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EDITOR’S NOTE:

Earlier this year, the CDC reported that the opioid epidemic is claiming the lives of 115 Americans every day. The forces of evil behind this unprecedented public health emergency are far bigger than a single drug dealer on a street corner. The drug cartels, running their business like any other billion-dollar corporation, are using every tool at their disposal to proliferate the heroin epidemic, including the internet.

While many cops may be resistant to what they see as a shift in responsibility from police work to social work – with PDs implementing Narcan programs, and rehab and recovery initiatives – law enforcement plays a complex role that is pivotal to America winning the war on opioid trafficking and abuse. The key to success will be collaboration among law enforcement, EMS, public health and policy makers. These partnerships enable the information sharing that will deliver actionable intelligence to target interdiction efforts to disrupt the opioids supply chain, enhance investigations into online drug distribution, drive outreach initiatives and define pathways of care to treatment and recovery services.

This digital edition explores the scope of the epidemic by looking at the evolving tactics of law enforcement response to the opioid crisis. Content outlines how data can be used to drive initiatives between public safety partners; details how police investigators can address the changing landscape of opioid distribution; reviews strategies to protect police from fentanyl; describes how law enforcement is helping create pathways of care; and outlines how LE can obtain funding for new training and programs related to opioid response.

What is your agency doing to address the opioid epidemic in your community? Share your strategies, successes and questions with editor@policeone.com.

Stay safe,
Nancy Perry
Editor-in-Chief, PoliceOne.com
By James Dudley

In the 1970s, powder cocaine was the drug of choice for many Americans. Problems with cocaine and other drugs were so prevalent that in 1971 President Richard Nixon declared a “war on drugs.”

The 1980s spawned the crack epidemic that hit the streets with a vengeance, taking its toll on the middle class and the poor. Law enforcement efforts were generally supported with adverse side effects – jail overcrowding that caused a “catch and release” policy on personal possession offenses and rising property crime rates attributed to the addicted.

With the 21st century came the perfect storm that created the current opioid epidemic by way of lower incarceration rates for drug users, liberal drug policies, cheap black-tar heroin from South America and possibly worst of all, “legal” prescription opiates. Physicians prescribed methadone for the treatment of opioid addiction, as well as oxycodone (OxyContin), hydrocodone (Vicodin) and other opioid-based prescriptions to alleviate pain of patients.

Prisoner rights advocates and others called for less law enforcement and more public health attention to a problem that was deemed more health-related than criminal.

In 2016, President Barack Obama declared that “Drug addiction is a health problem, not a criminal problem.” Speaking on a panel at the National Prescription Drug Abuse Heroin Summit, the president outlined his $116 million strategy for treatment and prevention rather than interdiction and enforcement. He called on Congress to fund another $1.1 billion to address treatment and for supplies of naloxone.
At the time, Centers for Disease Control (CDC) stats revealed there were 28,647 opioid overdose deaths in 2014. That number would rise to 42,249 in 2016, including both illegal and prescription-related overdoses.

“More than 40 percent of all U.S. opioid overdose deaths in 2016 involved a prescription opioid, with more than 46 people dying every day from overdoses involving prescription opioids,” according to the CDC.

As our focus has shifted from arresting to treating people with an addiction to drugs, law enforcement has been assigned a reduced role in drug enforcement. States such as Alabama, Nebraska, Connecticut and California have reduced personal possession of drugs from felonies to misdemeanors. Misdemeanor cases and enforcement operations for misdemeanors are a low priority for police management and prosecutors.

Instead, law enforcement agencies have been given Narcan kits and trained to administer the opioid antidote. There is no disputing that this treatment saves lives, but it is not the sole answer to mitigating or halting the rising number of opioid-related deaths each year.

Without collaboration among law enforcement, public health, policymakers and Congress, we will not make progress. Here are seven LE strategies that will help win the battle against the opioid epidemic.

1. **Maintain sales enforcement**
   Although states, counties and cities may have reduced charges and penalties for personal possession amounts of drugs, the sales remain felonies. Efforts should be concentrated in areas with considerable impact to communities. Complaints may begin as nuisance street dealing to higher trends in property crime. Calls for service from the community may signal the need, while crime-mapping is valuable in determining locations for buy/bust operations, surveillance and hot-spot policing.

2. **Information sharing with patrol**
   Patrol officers are the front line of defense in dealing with the opioid epidemic. Information gathered by task forces and specialized narcotics units (local, county, state and federal) must be shared with line-level officers and deputies. Conversely, patrol personnel should complete field contact documents to forward to specialized units to convey pertinent drug-dealing information.
3 Developing local law enforcement information network

Continue to meet with neighboring LE agencies to exchange information and trends in drug trafficking in your area. Dealers may be nomadic within a determined geographical area. Communicate the emergence of new drugs, packaging, sales, transportation, labs and suspected dealers to local task forces. Issue officer safety bulletins as soon as a threat is identified.

4 Identifying “pill mills”

Information developed through informants can be used to identify and halt mass distribution. Agencies without adequate resources to investigate pill mill operations should rely on larger county, state or federal allies (see #6 below).

5 Prosecution of chronic offenders

Consult local prosecutors to determine the criteria to ensure that sales cases are prosecuted. Although individual sales may only involve small quantities of a substance, a chronic offender making multiple deals can seriously impact a neighborhood.

6 Optimize federal resources

Except when prohibited by local ordinance, law enforcement should be a part of state and federal task forces that investigate mid- to high-level operations of drug trafficking. In addition to intelligence and technology resources, personnel and funding may be available from federal sources.

7 Collaborate with public health

Develop partnerships rather than engaging in silo operations. Create information-sharing protocols and host regular interagency meetings, distributing memorandums of understanding to ensure the free flow of information that is needed to address this public health emergency. For example, collaborations have been established in some jurisdictions to help with needle exchanges, needle clean-ups and safe drop-off locations for used needles. Many departments have containers for the public to drop off unused prescription drugs.

