.cdc.gov/mmwr/volumes/73/wr/mm7305a4.htm.

Strategy #8. Support effective implementation of buprenorphine and other treatment programs.

Treatment of addiction is highly effective for many individuals, and law enforcement can partner with public health to facilitate access to care. The participants at the meeting spoke at length about addiction treatment that includes the medications buprenorphine and methadone (see sidebar).

Addiction Treatment with Medications

Background. Relatively few people with opioid addiction receive treatment with the medications buprenorphine and methadone. Researchers set out to determine how much this treatment gap contributes to fatal overdoses.

Study. Researchers studied more than 48,000 people in addiction treatment in Maryland. Those who received buprenorphine or methadone experienced less than one-fifth the number of fatal overdoses compared to people in treatment who did not receive these medications. Overdose rates were even higher for those not in treatment.

Implication. Police departments should encourage health systems, physicians, drug treatment programs, and correctional institutions to offer treatment with FDA-approved medications, including buprenorphine and methadone (where possible).

Source: Noa Krawczyk et al., "Opioid Agonist Treatment and Fatal Overdose Risk in a Statewide US Population Receiving Opioid Use Disorder Services," *Addiction* 115, no. 9 (2020), 1638–1694, https://doi.org/10.1111/add.14991.

Buprenorphine

What is buprenorphine? Buprenorphine, approved for use by the FDA in 2002,[48] is a medication for opioid use disorder that addresses the profound cravings that keep people using illicit drugs. In many studies conducted in the United States and around the world, the use of buprenorphine is associated with major reductions in mortality and overdose.[49] The medication is generally initiated after signs of withdrawal begin.[50] It is available in the form of a tablet, a film, or an injection, and is dosed daily for most patients—with injectable versions lasting for 14 days or an entire month.[51] Among many benefits, buprenorphine use as indicated stops opioid withdrawal symptoms, facilitating engagement with services. In addition, by virtue of its unique chemical properties, buprenorphine poses much less of a risk of fatal overdose than other opioids. (The greatest risk of fatal overdose comes when buprenorphine is used concurrently with benzodiazepines such as Ativan and valium).

48. UAMS Psychiatric Research Institute, "What is Buprenorphine?," University of Arkansas for Medical Services, accessed February 20, 2025, https://psychiatry.uams.edu/clinical-care/outpatient-care/cast/buprenorphine/.
49. Hillary Samples et al., "Buprenorphine after Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries," *American Journal of Preventive Medicine* 65, no. 1 (2023), https://doi.org/10.1016/j.amepre.2023.01.037; Eleni Domzaridou et al., "Non-fatal Overdose Risk during and after Opioid Agonist Treatment: A Primary Care Cohort Study with Linked Hospitalisation and Mortality Records," *The Lancet* 22 (2022), 100489, https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(22)00185-5/fulltext.
50. SAMHSA, "Buprenorphine," last modified March 28, 2024, https://www.samhsa.gov/substance-use/treatment/options/buprenorphine.
51. SAMHSA, "*Buprenorphine Quick Start Guide*," (Rockville, MD: Substance Abuse and Mental Health Services Administration, n.d.), https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf.

Given buprenorphine's beneficial effects—patients treated with it "are less likely to overdose, die, use illicit opioids, or spread HCV or HIV and have fewer injection drug use complications and contacts with the criminal justice system [than patients who do not receive buprenorphine]"[52]—more people, including law enforcement officers, should know about it as an option. In 2018, when he was still chief of police in Burlington, Vermont, Brandon del Pozo told Vice.com, "The number-one job of a police department is to protect and rescue its community from harm."[53]

Del Pozo supported efforts to decriminalize the exclusive possession of nonprescribed buprenorphine, which is often used informally to avoid withdrawal. People who use buprenorphine in this way are more likely to enter treatment in the future. He said:

> "When buprenorphine is in your system, if you were to somehow take fentanyl, the buprenorphine would block that from having an effect. It reduces cravings. . . . And now there's a shot that only needs to be given once a month. In terms of implications, number one, tell your cops to stop locking people up if they have some buprenorphine in their pocket without a prescription. Two, work with your local emergency departments and jails to provide buprenorphine to those who need it."

Buprenorphine and naloxone. Naloxone is a reversal agent used when someone is overdosing. Buprenorphine is a treatment for opioid use disorder that provides long term protection against overdose and supports recovery. The medications are therefore used in different circumstances.

There are two important connections between these medications. In some oral formulations of buprenorphine, there is some naloxone added to keep people from inappropriately injecting the medication. Also, public health and public safety organizations can collaborate to implement programs that provide individuals with an appropriate dose of buprenorphine immediately after they receive a dose of naloxone to lessen the withdrawal side effects. Herbert Kaldany of the New Jersey Department of Corrections says,

> "In New Jersey, the Department of Health has cooperated with law enforcement. Law enforcement carries Narcan [naloxone]. They reverse an overdose and save the life. But the patient often gets up and refuses to go to the hospital. I had law enforcement tell me they've revived somebody 10 times in one day. What's the answer? Buprenorphine. Now our EMS teams are permitted to offer buprenorphine following the Narcan. Because as soon as you give them the Narcan, they're in withdrawal. You give them the buprenorphine, they start to feel a little calmer."

