

2021

Harm Reduction Strategies & Law Enforcement's Approach to the Opioid Epidemic

Johnathon Michael Sharp
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Public Policy Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Johnathon Michael Sharp

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Jennifer Grimes, Committee Chairperson,
Criminal Justice Faculty

Dr. Anthony Fleming, Committee Member,
Criminal Justice Faculty

Dr. David DiBari, University Reviewer,
Criminal Justice Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Harm Reduction Strategies & Law Enforcement's Approach to the Opioid Epidemic

by

Johnathon Michael Sharp

Ph.D., Walden University, 2016

MSCJ, Tiffin University, 2008

BS, Tiffin University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2021

Abstract

The opioid epidemic in the United States has increased in severity, lives lost, and associated costs for several decades. While legislation and criminal justice practices around the world regarding opioids have followed various avenues including alternative harm reduction approaches, U.S. responses have largely remained stagnant. However, one alternative harm reduction program, the Law Enforcement Assisted Diversion (LEAD) program, has been implemented in a few U.S. cities. This study examined law enforcement administrators' familiarity and challenges with harm reduction strategies like the LEAD program. Using Kingdon's multiple streams theory, this qualitative case study interviewed 10 law enforcement administrators from the Midwestern United States. Participants were asked about their experiences with and their recommendations for the opioid epidemic covering policy, problem, and political streams. These administrators revealed that the epidemic is everchanging: what started as a prescription opioid problem has evolved into a cheaper, more readily available synthetic opioid and heroin problem. Responses also revealed differences between political and public sentiment about the epidemic. No self-interest groups had solicited these administrators with potential policies or strategies. While showing what approaches they have used, these administrators also indicated approaches they would recommend going forward, including more education on all fronts, more treatment availability, and funding for a variety of programs. Law enforcement administrators, officers, and those affected by the opioid epidemic may benefit from the results of this study leading to positive social change.

Harm Reduction Strategies & Law Enforcement's Approach to the Opioid Epidemic

by

Johnathon Michael Sharp

Ph.D., Walden University, 2016

MSCJ, Tiffin University, 2008

BS, Tiffin University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2021

Dedication

This research is dedicated to the men and women within the criminal justice field who look to make a change for the better in the world and seek to help through service to others. I would also like to dedicate this to the numerous people who have helped me along the road of life and have supported and believed in me.

Acknowledgments

I would like to thank God for the strength, knowledge, and blessings I have received that have helped me through life. I would next like to thank the committee of this study, Dr. Jennifer Grimes, Dr. Anthony Fleming, and Dr. David DiBari. To my children Madelynne and Rennie; now I have one of these for each of you.

Table of Contents

List of Tables	vi
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	4
Purpose of the Study	5
Qualitative Research Questions	6
Framework	6
Nature of the Study	8
Definition of Terms.....	10
Assumptions.....	11
Scope and Limitations.....	11
Limitations	12
Significance.....	13
Summary and Transition.....	13
Chapter 2: Literature Review	15
Literature Search Strategy.....	16
Theoretical Foundation	17
Multiple Streams Framework	17
Literature Review.....	21
Law Enforcement Practices	21
State and Legal Approaches to the Opioid Epidemic	25

International Approaches	30
Public and Law Enforcement Opinions	34
Harm Reduction Strategies	38
Law Enforcement Assisted Diversion (LEAD)	44
Summary	47
Chapter 3: Research Method.....	49
Research Questions	50
Research Design/Rationale	51
Case Studies	51
Role of the Researcher	53
Methodology	54
Identification of Target Group	54
Recruiting Process	55
Instrumentation	57
Data Collection	57
Covid-19	58
Data Analysis	60
Issues of Trustworthiness.....	61
Credibility	61
Transferability.....	62
Dependability	63
Confirmability.....	63

Triangulation.....	64
Ethical Procedures	65
Summary	66
Chapter 4: Results	67
Setting	67
Obtaining Participants.....	68
Demographics	69
Data Collection	69
Data Analysis	70
Evidence of Trustworthiness.....	73
Credibility	73
Transferability.....	73
Dependability	74
Confirmability.....	74
Results.....	75
Interview Question 1	75
Interview Question 2.....	77
Interview Question 3.....	78
Interview Question 4.....	80
Interview Question 5.....	80
Interview Question 6.....	81
Interview Question 7.....	82