Conclusion

Law enforcement should continue efforts to stem the tide of the devastating effects of the opioid epidemic. We must stay vigilant in the struggle while waiting for solutions from law and policymakers and the public health community. Merely administering naloxone to overdose victims is not the solution. Clearly, interdiction and disruption in the supply and demand of opioids is required. Officers should be cautious in their approach in collecting toxic substances and fulfill their obligations to their own families with a safe return at the end of watch.

About the Author

James Dudley is a 32-year veteran of the San Francisco Police Department where he retired as deputy chief of the Patrol Bureau. He is currently a member of the Criminal Justice faculty at San Francisco State University, consults on organizational assessments for LE agencies and co-hosts PoliceOne’s Policing Matters podcast.
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Responding to the opioid crisis requires a multi-agency approach, using data to drive initiatives between partners

By Chief Joel Shults

Since retiring from the Richmond (Virginia) Police Department in 2017, Captain Michael Zohab has been working as a drug treatment specialist. But his efforts to fight the heroin problem in his community began when he was a police commander in charge of narcotics. Zohab realized at the time, he wasn’t seeing the whole picture.

“I knew we were missing a lot of data and that bothered me. The only time we’d get notified [of a heroin overdose] was at the hospital. But there’s a whole population of people that would not get transported. Once revived by Narcan, they’d say, ‘Screw you, I’m out of here,’ and walk away,” he said.

New data needed

The traditional method of counting overdose deaths does not provide an accurate picture of today’s heroin epidemic. Zohab notes that the increased use of naloxone by community members lowers the fatality rate and can skew the perception of the severity of the problem. He realized the answer was in the survivor data.

The challenge was getting data on all accidental overdoses, not just the ones that hit the hospital or the medical examiner’s office, which typically ran six to 12 months behind.

In 2013, under Zohab’s leadership in cooperation with the Richmond Ambulance Authority (RAA), a regional heroin task force was formed with
stakeholders from hospitals, fire, ambulance, public health and local government.

“The only way we can effectively respond to these incidents is pulling in the other stakeholders – and I mean all the stakeholders,” Zohab said.

**Overcoming HIPAA fears**

Concerns about HIPAA being an obstacle to obtaining data from medical providers were unfounded. Zohab said that after some research, he saw that the data was not protected by HIPAA because they weren’t using the information for prosecution. He noted that the perception that HIPAA does not allow information sharing with law enforcement is wrong.

The personal relationship Zohab had with RAA COO Rob Lawrence made information sharing easier.

“RAA implemented policies and procedures to notify the Richmond Police Department when RAA responded to a substance use disorder-related incident. When we started capturing that data, we had our finger on the pulse of what was going on,” Zohab said.

**Required police reports on accidental overdoses**

Once Richmond PD got the notification from RAA, officers would try to determine where the drug was purchased and any other information that could be used to prevent another overdose.

“Officers complete a miscellaneous report and that way the data is entered into the system,” Zohab said. “I got commanders in surrounding jurisdictions to do the same thing to get regional tracking.”

**Working with the local EMS**

Zohab described how RAA established a program that monitored overdoses within a geo-footprint, triggering a notification to the Richmond PD. Officers would notify community members about potentially lethal drugs circulating and they would notify the emergency departments about a spike in overdoses.

Officers also pulled demographic data for tracking purposes. And, once the task force had established a baseline for monitoring, they used density mapping to see where the hotspots were, Zohab said.
Police would work their sources to find out about who was selling the drugs, while also following up individuals who had been brought back from an overdose.

“We’d knock on their door and say here are some treatment providers. If you want some help we can get you into treatment. In addition, resources were given to support people at that residence to get Narcan training,” Zohab said.

That kind of community interaction was quickly and positively embraced by citizens and the police officers on the street. Narcotics detectives were used to make the follow-up visits.

“Our narcotics detectives started embracing it. Cops want to help people and for years this was a very frustrating population to deal with. As we walked down this path, we had something to offer, some treatment options” he said.

Prosecution is still an option

In addition to locating possible drug sources for investigation, other criminal cases are made, although arrests are not a primary goal.

“Nobody wanted arrests even though trace amounts could warrant a felony charge,” said Zohab. “We were making a concerted effort not to arrest accidental overdoses. These people need to be put into treatment outside of incarceration rather than inside.”

He added that the prosecutor’s office, law enforcement and other first responders are all on the same page.

Has the approach worked?

Evidence indicates maybe so, but the collaborative approach is helping to be ready for the next wave of drug to hit.
The group did not see an increase in overdoses in 2016 to 2017 and in fact, numbers are trending down in 2017 to 2018.

“We are seeing more stimulant drugs coming back and we’re able to get a handle on that because we have our finger on the pulse. The stakeholders are already starting to change their strategies to include stimulants,” Zohab said.

**Leadership through information and partnerships**

The necessary ingredient to create the foundation for creative responses like the Richmond community is exploring is data. Discovering facts and trends derived from mining existing sources depends on technology. Relationships depend on visionary leadership.

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**About the Author**

Joel Shults operates Street Smart Training and is the founder of the National Center for Police Advocacy. He retired as chief of police in Colorado. Over his 30-year career in law enforcement and criminal justice education, Joel served in a variety of roles, including academy instructor, police chaplain, deputy coroner, community relations officer and police chief. In addition to service with the U.S. Army military police and CID, Shults has done observational studies with over 50 police agencies across the country.
By Rob Lawrence

The growth of the opioid epidemic has spurred an increase in public safety partnerships and task forces charged with addressing this national public health emergency. These multidisciplinary partnerships have led to the realization of the intelligence available to help understand the size and scope of the problem.

Key intelligence requirements for police and public health alike in the identification of opioid use and overdose trends is to understand the “where, when and how much.” Strategies for interdiction, intervention, prevention and treatment all come from these key questions.

The Richmond Ambulance Authority (RAA), in partnership with the Richmond Police Department and Richmond Public Health District, employed its FirstWatch biosurveillance system to turn real-time activity data into actionable intelligence for all partners, within the realities of HIPAA law that surrounds the delivery of prehospital medical care.

