

Effective Policing and America's Opioid Crisis

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### Abstract

This study examines a diverse variety of literature about opioid addiction, with the aim of reducing prejudice towards those who suffer from addiction. Every year in America, thousands of people fall victim to becoming addicted to a horrible substance known widely as opioids. While many are fortunate enough to receive help and rehabilitation from these harmful addictions, many are unlucky, with thousands succumbing to their addiction, ultimately overdosing and passing away. Not only is this a problem of society as a whole, but this has proven to be a problem within the criminal justice system as well; more specifically in law enforcement. As an aspiring police officer, I know firsthand that there is a certain prejudice that comes with dealing with someone who has a drug problem. Unfortunately, this is similar to our nation's ongoing problems with other prejudices; race, sex, religion. Drug addicts often aren't bad or horrid people; they are people with a legitimate problem – one they are usually not born with, but acquired themselves sometime in their life. A journey through the literature has resulted in a change in my thinking for the better: I am no longer as engaged in prejudiced ways of thinking in regards to addiction. This study aims to help the reader toward this same end. What it all really comes down to is we view addicts as the “trash” of our great nation, but really, they are regular people who most likely lived regular lives before being overcome by their addiction.

## Introduction and Problem

Each time a person becomes addicted to opioids, the majority of police agencies just see the addicts as a job they need to do in order to finish their shift. They often make the arrest and put them through the system and are done with it. The issue here is, at the end of the day that person still has a problem of their own; an addiction. Addictions do not go away by incarcerating them. As this is more prevalent in largely urbanized areas, such as New York City, officers are specially trained and even carry a drug used to reverse the effects of an overdose. As I make my way through the process of becoming a police officer, this makes me realize that I do not want to just do this as a job and be done with it and fall into the type of prejudice associated with this. There are still many known as well as unknown reasons as to why this might occur. It most likely has little to do with the police training and overall process to becoming a police officer, but more to do with the upbringing of that officer as a child. With that in mind different agencies should enact certain strategies to help police officers overcome this type of prejudice, not for just addicts, but for many of the other kinds of prejudices an officer may encounter on a daily basis such as race, ethnicity, and financial status.

Generally speaking, different police agencies across the country have also had to deal with certain prejudices that members in their department fell into. Even today, in 2018, you would think we have reached a point in time where we would not be dealing with this as a problem as many things are now socially accepted that were not previously. Unfortunately, this does not seem to be the case, and if anything, the police prejudice has gotten worse from an array of different reason including the large political divide that is currently in our country. Going back many years ago, the New York Police Department (NYPD) had gone through a time from about

the early 1970s to the mid 1990s where the whole city was in great disarray partially due to their massive drug problem. During this time, the Italian Mafia seemed to be running the streets, and police had little knowledge or control as to what went on. Drugs were rampant and easily accessible to just about anyone, which only proved to make matters worse. As time went on, there really was no change; police could not keep up with the cities drug problem, and when they did make a drug arrest, the one arrested went to the local precinct, got booked and shortly after released, resulting in them going right back to what they were doing. The situation that was occurring through those decades is greatly supported by the broken windows theory which was originally created in 1982 by criminologists and social scientists James Q. Wilson and George L. Kelling. Together, they said focusing on smaller, less serious crimes would net a smaller amount of larger crimes such as murder, rape, and robbery taking place. In addition they also believed that in urban areas that are run down (Ex. NYC from the 1970s to mid 1990s) more crimes and drug usage and availability would take place than in smaller, more established rural areas. Said shortly, they would agree that physical disorder and disarray causes crime and that crime causes more crime and disorder. It has been found that the connection between the disarray of a neighborhood and the amount of smaller petty crimes committed were correlated to the stability of the way the neighborhood looked physically, hence the reason this is called the broken windows theory. The more "broken windows," the more crime, while the less "broken windows" results in less crime.