52. "Initiating Buprenorphine Treatment in the Emergency Department," National Institute on Drug Abuse, last modified March 17, 2023, https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department.
53. Maia Szalavitz, "Doctors Should Be Handing Out Addiction Meds On Demand," Vice.com, last modified June 26, 2018, https://www.vice.com/en/article/buprenorphine-on-demand/.

Buprenorphine Following Naloxone

Background. Naloxone administration causes withdrawal, leaving people feeling terrible and often not interested in treatment.

Study. Some Camden, New Jersey, EMS teams administered high-dose buprenorphine following naloxone to relieve withdrawal symptoms. Those who received this treatment had 5.6 times greater likelihood of engaging in treatment.*

Implication. Police departments should talk to EMS about using high-dose buprenorphine following naloxone to increase engagement in treatment.

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* Gerard Carroll et al., "Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services," *Annals of Emergency Medicine* 81, no. 2 (2023), 165–175, https://doi.org/10.1016/j.annemergmed.2022.07.006.

Dr. Joshua Sharfstein told meeting participants that statistical evidence shows if EMS arriving on the scene of an overdose provides a dose of buprenorphine after administering naloxone, it dramatically reduces withdrawal symptoms. He says,

> "That's why states are now adopting this as EMS practice. And it's fully reasonable, I think, for police departments to ask the EMS, 'Do you have this protocol? Can you treat people with a dose and do the connection to treatment?' Because it's much more likely to be successful, and you won't see the same people repeatedly."

Buprenorphine and methadone. Methadone is another effective medication for opioid use disorder, associated with major declines in overdose and mortality. Methadone also stops opioid withdrawal, facilitating engagement in services. Some patients find that methadone reduces their cravings for opioids better than buprenorphine. A major difference is the regulatory oversight of the two medications. Methadone is only available for opioid use disorder through highly regulated Opioid Treatment Programs, whereas buprenorphine can be prescribed by any physician. In 2024, SAMHSA revised rules for methadone administration (see sidebar "Methadone Rule Revision"). These new rules expand access to this invaluable medication. Law enforcement should coordinate with providers on increasing access to methadone as part of a comprehensive plan to tackle the opioid crisis.

Methadone Rule Revision

Background. For decades, the federal government has imposed rigid rules on methadone, a highly effective medication for opioid use disorder. These rules have led to large clinics with long lines of patients, sparking community opposition. And the rules have made it hard for jails and prisons to routinely offer methadone.

What's new. The Substance Abuse and Mental Health Services Administration (SAMHSA) has completed its first major revision of methadone rules in decades.* During the COVID-19 pandemic, these rules were adjusted to permit much greater flexibility in methadone dosing, reducing the need for daily attendance and long lines. Because of the effectiveness of these adjustments, SAMHSA made the changes permanent. The rules also allow jails and prisons to use methadone for many patients without having to become or contract with opioid treatment programs.

Implication. Police departments should convene local methadone providers to talk about their implementation of the new rules. Departments should also work with jails and prisons to expand access to methadone.

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* "Methadone Take-Home Flexibilities Extension Guidance," Substance Abuse and Mental Health Services Administration, last modified November 6, 2024, https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/methadone-guidance.

Law enforcement as treatment advocates. Legislation can support the battle against opioid addiction by creating and financing new programs, outlawing abusive medical practices, imposing requirements on providers, and altering funding for existing programs. Legislators need information and technical assistance when crafting legislation or sponsoring and supporting proposed legislation. Law enforcement officials are well positioned to inform and educate legislators. Law enforcement officials can be powerful advocates for medications for opioid use disorder (MOUD) if they understand the effectiveness of medications like buprenorphine and their importance in a comprehensive plan to address opioid addiction. This advocacy is especially important for nascent MOUD programs that depend greatly on the availability of buprenorphine. (Studies published in 2022 and 2023 found that buprenorphine was available in only 41.2 percent and 57.9 percent of pharmacies, respectively.)[54] Dionna King said:

> "Before I moved to New Jersey, I worked in New York on legislation to expand the use of buprenorphine in correctional facilities, because its use wasn't the standard at that time. And one of my best advocates was Sheriff Craig Apple in Albany. There were rooms where he was more listened to than I was. So, he would join me on news channels. He would speak to the legislators. He was our most vocal champion."

54. Lucas G. Hill et al., "Availability of Buprenorphine/Naloxone Films and Naloxone Nasal Spray in Community Pharmacies in 11 U.S. States," *Drug and Alcohol Dependence* 237 (2022), https://doi.org/10.1016/j.drugalcdep.2022.109518; Scott G. Weiner et al., "Pharmacy Availability of Buprenorphine for Opioid Use Disorder Treatment in the U.S.," *JAMA Network Open* 6, no. 5 (2023), https://doi.org/10.1001/jamanetworkopen.2023.16089.

Innovative pathways to treatment

Public health and public safety participants shared novel ways for collaboration to help people who use drugs access life-saving treatment services.