Interview Question 8.....	84
Interview Question 9.....	85
Interview Question 10.....	86
Interview Question 11.....	87
Interview Question 12.....	88
Interview Question 13.....	89
Interview Question 14.....	91
Interview Question 15.....	93
Interview Question 16.....	94
Interview Question 17.....	95
Interview Question 18.....	95
Interview Question 19.....	97
Interview Question 20.....	99
Interview Question 21.....	100
Interview Question 22.....	102
Summary and Transition.....	104
Chapter 5: Discussion, Conclusions, and Recommendations.....	107
Interpretation of Findings	107
Research Question 1	107
Research Question 2	108
Research Question 3	111
Research Question 4	112

Research Question 5	113
Limitations of the Study.....	116
Recommendations.....	116
Implications.....	117
Conclusion	119
References.....	121
Appendix A: Interview Questions	144

List of Tables

Table 1. Thematic Coding.....	71
Table 2. Themes.....	72

Chapter 1: Introduction to the Study

The lives lost and costs associated with the current opioid epidemic in the United States are at levels previously unseen and unknown to the criminal justice system (Kral & Davidson, 2017). Since the inception of the war on drugs, police actions have shifted towards a more proactive and focused approach similar to that proposed by Broken Windows theory (Worden & McLean, 2018). These actions have now led to unintentional drug overdoses being the leading cause of injury deaths that average roughly 100 persons per day dying from opioid overdoses (Barry, 2017; Hsu et al., 2017). While the main approach that has been used since this war began has been criminal sentencing (Exum, 2019), there are questions regarding why alternative approaches have not been widely implemented or proposed. While alternative strategies such as Seattle Police Department's Law Enforcement Assisted Diversion (LEAD) program are available, researchers still do not know why law enforcement agencies do not widely implement harm reduction strategies to help reduce overdose deaths and relieve financial strain on the criminal justice system. Estimated costs associated with treating opioid related health issues range from \$80-\$500 billion dollars each year (Giftos & Tesema, 2018). While this trend continues, research has shown Seattle's LEAD program, started in 2011 out of the thought that current practices were failing, had a 58% reduced re-arrest rate, and a 39% reduced chance of being charged with a felony for program participants (Collins et al., 2017; Rouhani et al., 2019; Worden & McLean, 2018). Previous research showed others have investigated the justice system's response and the opioid epidemic's battle by focusing on officer's attitudes towards carrying and administering Naloxone, police

overdose prevention and responses, and attitudes toward pre-booking diversion (Ray et al., 2015; Rouhani et al., 2019; Wagner et al., 2016). To date, no data exists as to what barriers and facilitators exist and contribute to the use and non-use of harm reduction strategies like the LEAD program. This study addressed this gap by providing policy makers information on why more police departments do not utilize harm reduction strategies such as the LEAD program.

This chapter will cover the background of the problem including the problem statement and purpose of the study. Also included in this chapter are the research questions, the nature of the study, definition of terms, assumptions, and the scope and limitations of the study. Last, the significance of this study is also included in this chapter.

Background

The international community has shown an increased interest in alternative strategies for application in drug related offenses (Shanahan et al., 2017). Much of this interest has sprung forth from the rapidly changing environments the world is experiencing. Police agencies particularly have attempted to adopt and create different strategies to “deliver” their core services (Heyer, 2015). Examples of these strategies include community-oriented policing, hot-spot policing, zero-tolerance policing, intelligence-led policing (Heyer, 2015; Wang & Zhao, 2016), and even police militarization (Bieler, 2016). While the United States has seen widespread examples of each of the previously mentioned strategies, they have lacked in the creation and implementation of other alternative strategies that have more emphasis on public health

outcomes. Australia's Commission on Narcotic Drugs on the other hand, has recommended that police agencies use measures that decrease stigmas of drug users, reduce or eliminate the negative consequences of a criminal record, especially if the offender's record is only drug related, while also reducing the prison overcrowding problem, increasing costs savings to the criminal justice system, and emphasizing public health outcomes (Shanahan et al., 2017).