The broken windows theory has proven itself to be one of logical reasoning even holding its own 36 years later than when first introduced. Throughout the duration of this time, unfortunately, police prejudice towards certain people became more prevalent. It can be argued that Wilson and Kelling's broken windows theory created a slippery slope. For starters, the

broken windows theory suggests police make arrests for small or petty crimes such as marijuana possession or public intoxication. The prejudice comes in now, where NYPD's databases show an unequal percentage between races whom have been arrested for marijuana possession for example. Now, this can be for one of two reasons; first, the police display a degree of prejudice or bias' towards those of African American and Hispanic race. Or secondly, the police are not acting with prejudice or biases towards any race, but it just so happens that African Americans and Hispanics use more marijuana than a white individual would. Due to the political divide in our country this day in age, most seem to sway towards the first choice. Interestingly enough, the NYPD for example has the most diverse police officers it has ever had before. 40 years ago this was not the case, as the NYPD was made up of predominantly white males.

I think that by bringing light to these facts would generate a better understanding for the nation's police officers, as many need broaden their views. As I had mentioned earlier, I believe that part of the problem is the way that the police officers were raised; many of them have had their political views swayed one way or the other because they are essentially told what to believe as they're growing up. They carry this throughout life, never having the ability or the want to fabricate their own thoughts and opinions. As I realize this is not the case for everybody, I do believe that this is the case for a majority of police officers and civilians in general, and I believe with the advancement of knowledge on the subject, police officers will be better equipped to not only handle drug user situations, but also to rid themselves of any prejudice they might have had beforehand.

The opioid crisis in the United States has been widely recognized over the years, even bringing discussion into presidential debates and alike. As this has been an issue in the past 30 or so years, the issue has seemingly gotten worse as time goes on. In the past year in the United

States, more than 50,000 people have passed from a drug overdose. There are many contributing factors as to why this is the case, but regardless this is an issue that should not be ignored. The following review of literature shows that opioid overdoses are far too common, with some contributing factors out of the vast majorities control and concludes that there is certain technologies that can help reduce that number of overdoses and possibly suggest certain solutions.

### Literature Review

Only now with the rise of certain technologies are we actually able to somewhat keep track of which prescription drug is going where. In a 2014 article, Islam & McRae, introduce both the issue at hand (overprescribing opioids by doctors) as well as a new type of technology that is called prescription drug monitoring programs or "PDMP" for short. The purpose of these programs is to keep track of what is being prescribed by doctors and to whom they are going to. This is especially helpful for police as they can access this on their computers to either confirm or deny what someone might be telling them on the street. The article states the program is designed to pick up on over-prescription by doctors on certain drugs, especially opioids. With that also comes a new tension as we find in the pros and cons of the new PDMP system.

There are patients that have genuine needs for these opioids, and there are also patients that have the want for these opioids, but not the need. These patients with the "wants" are the patients that need to be tracked in order to make sure an addiction is not being formed or already formed. In the wake of overprescribing opioids, Makary (2017) tries to attack the problem at the source and explains how the overprescribing of opioids is one of the leading causes to individuals eventually becoming addicted. Physicians believe they are doing the right thing but in reality, they're causing more harm than good. Makary goes on to explain how this is a national

issue that is one of the many ways the start to an issue occurs. Alternatives and possible solutions are brought up; the use of other various painkillers, stronger doses of over the counter pain relief, etc.

Although we have extremely advanced technology in today's world, we have yet to figure out a way to get around not prescribing opioids. Although there is not a set way around this issue, various states have started passing new laws and regulations on how to handle an overdose victim. For example, a study and article by Rees (2017) explains how many states have adopted Good Samaritan laws which protect individuals who may have tried to help an overdose victim but unfortunately failed. In hindsight, it is a law based on liability protecting those who were only trying to help. The law also protects an overdose victim from immediate arrest if seeking medical attention due to an overdose. In addition to good Samaritan laws many states now require, by law, police officers to carry a drug called naloxone (otherwise known as naran), which is used to reverse the effects of an opioid overdose, as long as used within a certain window of time after the overdose occurs.