The FirstWatch system is designed to improve situational awareness, operational performance and clinical patient outcomes by securely capturing, translating and transmitting information about 911 callers, patients and systems. RAA employs FirstWatch’s triggers to answer a number of key questions such as trend and cluster analysis, and identification of repeat or returning patients.

A key tool in the analysis armory is RAA’s Controlled Drugs Trigger. Every time a medic administers Narcan, the dose and quantity are recorded. The higher the amount of Narcan needed to revive a patient becomes a gross indicator of the complexity of the heroin
mixture. As a baseline measurement, pure, uncut heroin usually takes 0.25mg of Narcan to bring a patient back to a manageable level of consciousness. If medics were using 4mg, 6mg and occasionally 10mg, it became an indicator of more volatile and potentially lethal strains of the drug on the street.

With the challenges of field testing and a backlog in state lab analysis, the trigger provides a gross indicator of drug contents and locations, as well as identifies geographic clusters or time spikes in which events occur. Retrospective analysis of both police and lab data gave credibility to the quality of information produced to validate this early warning initiative.

**FirstWatch data triggers that assist with intelligence gathering include:**

- Controlled drugs trigger – Identify usage and dosage
- Frequent or repeat users – Identify frequent users who may benefit from the offer of rehab.
- Geo-cluster reporting – Identify locations of overdoses, particularly pertinent for strong to lethal strains of drugs.
- Heroin/overdose trigger alerts – In their HIPAA de-identified state, these could be shared among partners to alert to the frequency of 911 overdose responses.

Following on from best practice originally conducted in Albuquerque and Bernalillo County, New Mexico, RAA also scrutinized a list of opioid deaths provided by the police to backtrack against clinical records to identify how many times a person had received an intervention before their ultimate death. This understanding fed information to the opioid task force, as trends about previous usage and risk factors were revealed and informed interventions.

The success and proliferation of publicly available Narcan has slightly diluted the availability of real-time intelligence, as those close to addicts administer without necessarily alerting emergency services. One interesting self-administration came to light during an early EMS and police response to an address where a Narcan auto injector was discovered. It transpired that the auto injector came from a stolen batch reported elsewhere in the state and the dealer was offering their own version of customer care by selling both drug and antidote as part of the same deal!

The power of collaboration and partnership in the Richmond system created a closer bond between agencies and individuals within them and led to greater understanding of the issues to help direct strategies and procedures.

**About the Author**

Rob Lawrence is the California Chief Operating Officer of Paramedics Plus. He joined the company in 2018 after serving nine years as the COO for the Richmond Ambulance Authority in Richmond, Virginia. Prior to that, he was the COO for Suffolk as part of the East of England Ambulance Service in the UK. His first career was as an Army Officer, and he is a graduate of the UK’s Royal Military Academy Sandhurst.
BATTLING OPIOID DISTRIBUTION ON THE DARKNET
Police investigations into drug trafficking need to rapidly transform to address the changing landscape of opioid distribution

By P1 Staff

Just as the internet has dramatically changed every aspect of our lives, it has also transformed criminal activity. Illegal drug users no longer need to meet their dealers surreptitiously; they can open a website, select their drug of choice from a drop-down menu and wait for their package to arrive in the mail.

The Joint Criminal Opioid Darknet Enforcement (J-CODE) team is an FBI-led initiative that brings together a variety of federal agencies to disrupt illicit opioid sales online. Its recent Operation Disarray was the first of its kind to occur simultaneously in all 50 states, leading law enforcement officers to contact more than 160 people known to have bought or sold drugs online.

Police investigations into drug trafficking must rapidly transform to address the changing landscape of opioid distribution. PoliceOne recently spoke with Det. Joshua Lee, who works in the Organized Crime Section for the Mesa (Arizona) Police Department. Lee specializes in cryptocurrency investigations and has extensive knowledge of how criminals use the darknet to further criminal enterprises. He is an adjunct law and criminal justice professor at a large national university and a smaller regional college and instructs in-service trainings, teaches at a regional police academy, and delivers private courses to banks and financial institutions throughout Arizona. He is a Certified Fraud Examiner and holds several other professional and teaching certifications.

P1: How has the internet impacted the way opioids are trafficked?

Det. Lee: The internet makes opioid trafficking more efficient and easier while decreasing the risk of police apprehension. It essentially turns low-level local street dealers into high-level international drug bosses. By using semi-anonymous platforms like The Onion Router (Tor), the internet makes it possible to connect directly to large drug suppliers overseas, which can lead to quick profits for even the most inexperienced drug dealer. Although Mexican drug cartels usually transport synthetic opioids like fentanyl in bulk by land across the southern U.S. border, many American drug dealers are choosing to purchase directly from Chinese suppliers, who offer better rates and better quality to their Mexican counterparts.

It is also easier to purchase shipping supplies, scales, equipment and postage stamps online. These “contemporary-style” drug dealers can now purchase, package, sell and ship drugs without ever leaving the comfort of their homes.

P1: How does someone buy opioids through the darknet?

Det. Lee: First, you need the software that helps users enter the darknet. Several software programs are available free to download with Tor being the most popular. However, due to increased police activity and tracking, dummy (fake) sites, and darknet scams and fraud (yes, criminals will scam each other), many drug dealers use other platforms like Psiphon or Cyberghost VPN along with Tor to access restricted, private, blocked or censored sites.

Next is the search. It is surprisingly easy to find drugs on the darknet. Once the software is downloaded, the easiest method to find opioids is to type “Tor Wiki” into the search box or use a darknet search engine like DuckDuckGo. Just click on the link and off you go into the dark corners of the internet.
A link on the Tor network might look like this: http://samsgdtvwe6hvju7.onion (not a real link). The user then can click the link and be redirected to the site, exactly the same way as any other wiki on the internet.

Finally, there is the sale. Most darknet drug marketplaces resemble legitimate marketplaces, complete with product pictures, detailed product descriptions, shopping carts, coupon codes and customer reviews. A buyer can search for their drug of choice, look for top-rated sellers and then add the drug to their shopping cart. The user then clicks the cart icon and checks out. After entering the shipping address, special instructions, or even a coupon code, the user will transfer bitcoin, Monero, or another preferred method of payment from their digital wallet into their marketplace account.

