

SUBJECT TO DEBATE

A NEWSLETTER OF THE POLICE EXECUTIVE RESEARCH FORUM



2014 PERF Annual Meeting
May 28-30
San Francisco

VOL. 28, NO. 2 | MARCH/APRIL 2014



Police Chiefs and Federal Leaders Focus on Heroin Epidemic at PERF Summit

POLICE EXECUTIVES FROM ACROSS THE NATION AND top officials of the U.S. Justice Department and other agencies, including Attorney General Eric Holder, came together in Washington on April 16 at a PERF National Summit on Illegal Drugs.

For several hours, participants worked to devise an approach to confronting the national epidemic of heroin abuse. In many cities and towns of all sizes, heroin overdose deaths currently outnumber homicides or deaths from motor vehicle crashes.

Vermont Governor Peter Shumlin devoted his entire State of the State address in January to what he called the “heartbreaking crisis” of young people becoming addicted to Oxycontin or other prescription opiate drugs, and then switching to cheap heroin because the prescription drugs are prohibitively expensive on the street. Every week, more than \$2 million worth of heroin and other opiates are being trafficked into Vermont, Shumlin said.

In Massachusetts, Gov. Deval Patrick in March declared a public health emergency regarding heroin overdoses.

The participants at PERF’s meeting discussed the role that local police should take in addressing the heroin crisis, and the

challenges they face—including the fact that there is very little national information available about the crisis. Basic statistics are several years old. Even at the local level, police do not know the full extent of the problem because they only know about the overdoses that come to their attention when people call the police. Hospitals often refuse to provide information because officials believe federal law bars them from sharing medical records.

PERF’s Summit was the most recent project in the Critical Issues in Policing Series, supported by the Motorola Solutions Foundation. PERF is producing a full report on the Summit, including the afternoon sessions that focused on the legalization and decriminalization of marijuana and medical marijuana.

Following are excerpts from the discussion of the heroin epidemic:

**PHILADELPHIA POLICE COMMISSIONER
AND PERF PRESIDENT CHUCK RAMSEY:**
High Purity Levels Result in Overdoses

Philadelphia, like many other cities, has experienced a surge in heroin. We are considered a distribution point along the East

>> continued on page 3

ATTORNEY GENERAL ERIC HOLDER:

Thanks to PERF for Bringing Us Together To Address the Heroin Epidemic

Thank you, Chuck [Wexler], for your exemplary leadership over the past two decades as Executive Director of PERF. I also want to thank my good friend, Philadelphia Police Commissioner Chuck Ramsey, for his outstanding work as this organization's President.

Since its founding in 1976—the same year I reported for work as a line attorney in the Justice Department's Public Integrity Section—PERF has worked hard to strengthen community policing, to minimize the use of force, and to guide and inform our national debate about criminal justice issues. Your members and leaders have promoted the highest standards of integrity, professionalism, accountability, and ethics. And your consistent emphasis on proven, data-driven policing strategies and practices has bolstered the efficiency and the effectiveness of departments throughout the nation.

That's why I'm so proud to stand with you today—as this Forum convenes once again to discuss one of the most urgent and complex challenges facing public safety professionals in this country: the question of how best to combat illegal drug use—and confront the stunning rise in heroin and prescription opiate overdose deaths that so many of you have witnessed in the jurisdictions you serve.

Especially over the last few years, we've come to understand that the cycle of heroin abuse all too often begins with prescription opiate abuse. From practitioners who illegally dispense prescriptions, to pharmacists who knowingly fill them, from notorious "pill mills," to unscrupulous distributors that send controlled substances downstream without due diligence, the Drug Enforcement Administration is standing vigilant against anyone who would divert prescription opiates from their legitimate use.

[M]y colleagues and I understand, as you do, that although vigorous enforcement will always be critical, enforcement on its own will never be enough. That's why we're partnering with leaders like you, and organizations like PERF, to increase our support for education, prevention, and treatment.

For example, in Ohio's Northern District, our U.S. Attorney convened a summit at the Cleveland Clinic to bring together law enforcement and public health professionals to confront


that area's 400-percent rise in heroin-related deaths. Another U.S. Attorney's Office, in Vermont, partnered with a family whose young son tragically lost his life to a heroin overdose. Together, they created an award-winning documentary, called "The Opiate Effect," to raise awareness about the devastating consequences of opiate abuse. This powerful video has already reached more than 50,000 people.