Low barrier access. New Jersey is working to provide low-barrier access to MOUD by prescribing in "drop-in" spaces that offer a more comforting and culturally sensitive environment. Dionna King of Vital Strategies describes these spaces:

> "That's very important because a lot of people have historically traumatic relationships with treatment providers . . . . A Harm Reduction Center in the community can build trust and provide services in a nonjudgmental or [non]stigmatizing way. Those programs started in a pilot capacity a couple years ago, and now we're expanding to more than 50 sites."

Law Enforcement Assisted Diversion (LEAD). LEAD originated with the Seattle Police Department in 2011. It is a pre-arrest diversion program that deflects individuals at point of arrest to an initial assessment. That diversion is followed by an in-depth assessment of their needs related to mental health, job training, job placement, addiction services, housing, transportation, and child care. PERF first wrote about this program in 2014, distinguishing it from drug courts by highlighting that LEAD is a pre-booking program. The individual is disqualified from the program if they possessed more than a specified amount of drugs of if the offense cannot be characterized as nonpredatory and nonviolent. As long as the individual attends the in-depth assessment within 30 days, charges are not filed.[55]

A 2023 evaluation of LEAD sites in North Carolina examined the effect of program participation on criminal justice involvement and use of behavioral health services. Researchers found that "across the evaluation sites, our quantitative analyses demonstrated that participants who were consistently engaged with the program had 1) fewer citations and arrests, 2) more outpatient behavioral health visits for some sites, and 3) significantly higher utilization of medications for treating opioid use disorder after their referral to LEAD as compared to people who were referred but had little or no engagement with the program."[56]

Police Assisted Addiction Recovery Initiative (PAARI). PAARI is a national network of 700 police departments that "provides training, strategic guidance, support, and resources to help law enforcement agencies nationwide create non-arrest pathways to treatment and recover."[57] Founded alongside the Gloucester (Massachusetts) Police Department's Angel Program, PAARI works to reduce stigma and advocate for treating addiction as a disease rather than a crime.[58] PAARI sites have adopted various service models, including deflection, as evidenced by a 2021 evaluation of site implementation.[59]

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55. PERF, *New Challenges for Police* (see note 5).
56. Alison R. Gilber et al., *Law Enforcement Assisted Diversion (LEAD): A Multi-Site Evaluation of North Carolina LEAD Programs* (Durham, NC: Duke University School of Medicine, 2023), https://psychiatry.duke.edu/sites/default/files/2023-01/Duke%20LEAD%20Evaluation%20Full%20Report_Updated%201-24-23.pdf.
57. Police Assisted Addiction & Recovery Initiative, "Welcome to PAARI," accessed February 20, 2025, https://paariusa.org/.
58. Police Assisted Addiction & Recovery Initiative, "Welcome to PAARI" (see note 57).
59. Melissa Davoust et al., "Examining the Implementation of Police-Assisted Referral Programs for Substance Use Disorder Services in Massachusetts," *International Journal of Drug Policy* 92 (2021), 103142, https://doi.org/10.1016/j.drugpo.2021.103142.

Diversion to Treatment

Background. The Law Enforcement Assisted Diversion (LEAD) program has been shown to be effective in reducing arrest and increasing employment and housing in Seattle.

Study. Based on a similar model, the HERO HELP program in New Castle County, Delaware, increased staff from one civilian program coordinator to six employees: program coordinator, case manager, nurse, mental health counselor, child victim advocate. Statistical analyses found that 1.9 fatal and 7.3 nonfatal overdoses per month were averted because of this program expansion.

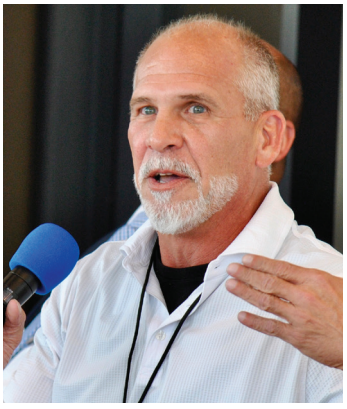
Implication. By scaling up or coordinating with civilian staff who specialize in social services and care for people with mental health and substance use disorders, law enforcement agencies can take a proactive response to addressing the overdose crisis.

Source: Ellen A. Donnelly et al., "Law Enforcement–Based Outreach and Treatment Referral as a Response to Opioid Misuse: Assessing Reductions in Overdoses and Costs," *Police Quarterly* 26, no. 3 (2023), 441–465, https://journals.sagepub.com/doi/10.1177/10986111221143784.

The New Castle County (Delaware) Police Department expanded its HERO HELP program,[60] which connects individuals with treatment, from one full-time staff member to six. A study (see sidebar "Diversion to Treatment") found that there have been 7.25 fewer nonfatal overdoses and 1.85 fewer fatal overdoses per month since the expansion.[61] Furthermore, the program averted $21 million in costs in this evaluation period by saving lives and preventing overdoses. Javier Cepeda of Johns Hopkins University explained the implication of this study was that by scaling up and coordinating with civilian staff specializing in social services and care for people with mental health and substance use disorders, law enforcement agencies can take a very proactive response to addressing the overdose crisis.