#### Who, How and Why

There is a major controversy over what an opioid addict "looks like" along with the way different people are affected in different ways. A 2016 article by Cyril & Ballantyne further explains by acts of science how in certain situations, opioids can make a situation worse rather than better, when speaking in terms of pain management and alike. For example, it is quite common for an individual to enter a surgery and leave the hospital addicted to their doctor prescribed pain killers or dependent to say at the least. Cyril and Ballantyne also spoke about ways that opioids can affect your life, specifically brain function in years to come after using them for pain management years prior. Strongly related is the Nervous system function, speaking

how one's pain perception and tolerance can become different in a negative way by long term usage of opioids.

To get a sense of which type and how many people are affected, Rudd's (2000-2014) "American Journal of Transplantation" provides ample information regarding overdoses and opioids and who's most likely to be affected. For example, young males aged 18-26, are most at risk for developing the addictive traits needed for an opioid addiction. Statistically speaking, it is also much more likely for a person to become addicted to opioids after a recent surgery or other medical trauma type situations. This is usually when the individual has their first experience with the use of opioids by using them as doctor prescribed painkillers.

A 2011 article by Birnbaum breaks down the cost that society has to pay financially, usually through tax money, as a result of opioids. The study covers such costs from law enforcement and court standpoint along with treatment standpoints and finally rehabilitation viewpoints to give unaware citizens and police officer a view of cost as just one of the many bad factors associated, to further reinforce their understanding of why a drug addict is the way that they are.

What seems to be most shocking is the way McCarthy's 2017 article explains what a mother goes through when she's pregnant while also dependant on opioids. There are certain things a fetus goes through as well as the carrying mother in cases such as this. McCarthy discusses how in extreme cases, a child can actually be born a drug addict, or "dependant" on these opioids. He goes on to explain how as the child was growing in the womb, he or she is fed nutrients from the mother, and if the mother is or was abusing these drugs, she created the dependency for both herself and unborn child.

A 2011 article written by, Paulozzi, Weisler, and Patkar discusses both the different usages of opioids and overdoses associated with these usages. They also direct their attention to how both the usage and overdose percentages have increased since the 1990s. In addition, they get into the types of people who are prone to becoming addicted. Similarly, we take an inside look on the problems and roles that physicians play on this epidemic and how their ability to prescribe certain drugs can be the start of an addiction to somebody's potential use or misuse of opioids. A 2017 article and study by Smith shows that unfortunately, a lot of prescriptions for opioids are written for patients after a surgery. He goes on to explain and prove that the shorter the amount of time a person is exposed to them, the better off they will be. This is not always the case as Smith explains, that some become dependent on them for different reasons until they run out. As this occurs that first they will try to refill the prescription, but if this fails, many turn to the black market to get their opioids. As Carlson's 2016 article explains, it is apparent that people who become addicted to opioids transition to heroin use instead, for many different reasons. Carlson explains how it is often both easier and cheaper for people to get their hands on heroin for example than it is to get prescription painkillers.

#### Looking Ahead

The opioid crisis in the United States has grown far out of the control of rehabilitation centers and authorities. There is not a simple solution to this issue, but instead a combined effort of people across our country attempting many different solutions would be the most effective. This literature review offers some general causes, effects and possible solutions to this issue as we move forward, but unfortunately many of these solutions would not be beneficial or effective unless we stop treating drug addicted individuals as societies trash and more like people with an issue who need help, whether they admit it or not.

As an aspiring police officer, I believe that with the correct education along with knowledge and understanding of these facts and findings, policing can be done more effectively, but more importantly, done without the use of prejudice policing. Another simple, but often overlooked way of thinking has to do with a child's upbringing. Long before becoming a police officer is even a thought, children and teenagers are influenced by what is around them and by what they see. With that being said, a child's parents have the very important responsibility to teach. Unfortunately, with these come parents essentially telling children what to think and how to respond to certain things, and these things stay with the child all through their childhood and into adulthood. Then, the next thing we know, that child who was taught to hate drug addicts and stay as far away from them as possible now wants to become a police officer and does so successfully. Here, in the example of this child turned police officer, there is a good chance a bit of prejudice might be shown towards drug addict. The same can be said for all other types of prejudices such as race, gender, religion, and ethnicity and so on.

