



The Opioid Crisis: The Effect on Law Enforcement

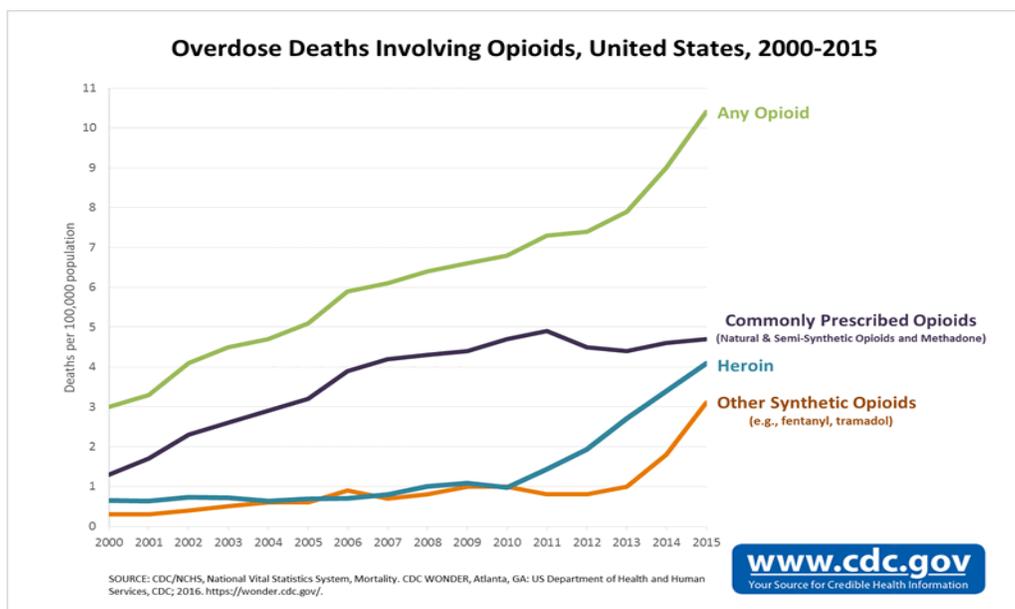
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The Opioid Crisis and the Effects on Law Enforcement

The opioid epidemic in the United States has obtained national attention due to the impact the epidemic has had upon the vast majority of United States citizens. The opioid crisis effects not only an individual abusing illegal or legal drugs, but has posed an issue for law enforcement throughout the nation. The use and abuse of opioids—from illegal ones such as heroin to legal prescription painkillers—is a problem that has grown in scale nationwide and caused great concern among educators, families, law enforcement, government officials, and the public at large (Greek, 2017). The abuse of prescription opioids, and the illegal buying and selling of prescription opioids, has added another layer of difficulty to law enforcement in regards to the war on drugs. If we are to attempt to control this opioid crisis, it must be a coordinated effort between healthcare professionals, all branches of law enforcement, and all other individuals directly involved in regulation of controlled substances.



http://www.cdc.gov/drugoverdose/images/data/opioid_deaths_multicolor.gif

Various Attributing Governmental Bodies

The United States is in the midst of a devastating opioid misuse epidemic leading to over 33,000 deaths per year from both prescription and illegal opioids. Roughly half of these deaths are attributable to prescription opioids (Soelberg, Brown, Du Vivier, Meyer & Ramachandran, 2017). The most commonly known prescription opioids contributing to these fatalities include: codeine, fentanyl, hydrocodone/acetaminophen (Norco), oxycodone/acetaminophen (Percocet), Dilaudid (hydromorphone), Demerol (meperidine), and Morphine. In order to combat these staggering statistics, many agencies must be considered. The Food and Drug Administration (FDA), the Drug Enforcement Agency (DEA), and the Department of Justice are some of the key players. The DEA, working with the Department of Justice, has enforcement power to prosecute pill mills and physicians for illegal prescribing. The DEA could also implement use of prescription drug monitoring programs (PDMPs), currently administered at the state level, and use of electronic prescribing for schedule II and III medications (Soelberg et al., 2017). The DEA is also able to enforce the use of Prescription Drug Monitoring Programs (PDMP's) available online to all prescribers. The FDA has many opportunities at their disposal in order to assist with decreasing opioid related fatalities. The FDA can authorize a drug's chemical make up to be altered in such a way so that it would act differently on the body. As of now, abuse of opioids has a very detrimental result on the body. The Poison Control center is available and able to provide life-saving information if a harmful effect of opioids has occurred.