But as law enforcement leaders, each of us has an obligation to do more. That's why, today, I'm calling on all first responders—including state and local law enforcement agencies—to train and equip their men and women on the front lines to use the overdose-reversal drug known as naloxone.

When administered in a timely manner, naloxone can restore breathing to someone experiencing a heroin or opioid overdose. This critical tool can save lives. To date, a total of 17 states and the District of Columbia have taken steps to increase access to naloxone, resulting in over 10,000 overdose reversals since 2001. And I urge state policymakers and local leaders throughout the nation to take additional steps to increase the availability of naloxone among first responders.

After all, it's only by working together—and adopting a holistic approach—that we can confront this crisis, strengthen our communities, and save lives. In every case and circumstance, our efforts will continue to be guided by the recognition that while smart law enforcement will always play a critical role in protecting communities from drug crime, we will never be able to arrest or incarcerate our way to becoming a safer nation.

We'll keep relying on innovative leaders like you to apply 21st Century solutions to 21st Century problems. And we'll never stop driving investments in the kinds of groundbreaking research and data-driven strategies that so many of you have long championed.

This afternoon, as we come together to discuss this work, I want you to know how proud, and humbled, I am to count you as colleagues and partners. I thank you and all of this Forum's members once again for your service, your leadership, and your patriotism. 



Coast. The purity level of the heroin that we're seizing at the wholesale level is around 87 to 90 percent. Even at the street level, it's in the low 70s. It is a huge problem with more and more overdoses. About 30 percent of the drug-related deaths from overdoses in Philadelphia are heroin-related. We work very closely with the DEA, and the Philadelphia-Camden High-Intensity Drug Trafficking Area is dealing with this issue. So this is very timely to have this discussion.

Chuck Wexler: *Many of you who have been tracking drug issues for years know that 80 to 90 percent purity is a very high number. This is a significant factor in the staggering number of people who are dying of overdoses around the country.*

Commissioner Ramsey: Yes, back in the 1970s when I was working narcotics in Chicago, the old "Mexican mud," as we called it, was 2 or 3 percent purity. DEA was actually seizing heroin as it was being sent back across the border into Mexico—loads that were rejected because the purity was so low. So this is a heck of an increase in purity that is resulting in a lot of problems. And heroin is cheaper than the opioid pills. The pills in Philadelphia have gone up about 50 percent in price, while the price of heroin has gone down. Heroin is about \$57,000 a kilo in Philadelphia; it was \$100,000 in 2007.

There's also a change in who's using heroin. College kids are using it. They're snorting it primarily, and they don't think they're "junkies" because they're not mainlining. But they still get hooked on it and they overdose.

ADMINISTRATOR MICHELE M. LEONHART, U.S. DRUG ENFORCEMENT ADMINISTRATION:

Young People Think Drug Abuse Is Not Harmful

What keeps me up at night is this changing perception that we see, especially among young people, that you can take drugs and it's not harmful. We know from every study that when kids and young adults start perceiving that there's no harm in taking drugs, we see drug abuse rates rise. And that's exactly what's happening now.

We have this exploding prescription drug and heroin problem. In the body and the



brain, there's no difference between taking an opiate in pill form and shooting heroin. Either way, you can become an opium addict. Over 80 percent of the people who have started using heroin in the last several years started with prescription drugs. And the reason you're seeing this on the streets in your communities is that people switch to heroin because it is cheaper and more easily available than prescription opiates on the street.

In the 1970s and 1980s, the sources of opium were across the world, in Southeast and Southwest Asia. Today, the two primary sources are Colombia and Mexico. These poly-drug organizations—the same ones that brought meth, marijuana and cocaine to your communities—now are bringing heroin right to your town. Mexican trafficking organizations and the organizations that have roots and distribution centers all across our country now bring in about 50 percent of all the heroin on the street. It's grown in Mexico and trafficked by the Mexican traffickers.

Wexler: *Why does it make a difference where it comes from?*

Administrator Leonhart: Here's why: When we had heroin coming from Southeast and Southwest Asia, those trafficking organizations were limited to certain large cities in the United States. They didn't have distribution centers set up; they didn't have routes into rural America. The Mexican traffickers, on the other hand, have moved meth and coke and marijuana into these parts of the country, and now they are following the heroin market. They are exploiting the demand for heroin on the street.