Terry Topping of the Chattanooga (Tennessee) Police Department discussed the use of recovery courts in his jurisdiction:

> "One thing I haven't heard anybody mention yet, and one of the most successful programs we utilize, is the recovery courts. When law enforcement responds to overdose calls or other crimes committed in support of SUD and criminal charges are necessary, we have been successful in diverting their sentencing into recovery court programs. The newly recovered persons are happy, healthy, and thriving and are a driving force in getting others into recovery programs, thus reducing the customer base of the drug dealers. In Chattanooga, we intend to run the drug dealers out of business, and our recovery courts are one of our many ways of making that happen."



Det. Terry Topping
Chattanooga Police Department

60. New Castle County Police Department, "HERO Help Addiction Assistance," accessed February 20, 2025, https://www.newcastlede.gov/1266/HERO-HELP-Program.
61. Ellen A. Donnelly et al., "Law Enforcement–Based Outreach and Treatment Referral as a Response to Opioid Misuse: Assessing Reductions in Overdoses and Costs," *Police Quarterly* 26, no. 4 (2023), 441–465, https://journals.sagepub.com/doi/10.1177/10986111221143784.

However, not everyone is willing to accept treatment, even when it is available and offered. As Joe Morici of the St. Louis (Missouri) Metropolitan Police Department noted,

> "We do work hand in hand with the mayor and our health department, trying to eradicate some of the issues and get people treatment. But what we're seeing is a lot of these folks don't want treatment. We go down there and they continually try to give them treatment or give them resources and some of them just don't want it. We face that problem because we can't force them to take treatment or resources."

Buprenorphine and methadone in correctional facilities. Ensuring that buprenorphine and methadone treatment are available in prisons is a critical component of a comprehensive plan. Dispensing them through approved MOUD plans helps inmates with their opioid addictions, with evidence from around the world indicating a lower likelihood of recidivism once released from incarceration.[62] Local and state governments are taking steps to establish these programs. In Massachusetts, MOUD has been available in jails since 2018 and includes more than just buprenorphine. In Essex County, Massachusetts, a methadone clinic was built inside the jail with the DEA's approval—the first jail in the country to offer in-house methadone treatment. These programs connect incarcerated people with other highly successful wraparound clinical services that address a host of problems they may encounter when they are released. Kevin Coppinger of the Essex County (Massachusetts) Sheriff's Department says:

> "We do methadone treatment, which is provided to about 32 percent of our population on a daily basis. About 65 percent are on buprenorphine, and 2 or 3 percent have the Vivitrol option.[63] And we do clinical services. Those are equally, if not more, important than just getting the medication. Inmates sit down with a social worker, then psychiatrists or other specialists, and go through the whole program. A lot of folks have co-occurring disorders. We currently offer three forms of medication assisted treatment, or MAT, inside the jail. We have 32 percent of our incarcerated population receiving methadone treatment, 65 percent receiving buprenorphine, and three percent receiving Vivitrol. Participants are also required to engage with clinical services, which is equally as important as the medication if not more so. They meet with social workers, then psychiatrists or other specialists, and are required to complete the whole program. A lot of folks have co-occurring disorders, usually in the form of mental illness."

Should courts order people to treatment?

Diversion programs, in which law enforcement offers treatment instead of jail time, are widely popular. However, during the meeting, attendees said requiring participation in such a program can be a coercive practice that is not always as effective as its advocates hope. These

62. Elizabeth A. Evans, Donna Wilson, and Peter D. Friedmann, "Recidivism and Mortality after In-Jail Buprenorphine Treatment for Opioid Use Disorder," *Drug and Alcohol Dependence* 231 (2022), 109254, https://doi.org/10.1016/j.drugalcdep.2021.109254.
63. Vivitrol is the brand name for naltrexone, a prescription medication that blocks receptors in the brain to reduce cravings for alcohol and opioids and prevent euphoria with use of those substances. "Naltrexone," Substance Abuse and Mental Health Services Administration, last modified March 29, 2024, https://www.samhsa.gov/substance-use/treatment/options/naltrexone. It differs from naloxone (also known by the brand name Narcan) in that naloxone is an emergency treatment to reverse an overdose, while naltrexone is an ongoing treatment to address addiction. "What is Naloxone?" Substance Abuse and Mental Health Services Administration, last modified March 26, 2024, https://www.samhsa.gov/substance-use/treatment/overdose-prevention/opioid-overdose-reversal.

attendees said the programs can be very valuable, but those with opioid use disorder are even better served when they are independently motivated to enter recovery than when they are essentially forced into treatment.

Sam Rivera of OnPoint NYC said:

> "Diversion programs are an entry point by force. If I'm forced to go, of course I'm going to go. Six years in prison versus a year in treatment—anybody's going to take that. I think it's celebrated way too much. And we need to figure out a different way."

It is generally preferable for people to choose to enter treatment on their own, and law enforcement can facilitate this choice by advocating to make treatment services widely accessible.