Increasing Opioid Abuse

The Poison Control center, available in all states, fields calls and provides information about noxious substances that are reported to be ingested or absorbed. An increase has been noted in calls to these centers in response to the increased usage/abuse of opioids. Sheridan, Laurie, Hendrickson, Fu, Kea and Horowitz (2016) performed a study and the conclusion was there was a general increase between 2005 and 2010 in both teen opioid abuse calls (617 in 2005 to 782 in 2010) and national opioid prescriptions (approximately 78 million in 2005 to 108 million in 2010). Interestingly, the opioid abuse calls increased as the number of opioid prescriptions increased. The Drug Enforcement Administration (DEA) plays a large role in attempting to lessen the impact the opioid crisis has on the nation. Americans view the problem of opioid pain reliever abuse as serious, and support nearly all the policies recommended by medical, law enforcement, disease control and public health experts to curb the epidemic (Barry, Kennedy-Hendricks, Gollust, Niederdeppe, Bachhuber, Webster, and McGinty, 2016). The main avenue in which this is to be controlled is to start on a small scale and continue to grasp the attention of a larger population.

Proactively Combating Opioid Abuse

The federal law enforcement entity, such as the DEA, has already enacted many activities to combat this issue. Among these activities include proper disposal, increasing number of law enforcement personnel, and enactment/enforcement of the Prescription Drug Monitoring System. "The majority of PO abusers reported receiving the medications from a family member or friend, proper disposal of these medications was focused upon" (Kanouse and Compton, 2015). Kanouse et al. (2015, pg. 7) continues to describe the passage of the

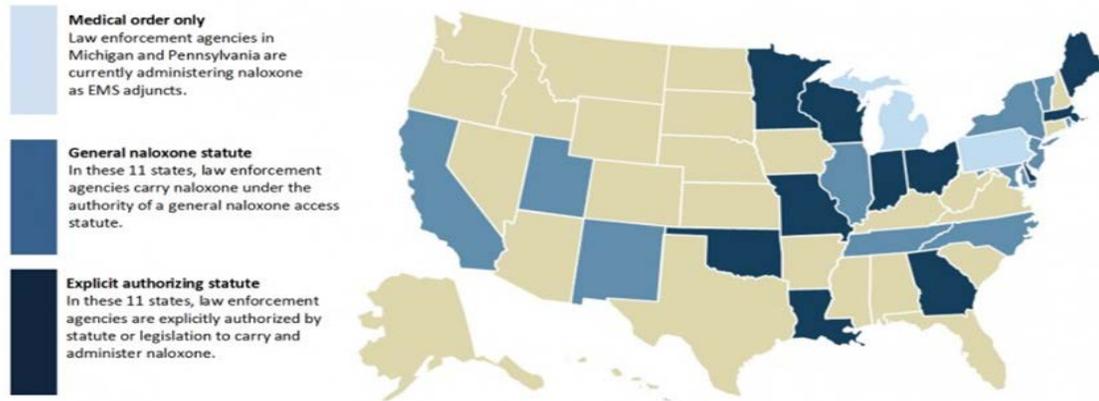
Secure and Responsible Drug Disposal Act which allowed for DEA to create stipulations for prescribers to serve as a controlled substances disposal area. The DEA has increased their numbers in order to combat the crisis. The addition of more prescription opioid Tactical Diversion Squads has allowed for linking of federal, state, and local law enforcement resources for investigation and prosecution activities as well as requesting hydrocodone combination products to be increased to a Schedule II drug (Kanouse, et al., 2015, pg. 8). Also, Prescription Monitoring websites are available to all prescribing individuals in order to view any prescriptions written by any individual with prescriptive authority. This system would allow for real time access to monitoring of individuals receiving multiple prescription-only medications. A recommendation for future practice could be for the DEA to require documentation of accessing the Prescription Monitoring website prior to be allowed to prescribe any controlled substances. The incorporation of this into a prescriber's daily routine would require legal stipulations and avenues with which to document if it was accessed at all. Interestingly, with law enforcement officers having access to the Prescription Drug Monitoring Program (PDMP), has proved to be highly effective. Many of the officers reported that their communication had increased with prescribers and pharmacists because of the PDMP (Perez, N. M., Jennings, W. G., Wang, Y., & Delcher, C., 2017). Communication is critical to monitor usage and abuse of prescription opioids. A large number of cities are taking drastic measures to combat the opioid related deaths and near-deaths related to overdose of opioids.