Because darknet drug dealers provide some of the best online customer service – which is a very real hindrance to darknet investigations – most darknet dealers will send the user an online receipt of the transaction and a request for an honest review.

If it sounds easy, it is. Most darknet marketplaces mirror any online marketplace because it makes the transaction feel normal to the buyer. The more “normal” the experience, the higher the likelihood the user will return.

P1: How does the darknet make it easier for a drug user to become a drug dealer or a drug dealer to expand their operations?

Det. Lee: Anyone with an internet connection and a bit of ambition can become a drug dealer. It is not necessary to “know a guy who knows a guy” to purchase drugs for sale, and the drug dealer does not have to ask for permission from local gangs to sell in a specific area. While most marketplace users sell usable amounts of drugs (1-5 doses) at a time, bulk suppliers are found primarily in chat rooms and personal connections inside the marketplace. Bulk suppliers can provide higher quantities of drugs for a discount.

For a drug dealer to expand their online criminal operation, a buyer can enter into a purchase agreement with their supplier to purchase a specific number of pills weekly for a discounted price. The supplier then ships the drugs throughout the week in small envelopes to avoid detection.

P1: What challenges do police face when investigating online sales of opioids?

Det. Lee: The number one challenge for investigators is credibility. Darknet users rely heavily on customer reviews and seller feedback to screen for law enforcement officers or disreputable dealers. Users can also spot a law enforcement officer almost instantly and, once exposed, the host of the marketplace will close the law enforcement officer account and the officer will have to start his investigation from the beginning.

The second challenge is time. Darknet investigations take significantly longer than traditional drug investigations. Immediate supervisors should be cognizant of this fact and plan far ahead to get upper management approval and buy-in.

The third challenge is twofold: jurisdiction and prosecution. An agency can spend several thousand hours investigating an online drug dealer only to find out the dealer lives outside the country or just outside local and state officials grasps. This is why it is crucial that local and state departments have strong partnerships with federal agencies that can help assist in these types of investigations.

The last challenge is interdiction. It is very hard for interdiction officers to interdict drugs purchased on the internet because buyers only sell small amounts of drugs that can be safely concealed in a small envelope.

P1: What advice would you have for PDs beginning these types of investigations?

Det. Lee: Criminals adapt quickly, and law enforcement is struggling to catch up. Education, training and real-world experience are the keys to successful investigation. And it is very difficult to complete a darknet investigation if you never start. Darknet investigations may be new to your agency, but the more you practice, the better you will become, so start now!
HOW POLICE CAN TRAIN TO SURF THE DARKNET

It is important that police agencies are trained correctly in online opioid marketplace investigations. Along with the technical know-how associated with online investigations, Det. Joshua Lee recommends that detectives should also have the following skills:

**Persuasive writing and customer service skills**

Detectives should never write like a cop and should never try to act tough by cursing or making threats. There is no place for the “tough-guy” attitude in the darknet. Although the darknet is riddled with trolls, remember, most darknet marketplaces function just like any other business. Respect and courtesy go a long way, especially in darknet investigations.

**Cryptocurrency knowledge**

Every transaction on the darknet will be completed using cryptocurrencies so detectives must have a strong understanding of how to buy, trade and use different cryptocurrencies. Bitcoin, Monero and darkcoin are the three most used cryptocurrencies on the dark web and detectives need to be proficient at using all three.

**Darknet experience**

Although it is not encouraged to promote the deep web for personal use (yes there are legitimate uses for the deep web), a police agency should look for detectives already familiar with the system. A good understanding of the deep web will make it easier to investigate the darknet.

**Outside trainers**

The best type of training for darknet investigations is hands-on, real-world experiences. Making your own mistakes and learning what works for you and your agency is the key to success. For those who do not know where to start, the FBI has started to train state and local authorities in darknet investigations with its [J-CODE initiative](https://www.fbi.gov/services/investigate/j-code). Also look at your state’s [High-Intensity Drug Trafficking Area (HIDTA) training calendar](https://www.hidta.gov/training) for more on darknet investigations.
Evolving Tactics for Combating the Opioid Epidemic:

A Career Drug Prosecutor’s Perspective
To address the scourge of drug abuse, we must combine proven law enforcement strategies with effective and uniformly applied laws, and prevention and education programs

By Monte Stiles

As a state and federal drug prosecutor for almost 30 years, I dealt with every imaginable type of illegal drug and drug trafficking organization, from multi-ton smugglers of Thai marijuana in the late 1980s to LA street gangs selling crack cocaine, biker gangs, black tar heroin dealers, meth cooks and drug cartels that sold everything at once.

I spent most of the last 24 years of my law enforcement career as the lead Assistant United States Attorney over the Federal Organized Crime/Drug Enforcement Task Force for the District of Idaho. The mission of our team of agents, analysts and prosecutors was to identify, investigate and prosecute large-scale trafficking organizations.

Because these organizations rarely operated within the confines of a single state, most of our cases led to numerous other states and foreign countries where suspects, evidence, assets and witnesses could be found. A series of related investigations – which began in a world class ski resort in Sun Valley, Idaho – took us to Hong Kong three times, twice to Thailand, and on a very interesting trip to Fiji where the Attorney General met us in his “war room” to discuss wiretaps, arrests and seizures of resort property in the islands.

Meth lab dangers

Although our task force investigated every kind of serious case, methamphetamine manufacturing and distribution consumed most of our resources for many years. Meth labs, big and small, represented an environmental nightmare, as well as physical dangers associated with exposure to toxic chemicals, fires and explosions. My agent friends wore sophisticated hazmat gear for protection that shielded their bodies from some, but not all of these dangers.

In the case of smaller labs – often located in single-family houses – heavily armed and protected officers would routinely approach a residence where broken tricycles and other toys littered the yard. Upon entering these toxic waste dumps, it was common for officers to encounter toddlers walking around in bare feet and dirty diapers. Chemists from the state lab would conduct an extensive analysis of everything, from unlabeled liquids in the refrigerator to traces of methamphetamine on food, clothing and bedding.