Sam Rivera
Executive Director
OnPoint NYC

Unlike post-arrest diversion, deflection (what some call "social referrals") does not involve the criminal justice system (i.e., arrest) whatsoever. When an individual is deflected, law enforcement leverages the relationships it has built with community members to refer them to community-based drug treatment and mental health services. "This affords individuals the opportunity to change the trajectory of their life without the accompanying impact of collateral consequences that come with a criminal arrest record."[64]

Strategy #9. Coordinate with overdose prevention centers.

Harm reduction is a holistic approach to support individuals "where they are," respect their humanity, build trust, and support them on the road to recovery. Susan Sherman of the Johns Hopkins Bloomberg School of Public Health said:

> "Harm reduction is person-centered. As opposed to looking at bad people or bad habits, it puts the spotlight on systems and drug supplies. It is very person-centered, trying to meet people where they are. That can literally mean on the street. It can mean meeting them where they are in dealing with their abuse, their trauma, and their mental health. The tenets and principles of service programs are really important. Services look different in different contexts, but the core tenets remain. These tenets respect individuals' experiences and incorporate that into the way that services are provided."

Safe injection and consumption sites, now more commonly known as overdose prevention centers (OPC), are a harm reduction intervention that provide people with a safe place to use drugs, with a clinician prepared to step in in the event of an overdose.[65] These centers have been controversial in some cities because, critics say, they appear to promote illegal drug use and potentially increase crime and disorder issues.

64. Jac Charlier, "Deflection: A Powerful Crime-Fighting Tool That Improves Community Relations," *Police Chief* Magazine, accessed February 20, 2025, https://www.policechiefmagazine.org/deflection-a-powerful-crime-fighting-tool-that-improves-community-relations/.
65. National Institute on Drug Abuse, "Overdose Prevention Centers," last modified August 2023, https://nida.nih.gov/research-topics/overdose-prevention-centers.

Overdose Prevention Centers (OPC)

Background. In November 2021, two overdose prevention centers were opened in New York City. In addition to offering a safe place to use drugs, the sites provide a variety of services, including case management, clinical care, drug testing, and mental health services.

Study. A study examined crime, requests for assistance for emergencies and nuisance complaints, and police enforcement reports to determine whether the sites' openings were associated with changes in nearby crime and disorder. The study found no significant changes in violent crimes or property crimes.

Implication. OPCs were not associated with significant changes in measures of crime or disorder.

Source: Aaron Chalfin, Brandon del Pozo, and David Mitre-Becerril, "Overdose Prevention Centers, Crime, and Disorder in New York City," *JAMA Network Open* 6, no. 11 (2023), https://doi.org/10.1001/jamanetworkopen.2023.42228.

The meeting included the executive director of OnPoint NYC, Sam Rivera, who discussed an innovative form of harm reduction: OPCs are a health intervention that includes numerous programs.

Services offered by the OPC include showers, clean clothing, and a place to sleep. These daily necessities are heavily used by those using the OPC, with 75 percent of participants taking advantage of them. OPCs do far more than simply avert drug use from taking place outdoors.

> "Since we've opened, we've had 140,635, plus probably a few hundred today, utilizations of the site," Rivera said. "Our research tells us that 113,000 of those people would have instead used on the street, in the community. We averted them, so all those uses happened indoors."

Experience has shown that collaboration with law enforcement is key to the success of any OPC. OnPoint NYC works with two precincts in New York City. The close relationship enables OnPoint NYC to respond to overdoses wherever they occur. The NYPD calls the OPC, and a team responds directly to the scene. OnPoint NYC also works closely with those engaging in public drug use to provide referrals as needed. The NYPD even takes individuals directly to the OPC so that they do not use drugs outside.

Dr. Jason Graham
Chief Medical Examiner
New York Office of the Medical Examiner

New York City's Chief Medical Examiner, Jason Graham, sees the value in OPCs as he balances his public health and public safety roles. Setting the politics of OPCs aside, Dr. Graham knows these centers save lives:

> "I strongly suspect that there have been a number of cases that would've otherwise ended up in my office, but for the overdose prevention centers. We medical examiners sort of sit at the crossroads of public health and public safety. We have a part to play in the criminal justice system, and a very broad public health role."

Some parts of Canada have substantial experience with OPCs, which have existed in Vancouver for more than 20 years. Phil Heard said:

> "We have over 50 OPCs and in 21 years in our province, we've only had one death at any of those centers, so they work. People who use drugs need compassion. We, as police leaders, need to ensure people are offered the help and getting the support they need."

Strategy #10. Support follow-up and follow-through on post-overdose responses.

New York City has long been a pioneer in its response to opioids through its RxStat data initiative, which now includes more than 30 city, state, and federal agencies working together. Stemming from that work, the New York City medical examiner's office has established a 360-degree approach to analyzing overdose deaths through its overdose fatality reviews—a series of confidential individual death reviews by a multidisciplinary team to facilitate a deeper understanding of any missed prevention and intervention opportunities that may have prevented the overdose death.[66]

With the assistance of social workers, the Office of Chief Medical Examiner Graham engages family members of those who have fatally overdosed to investigate and identify root causes.