Reacting to Opioid Abuse

Aside from monitoring possible misuse and abuse of these analgesics, law enforcement is taking action to prevent opioid related deaths. Interestingly, law enforcement agencies have initiated the use of a reversal agent that they have on hand and have been trained to use. Narcan (Naloxone), an opioid reversal agent, is being utilized as a life-saving treatment if law enforcement personnel reach the scene of a potential opioid overdose prior to Emergency Services arrival. More than 220 law enforcement agencies in 24 states now carry naloxone (Davis, Carr, Southwell, & Beletsky, 2015). Liability concerns have developed in regards to administering naloxone to an individual who appears to have overdosed. Therefore, states have taken measures to train law enforcement personnel on how to administer naloxone. The Office of National Drug Control Policy has urged law enforcement agencies to take that step, and its director has declared that naloxone “should be in the patrol cars of every law enforcement professional across the nation” (Davis et. al., 2015). So far this year, police have responded to about 200 drug overdose calls (Graham, 2016). The aforementioned liability that law enforcement officers (LEOs) could possibly assume by the utilization of Narcan can be negated with the addition of it into the scope of duties and proving certification of training. LEOs can be authorized to administer naloxone through a variety of means, that adding the administration of naloxone to an LEO’s duties is unlikely to meaningfully affect liability risk for either officers or agencies, and that the passage of laws explicitly permitting LEOs to administer naloxone in the event of an overdose emergency greatly increases the chances that they will do so (Davis et. al., 2015). While the use of Narcan is not a long-term solution, it is used as an emergent life-saving

treatment. Efforts need to be made in order to determine the root causes of the opioid crisis and to attempt to make strides towards a solution.

Law Enforcement Naloxone Administration Authority



<https://news.northeastern.edu/2015/06/legal-experts-law-enforcement-officers-should-be-authorized-to-administer-overdose-antidote/>

Alternatives to Arrest

While temporary lifesaving treatments are available, combatting the issue on the front end would be an ideal solution. Law enforcement agencies are starting to realize that solely arresting those who misuse opioids will not effectively alleviate the opioid crisis and may, in fact, exacerbate the problem (Reichert, 2017). Also, allowing for the population in the correctional facility to rise without proposing a potential solution to decrease these numbers is cause for concern as well. The overcrowding of correctional facilities can cause increase in inter-facility violence, increase in taxes needed to support increasing staff/inmates, and need for additional staffing within the facility. Opioid abuse also takes place within correctional institutions. Healthcare providers within prisons need to prescribe opioids in the least abuseable preparation since the risk of abuse is significant, despite widespread processes of supervised dispensing (Bi-Mohammed, Wright, Hearty, King & Gavin, 2017). In order to combat