For a number of years in the United States, drug addiction has been a problem. There were even different "eras" of drugs that ran such as the "crack era," which refers to the crack cocaine up rise from the early 80's to the early 90's. The unfortunate chain of events usually unfolds in the following sequence; an individual will have an injury or serious surgery that requires the use of painkillers such as oxycodone for example. In the beginning, this person might use more and more of the oxycodone to the point where they actually start to build a dependence on them. Once that dependence is created, their body seeks more and more until they run out of their painkillers, in which case they attempt to get more. Their doctor or prescriber will then make a judgment call depending on a number of factors they are trained to look for and unless the situation requires it, they will be told to take over the counter painkillers at this point.

The issue is that the patient still has dependence and they cannot get anymore to satisfy their body's wants now. So they turn to the black market in search of something that will give them that same feeling, but while at the same time being obtainable. This is where illegal opioids such as heroin come in. Although in the beginning this person might be super satisfied with their heroin, eventually more and more is craved to the point of overdose. Robert Carlson proves this point in his study where he gathered 362 participants, all who were currently using opioids prescribed to them. In his study which ran for a course of 36 months, Carlson found that at the end, 7.5% (or 27 of the 362 participants) have used heroin in between that time of 36 months to get that "high" feeling they could no longer get with the prescription opioids (Carlson, 2016). This study is what created the prediction that a certain percentage of opioid users will indeed turn to heroin in the future as they become dependent on the opioids and are no longer able to get them. Another factor to consider is how each batch of heroin for example might be of different potency from the last, so that inconsistency can create trouble as well. The person might inject themselves with the same physical amount every time, but they can still overdose by doing this as they might have a batch that is potentially much stronger than the last one.

Police agencies may not understand this reasoning such as this which makes it hard for them to see where a perspective drug user is coming from. In other words, the police departments across our country are trained to spot the drugs, no matter what kind they are and to make the arrest. If we can change this, and have police officers actually understand the background of a person and their drug habits, we may be able to get that individual more or better help as compared to a police officer who is not aware of this. In addition, police officers need to be made aware of who is most likely to be affected by this sort of problematic behavior, in order for them

to more easily pick up on signs and things to look out for when dealing with a person that might fall into a certain genre.

It would be very reasonable to believe that police who know the basic statistics of different types of people that overdose, their duty to protect and serve these individuals would be made easier. Police at this current time have a seemingly rough time working with their society to get along with the public to effectively and efficiently do their job. By police agencies training their cops and giving them the statistics on what to look out for, this might just be one of the many keys needed to help police officers help drug abuse victims. Just because there might be a “bad apple” so to speak does not mean that all drug addicts are serious criminals, and the same goes for the other way around.

A report prepared by Rose Rudd, and stemming through the C.D.C. shows many statistics on who are common offenders of opioid overdoses, discussing qualities such as gender, race, and age group and so on. Rudd found that from the year 2000, to the year 2014, the percentage of opioid related drug overdoses rose approximately 137% (Rudd, 2016). This percentage includes both prescription painkillers as well as illegal opioids such as heroin. Other recent findings from the same study include the fact that these overdose deaths were distributed between both sexes aged between the ages of 25 to 44. In addition, it was found that the majority of the overdose victims were white; only a small amount being Hispanic or African American. Also interesting was how California had the highest amount of overdoses in a given year at just shy of 4500 in 2013 (Rudd 2016). This is all relevant information in regards to police agencies and their ability to better addicts and get them the help they need before it's too late. For example, there can be government funding in places like California that have very high overdose victims to fund

classes for all police officers to give them better knowledge and understanding on what to look out for. Unfortunately, there is not too much that can prepare police officers (or hospital workers) in this next situation for what John McCarthy wrote about in his different articles on gynecology.