American police forces are generally judged on levels of crime within the communities they serve (Wang & Zhao, 2016). With this measuring stick, crime reduction is generally the spark for police reform with some (see Wang & Zhao, 2016) noting this has been the case since at least the mid 1990s. While community policing is often viewed as one of the best, or most significant strategies implemented to date (Wang & Zhao, 2016; Suve et al., 2015), it has failed to address the opioid crisis in America nor implement alternative strategies other than arrest and incarcerate. Community policing also marked arguably the first time American police departments openly admitted the shortcoming that they alone cannot fully accomplish crime control without the public (Wang & Zhao, 2016). Suve et al. (2015) noted strategies are substantially influenced by the three factors of constant change and ambiguity in an environment, organizational stagnation and bureaucracy, and preexisting management systems. Keeping these factors in mind, there has been a long-standing acceptance that organizations must adapt and regulate relationships with their environment to not only survive, but also to advance (Heyer, 2016). This has not been the case with policing strategies and the opioid epidemic in America, with few exceptions to these practices such as the LEAD program.

There is also the acknowledgement that there is a major gap in the understanding of pre-arrest programs for minor drug offenders and their cost effectiveness (Shanahan et al., 2017).

Problem Statement

There is a problem in the United States relating to responses to the opioid epidemic, specifically, law enforcement and legislative responses. The problem is researchers do not know what facilitators and detractors exist and affect the use or non-use of harm reduction strategies such as the LEAD program. This problem impacts opioid users, law enforcement agencies, legislative bodies, criminal justice costs, and the healthcare system because in 2018 alone, nearly 47,000 people died from opioid related overdoses (Centers for Disease Control and Prevention [CDC], 2020). The Council of Economic Advisors (2019) estimated that costs associated with the opioid crisis were roughly \$696 billion in 2018. All while the National Institute of Justice (NIJ) has begun putting together a group of law enforcement leaders and other experts to try and identify effective practices, create a stronger national response, and to develop strategies to reduce the impact of the opioid epidemic (NIJ, 2019). Currently, research has focused on Naloxone training and usage by law enforcement agencies (Purviance et al., 2017). However, law enforcement agencies continue to use the same arrest, charge, and incarceration procedures that they have utilized for decades in the war of drugs (Davis et al., 2017). There are many possible factors contributing to this problem, among which are the unknown facilitators and detractors this study will seek to uncover as the various law

enforcement agencies around the country experience differences in budgets, political agendas, and the level of opioid use “in their backyard.”

Literature reviewed for this study identified an almost singular focus on strategies in the United States: Naloxone use by law enforcement (Ray et al., 2015; Rouhani et al., 2019; Wagner et al., 2016). As previously stated, none of the literature reviewed examined facilitator or detractors for law enforcement administrators/agencies in the use or non-use of harm reduction strategies such as the LEAD program. My study filled this gap by contributing to the body of knowledge needed to address the problem by providing information to decision makers to formulate and or change policies related to the opioid epidemic.

Purpose of the Study

The purpose of this study was to examine what facilitators and what barriers exist and contribute to the use and also non-use of harm reduction strategies like that of the LEAD program. This study examined police administrators through a qualitative approach and sought out the information regarding the barriers and facilitators these administrators perceive to help or hinder their use of alternative harm reduction strategies. The information gained from this qualitative approach allowed possible factors to come straight from these police administrators without bias or preconceived notions of this researcher. John Kingdon’s multiple streams framework (MSF) was used as a theoretical foundation of this study as its tenets helped to guide the study in gaining knowledge on what factors play a role in each of his proposed streams: problems, policy, and political. Of most importance to this study was the policy stream as this is where

possible policies and solutions stem from and helped in the understanding of law enforcement administrator's use or non-use of harm reduction strategies. This study aimed to bridge the gap between what is currently known about harm reduction strategies and what affects law enforcement agencies' usage (or non-usage) of this approach.

Qualitative Research Questions

This research explored qualitative research questions through the guidance from Kingdon's MSF:

RQ1: What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis?

RQ2: What facilitators and detractors do law enforcement administrators perceive in the political stream of the opioid crisis?

RQ3: What facilitators and detractors do law enforcement administrators perceive in the policy stream of the opioid crisis?

RQ4: How receptive are law enforcement administrators to using harm reduction strategies like the LEAD program in their department's approach to the opioid epidemic?

RQ5: How did the political, policy, and problem streams come together to affect the decision agenda of law enforcement administrators?