this, evidence based practice can prove to be beneficial. Reichert (2017) discusses new program models being used by various law enforcement agencies throughout the country. Reichert (2017) continues stating, While program names vary by jurisdiction, the model itself is referred to as deflection, pre-arrest diversion, and front-end diversion. One such program that the author refers to is the Gloucester, Massachusetts Police Department's ANGEL program. This program allows for individuals to voluntarily walk into the police department seeking treatment for substance abuse. The police department will provide information on services that are pre-approved and will provide the individuals with information in order to seek treatment. However, this requires the individual to be willing and wanting to seek treatment. Although, positive outcomes could develop from attempting to implement these programs in regards to community perspective of local law enforcement. The goals of this program are restorative rather than retributive, as they strive to improve access to treatment, reduce substance abuse and recidivism, cut costs associated with reoffending, and improve police-community relations (Reichert, 2017). Law enforcement agencies across the country could utilize this model as a template to develop a program to benefit their local community. North Carolina took a unique approach to address the crisis. The Diversion and Environmental Crimes Unit (DECU) of the North Carolina State Bureau of Investigation (SBI) is the only statewide law enforcement group that is dedicated to investigating all criminal violations involving prescription drugs and controlled substances, including the diversion of these substances (Varnell, 2013). The development of such a unit would allow for cohesiveness throughout the city, county, or state. While options are available for proactively combating the opioid crisis, obstacles must be addressed and solutions developed for effective management.

Barriers to Combatting Crisis

Several avenues can be looked upon as beneficial when combating the crisis in a preventative aspect, however, obstacles have been identified when forgery is suspected. Federal confidentiality requirement, such as HIPAA (Healthcare Insurance Portability and Accountability Act), have proved to be troublesome when attempting to deter forgery of prescriptions for opioids. Although prescription forgery is a crime, the prescriber's responsibility for reporting to law enforcement is not clear under current state and federal law (Singh, Fishman, Rich, and Orłowski, 2013). Federal and state laws often do not correlate, however, when considering combatting forgery some congruence should be developed. State legislature may consider laws that clarify the reporting responsibilities of prescribers in cases of prescription forgery (Singh et. al., 2013).

Prescriptions and Frustrations. Another barrier to consider when considering law enforcement deterring opioid abuse could include long-term opioid prescriptions (90 days or more) being used by anyone other than the individual to whom the prescription was written. In many areas, lack of resources is a barrier to consider. Officers' feelings of futility and frustration with their current overdose response options, the lack of accessible local drug treatment, the cycle of addiction, and the pervasiveness of easily accessible prescription opioid medications in their communities (Green, Zaller, Palacios, Bowman, Ray, Heimer & Case, 2013) could prove to be substantial obstacles. The state representatives for all communities throughout the United States could be contacted to attempt to help alleviate a number of these issues. The epidemic has surpassed the state and local level and has gained national attention, as previously

mentioned. Federal laws and mandates can provide the groundwork for substantial changes to take place.

Federal Progression

During his media briefing on August 8, President Trump rightfully characterized the nation’s opioid epidemic as “a problem the likes of which we have never seen” (Hodge, Wetter, & Noe, 2017). With federal attention being placed on the epidemic, local and state law enforcement agencies must take heed as well. Declaration of a national emergency can provide law enforcement personnel with the avenue with which to develop aforementioned diversion programs. A national emergency can enhance public and private sector coordination, secure substantial funding to address adverse impacts, and facilitate real-time responses and innovations (Hodge, et. al., 2017).



Retrieved from: Hodge, J. G., Wetter, S. A., & Noe, S. A. (2017). Emerging Legal Responses to Curb the Opioid Epidemic. *Journal Of Law, Medicine & Ethics*, 45(3), 460-463.