The cost of these investigations was enormous, especially given the cleanup that was required at the end. Chemical testing alone was tedious, dangerous, time-consuming and expensive, and the tools that were available at the time – including chemical wet tests that produced various colors requiring human interpretation – were far from ideal.

Advances in LE tech improve evidence collection, officer safety

Many years have passed since I began my career in law enforcement. During that time, I have witnessed the increased sophistication of drug trafficking operations, as well as technical advances in law enforcement tools. These tools, along with innovative investigative strategies, have greatly enhanced our ability to gather compelling evidence leading to convictions.

In our current world however, the emergence of hundreds of new synthetic opioids, which have caused a dramatic spike in opioid-related deaths, has shifted the national attention to how opioid
addictions and deaths can be prevented and treated. Like many times before, when faced with a new crisis, government solutions seem to focus on throwing a tremendous amount of money in the direction of a perceived quick fix, with virtually no understanding of the root causes of the problem or truly effective solutions.

With a significant increase in the illicit market for fentanyl, some law enforcement agencies have decided to stop testing suspected narcotics in the field with wet chemistry kits because of fentanyl exposure concerns. Even the smallest amounts of fentanyl, inhaled or absorbed through the skin, can lead to an overdose or death. Consequently, new technology is essential for officer safety.

A device called TruNarc is helping officers identify drugs in the field without “blindly” handling them. TruNarc can identify over 400 substances, including 36 fentanyl variants. Instead of physically transferring a suspected substance into a plastic vial, TruNarc uses a laser and Raman spectroscopy to identify these drugs, typically without removing the suspected chemicals from its container, and results can be obtained in approximately 30 seconds.

In today’s world, I am envious of investigators and prosecutors who rely on sophisticated technology for presumptive testing that almost immediately identifies a bewildering number of drugs and precursors through Raman spectroscopy. Instead of fictional taste tests, vague interpretations of colors, or expensive and time-consuming laboratory analysis, prosecutors and officers can determine the exact chemical fingerprint of a suspected drug. That chemical fingerprint is compared to an internal library of known substances consistently updated to meet emerging threats.

**Refining LE strategies**

Thirty years of law enforcement experiences have led to some firmly held opinions regarding effective solutions to the scourge of drug abuse. I know that this can be accomplished by combining proven law enforcement strategies with effective and uniformly
applied laws, as accompanied by prevention and education programs that can change public attitudes and norms so fewer people start down the path of addiction.

In other words, we need to take out the bad guys, destroy their distribution networks and seize their ill-gotten gains, while promoting choices that produce healthy children and families, and safe communities. The last seven years – which have involved working with kids, drug prevention coalitions, law enforcement agencies and entire communities – have only confirmed the value of this combined strategy.

As law enforcement moves forward, we will encounter old and new obstacles in our efforts to protect children, families and communities. With innovative law enforcement techniques, renewed support from leaders and citizens, and the latest technology, we can productively and safely go about our duty to “protect and serve” both the public and our fellow officers.

About the Author

After almost 30 years in law enforcement, Monte Stiles was hired as a legal consultant/counter narcotics for Thermo Fisher Scientific.
6 STRATEGIES TO PROTECT POLICE FROM FENTANYL

Training, PPE and scene assessment will minimize the risk of opioid exposure to law enforcement and other first responders.

By Greg Friese, MS, NRP

Accounts of police officers or paramedics who are alleged to have been overcome by fentanyl after caring for a patient might be causing responders to worry about their own safety.

A group of expert panelists at the 2017 EMS World Expo – including a Drug Enforcement Administration chemist and special agent – shared six strategies to protect public safety personnel during an opioid-related response.

1 Assess the scene for exposure risks and crime evidence

Use dispatch information to assess the risk for fentanyl exposure through inhalation or contamination to skin or clothing. Use the scene size-up to make decisions about PPE usage and additional resources.
Every overdose incident is a potential crime scene. If EMTs, paramedics and firefighters arrive before law enforcement and notice evidence of drug use or paraphernalia, they should follow local protocols to request police response.

2 Pre-plan and train for fentanyl recognition and exposure
Because fentanyl derivatives are known to more strongly bind with opioid receptors, responders are reporting an increasing need to stock more naloxone.

The InterAgency Board – a voluntary collaborative panel of emergency preparedness and response practitioners – has recommended PPE use to prevent exposure to synthetic opioids after a detailed examination of available evidence.

3 Respiratory PPE is the best protection against aerosolized fentanyl
The DEA is seeing fentanyl cut into every drug, including heroin and cocaine, and assumes all drug samples it is testing include fentanyl. When powdered fentanyl or other drug powders are known or suspected of being aerosolized, respiratory PPE is important since inhalation is the easiest route for accidental fentanyl exposure and mucosal absorption is 30 times faster than transdermal absorption. Wearing a mask is the best initial protection.

4 Use additional PPE for fentanyl overdose responses
In addition to a mask, the panel recommended nitrile, single-use examination gloves and safety glasses for most responses. When there are larger amounts of hazardous material or fire risk, the InterAgency board has additional recommendations for higher levels of protection.

It’s especially important to use simulation training to be proficient in opioid patient assessment and care with a mask, gloves and eye protection.

5 Wash fentanyl-contaminated skin with soap and water
Responders should always wear gloves, but if their skin is exposed to fentanyl, they should first wipe the

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Personal protective equipment needs for responders

To protect emergency responders from exposure to fentanyl, experts recommend the following:

1. Dust mask to protect against aerosolized fentanyl inhalation.
2. Nitrile, single-use examination gloves to protect against skin exposure and transdermal transmission.
3. Safety glasses for additional protection from mucosal membrane absorption.
4. Immediate washing with soap and water of any exposed or contaminated skin.
5. Remove and clean any uniform clothing that might have been contaminated by fentanyl, blood or other potentially infectious material during patient assessment and care.