Framework

In his book, *Agendas, Alternatives and Public Policies*, John Kingdon (1984) developed the multiple streams framework that has greatly influenced public policy analysis since its inception. Akgul et al. (2019) showed Kingdon's MSF had, as of 2016, been applied in 65 countries, 22 different policy domains, and in over 300 peer-reviewed

articles. The domain areas studied when combined showed health, welfare, education, environment, and governance with the highest levels of application of MSF while criminal justice policy research lagged at less than 2% of these studies (Akgul et al., 2019). While MSF is one of the most common frameworks applied in policy studies, it has been argued to also hold the most analytical heft as well (Smith et al., 2016). As this framework is discussed in depth in Chapter 2, briefly, Kingdon's MSF stated policy change occurs only in the "perfect storm" when the streams of problem, policy, and politics join to open a policy window, which is a combination of factors that creates the recipe for policy enactment (Smith et al., 2016). The streams of MSF merge when a problem (an issue such as the opioid epidemic), a policy (potential solutions such as the LEAD program), and politics (public opinions and electoral actions), all merge to create a policy window that allows for policy to be created and enacted (Smith et al., 2016).

While there is no doubt the problem stream when MSF is applied to the opioid epidemic, showing a distinct and ever-growing problem, exist many questions remain in both the policy and political streams when applying them to the opioid crisis. This study sought to find the possible facilitators and detractors that exist in these streams that have resulted in the low usage of harm reduction strategies, specifically the LEAD program. Akgul et al. (2019) stated the political stream consists of a number of both dependent and independent variables that affect what happens in this stream such as party politics, public interest and opinion, and political interests. The policy stream is where potential actions and solutions are created and introduced but, both political and apolitical actors have great influence in this stream as to what is acted upon, and also what is not acted upon or put forth, as the

best solution (Akgul et al., 2019). When all three of these streams merge, it greatly increases an issue's chances to receive considerable attention. As is a common occurrence with policy making, Kingdon stated policy entrepreneurs (like advocates and lobbyists) can manipulate these three streams to open the policy window (Saurugger & Terpan, 2016).

Nature of the Study

This study utilized a qualitative approach with a case study design. Maxwell (2020) stated qualitative research is best suited when seeking understanding and meanings in policy and programs. Maxwell (2020) furthered that this is true for the creators and implementers of a policy, as well as those persons affected by the policy. When discussing qualitative methods and public policy, Thompson (2017) stated one of the problems in policy making is there may exist an immense quantity of data which makes it difficult for policy makers to identify what solutions may be the most applicable. Thompson (2017) furthered that policy makers are generally interested in questions such as: "Who will it benefit; What are the barriers; and, Will it be acceptable?" (p. 321). When addressing these questions for policy makers, qualitative methods can sometimes be the only way to address them (Thompson, 2017). Rosenthal (2016) posited qualitative research assists researchers best when they desire to understand the "why" behind people's actions and behaviors. A qualitative approach gives in-depth understanding for underlying motivations, attitudes, and reasoning for human behavior (Rosenthal, 2016).

Case study research examines a case within a modern context or setting (Creswell, 2013). Creswell (2013) stated case studies allow researchers to investigate a specific case within the context of a specific time period using data such as observations, interviews, documents, reports, and other materials. This study used an open-ended semi-structured interview comprised of law enforcement administrators. Rosenthal (2016) posited focus group questions follow six types of open-ended questions including behavior or experience questions, opinion and value questions, sensory questions, knowledge questions, background and demographic questions, and last, feeling questions. Features of a case study include aspects such as a small group, individual, and even an organization while also including other levels such as a specific community, a relationship, specific projects, and even a decision process (Creswell, 2013). For this study, law enforcement administrators from the Midwestern United States were utilized to gain an in-depth understanding of their and their agencies' experiences with the opioid epidemic and the policy(ies) they use and do not use to combat it. This group consisted of 10 participants with the goal of saturation of data when no new codes were produced.

Qualitative interview questions for this study were developed to gain further understanding of what facilitators and detractors law enforcement administrator's face relating to the opioid epidemic covering areas such as political, the extent of the problem they and their department have faced and current extent. Other areas include their receptiveness to alternative harm reduction strategies and how they have come to use their current policies on opioids. This qualitative text data was analyzed through coding responses and finding themes from the interview questions. Elliot (2018) stated coding

takes disparate data and allows a researcher to map it in a manner that addresses their research questions.

Definition of Terms

The operational definitions of the following terms will be used for the purposes of this study:

Law Enforcement Assisted Diversion (LEAD) program: Will be defined as the program started by Seattle Police Department in 2011; a pre-booking program open to low-level drug and prostitution suspects as a harm reduction strategy aimed at combatting problems associated with the opioid epidemic (Clifasefi et al., 2017).