FBI DIRECTOR JAMES B. COMEY:

Many FBI Field Offices Are Seeing Heroin Problems

In my seven months on the job as director, I've been to 25 of my field offices, and in every single place I've visited, whether it's Mississippi, California, or Ohio, I've heard about heroin.

Federal and state partners are saying the same thing: Heroin today is an urban thing and a suburban thing. It's a black and white thing, a rich and poor thing. It's everywhere and everybody.

I believe that the federal government must have a government-wide approach. We need to figure out how we can support all our state and local partners. It makes sense to me that the DEA takes the lead on this issue, and the FBI also has a role to play.

We can't arrest our way out of this problem, but arrests, especially when focused on international trafficking organizations, are a huge part of the solution. Arrests provide the pressure that makes all the other elements of our response to the heroin scourge more effective.



So the FBI is trying to figure out where we can make a hit that makes the most sense. I've asked each of my 56 Special Agents in Charge to talk to you and our other local partners in each of our field offices, to determine how the FBI can best assist your efforts. I don't think we have determined quite yet how exactly we want to have a government-wide approach federally, but we need to have one.

I'm very grateful to PERF for bringing this meeting together. This is the first time we've discussed this issue in this way, with all aspects of law enforcement coming together to share our stories and figuring out how we can respond together.

GEOFFREY LAREDO, SENIOR ADVISOR TO THE DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE:

There Were 207 Million Opiate Prescriptions in 2013

We've had a quadrupling of overdose deaths between 1999 and 2010, to approximately 16,000 a year.

Wexler: 2010? So we don't have current data. It has gotten worse since then, right?

Mr. Laredo: We think so. In 2013, there were 207 million prescriptions for opiates. That's a pretty damn big number when you think about the nation's population [of 314 million].



LYNN, MA CHIEF KEVIN COPPINGER:

Some Addicts Begin Search for Their Next High Immediately After Narcan Saves Their Life

We've been seeing problems with heroin for over 20 years. In the last couple years, it has skyrocketed. The City of Lynn is about eight miles north of Boston. We have about 90,000 people and 193 police officers.

We investigate every overdose that we know of. But with HIPAA laws [the federal Health Insurance Portability and Accountability Act of 1996, which contains provisions to ensure privacy of medical data], we're not always notified. In 2012, we had 118 heroin-related overdoses that we know about, and 24 were fatal. Those numbers spiked to 188 total overdoses in 2013 with 19 deaths recorded to date. I suspect the number of fatalities will increase once final toxicology reports come back from the M.E.'s Office.



Wexler: How many homicides do you have in the City of Lynn?

Chief Coppinger: Last year we had two. This year, unfortunately, we've had three so far.

Wexler: So which is the bigger problem?

Chief Coppinger: The overdoses are the bigger problem obviously. And this affects all walks of life. It's not just people from blue-collar backgrounds. We have a methadone clinic in Lynn, and if you go down in the morning and watch, you see men in business suits, you see soccer moms, you see people from all walks of life. It's not just what you would consider the "street addicts." It's everybody.

Wexler: How are the bad guys finding Lynn, Massachusetts, population 90,000 people?

Coppinger: Unfortunately, Lynn is known as a source city. You can buy heroin very cheaply. You can get a dosage unit for five or six dollars.

We have a lot of social service agencies in Lynn, and they provide good services to people with addiction problems. I've been told that the average success rate for a heroin-addicted person going into rehab is between 20 and 30 percent.

We don't issue Narcan to police officers, but we are looking into it. The Lynn Fire Department and the private ambulance services have Narcan, and if you haven't seen it, it's an amazing drug. You can have someone on the ground, unconscious, unresponsive, and you hit them with the Narcan and they get up.

And oftentimes they are mad as hell because you just ruined their high. They won't go to the hospital. Even though they almost died, they're determined to go find the money to get more heroin and get that high again.

One of the other problems we have is that some of the social service agencies give Narcan to street addicts and tell them that if they shoot up, they should "shoot up with a buddy." But it becomes a question of addicts taking a higher dose of heroin, knowing that the Narcan can save them if they overdose.

So are we enabling? Or are we trying to prevent drug abuse? The key to the solution, in my opinion, is prevention.

TAUNTON, MA CHIEF EDWARD WALSH:

My Town of 55,000 Has Had 9 Fatalities This Year

Taunton has a population of about 55,000, and I was shocked to find I've had more heroin overdose deaths this year than Washington, D.C. Taunton has had nine fatalities so far this year. My numbers are through the roof from last year.