Good Samaritan Law

In concordance with federal law dictating actions of law enforcement personnel in regards to combating the opioid crisis, a study was conducted concerning Good Samaritan Laws that were passed and how that determined whether or not an individual called for emergency services. 41 U.S. states have passed Good Samaritan Laws (GSLs) extending legal immunity to overdose bystanders who call for emergency assistance (Latimore & Bergstein, 2017). The public perception of law enforcement was stated to have caused hesitance when deciding to whether or not to call 911. Concerns which were specifically related to perceptions of police conduct at the scene of an overdose (Latimore & Bergstein, 2017). Public perception of law enforcement may suffer due to isolated incidents that could have been misinterpreted. In order to improve this and allow for continued life-saving treatment to occur, local law enforcement agencies must take an active role to persuade the public's opinion.

Humanizing the Epidemic

Humanizing the epidemic is one of the ways that Koh (2015) states is an avenue to relate to public and community in order to combat the crisis. Viewing substance use disorders as a chronic disease that waxes and wanes, not as a moral failing, may help overcome stigma that prevents affected people from seeking treatment (Koh, 2015). Law enforcement must take heed of this idea in order to provide the best services to the community they serve. By using this principle, law enforcement officers could possibly be more aware of the characteristics of opioid abuse considering the individual can have periods of abuse and sobriety.

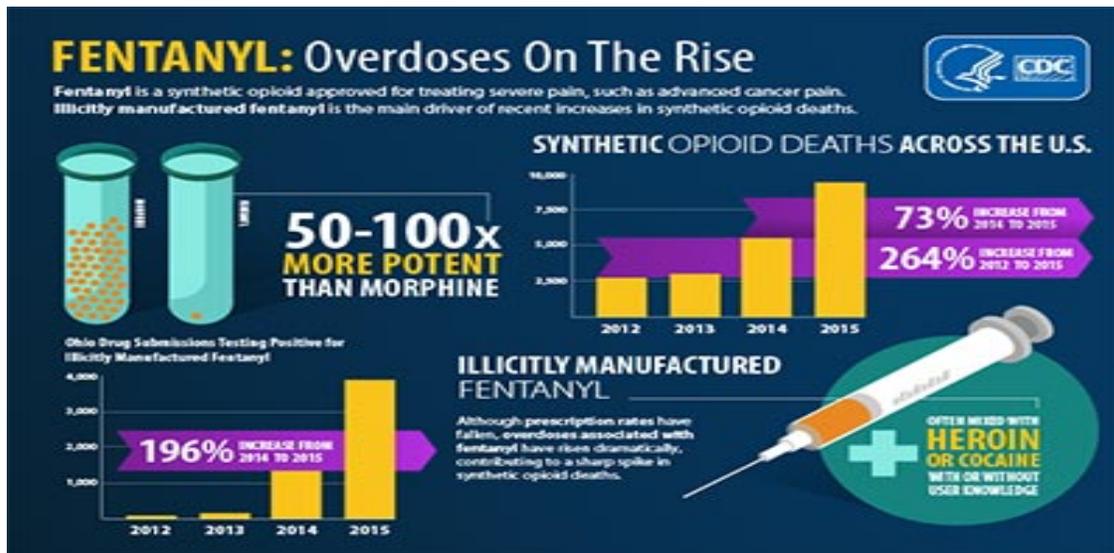
Law Enforcement Precautions

However, law enforcement officers must be vigilant of the signs and symptoms of opioid abuse. Some acute signs would include: sedation, confusion, postural hypotension, confusion, and impaired concentration (Acello, 2010). Constricted pupils can also be considered a sign of opioid use. Many behaviors and activities can be monitored and could indicate narcotic abuse. Certain aberrant behaviors include selling prescription drugs, forging prescriptions, stealing drugs, injecting oral formulations, obtaining prescription drugs from non-medical sources, concurrently abusing alcohol or other illicit drugs (Manubay, 2011). If individuals participate in these activities, it is likely he/she will encounter law enforcement. Law enforcement must be vigilant to not come into physical contact with any unknown substance due to the fact absorption could occur. If absorption occurs, the law enforcement officer should contact Poison Control and follow the instructions. Prescription opioids, whether legally or illegally obtained are greatly contributing to the nation's crisis. However, illegal opioids (heroin, illicitly manufactured Fentanyl (IMF)) could be considered more dangerous and the type that a law enforcement officer is more likely to encounter.