Harm Reduction Strategies: A variety of programs all aimed at changing legalities surrounding drugs and drug users (Roe, 2005).

Problem Stream: Where a problem is defined as something worth giving attention to from various government players and agencies due to how pervasive and necessary it is and also the powerful indicators that have been brought forth (Kingdon, 1995).

Policy Stream: Where a number of possible proposals/solutions emerge to address a problem. It is here that policy entrepreneurs frame a problem or pitch their solution(s) to a problem (Kingdon, 1995).

Political Stream: Where a number of components including public mood, election results, pressure from self-interest group(s), administrative changes, and others give influence over political agendas (Kingdon, 1995).

Assumptions

Assumptions of this study included the belief in the trustworthiness of the responses given by the law enforcement administrators. These administrators have the possibility of being either an elected or appointed official with a number of stakeholders, community members, and have political affiliations which they attempt to satisfy. Thus, their responses to the questions of this study could be altered due to either obligations to these persons or the belief that their responses could alter those relationships. I assumed that after giving a thorough informed consent and providing them with the purpose of this study, these participants would be honest and forthcoming in their responses. Another assumption in this research was that of the participants being aware of harm reduction strategies. While there is no shortage of examples of harm reduction strategies that have been used across the United States and the international community, the subjective location of the law enforcement administrators used in this study could have affected their exposure to, experience with, and knowledge of harm reduction strategies.

Scope and Limitations

This study followed a qualitative approach and case study design. Rosenthal (2016) stated qualitative methods are best implemented when a researcher wants to understand the “why” behind certain actions (or inactions) and behaviors. As this study looked to examine this vantage point of law enforcement administrators, a qualitative approach is appropriate. There has also been a push within the last decade to utilize qualitative methods with research pertaining to police, legal, and public policy reform (see Copes et al., 2016; Hanley et al., 2016; Jenkins, 2015). While legal reforms to areas

such as illicit drug use like that occurring with the opioid epidemic can be difficult, qualitative research is perhaps the most productive approach for legal reform (Hanley et al., 2016). The law enforcement administrators used in this study satisfied the label of “policy actors” and even that of “policy entrepreneurs,” those who can present both the problem and possible solutions to policy makers (Knaggard, 2015). Using Kingdon’s theory as framework for this study is yet another application in a long list of research showing how policy can be implemented, changed, and discussed at various government levels. Transferability of the data and results from this research can be achieved through showing the applicability. While the data collected was from a specific group of law enforcement administrators, the results can show how they are applying this in their respective jurisdictions. While these results may not work for all, it can be shown that they are applicable in certain or similar areas.

Limitations

Limitations of this study are similar to those in a majority of qualitative research. In case study research the researcher must be careful in choosing what bounded system to research as there may be the possibility of several candidates that can be worthy of the study (Creswell, 2013). The participants in this study were restricted by the sample size, their geographic location, and the specific data that is collected from them. These limitations spring forth questions about generalizability. This generalizability though is at the heart of this research; understanding why in this specific context, with the experiences of these participants, why they have taken the courses they have with the opioid epidemic while answering the what and how of where they came to the policies and practices they

currently do and do not use. Further justification of the methodology used in this study is provided in Chapter 3.

Significance

The significance of this study will assist in utilizing the underused qualitative approach with a law enforcement and public policy issue while also furthering the literature on harm reduction strategies and policing. Knowledge produced from this study will assist law enforcement administrators, policy makers, and the general public in understanding harm reduction strategies employed against the opioid epidemic and also the possibility of enacting or introducing new policy to create widespread use of these strategies. Current projections estimate that by 2025 opioid overdose deaths will increase by 147% while opioid use is estimated to increase 61% in that same timeframe (Chen et al., 2019). With projections continuing to rise with each new model, there is a dire need to further knowledge and understanding on this topic while seeking out all possible solutions. While all law enforcement agencies seek to uphold the law, their enforcement strategies and policies assisting in their day-to-day operations are different from one location to another. This study helps to show what assists and what prevents departments and administrators from utilizing certain policies and strategies while helping to further understanding on how this occurs.