A scary, yet very realistic issue amongst pregnant women who use abuse opioids is how essentially everything they put into their body, gets put into their unborn child's body. Mothers of unborn children who are opioid dependant have an increased risk for delivering a baby with a condition called neonatal abstinence syndrome (McCarthy, 2017). Some states have opted to make this a criminal offense, as in most cases this is caused from illegal opioids like heroin. There are cases of mothers using prescription painkillers under doctor supervision during the course of a pregnancy, but not nearly to the extent of a mother who is abusing heroin. Doctors such as McCarthy recommend that mothers undergo the process known as withdrawal from heroin, even though this puts an unhealthy amount of stress on the developing fetus brain, it has been found to be the better option in the long run; rather than giving birth to a child who is dependent on opioids as soon as they exit their mother's womb (McCarthy, 2017). McCarthy also recommends this be done in stages, gradually entering the withdrawal stages, rather than doing it all in a short amount of time as it can send the unborn child into a state of shock. McCarthy states "Recommendations are made for further research into physician/patient interactions and into optimal dosing of methadone and buprenorphine to minimize maternal/fetal withdrawal." (McCarthy, 2017). Ironically, this is the advice from a doctor's point of view, but as Paulozzi, Weisler and Patkar discuss, a major part of our nation's opioid problem actually stems from doctors.

In the United States, doctors, nurses and police officers (amongst other occupations) typically are all on the same page when it comes to serving the public, but in different ways of course. As previously stated, a large percentage of police officers who come into contact with a user of opioid substances whether it'd be illegal or not do not exactly know that person's story as to how they may have gotten started with opioids. Both Leonard Paulozzi and Richard Weisler provide insight as to how doctors can have some control, to an extent in regards to our epidemic. People who may have gotten injured physically could be more prone to abusing prescription painkillers or even upgrading themselves to the use of illegal opioids like heroin. This injury could be a back or skeletal injury, meaning a surgery and recovery time are required. While in the recovery stages of the surgery, it is quite common for doctors to prescribe painkillers. A percentage of these patients who take the painkillers might develop dependence for them, leading them to try to exaggerate their pain to get more painkillers. Now, this may or may not work, but if that doesn't work, they could then turn to the black market for illegal opioids like heroin to get their "fix." Paulozzi and Weisler both said "both the usage of prescription drugs such as opioid analgesics and benzodiazepines and overdoses involving them have increased dramatically in the United States since the 1990s." (Paulozzi and Weisler, 2011 p. 589). Later, they went on to say "Psychiatrists and many primary care physicians might not be familiar with existing evidence-based guidelines for opioid prescribing or with programs designed to reduce the abuse of prescription drugs such as state prescription drug monitoring programs." (Paulozzi and Weisler, 2011 p. 592). To further enforce this idea, Martin Makary discusses how the overprescribing of painkillers and other prescription opioids are a major contributor with this crisis. According to Makary, the disease of opioid addiction is a result of medical care, or better yet, the misuse of medical care. In his online journal, he speaks of how in

the US alone, there were 240 million opioid prescriptions dispensed in 2015, which is nearly one for every adult in the population. He believes that in order to tackle the opioid epidemic, we must overcome a major contributor known as physician overprescribing. (Makary, 2017). This is an alarming number, but nothing short of the truth. He goes on to discuss the reasoning behind this, although he does not seem to have an answer or explanation other than it being a combination of both lack of knowledge and ignorance among doctors. To make matters worse, of those 240 million opioid prescriptions, that is what was legally obtained by patients, which do not include the amount that was bought via the black market or the amount of other opioids that were obtained such as heroin. It is reasons such as these that make over prescribing such a big deal and can actually make a life or death difference in real world situations. Luckily, as both Paulozzi and Weisler mentioned, there is a new type of technology that is called prescription drug monitoring programs.

