



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF COMMUNITY ORIENTED POLICING SERVICES  
Office of the Director  
145 N Street, NE, Washington, D.C. 20530

**COPS**★

## Addressing the Opioid Epidemic

Dear colleagues,

There has been much discussion regarding the public safety response to the growing heroin and opioid epidemic in this country. According to recently released information from the Centers for Disease Control and Prevention (CDC), in 2011 there were on average 110 overdose deaths every day. Opioid pain relievers were involved in nearly 17,000 of those drug poisoning deaths, and there were another 4,400 deaths from heroin overdose.<sup>1</sup> For heroin, this is more than a 100 percent increase in the number of overdose deaths from just five years earlier. This new conversation takes place alongside a long-standing one on the intersection of addiction and criminal behavior. Research frequently shows that overwhelming numbers of offenders self-report substance abuse as a contributing factor to their criminal behavior, and analysis suggests that upwards of two-thirds of arrestees test positive for a drug at the time of their arrest.<sup>2</sup>

While the law enforcement community remains committed to its responsibility to enforce laws regulating the manufacture, the distribution and even the use of controlled and illicit substances, I have been fascinated to see how this latest opioid epidemic has begun to waken the consciousness of the profession, and in many ways the nation, to the issues of addiction. In September, [Attorney General Eric Holder released a video](#) announcing a significantly expanded drug take-back effort by the Drug Enforcement Administration (DEA) that offers new ways for people to safely dispose of old or unused prescription drugs, including opioid pain relievers. More and more police agencies are striving to enact holistic and public health-driven approaches using strategies we did not see 30 years ago: training officers on the symptoms of addiction (which is not to be confused with the symptoms of usage that are arrest and prosecutorial concerns), equipping officers with overdose-reversal drugs like Naloxone, partnering with the DEA in drug take-back days and collaborating with drug courts and treatment providers to provide addicts with the support and assistance they need. Law enforcement leaders have seemingly embraced the reality that addiction must be treated as a disease, not a crime.

In late July, I participated in a meeting hosted by Bureau of Justice Assistance (BJA) Director Denise O'Donnell along with law enforcement, treatment experts, and medical professionals. The meeting was convened to discuss the development of a Naloxone toolkit for law enforcement that BJA expects to release [on its website](#) later this month. Along with Attorney General Holder and White House Office of National Drug Control Policy Acting Director Michael Botticelli, I had the opportunity to hear firsthand how the field is boldly delving into new approaches that place the preeminent focus of officers on saving lives. These are, in fact, community policing approaches. Whereas past "wars" on drug epidemics led to mass incarceration rates with a disparate impact on young men of color, our response to this recent epidemic is less likely to have that type of collateral damage. I believe the steps we are taking now will not only help to stem this epidemic and save thousands of lives, but also reduce violent crime and strengthen police and community relations.

<sup>1</sup> "National Vital Statistics System: Mortality Data," Centers for Disease Control and Prevention, last modified July 30, 2014, <http://www.cdc.gov/nchs/deaths.htm>.

<sup>2</sup> Office of National Drug Control Policy, *Arrestee Drug Abuse Monitoring Program II: 2012 Annual Report* (Washington, DC: Executive Office of the President, 2013).



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We are now hearing law enforcement officers talk about having the ability to help change the trajectory of someone's life—a trajectory that has an increased chance of intersecting with crime without intervention—and how powerful that is to them and their commitment to the important work they do. We must continue to reinforce this idea. The reality is that most of us come into this profession because we want to help people and save lives. It is my hope that we will apply these same principles and practices to all the drug epidemics we continue to face in this country. I've heard many individuals say this heroin epidemic knows no socio-economic boundaries, and those who fall victim to its addiction look like, and in some cases are, those individuals' family members. In reality, this is the true nature of addiction—it can potentially impact people in all walks of life, all races and all cultures. Our response to this public health epidemic must not be based on personal assumptions about those that suffer from addiction, but rather on our understanding of addiction. A person who lives in an economically deprived community and is addicted to cocaine, crack or methamphetamine deserves the same response, outreach and treatment we are now striving to provide to those addicted to heroin and other opioids.

The intersection between public health and law enforcement is not limited to overdose prevention. I am proud to say that the partnerships being established in response to the heroin and opioid epidemic have benefits that can extend beyond addressing addiction. For example, violence is also a disease, one that often spreads in predictable patterns through communities, much like other pathogens. This is why the Office of Community Oriented Policing Services is expanding its efforts to also promote public health approaches to violence.

This year, the office partnered with the U.S. Department of Health and Human Services, Office of Minority Health to develop a \$3.5 million Minority Youth Violence Prevention initiative that focuses on integrating public health and community policing approaches. Grantees selected as demonstration sites under that program were [recently announced](#).

Systematically integrating public health and community policing approaches to address a wide range of crime problems will ultimately help us to be smarter about ensuring public safety. As Attorney General Holder said while introducing his Smart on Crime initiative last year, "We must never stop being tough on crime. But we must also be smart and efficient when battling crime and the conditions and the individual choices that breed it."

Sincerely,

Ronald L. Davis, Director  
The COPS Office