Summary and Transition

Previous research on the opioid epidemic, law enforcement strategies, and public policies has shown a variety of approaches, ideas, and suggestions as to what is perceived to be the best approach in this ongoing battle. While fields such as healthcare and others

have promoted harm reduction strategies for decades, law enforcement is new to the type of approach. Internationally, governments, law enforcement agencies, and healthcare workers have attempted a number of documented different approaches to curb the opioid crisis. These same approaches have not yet come to the criminal justice system in the United States as possible solutions in the magnitude they have in the international community. There is a great need to understand law enforcement's abilities and conditions they face that either help or hinder their approaches in the opioid epidemic. Addressing this lack of knowledge can assist government entities at the local, state, and national level to make more informed decisions and to create new agendas that include harm reduction strategies as a possible solution.

Chapter 2 of this study covers existing literature on the theoretical foundation of MSF, law enforcement practices relating to opioids, state and local approaches, international practices and policies, the public and law enforcement's opinions on opioids, harm reduction strategies, and the LEAD program. Chapter 3 of this research covers the methodology and analysis planned for this study. Chapter 4 covers the analysis and show the results of this study while Chapter 5 interprets the findings, shows possible limitations to the study, and also offers suggestions for future research on this topic. Chapter 5 also includes the conclusions of this study and implications of the findings.

Chapter 2: Literature Review

The opioid epidemic has been destroying and costing lives in America since the late 1990s (NIH, 2020). What started with an opioid prescription problem has shifted to less cheaper and more readily available opioids is costing the United States more than an estimated \$1 trillion since 2001 (Wright, 2019). After the peak of the prescription wave, heroin-based overdoses surged to its peak in 2010 and has now passed the baton to synthetic opioids such as fentanyl which is estimated to be 10,000 times more potent than morphine (Minhee & Calandrillo, 2019). The seriousness of this epidemic should not be lost on anyone, especially within the last few years when 2016 saw more people die from opioid overdoses than the combined loss of life throughout the entire Vietnam War (Minhee & Calandrillo, 2019) accounting for 80% of all drug-related deaths in America that same year (Goodman-Meza et al., 2019). While drug overdoses are the leading preventable cause of death in America (Rando et al., 2015), law enforcement has only recently started using alternative strategies, with the most popular being the administration of Naloxone, even though this same application has been used by medical professionals for over 40 years (Purviance et al., 2017). The use of law enforcement as the main deterrence for combatting opioids is the most prevalent policy choice for drug control as America leads the way in criminalizing rather than following alternative approaches such as those used in the medical field (Polomarkakis, 2017). The strategies used and encouraged by the medical profession include harm reduction strategies such as administration of Naloxone, needle exchange programs, medically-assisted treatment such as methadone and buprenorphine, and various treatment programs (Pitt et al., 2018;

Burns et al., 2016). While the medical, psychological, and other human services fields have widely used and encouraged alternative strategies, law enforcement has continued its stagnation and emphasized incapacitation and punishment as the sole approach to deterring drug use (Polomarkakis, 2017).

This chapter will present relevant and recent research related to harm reduction strategies, law enforcement and public attitudes towards drugs and drug usage, international approaches to opioids and drug deterrence, state and legal approaches to the opioid epidemic, alternative programs, and drug enforcement practices currently in use in the United States. The theoretical foundation for this study will be Kingdon's multiple streams framework and will show how within any possible policy creation there are numerous factors that affect if, when, and how a problem can be paired with possible solutions that can eventually be made into policy. The section on harm reduction strategies will introduce the sentiments behind and reasoning for using these strategies and will be furthered in the alternative programs section when the LEAD program will be covered and used for a basis for recommendation that this specific program be widely implemented and proposed as public policy.

Literature Search Strategy

Opioid related literature has expanded greatly within the last 15 plus years as the opioid epidemic has only increased in severity and has gone through several adaptations and recommendations on how to combat it. With law enforcement being and having been the go-to response with a majority of opioid instances, this area of literature would be assumed to be plentiful also but, the approaches and strategies used within this field has

remained mostly stagnant with few exceptions such as the LEAD program. When searching these variables, numerous search strategies were applied. Search strategies using key words such as *opioids, opioid epidemic, opioid crisis, law enforcement or policing or cops and opioids*, and also other keywords such as *harm reduction strategies/approaches* were also used. Databases such as the Criminal Justice Database, SAGE journals, Taylor and Francis Online, and public policy and administration databases such as Political Science Complete, and other health related databases such as PsychINFO were all utilized. These searches were limited to only peer-reviewed/refereed and scholarly articles to certify the legitimacy of the information they presented and acceptance from the academic community. Search parameters were limited to publications from the last 5 years (2014-2020).