We have transitioned from heroin being “street users” to “it’s everybody and everywhere.” Heroin is penetrating every social strata. And I can buy heroin cheaper than a Happy Meal at McDonald’s.

WOBURN, MA CHIEF ROBERT FERULLO:

We’ve Had 8 Deaths in 2 Months

Woburn has about 40,000 people. Through the end of February, we’ve had 23 overdoses resulting in 8 deaths. These aren’t people on the street. We respond to office buildings. A senior executive overdosed in the bathroom at lunch time.

Police agencies in the region are working together closely as a group, with all the cities in a task force-like operation. But we’ve had more overdoses this year than we had all of last year.



FALL RIVER, MA POLICE CHIEF DANIEL RACINE:

Overdose Deaths Are an Old Problem in Fall River

Fall River has about 90,000 people. It was once a textile magnet, but that has gone over to China, so we have a lot of poverty and a significant crime rate. We have about 385 overdose-related calls for service per year, with about 20 to 25 deaths. Heroin is second only to pills on overdose calls, and it’s a close second. Heroin is \$5 a bag, very cheap.

Unfortunately, this is nothing new to Fall River. It has been going on since I was a kid. The numbers have been consistent over the last 20 years. This is not a spike in Fall River.



VERMONT STATE POLICE COL. THOMAS L’ESPÉRANCE:

Our Governor Ripped the Lid Off the Heroin Issue

The governor of Vermont, as you know, spent his entire State of the State address this year talking about heroin. As I listened to the speech, I kept waiting for him to shift his discussion to jobs, the economy, health care, and other topics.

But he kept talking about heroin, and I realized that heroin impacts all of those other issues. Governor Shumlin’s speech ripped the lid off of the heroin issue.

Now doctors are being held accountable, as well as treatment facilities and prevention programs. And the discussion is

turning to expanding the role of police in treatment. We are the Number 1 source of referrals to drug treatment.

We need to get more proactive in post-arrest interviews. When we arrest someone for a crime that is not going to send them to jail, if they have a drug addiction, we need to get them into treatment.



BURLINGTON, VT CHIEF MICHAEL SCHIRLING:

Heroin Usually Begins with Prescription Pills

We are a small city of 40,000 people with 100 officers, but we have commensurate-size problems. Our federal prosecutions for heroin are up five-fold in the last two years. Ten years ago when we had what we considered a heroin “surge,” seizing 200 to 400 bags at a clip was a big deal. We’re now in the 10,000-bag-per-seizure arena. We’re hearing of kilo quantities coming into Vermont and being split, going south to Rutland and north to Burlington.

The price of heroin is much higher in Vermont than in Massachusetts. We’re in the \$20 per bag range or as high as \$30.

We hear very consistently from the addicts and families that prescription pills were the first foray into opiate use—for example, kids who had wisdom teeth taken out, took an opiate prescription, got hooked immediately as a result of their particular physiology, and then deteriorated.

And keeping up an opiate habit at \$80 a pill is too much, so they switch to the cheaper heroin.



RUTLAND, VT CHIEF JAMES BAKER:

1 Million Oxycodone Pills for 60,000 People

To put this in perspective, in 2011 in Rutland County, there were 1 million oxycodone tablets prescribed to a population of about 60,000.

As we talk to people who are coming into our facility under arrest, I have not talked to a parent or someone in custody related to heroin who does *not* start the story



by saying, “It started with pills.” The parents of these young people are at their wits’ end.

Our primary source city is New York City. Young males buy heroin in New York for a couple dollars a bag, and they sell it on the streets of Rutland for \$15 to \$20 or more. So they can pick up 1,000 bags of heroin in New York for a \$2,000 investment and sell it for \$20,000.

The demand is so significant in Rutland. We just opened up a methadone clinic. It’s going to serve primarily the Rutland City and Rutland County area, and they’re geared up to take 400 clients.

CAMDEN COUNTY, NJ CHIEF SCOTT THOMSON:

Most Fatal ODs in Camden Are from Out of Town

Camden has 77,000 people, and in 9 square miles we have about 150 open-air drug markets. Over the last 24 months we have seen a transition in our open-air drug markets to a predominance of heroin and pills. Our overdose rates have increased 91 percent over that same time frame. Because of the demand for heroin, many of the cocaine dealers are trying to broaden their own market to include heroin, which has spurred gang violence for us.