In addition, education about potential routes of exposure, enforcing policies and procedures, and distributing medical intelligence about the opioid epidemic are all important to giving responders peace of mind when responding on opioid-related overdose calls.
Fentanyl, because it is a synthetic, factory-made drug, is of increasing concern to the DEA and public safety leaders. Fentanyl is mostly manufactured in China and directly shipped in small qualities to buyers who find and purchase it from internet sellers.

Fentanyl is cheaper and stronger than illicit opioid pills or heroin. One kilogram of fentanyl costs about $8,000 compared to $80,000 per kg for heroin.

Fentanyl derivatives and analogs come in different strengths and formulations to avoid federal regulation. U4770, a fentanyl mimic, attaches to the same receptors as other opioids, but attaches more strongly. U4990, another fentanyl mimic, came out of China in mid-2017 in response to new regulations banning U4770 production. A small change in the drug's molecular structure makes it legal even though it has never been tested on humans.

The stronger binding of fentanyl derivatives to opioid receptors may require higher doses of naloxone to reverse the overdose and restore adequate respirations.

### Why the opioid crisis is becoming a fentanyl crisis

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### Recognize other threats, dangers

IV drug users regularly engage in other high-risk behaviors, so responders should keep the threat of hepatitis or HIV/AIDS in mind. Every organization must have an exposure control plan and be committed to training personnel in how to avoid exposures, reporting exposures to blood and other potentially infectious materials, and providing testing and follow-up care when indicated by state and federal law and regulation.

Emergency responders are also at risk of compassion fatigue from the growing number of responses for opioid overdose, especially for patients who have overdosed multiple times. Recognizing the potential for compassion fatigue, which leads to burnout, and providing training on the science of addiction is important for every public safety organization.

### About the Author

Greg Friese, MS, NRP, is Editor-in-Chief of EMS1.com. He is an educator, author, paramedic, and marathon runner.
OPIOID OVERDOSE KITS

ACCELERATE YOUR RESPONSE TIME

RECEIVE A $12 REBATE* ON 2-DOSE OPIOID OVERDOSE KITS

2-DOSE OPIOID OVERDOSE KIT
(2) Pair of gloves, latex-free, large
(1) MAD® mucosal atomization device
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(1) Opioid overdose kit case

INDICATIONS FOR NALOXONE: Administer cautiously to persons including newborns of mothers who are known or suspected to be physically dependent on opioids. In such cases an abrupt and complete reversal of opioid effects may precipitate an acute withdrawal syndrome.

IMPORTANT SAFETY INFORMATION: The signs and symptoms of opioid withdrawal in a patient physically dependent on opioids may include, but are not limited to, the following: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In the neonate, opioid withdrawal may also include: convulsions, excessive crying, and hyperactive reflexes.

For a brief summary of Naloxone, click here.

* $6 rebate for each Naloxone Luer Jet purchased (individually or overdose kits). Customers located in OH are excluded from this rebate program.

www.boundtree.com/opioid.asp
While Narcan is an immediate, lifesaving fix for someone suffering from an overdose, it doesn’t solve the problem of addiction.

By Cole Zercoe

The opioid crisis in America is not going away. As an increasing number of police departments have responded by outfitting officers with Narcan kits, some have started to take the vital next step of creating pathways of care for victims of the epidemic. While Narcan is an immediate, lifesaving fix for someone suffering from an overdose, it doesn’t solve the problem of addiction.

Here’s a look at how law enforcement agencies are working to beat addiction in their communities by providing access to treatment and recovery services to opioid users.

ESTABLISHING RELATIONSHIPS AND BUILDING TRUST

The first step to successfully getting substance users on the road to recovery is building trust. Cops need no reminder that this is a segment of the population traditionally averse to law enforcement, so initial efforts to help are likely to be met with skepticism and resistance. The Arlington (Mass.) Police Department’s approach to working with opioid users, whom they connect to via responses to overdoses or during drug distribution investigations, is a prime example of how to tackle this.
“We are not going to arrest or seize our way out of this. We have to start with youth and have conversations at an early age to talk about the issues and cycle (of addiction). Safety and prevention is really the key.”

Dan Neill, Assistant Special Agent in Charge – Las Vegas District Office, DEA
COLLABORATING WITH PARTNERS
While not all models for creating pathways to treatment are the same, all share the same basic tenet: Close collaboration with public health and other related services is vital to success.

Arlington PD, along with many other agencies, has public health clinicians co-respond with officers to proactive outreach calls and after overdoses, serving as the bridge from the criminal justice system to the public health system.

“There’s a lot of co-occurring disorders going on here – mental health issues combined with substance use issues result in somebody in crisis,” Ryan said. “The traditional model would be to arrest the person for whatever minor frivolous criminal offense that they were committing. The clinician gives LEOs another tool for dealing with people in crisis. It offers a creative approach to solving a problem involving a person in crisis other than a jail cell. And that’s a good thing.”

Arlington police hold regular public meetings co-facilitated by a clinician and a certified interventionist on a range of subjects – from training on the proper use of Narcan to access to inpatient and outpatient treatment programs. These meetings work to help break the stigma of addiction and get Narcan into the hands of as many community members as possible – ensuring the greatest chance of preventing fatal overdoses.

The Quincy (Mass.) Police Department – which is home to one of the most well-known Narcan programs in the United States – partnered with its DA to create a buyer diversion program. Officers direct drug buyers to the PD’s outreach partners, where they have 72 hours to get in touch for a free evaluation, information about programs and the option to be directly admitted to a program at the time of their visit.

“We’re trying to divert them from the criminal justice system into a treatment program,” Quincy Lt. Patrick Glynn told PoliceOne. “And we’re trying to prevent
“The fentanyl epidemic has changed how the DEA has done business. It is a total game changer in the forensic world and for law enforcement.”

James DiSarno, Senior Forensic Chemist, DEA

them from overdosing when they go seek out another supplier, because we know the potency of what is on the street is inconsistent from trafficker to trafficker – especially with the advent of fentanyl.”

Agencies in Lake County, Illinois, participate in a program called “A Way Out.” This 24/7 assisted diversion program asks addicts seeking help to visit their local police department, where a deputy takes them through the onboarding process and then connects them to a phone screening with a health professional who determines the appropriate course of treatment.