Theoretical Foundation

Multiple Streams Framework

John Kingdon's Multiple Streams Framework (MSF) has been used in a variety of applications and continues to this day to be analyzed and projected onto different areas and political arenas (Zohlnhofer et al., 2015). There is support and proclaim for MSF with some noting it to be amongst the "classical frameworks of policy analysis" (Winkle & Leipold, 2016, p. 109), with others claiming it to be more relevant and applicable than ever given the political makeup of the world at this current point in time (Zohlnhofer et al., 2015). Originally published in *Agendas, Alternatives, and Public Policies* in 1984, MSF has grown to be consistently cited roughly 200 times a year recently and found to also be cited within over 300 peer-reviewed journal articles since 2000 (Beland &

Howlett, 2016; Behzadufarm et al., 2019; Zohlnhofer et al., 2015; Zohlnhofer et al., 2016). Knaggard (2015) stated MSF greatly assists in comprehension of the policy making process through the three distinct streams of the theory: problems, policies, and politics.

Kingdon's theory proposes three separate "streams" make up the characteristics needed for possible policy creation. These streams are identified as the problem stream, policy stream, and political stream (Beland & Howlett, 2016). The problem stream has been defined as an area where problems searching political solutions occurs (Winkle & Leipold, 2016), while also including perceptions of problems that the public senses government action needs to be taken (Beland & Howlett, 2016). Policy makers become aware of these problems generally when dramatic events occur like crises (Kusi-Ampofo et al., 2015). Knaggard (2015) noted Kingdon was very intrigued in the problem stream as he stated, "How does a given condition get defined as a problem for which government action is an appropriate remedy?" (p. 452). The next stream in the theory, policy, includes a variety of ideas, possibilities, and outputs from experts all deemed to be possible solutions or, policy ideas (Winkle & Leipold, 2016; Beland & Howlett, 2016). The third stream, political, includes features such as national mood, political party turnover (executive or legislative), government phenomenon, and even campaigns from advocacy groups (Beland & Howlett, 2016; Ritter et al., 2018; Winkle & Leipold, 2016).

Although these streams are considered to be independent of each other, there are times when they will merge and connect and this is when policy creation can occur. Kingdon identified coupling, policy entrepreneurs, and policy windows as key factors to

when these possible connections can be made (Winkle & Leipold, 2016). Coupling is when two or more of these streams connect, building strength and momentum towards policy. Beland and Howlett (2016) posited when these streams do connect it adheres possible solutions to problems and the issue(s) at hand are recognized officially and the policy making process begins. Kusi-Ampofo et al. (2015) furthered, once a problem is identified policy makers use inputs (known as indicators) from events and feedback to decide if the problem merits more, or further attention. These indicators can include health policies, research, stakeholder input, and input from the scientific and medical communities (Behzadifar et al., 2019). All of this is guided by personal values and belief systems that will then guide the decision making process (Kusi-Ampofo et al., 2015). This aspect is related to the opioid epidemic as there continues to be debate, beliefs, and stigmas that surround people who use opioids.

Once two or more of these streams are connected and decisions to move forward have been made, a window of opportunity is believed to be opened. This window is not a permanent or nor a necessarily long lasting time period. Kusi-Ampofo et al. (2015) stated Kingdon related this window to a timeframe similar to a space shuttle launch. Once or if that time period isn't taken advantage of, policy makers, advocates, and others must then wait for another window of opportunity to open when the streams and conditions align again. This window of opportunity shows how complex and delicate policy making can be. Herweg, Hub, and Zohlhofer (2015) illustrated this by stating problem are complex, and at the same time, the reported experts rarely concur on given solutions. What compounds this issue is that governments often do not fully understand the problems that

they are faced with while also not knowing if any solution that is offered or passed will even solve or alleviate the problem (Zohlhofer et al., 2015).