Prescription drug monitoring programs or "PDMP" for short, are programs that are used throughout the country by doctors in order to keep track of what is being prescribed by which doctor and to which patients they're going to. As found in the work of Mofizul Islam, he discusses the programs are designed to pick up on any overprescribing done by doctors in regards to certain drugs, especially prescriptions for painkillers. As this type of technology is still relatively new, there are certain kinks that need to be addressed and straightened out. For starters, some doctors are not entering what they are prescribing into the programs, whether this is done knowingly or unknowingly is unclear, but regardless the programs cannot make accurate conclusions without this data (Islam, 2014). Additionally, there are usually two main kinds of people who are using prescription painkillers; the ones who actually need them, and the ones that don't need them but instead they want them. Some people given the severity of their injury might

actually require a strong dose, which does not become abused or otherwise misused. Then you have the other group that the PDMP's are designed to look out for. These are the ones that exaggerate their injury to get more painkillers or otherwise try different strategies to get a doctor to prescribe them more than they actually need for them to either abuse or misuse themselves or even sell them into the black market. Furthermore, there are numerous studies that say it is not the amount of opioids that is the most dangerous part, but it is rather the amount of time they are used for.

Recently in 2017 David Smith did a study designed to look at knee and hip replacement patients to see if the length of time they use their painkillers is related to whether or not they become addicted or dependant on them. In Smith's study which lasted 90 days, he concluded that the amount of time one spends using the opioid pain relievers does affect whether or not they become addicted or dependant. The reason for this is that the receptors in the nucleus of cells are what first become affected and when they come into contact with the dopamine receptors, as it gives the user the feeling of "being high" (Smith, 2017). He goes on to say that hip and knee patients such as the patients that are in his study are not the only ones to be affected by the length of time an individual uses an opioid. The same can be said for those using it in almost any other way, whether it'd be legal painkillers or illegal opioids. Pain management by use of opioids has also been shown to affect certain brain and nervous system activity in the years to come for those who use opioids for a great amount of time. For example, in Cyril Rivat's work, she explains how by usage of opioids over an extended period of time, the body can actually build up a sort of tolerance towards it, affecting that person in the long run. This can affect both brain and nervous system function as a higher dose is now required to achieve the same thing; either pain relief or the "high" feeling by the consumer. This also raises the risk for an overdose as a larger dose is

now required (Rivat, 2016). Rivat goes on to speak about how in these certain situations, the usage of opioids in people in search of pain relief can make them feel worse rather than feel better. This is due to the fact that the receptors in their cells are used to the the opioid when the body is in its healthy stages and not in pain. Now that the body is in pain, the nervous system does not acknowledge the painkillers as painkillers as the body grew a tolerance, ultimately resulting in them being useless in that sense for that particular person.

I believe that with these findings, a change can be made for the better; one where we do not have uneducated police officers patrolling the streets, but rather one's who grasp a better understanding of the root of our opioid crisis nationwide, but with that said, they should be equally informed on at least a few different ways to diffuse this issue as well as be aware of the cost associated with opioid abuse.

One thing that I'm sure many police officers and civilians don't think about is the cost associated with the usage of opioids on both sides. The opioid abuser could cost themselves thousands upon thousands of dollars if they're truly addicted. In some cases, addicts can take a turn for the worse once they start stealing, robbing or mugging not only strangers but sometimes even family members as a way to get money to ultimately buy more opioids. Families often get torn apart during this process for this reason. Once the person that is abusing opioids is either caught or admits to themselves that they have a drug problem, they have a few different steps they can take to receive help, which also comes at a cost. For example, there are "live in" rehabilitation centers that cost upwards of 10,000 per month, and that's on the low end.

Depending on the person and whether or not they have insurance or if insurance will even cover this cost would depend how much of that would need to be paid out of pocket. To make matters worse, after you spend thousands of dollars in these rehabilitation centers, there is still a chance

that they may come out and relapse. This basically would mean they would start all over from the beginning, except with thousands of dollars less than before. This is only the first type of cost; the personal cost the abuser faces, but there is also the financial cost that society pays for as well.