During a panel at IACP 2017, Eric Guenther, chief of the Mundelein PD in Lake County, stressed the importance of having a system of strong relationships to ensure that an addict is never turned away.

“If we had to say no, we knew it would fail immediately,” Guenther said during the panel.

Four Lake County hospitals are available for immediate treatment of those going through acute withdrawal, outpatient treatment is available for same day or next day treatment, and inpatient treatment is available as soon as possible, depending on the availability of beds. If the user has no method of transportation, a deputy is dispatched to take the person to treatment.

Some agencies, like the Essex County Sheriff’s Department in Massachusetts, offer detox and intensive treatment units inside their correctional facilities that target inmates who have committed crimes to support their habits. In Essex County, once inmates complete a 28-day treatment program, they are given alternate options to imprisonment for their crimes, including outpatient and other long-term care plans.
TIME IS OF THE ESSENCE

Whether you’re engaging in proactive or reactive outreach, time is a critical factor in success. The more time that passes, the less receptive opioid users can be to getting help.

In Quincy, officers and outreach workers are dispatched to a home within the first 24 to 48 hours of an overdose.

“We’ve done about 350-375 home visits and we’ve gotten into the house 98 percent of the time. We’ve provided information to the person or to their family members who weren’t aware that there were programs set up to help family members deal with their loved one who is addicted to opioids,” Quincy Lt. Patrick Glynn said. “People are not really aware of the services that are available to them as a family member or as someone with a substance abuse issue.”

When a user seeks inpatient treatment from the Mundelein PD’s program, Guenther can usually get an addict in a bed within 90 minutes of contact.

CONNECTIONS TO CARE

By providing your community with education, outfitting them with Narcan and acting as the connection to a range of treatment options for those suffering directly from the opioid crisis, your agency will be taking major steps forward in the battle against an epidemic that shows no signs of slowing down, as well as strengthening the relationship with the members of your community.

“We’ve built a lot of trust in the community,” Arlington Chief of Police Fred Ryan said. “It’s sort of a value-added benefit in that people are now seeing that the police really care, because I don’t think there’s anyone in the community that hasn’t in some way shape or form been impacted by this epidemic.”

About the Author

Cole Zercoe is the senior associate editor of PoliceOne. From the latest police technologies and innovations to the emerging threats cops face in the digital age, his features focus on the complexity of policing in the modern world.
A s police rethink law enforcement’s role in the opioid epidemic, it’s important to be prepared to navigate pushback both internally and within the community. In fact, Arlington Chief of Police Fred Ryan believes breaking the stigma associated with drug use is the biggest challenge agencies face in fighting the opioid crisis.

“I’m ashamed to say that we’ve all labeled these people junkies and dehumanized them in other ways over the years largely due to ignorance around addiction and all the complications that go with it,” Ryan said. “We look at substance use very differently as a society than other medical conditions, and I think that’s the biggest challenge.”

Ryan has tackled this issue in his agency in a number of ways. For one, the department internally prohibited the use of the word “junkie.”

“We’ve done a lot of work around the language we use associated with substance disorder in the community. Language matters,” Ryan said.

Another key step was holding a number of community meetings that taught the public about topics such as the nature of addiction, proper use of naloxone and substance user treatment programs.

“To have their police chief stand in front of a crowd and talk about how stigma is preventing people from getting the help that they need, and from learning about the complications associated with addiction and how best to prevent fatal overdose has really helped break the stigma,” Ryan said.

Seeing the fruits of their labor also goes a long way to alleviating any hesitation police officers have with treating victims of opioid overdoses, Ryan says. As officers begin to save lives with Narcan, the positivity about carrying the drug builds. That feeling of worthwhileness strengthens even further once an agency has moved beyond just carrying Narcan and starts acting as a bridge to treatment services. In Quincy, Massachusetts, Lt. Patrick Glynn says the frustration of responding to repeat ODs was alleviated when officers had resources to provide addicts and saw them taking advantage of those resources.

“What has eased the frustration and some of the burn out for some of the officers here is seeing the results of the home visits that we do,” Glynn said. “The fact that we’re able to give people information and seeing people leave their home and go into a program.”

Glynn also said it’s important to be aware of and dispel myths within your agency and in the community – that Narcan will bring more drug users into the community and that treating ODs enables drug users.

Finally, officers should be educated in the nature of addiction and have a realistic idea of what the timeframe and process for recovery looks like. In particular, relapse of a patient should not be viewed as failure.

“In a crisis as difficult and complex as this one, there will be those cases unfortunately. And we can’t allow outcomes like that to prevent or in any way inhibit our good work,” Ryan said. “Relapse is seen by many as a failure and we say no, relapse is part of the long-term recovery. So do you measure relapse as a failure? We would say no as long as a person’s alive. Our one North Star has been preventing death by opioid overdose. And if you give cops simple, achievable goals, they get it done.”
Funding is available for trace detection machines, Narcan kits and data-sharing technology to document problems in your jurisdiction

By Therese Matthews

The opioid epidemic continues to cripple communities across the United States. Rural, suburban, urban and tribal communities have all been affected by this drug overdose crisis.

Whether you are a police officer, sheriff’s deputy, investigator, corrections officer, parole or probation agent, you know the dangers of narcotics exposure to yourself and the community you protect every day.

And, as a first responder, you are also called upon to administer drugs such as naloxone to save lives from opioid abuse.

If your agency does not have funding within its budget to cover much-needed equipment such as trace detection machines to safely identify the substance, Narcan kits to administer to those who have overdosed or data-sharing technology to document the problem in your area, here are several grant-funding options you should consider to cover these costs.
Justice Assistance Grants (JAG)
The JAG program is one of the largest sources of grant funding supporting law enforcement equipment. Officer safety and wellness, collaborative prosecution and drug/violence reduction are among the priority areas for the use of JAG funds.

Many local municipalities across the country receive a local allocation directly from the federal government based on their proportion of the state’s three-year violent crime average.