At the rate I am going this year, I will have more kids from suburbia die on my streets with a syringe in their arm than inner-city youths dying from gang violence.

In the first quarter of this year, I’ve had 16 overdose deaths, and 15 of them were not residents of Camden. I’ve had 120 overdoses, and 85 percent of them were not from my city. Camden is a retail source city for heroin.

DIRECTOR CHAUNCEY PARKER, NY/NJ HIDTA

We Try to Take a Compstat Approach to Drug Abuse

Wexler: Chauncey, you’re head of the New York/New Jersey HIDTA. What’s your take on the heroin problem?

Chauncey Parker: In New York City, we had over 730 people die of overdoses in 2012, compared to 419 who died of murder. In New York City, under the leadership of the Mayor and NYC Department of Health, we’re asking, “Can we approach drug overdoses like Compstat, and try to reduce overdoses the way we try to reduce murders and other crimes?” We have about 20 public health and public safety agencies at the table each month, sharing data and ideas. We drill down and try to figure out what’s causing those deaths and what kind of strategies we can develop.

Most of the strategies for reducing overdoses are going to be public health strategies, particularly treatment and prevention. It’s not going to be primarily a law enforcement response.

But police and prosecutors are at the table with everyone else, looking at the same data and trying to develop strategies to reduce the deaths.



But unlike Compstat where we have daily or weekly crime reports, the drug overdose data is often too old—2011, 2012 at best. What could be more important than quickly tracking the number of people who die? **We need to get timely, accurate data to figure out exactly what’s happening, just like law enforcement does with Compstat. If your data is two or three years old, you don’t get a sense of urgency or the opportunity to implement timely and effective strategies to address the problem.**

Wexler: Does it surprise anyone that drug overdoses today outnumber murder or car accident fatalities?

Parker: I think the police know as well as anyone the scope and depth of this epidemic. The police, like other emergency responders, are on the front lines and see the consequences of drug abuse every day. At times it seems like they are like Cassandra standing outside the gates of Troy, yelling the warnings, but very few people are paying attention.

PHILADELPHIA POLICE COMMISSIONER AND PERF PRESIDENT CHUCK RAMSEY:

We Don’t Need the Names of Overdose Victims, We Just Need the Numbers

Wexler: Commissioner Ramsey, is heroin a police problem? Is this a proper role for police officers? Or should this be a role for fire departments and EMS?

Commissioner Ramsey: I think it’s a role for both police and fire/EMS. I think it’s a question of whoever gets there first. In many cases, police get to the scene faster than the Fire Department, so I think it’s appropriate that the police should carry Narcan, as well as the fire personnel. We carry tourniquets, and we’ve saved the lives of a lot of gunshot victims. Our job is to save lives, and that’s what it boils down to.

The part of this I don’t understand is why we are dealing with data that’s three years old. It takes me back to the pre-Compstat days, when the data we got was very dated, and there was no way to make deployment decisions and other decisions to respond to crime with this old data.

We’re talking about 2010–2011 data on heroin overdoses, and we all know that it’s a lot worse now, but we don’t have the details. It’s the middle of April right now—we should have data up to the end of March. We don’t need to violate HIPAA. I’m not asking for the names of people who are overdosing; I just need the numbers, so I can target the areas of the city where the problem is most significant. In a department my size, cost is an

issue. These Narcan kits are not cheap, and it's a new issue, so we haven't budgeted for it yet. So if I'm going to roll it out, I want to roll it out in the areas of the city that have the highest frequency of overdoses.

HOWARD COUNTY, MD DEPUTY CHIEF MERRITT BENDER: *We Are Missing the Data on "Walk-Ins" at Hospitals*

Wexler: *What exactly is the information we are missing about overdoses?*

Chief Bender: We do real well working with our medical examiner, fire department and health department in getting information about overdoses they encounter. The information we are missing is the walk-ins to the hospitals. And the hospitals tell us that because of HIPAA, they cannot give us the information that we are looking for.



FORMER SAN DIEGO CHIEF BILL LANSDOWNE: *Police Must Be Involved Because We Are the First Responders*

What really keeps our communities safe is our cops. When something bad happens at 3 o'clock in the morning or on Christmas Day, police are the only ones who will respond to a call. Police are the ones who give advice and provide help and service. Looking around this room, we have an incredibly strong voice, and by using that voice, we can make the changes that are necessary to get the job done and save lives. We need to embrace drug abuse prevention and drug treatment as part of what we do every single day.