Illicitly Manufactured Fentanyl (IMF)

A law enforcement officer searching a vehicle could possibly come into contact with many unknown substances, specifically Fentanyl. The proportion of opioid overdose deaths in the state involving fentanyl, a synthetic, short-acting opioid with 50–100 times the potency of morphine, increased from 32% during 2013–2014 to 74% in the first half of 2016 (1–3) (Somerville, O'Donnell, Gladden, Zibbell, Green, Younkin & Walley, 2017). The state being considered is Massachusetts. According to Somerville et. al., (2017), Fentanyl is now being

illegally manufactured. The Fentanyl is being mixed with heroin and the user is unknowingly ingesting a lethal amount of Fentanyl.



<https://www.cdc.gov/drugoverdose/opioids/fentanyl.html>

The potent Fentanyl has caused detrimental effects to the unsuspecting users. One participant of the Somerville et. Al., (2017) survey states, “So, now what they [people selling illicit drugs] are doing is they’re cutting the heroin with the fentanyl to make it stronger. And the dope [heroin] is so strong with the fentanyl in it, that you get the whole dose of the fentanyl at once rather than being time-released [like the patch]. And that’s why people are dying—plain and simple. You know, they [people using illicit drugs] are doing the whole bag [of heroin mixed with fentanyl] and they don’t realize that they can’t handle it; their body can’t handle it.” Law enforcement officials should be mindful of this as to not accidentally ingest an unknown substance possibly causing fatal consequences.

Unsuspected Dangers

The dangers of Illicitly Manufactured Fentanyl (IMF) not only pose a threat to the unsuspecting users of the opioid but also the officers that could possibly come into contact with the drug. A police officer in East Liverpool, Ohio, collapsed and was rushed to the hospital after he brushed fentanyl residue off his uniform, allowing the drug to enter his system through his hands (Moshtaghian, 2017). The officer most likely had absorbed the drug through his hands after performing a drug raid earlier that day. The officer merely brushed a small amount off his uniform and experienced the effects of an overdose of the drug. The officer was administered the reversal agent Narcan and rushed to a nearby hospital. The officer was said to have made a full recovery. Fentanyl is 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin (Moshtaghian, 2017). Moshtaghian (2017) continues to state just a quarter of a milligram -- a few granules -- can kill you. The users of the drug are not only placing themselves at a high risk of overdose but also anyone that may accidentally come into contact with it. Law enforcement officers must be vigilant to always use personal protective items.

Unsuspecting dangers continued. A flash-bang grenade tossed into a stash house on Forest Street Tuesday night kicked up powdered fentanyl and heroin that SWAT officers raiding the building breathed in, police said (Rondinone, 2017). Eleven SWAT officers were said to have been hospitalized due to the accident while performing a raid on a suspected stash house. The officers inhaled the substance after it turned into an aerosol while attempting to apprehend three suspects. The officers began to become nauseous, dizzy, some even vomited. Again, law enforcement must take all necessary precautions to protect all officers involved.

Conclusion

The opioid epidemic is quickly developing into a nationwide crisis. If all law enforcement agencies across the nation are able to contribute, I believe this could make a great impact. Several barriers to combating the opioid crisis were discussed. Also, solutions to make a small contribution to dissolving the issue were discussed. We, all agencies involved, must work in unison in order to prevent further unnecessary fatalities. Considering this, law enforcement agencies must be aware of their surroundings at all times, not only because of the violence towards law enforcement, but due to the hazards opioids can have on the body. The most common opioids, heroin and fentanyl, are to be handled with extreme caution. By gaining knowledge about opioid epidemic statistics, most common types of opioids that are abused, and common effects of such opioids would cause for heightened awareness. Healthcare professionals, law enforcement officers and the individual user(s) are all capable of combining efforts to deter the opioid epidemic from developing into a pandemic.

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