> "What we are doing is performing a root cause analysis; looking at the life of a person who has died of an overdose through their family members and friends, who hold the answers to questions around the social determinants of health that affected that person throughout the entire span of their life. We're also acknowledging that the individual who has died is not the only one who's affected by the death. Those surviving family members or those within the social network of the decent are members of a unique population that is special in their sets of needs, not just grief and bereavement, but the entire spectrum of needs ranging from substance use and mental health to housing instability and unemployment, among many others, and they're relatively untouched by most other sectors of our government or our system of healthcare."

In his roles as former NYPD Deputy Commissioner for Community Partnerships and former New York City Deputy Mayor for Public Safety, Chauncey Parker worked closely with Dr. Graham and had high praise for the overdose fatality reviews.

> "Several years ago, Dr. Graham said at an overdose strategy meeting, 'I think it's too narrow to say a medical examiner's role is solely to determine the cause of death. I think we could be in the business of saving lives. We don't have timely, accurate data for fatal drug overdoses in New York City—we get it about 18 months later.' Dr. Graham said, 'But we could have timely fatal overdose data. The day that a body comes to the morgue, I can tell you with 90 percent accuracy and within 48 hours if that was a drug overdose.'"

The subsequent follow-up with families and access to services is often referred to as "post-overdose response" and is often carried out by multidisciplinary teams. Within about 72 hours of an overdose, the post-overdose response team conducts outreach and offers services to the individual who has overdosed. The team's goal is to prevent future overdose events by

66. Melissa Heinen and Mallory O'Brien, *Overdose Fatality Review: A Practitioner's Guide to Implementation* (Washington, DC: Bureau of Justice Assistance, 2020), https://www.ofrtools.org/toolkits/toolkit-detail-overview.

connecting the person who overdosed and their immediate family and friends with resources.[67] In Newark, New Jersey, an existing violence interrupter program was used to house a post-overdose response team. Dionna King said:

Dionna King
Senior Technical Adviser
Overdose Prevention Program
Vital Strategies

> "We approached the Newark Community Street Team, a violence interruption group, about integrating overdose response into their model, because they already had trauma counselors, community partnerships, and acted as trusted brokers. We provided training for them and worked with law enforcement on integrating the group into the dispatch system. We set up collaboration between university hospitals so that we have the imperative medical service for overdoses. They go out two days a week and respond to overdoses in the community. They work with the person who experienced the overdose, along with their family, peers, and everyone else in their network, to connect them to services after the fact."

Sara Whaley of Johns Hopkins University described the continuum of care offered by these programs:

Sara Whaley
Senior Practice Associate
Johns Hopkins University

> "An overdose is a critical moment of care that can stimulate behavior change. Overdose response teams are a critical piece of this continuum of care puzzle. So, for agencies that are engaging in post-overdose response or are partnering with first responders, clinicians, or peer specialists, this can be a really important piece of a continuum of care."

Community Responder Program. Another essential strategy in New Jersey has been a non–law enforcement community responder program. Many individuals, particularly those from historically marginalized communities, may be reluctant to call 911 in the instance of a drug overdose because they are afraid they or someone else at the scene may be arrested for drug possession or usage. Delays in calling 911 can lead to deaths.

The wraparound services offered by these response teams not only address the harm of the overdose but also build trust between health care workers, treatment providers, and people who use drugs. These teams are expanding in the state.

Strategy #11. Use peer navigator programs.

Treatment is effective only if it meets the needs of those entering recovery, and traditional treatment often falls short of meeting those needs. A peer navigator program can help improve outcomes. MOUD, such as buprenorphine, are only effective if the medication is

67. Jennifer J. Carroll, *Post-Overdose Response Teams* (Washington, DC: National Association of Counties, 2023), https://www.naco.org/resource/osc-port.

taken; a peer navigator—someone in recovery, who may themselves have formerly been incarcerated—can help ensure users make and attend their appointments. Herbert Kaldany of the New Jersey Department of Corrections said:

Herbert Kaldany
Executive Director, Healthcare Compliance Unit
New Jersey Department of Corrections

> "Six months prior to release, we [NJ DOC through contracts with community peer navigators] connect people with opioid use disorders with a peer navigator. We've been doing this since 2018. The peer navigator will literally hold their hands until they can get to their first appointment. Before I had the peer navigators, and I had buprenorphine and methadone available, I had three [cases of] overdoses within the first 48 hours of release from prison. NJ DOC now permits our contracted peer navigators to pick up a released offender from prison and take them to their home to ensure their safety. They also offer a three-month prepaid cell phone to the released offender when escorting them home in order to be able to conduct a daily check-in call to enhance safety. Those phones have all types of crisis phone numbers preloaded to add to the self-help options of that released person. These two measures have made a tremendous impact in reducing post-release overdoses."

Kevin Coppinger of the Essex County Sheriff's Department added:

Sheriff Kevin Coppinger
Essex County Sheriff's Department

> "In our STAR Program, Supporting Transition and Re-Entry, our peer navigators are hugely successful, as well as the 300-plus partners that we have in our 34 cities and towns in our county. The partnerships we have made with the local police have been immense. And that's where the rubber meets the road, at least when people are coming out of jail. We share overdose and release information with local law enforcement so that when someone comes out of our facilities and goes back to their community, local police know who's coming back and can keep a close eye on them. STAR also has an option for local police to bring those not yet involved in the criminal justice system in for much-needed services. If the person is not on MAT, we can hook them up. If they haven't taken advantage of those clinical services I mentioned before, we can connect them using the navigators. We have experienced really good progress on this and have seen a significant decrease in recidivism."