CHICAGO POLICE SUPERINTENDENT GARRY MCCARTHY: *Police Cannot Solve the Heroin Problem on Their Own*

Wexler: *Who is going to lead this effort? Do public health officials have the same sense of urgency that police do about heroin?*

Chauncey Parker: Public health has got to lead it. They lead RxStat in New York City. They understand the urgency and they do an exceptional job leading our task force. Law enforcement is at the table and plays a key role sharing data, implementing enforcement initiatives, and, most recently, carrying naloxone. NYPD officers have had four reversals so far. But at the end of the day, this is a public health crisis. Law

enforcement is a key partner, but public health must sit at the head of the table.

Superintendent McCarthy: I'm going to agree with Chauncey. This is a public health issue. We play a role in it, and Bill Lansdowne rightfully points out that as first responders, we have an obligation to do everything we can to save people's lives. But there is no way that law enforcement can fix this problem. I've had this view on narcotics enforcement for years. Our methods are not the right methods to make it happen. It has to be a multi-dimensional approach. The intersection of public health and public safety happens at a lot of different levels.



Wexler: *Isn't the crux of this problem the fact that nobody "owns" it? Police are the canaries going into the mines and saying, "We've got a problem." And public health is supposed to be in charge, but hospitals are telling us, "We can't give you that information."*

Superintendent McCarthy: Yes. I'm big on staying in my lane, because we've already got a lot to do in policing. I'm looking at about 500 shooting victims in Chicago already this year, which is down a lot from where it was, but that is a big problem for us to handle. Our officers should carry tourniquets and should carry Narcan, no doubt about it. But in terms of owning this problem, it's not us. Public health is not going to solve it by themselves either. It takes a multi-dimensional approach.

And it takes elected officials to take the lead and provide the resources.

VIRGINIA BEACH, VA CHIEF JAMES CERVERA: *Public Health Must Own the Problem, But Police Can Create the Sense of Urgency*

I agree 100 percent with Garry that it's a public health issue, but there are a lot of Type A personalities in this room. If you compare police departments with other government agencies, police officials are the ones who identify a problem quickly and take the lead.

I think that public health will eventually own this problem, but I think it's incumbent upon police agencies across the country to bring it up and create the sense of urgency, and as Garry said, to get hold of the elected officials and bring them to the table.





POLICE EXECUTIVE
RESEARCH FORUM

SUBJECT TO DEBATE
1120 Connecticut Avenue, NW
Suite 930
Washington, DC 20036

Pre-Sorted
First Class
U.S. Postage
PAID
Permit No. 4889
Suburban, MD

SUBJECT TO DEBATE

Police Chiefs and Federal Leaders Focus on Heroin Epidemic at PERF Summit

PAGE 1

ATTORNEY GENERAL ERIC HOLDER:

Thanks to PERF for Bringing Us Together
To Address the Heroin Epidemic

PAGE 2



POLICE EXECUTIVE
RESEARCH FORUM

BOARD OF DIRECTORS

PRESIDENT

Charles Ramsey | Commissioner,
Philadelphia Police Department

VICE PRESIDENT

Thomas Manger | Chief,
Montgomery County, MD Police Department

TREASURER

Roberto Villaseñor | Chief,
Tucson Police Department

SECRETARY

J. Scott Thomson | Chief,
Camden, NJ Police Department

AT-LARGE MEMBERS

William Blair | Chief, Toronto Police
Service

Janeé Harteau | Chief, Minneapolis
Police Department

Douglas Gillespie | Sheriff,
Las Vegas Metropolitan Police Department

EX OFFICIO MEMBER

Sir Peter Fahy | Chief Constable,
Greater Manchester Police (UK)

EXECUTIVE DIRECTOR:
Chuck Wexler

EDITOR:
Craig Fischer

The Police Executive Research Forum is a nonprofit association of progressive police professionals dedicated to improving services to all our communities. ■ *Subject to Debate*, published by the Police Executive Research Forum, welcomes input from PERF members and other interested parties. Please submit articles, ideas and suggestions to Craig Fischer, PERF, 1120 Connecticut Ave., NW, Suite 930, Washington, D.C. 20036. Phone: (202) 454-8332; fax: (202) 466-7826; e-mail: cfischer@policeforum.org. ■ Contributors' opinions and statements do not necessarily reflect the policies or positions of the Police Executive Research Forum. ISSN 1084-7316. ■ Subscription price: \$35/year.