Taxpayers across the country often wonder what their money is spent on and how it is benefiting the society which they reside in. Well, to find out just how much money is spent annually on the opioid crisis, a man named Howard Birnbaum ran a study to answer that very question. These costs to society were put in three different categories; healthcare, workplace and criminal justice costs. Birnbaum found that in 2009, prescription opioid abuse cost taxpayers approximately 55.7 billion dollars in total (Birnbaum, 2011). When broken down into the three categories, workplace costs derived from premature deaths, and lost employment totaled 25.6 billion (or 46%). Healthcare costs were not far behind, totaling out at 25 billion dollars (or 45%). Coming in last at 5.1 billion (or 9%), criminal justice costs were made up of a split between correctional costs (prison) and police costs (Birnbaum, 2011). By Birnbaum presenting this information, it is relatively safe to say that not only does a financial burden arise from personal costs to the user, but also to our society. Since the year 2009 when this study was done, it has been estimated by officials that those numbers have only gone up, putting us as a nation in more of a bad position in regards to the war on opioids. Luckily, since this study was done, there are new laws and regulations to help save opioid addicts before it's too late.

Since a majority of the states have realized they need to do more to protect their people from drug abuse and the effects thereafter, many have created a version of Naloxone Access Law (NAL) along with Good Samaritan Law (GSL). Naloxone Access law allows any qualified person to administer a drug called naloxone into the body of a person having a drug overdose

regardless to if they're able to give consent to do so. The drug naloxone (more commonly called naran) counteracts the effects of an opioid overdose hopefully to save that person's life. On the other hand, the Good Samaritan law is in place to provide immunity from an arrest due to drug possession to anyone who reaches out for medical assistance due to an opioid overdose. This law is in place so a person does not become scared to call police or an ambulance due to fear of being arrested in the event of an overdose. Daniel Rees wrote an article in which he tests the effectiveness of these laws over a period of 15 years. It has been found that on average, the (NAL) reduced opioid related deaths by approximately 10% since first introduced (Rees, 2017). In regards to (GSL), was seen as slightly less magnitude at approximately 7% (Rees, 2017). It is assumed that this percentage is lower due to many people not being aware of the law and how they can reach out for help in the event of an overdose and not get arrested for it. Rees goes on to explain how even with the advancement of these two laws, the percentages of people abusing opioids has not gone up or down, but rather remained steady (Rees, 2017).

Throughout my college career I have learned the ins and outs of law enforcement, criminal justice and legal studies. With all of the information that I obtained, I am shocked to find that I did not learn anything about the procedure for dealing with people who use opioids whether they're legal or not. As there are thousands upon thousands of overdoses per year, I find this to be a bit strange as to why it had not been explored in depth by my scholars. I believe this might be part of the problem; officers on our streets today do not have enough background information to really understand a heroin addict for example. The sharp increase in deaths involving opioids coincided with law enforcement reports of increased availability of illicitly manufactured and imported opioids. This is one way which shows how the opioid and general drug epidemic is worsening, rather than getting better. Because of this, it is crucial for continued

and improved action to prevent and deter opioid abuse, dependence, and death. Additionally, we need to start at the source, which is where non prejudice policing comes into play. I believe that police officers nationwide who are aware of these finding can help tremendously in improving our epidemic. They could ultimately assist in not necessarily providing, but obtaining improved treatment or opioid abuse and directly reduce the supply of illicit opioids by protecting and serving the community with knowledge on what to look for and how to find certain behaviors and characteristics. Doctors also play their fair share when it comes to overprescribing certain opioids to people who should not have them in the first place. If doctors and police agencies across the county would work simultaneously, the epidemic we're facing can move in the right direction. Ultimately, the education and upbringing of those who took an oath to protect and serve us is believed to have a correlation to the number of opioid overdoses as well as the handling and treatment of such situations.

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