Conclusion

The CDC's May 15, 2024, preliminary estimates of drug overdose fatalities in the United States for all of 2023, issued on the eve of PERF's meeting, gave participants state-by-state reference points for evaluating law enforcement's efforts to combat the opioid crisis. Statistics showing a nearly 3 percent decline in overdose deaths nationwide from the previous calendar year, **the first decline since 2018,** reinforced participants' view that **strategies that merge public safety and public health are favorably impacting the crisis.** Meeting participants did note that the reality—that tens of thousands of people had nevertheless died from overdoses in the previous year—served as a stark reminder that more action is necessary. But they, and others in departments around the country, have taken more action, and they've seen encouraging results.

Overdose deaths have continued to come down since the meeting. They fell steeply throughout 2024 and 2025, and based on the most recent data available, there were almost 27 percent fewer drug overdose deaths between March 2024 and March 2025 than there had been in the previous year and almost 35 percent fewer deaths due to opioid overdoses in particular.[68] In fact, **the provisional figure for opioid overdose deaths in March 2024–2025 was less than 50,000.** There haven't been that few fatal opioid overdoses in the United States since November 2018–2019, before the pandemic.[69] **Overdose deaths in general have come down almost to pre-pandemic levels** as well: 74,972 Americans died from overdoses of all drugs in the year ending March 2025. That's the lowest number since the year ending April 2020, and at this rate that figure will soon sink below 71,000, where they were in late 2019—and hopefully keep falling.[70]

What's needed to keep the progress going is for law enforcement and public health to find common ground. As Commissioner Bethel noted in the discussion of the Kensington neighborhood in the sidebar on page 25, having all the experts in the world working on an issue won't solve it if they aren't working together. **But in the worst days of the opioid epidemic,**

68. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).
69. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).
70. National Center for Health Statistics, "Provisional Drug Overdose Death Counts" (see note 1).

police and doctors and parents and teachers and social workers did work together. They developed interventions and diversion programs that persuade people not to use drugs in the first place. They distributed naloxone and other opioid antagonists that can keep overdoses from becoming fatal. They shut down the import routes by which dangerous drugs are entering the marketplace, especially counterfeit medications that can contain lethal doses of unknown chemicals. And they cared for people in the grip of addiction and set them on the road to recovery.

That was the context in which PERF convened its meeting in May 2024. The discussion of existing programs and research findings as well as innovative approaches led to the 11 strategies and practices recommended in this report. Public safety and public health professionals can deploy these initiatives to more effectively address the opioid crisis in their communities. At the core of these initiatives is clear recognition that **success in this area is best achieved when public safety and public health collaborate through data sharing, cross training, and treatment referrals. And when there is a fundamental realization that communities deserve both health *and* safety.**

PERF has learned that when law enforcement and their public health partners adopt these cooperative strategies, they are able to help reduce drug overdoses. It's simple to say, but it takes everyone's combined dedication to make it a reality. To paraphrase one of the meeting participants: The challenge is pulling all of us together to look at one map at the same time. But **working together is the recipe for our collective success.**

Appendix. Meeting Participants

Sandra Bagwell
Advocate for Fentanyl Awareness
Texas Against Fentanyl

Grant Baldwin
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Centers for Disease Control and Prevention

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Police Commissioner
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New York Office of the Chief Medical Examiner

Zoe Grover
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Police Assisted Addiction and Recovery Initiative

Kristine Hamann
Executive Director
Prosecutors' Center for Excellence

Alan Hamilton
Chief of Detectives
Los Angeles Police Department

Barry Hartkopp
Deputy Chief
Boulder (CO) Police Department

Phil Heard
Inspector
Vancouver (BC) Police Department

Kalyn Hill
Senior Policy Advisor
Bureau of Justice Assistance

Jason Jones
Lieutenant
Portland (OR) Police Bureau

Herbert Kaldany
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Drug Enforcement Agency, U.S. Department of Justice

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Chauncey Parker
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New York/New Jersey High Intensity Drug Trafficking Area

Brian Peete
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Jarad Phelps
Deputy Chief of Police
Prince William County (VA) Police Department

Jason Piotrowski
Executive Officer
New Jersey State Police

Joseph Puglia
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Tucson (AZ) Police Department

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Wesley Barden Touhy
Executive Director
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Robert Velte
Lieutenant Colonel
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Chuck Wexler
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Michael Yaniero
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Jacksonville (NC) Police Department

The Police Executive Research Forum

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 reducing police use of force; developing community policing and problem-oriented policing; using technologies to deliver police services to the community; and developing and assessing crime reduction strategies.