States and U.S. territories also receive a JAG award each year for competitive funding to local and state agencies not qualifying for the local allocations. Your request needs to fit into the strategic plan the state/territory submits to the Department of Justice. Reach out to your State Administering Agency (SAA) representative to discuss your needs and inquire about the next application period.

Comprehensive Opioid Abuse Site-based Program
This multifaceted competitive grant opportunity supports first responder partnerships with treatment providers and technology-assisted treatment programs, prescription monitoring programs and multi-agency information sharing collaborations.

Grants for naloxone (Narcan) and other overdose-reducing devices
Many of the grants cited above may also allow you to include overdose-reducing devices such as Narcan kits within your budget if this is part of your overall strategy to combat your community’s opioid problem. Below are just a few of the grants that specifically allow these types of devices.

Rural Communities Opioid Response Planning Initiative
Successful awardees will receive up to $200,000 for one year to develop plans to implement opioid use disorder prevention, treatment and recovery interventions designed to reduce opioid overdoses among rural populations.

Coverdell National Forensic Science Improvement Grant Program
This program offers both competitive and formula-based grants. This funding must be used for one of six purposes including emerging forensic science technology.

Opioid Affected Youth Initiative
Offered through the Office of Juvenile Justice and Delinquency Prevention, this grant program requires the development of a multi-agency task force and data collection but also can be used to address public safety concerns and equipment for response.

Community Facilities Direct Loan & Grant Program
This U.S.D.A. Rural Development program provides affordable funding to develop essential community facilities in rural areas. Public safety equipment is an allowable expense.

Innovative Prosecution Strategies
One focus of this grant program is for prosecutors to swiftly and thoroughly investigate overdose scenes as homicide scenes.

SAMHSA Tribal Opioid Response Grant
This focuses on, among other areas, increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment.

Kaleo Cares
This donation program provides naloxone injection products for first responder agencies.
Collaborative approach: State/federal agency leadership

A final strategy to consider is joining together with your law enforcement partners and other community stakeholders on a collaborative application. One agency would take the lead to apply for funding to purchase multiple narcotics detection and testing units and overdose-reducing devices.

Several law enforcement agencies across a state or jurisdiction could benefit from this approach and receive this much needed equipment.

Many federal funders encourage this approach and require that a federal or state agency, or regional drug task force take the lead.

Examples of federal grant opportunities to consider for this approach include:

- **COPS Anti-Heroin Task Force**
- **Project Safe Neighborhoods**
- **High Intensity Drug Trafficking Areas (HIDTAs) funds**: If your community is identified as a designated area

If eligible, take the lead and apply on behalf of a community coalition you form around this issue. If not, reach out to your drug task force partners, your local state police or U.S. Attorney’s Office and encourage them to apply on behalf of the local departments in your area.

Tips for developing a winning application

Many of these grants are highly competitive, so make sure you follow these steps when writing your application:

- Develop a comprehensive strategy to address the opioid problem in your community. Your proposal must include statistics that both document the problem and estimate the impact the equipment will have on addressing the problem.
- Incorporate a programmatic and evidence-based approach to your request. Rather than just describing your need and use for a single piece of equipment, identify a target area or target problem to be addressed.
- Bring many partners to the table to develop your strategy including treatment providers, schools, nonprofits, business community and other criminal justice partners.
- Engage the services of a research expert within your local college or university. You will be at a competitive advantage if you identify a research partner who can conduct an evaluation of your project to report on its challenges and successes.
- Follow these basic tips for preparing and writing your application.
- Start your planning early. Many of the federal grant opportunities have closed for this year but will most likely be available again in the early part of next calendar year – so be prepared and develop your strategy now!

The Team at PoliceGrantsHelp is ready to assist. Our grant assistance program includes a number of options for departments seeking assistance in securing grant funding to support the work you do for our communities every day.

About the Author

Therese Matthews has over 25 years of experience in grant writing, grants management and program development. As grants manager for the New Jersey Department of Corrections, she obtained over $140 million in grant funding for the agency.
## PRODUCT SHOWCASE

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<th>Deadly Opioid Exposure Protection</th>
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<td><img src="image2.png" alt="Image of Sentry Shield Protection Kits" /></td>
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<td><strong>The Thermo Scientific™ TruNarc™ Analyzer rapidly identifies drugs and can reduce the backlog of cases at crime labs while decreasing costs.</strong></td>
<td><strong>DQE Sentry Shield™ protection kits provide defense for unknown powdered substances containing fentanyl and other lethal opioids.</strong></td>
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<th>Schedule, Deliver, and Track Training More Efficiently</th>
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<td><img src="image4.png" alt="Image of PoliceOne Academy" /></td>
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<td><strong>Opioid Overdose Kits are ideal solutions for first responders in any profession, including EMTs, paramedics, social workers, police officers, and community outreach workers.</strong></td>
<td><strong>Meet your department training goals with 200 courses and 1,000 videos and features to track offline training and create custom courses in PoliceOne Academy.</strong></td>
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3 surveillance tactics to find and stop opioid dealers
When responding to opioid overdose calls, police investigators can deploy these tactics to locate drug dealers.

Why the fight against the opioid crisis can’t stop with naloxone
Naloxone saves lives, but it doesn’t stop addiction. Here is why pre-arrest diversion programs are important.

How illegal synthetic drugs are prompting amendments to federal sentencing guidelines
Powerful illegal synthetic drugs known as “analogues” are a problem for LE these days.

Why drug enforcement is not a war, but a rescue operation
Drug courts and pre-arrest diversions provide opportunities for a police officer to change an addict’s life for the better.

The opioid crisis requires a new approach to narcotics field testing
As the usage crisis worsens, the potential for exposure among police and other first responders increases.

Fentanyl: What are the exposure risks?
While the hazards are significant for LEOs, it’s important to understand the myths and realities.

How does your department’s narcotics field testing measure up?
Many officers lack clear procedures, effective testing tools and adequate PPE.

Join forces with other first responders for stronger opioid response
Addressing the epidemic requires a coordinated, collaborative effort by police, EMS and other first responders.

DIGITAL RESOURCE CENTER