Over the past decade, PERF has led efforts to reduce police use of force through its Guiding Principles on Use of Force[71] and Integrating Communications, Assessment, and Tactics (ICAT) training program.[72] 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. The nature of PERF's work can be seen in the reports PERF has published over the years. Most of these reports are available without charge online.[73] All the titles in the Critical Issues in Policing series can be found at the end of this report and on the PERF website.[74] Recent reports include Managing Officer-Involved Critical Incidents: Guidelines to Achieve Consistency, Transparency, and Fairness,[75] The Carjacking Crisis: Identifying Causes and Response Strategies,[76] and Embracing Civilianization: Integrating Professional Staff to Advance Modern Policing.[77]

71. PERF, *Guiding Principles on Use of Force*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2016), https://www.policeforum.org/assets/guidingprinciples1.pdf.
72. PERF, "ICAT: Integrating Communications, Assessment, and Tactics," accessed February 13, 2025, https://www.policeforum.org/icat.
73. PERF, "PERF Reports," accessed February 13, 2025, http://www.policeforum.org/free-onlinedocuments.
74. PERF, "Critical Issues in Policing Series," accessed February 13, 2025, https://www.policeforum.org/critical-issues-series.
75. PERF, *Managing Officer-Involved Critical Incidents*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2025), https://www.policeforum.org/assets/ManagingOICIs.pdf.
76. PERF, *The Carjacking Crisis*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2024), https://www.policeforum.org/assets/Carjacking.pdf.
77. PERF, *Embracing Civilianization*, Critical Issues in Policing (Washington, DC: Police Executive Research Forum, 2024), https://www.policeforum.org/assets/Civilianization.pdf.

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,[78] a three-week executive development program; and provides executive search services to governments looking to conduct national searches for their next police chief.

All PERF's work benefits from its 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 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.

78. "Senior Management Institute for Police," Police Executive Research Forum, accessed May 14, 2025, https://www.policeforum.org/smip.

The Motorola Solutions Foundation

As the charitable and philanthropic arm of Motorola Solutions, the Motorola Solutions Foundation partners with organizations around the world to create safer cities and thriving communities. We focus on giving back through strategic grants, employee volunteerism, and other community investment initiatives. Our strategic grants program supports organizations that offer first responder programming and technology and engineering education, and align to our values of accountability, innovation, impact, and inclusion.

For more information on the Foundation, visit https://www.motorolasolutions.com/foundation.

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Following is a list of previous reports in the Critical Issues in Policing series, supported by the Motorola Solutions Foundation.

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- Call for Help: Treatment Centers for Police Officers (2025)
- Managing Officer-Involved Critical Incidents: Guidelines to Achieve Consistency, Transparency, and Fairness
- The Carjacking Crisis: Identifying Causes and Response Strategies
- Embracing Civilianization: Integrating Professional Staff to Advance Modern Policing
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- Chapter 2: How Police Chiefs and Sheriffs Are Finding Meaning and Purpose in the Next Stage of Their Careers

- Reducing Gun Violence: What Works, and What Can Be Done Now
- Promoting Excellence in First-Line Supervision: New Approaches to Selection, Training, and Leadership Development
- The Police Response to Homelessness
- The Changing Nature of Crime and Criminal Investigations
- The Revolution in Emergency Communications
- ICAT: Integrating Communications, Assessment, and Tactics
- Guiding Principles on Use of Force
- Advice from Police Chiefs and Community Leaders on Building Trust: "Ask for Help, Work Together, and Show Respect"
- Re-Engineering Training on Police Use of Force
- Defining Moments for Police Chiefs
- New Challenges for Police: A Heroin Epidemic and Changing Attitudes Toward Marijuana
- The Role of Local Law Enforcement
- Agencies in Preventing and Investigating Cybercrime
- The Police Response to Active Shooter Incidents
- Civil Rights Investigations of Local Police: Lessons Learned
- Policing and the Economic Downturn: Striving for Efficiency Is the New Normal
- An Integrated Approach to DeEscalation and Minimizing Use of Force
- Improving the Police Response to Sexual Assault
- How Are Innovations in Technology Transforming Policing?
- Labor-Management Relations in Policing: Looking to the Future and Finding Common Ground
- Managing Major Events: Best Practices from the Field
- Is the Economic Downturn Fundamentally Changing How We Police?
- Guns and Crime: Breaking New Ground By Focusing on the Local Impact
- Gang Violence: The Police Role in Developing Community-Wide Solutions
- Violent Crime and the Economic Crisis: Police Chiefs Face a New Challenge — PART I and II
- Violent Crime in America: What We Know About Hot Spots Enforcement
- Police Chiefs and Sheriffs Speak Out on Local Immigration Enforcement
- Violent Crime in America: "A Tale of Two Cities"
- Police Planning for an Influenza Pandemic: Case Studies and Recommendations from the Field
- Strategies for Resolving Conflict and Minimizing Use of Force
- Patrol-Level Response to a Suicide
- Bomb Threat: Guidelines for Consideration
- Violent Crime in America: 24 Months of Alarming Trends
- A Gathering Storm — Violent Crime in America
- Police Management of Mass Demonstrations
- Exploring the Challenges of Police Use of Force
- Challenge to Change: The 21st Century Policing Project

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