Relating MSF to the current opioid epidemic, there can be seen a variety of possible solutions, a connection of the streams with an obvious problem, policy ideas, and political stream ripe with a national mood filled with a desire to turn the tide and prevent more people from succumbing to this horrible crisis. Saurugger and Terpan (2016) posited a threat is strong when the survival of a community is imperiled, this is easily seen as we are at a turning point where accidental opioid overdose has now become more likely than possible death from a motor vehicle accident (National Safety Council, 2019). Ritter et al. (2018) conducted a case study utilizing MSF through police deployment of drug dogs and showed how it has been previously used in other alcohol and drug policy studies. Ritter et al.'s (2018) study showed how this drug detection dog policy was able to succeed as it showed the drug problem, how the detection dogs were a viable alternative to other approaches, all at a time of political salience that reframed institutional values. Further relating this to the current proposed study, MSF has consistently and predominantly been applied to qualitative studies (Zohlhofer et al., 2015).

While other theories may be applicable to this study, MSF is the most appropriate to uncover the needed information for policy creation or alteration. Herweg et al. (2015) stated, "problems are complex, and experts rarely agree upon solutions" (p. 435). This statement shows the exact nature of the current opioid crisis. This epidemic is a complex problem that covers a number of areas with different leaders, constituents, and political

agendas. Kingdon's MSF will help to focus on the law enforcement administrators' experiences in each of these areas whereas other theories would fall short in showing how this epidemic is a problem (problem stream), what solutions, approaches and policies are being used currently by these different administrators (policy stream), and lastly, what are local constituents, politicians, and special interest groups demanding of their law enforcement agencies in dealing with this crisis (political stream). Bejzadifar et al. (2019) posited MSF allows researchers to capture the various steps of policy making from development, implementation, hinderances, and obstacles. It is the goal of this study to show this exact process.

Literature Review

Law Enforcement Practices

Understanding the current and continued approach by law enforcement when it comes to drugs is a straight and consistent path to follow. The United Nations conventions in 1960's, 70's, and 80's promoted criminalization of drug use, manufacturing, and possession (Polomarkakis, 2017). It is from these and former President Nixon's start of the war on drugs, that we have continued on the path of strict enforcement and punishment with little regard to costs and actual results of diminishing or reducing drug use. The United States was among the first five countries to implement a war on drugs and has held this hardline while ignoring medical and alternative approaches in favor of enforcement (Polomarkakis, 2017). Toth and Mitchell (2018) illustrated this enforcement approach stating in 1980 there were just shy of 5,000 federal drug inmates, this number grew to over 92,000 in 2015 and that accounted for half of all

federal inmates. The practices used by law enforcement not only increase the number of individuals incarcerated, but they also deteriorate community relations (Bear, 2016). Several researchers (Bear, 2016; Park et al., 2019; Fedders, 2019; Polomarkakis, 2017) have also noted that drug enforcement practices by police have also created a disproportionate, racially charged, and violent infliction upon minorities and persons who use drugs. Park et al. (2019) noted drug enforcement practices by police have been shown to increase community violence, particularly within the United States. Drug enforcement efforts though generally do not have the desired or perceived effect. Polomarkakis (2017) posited that drug markets evolved based on enforcement practices and while production may be reduced in one area, it generally indicates an automatic increase in another.

Fedders (2019) stated arrest as the primary tactic in drug enforcement has both financial and cultural incentives. The financial component of this sprung from some federal grants that explicitly hinged on the number of arrests a department made. The cultural component fueled the “us vs. them” mentality seen through the thin blue line and brought forth programs that relied on strict enforcement such as those based on broken windows theory (Fedders, 2019). Even when alternative programs are available, mere police presence can deter users from accessing these programs out of fear of arrest such as a needle-exchange program in San Francisco where volunteers and potential clients were arrested leading the users to resort to risky use practices (such as using dirty needles) (Polomarkakis, 2017). Park et al. (2019) showed in Baltimore the large drug market incurs frequent encounters between users, dealers, and police with a zero-tolerance strategy used by law enforcement that has led to mistrust, distress, and trauma

between the criminal justice system and especially pertaining to ethnic minorities.

Examining the financial impact of these practices, within the U.S. over \$50 billion dollars are spent yearly including state, local, and federal levels with well over half of that amount expended on policing, arrests, and interdiction (Fedders, 2019).

Even when the newer community policing strategies have been implemented or recommended, there still exists a lack of buy-in from law enforcement particularly when it comes to drug enforcement. Bear (2016) noted these types of approaches generally lead to lower morale as officers view these approaches from community recommendations and senior officers as a type of preemptive defense against criticism which leads to a reduction in “fair and democratic policing practices” (p. 319). Officers generally rely on three main reasons for justification on drug enforcement which include, the dangers of drugs, a connection between crime and drugs, and lastly, a drug arrest counts as a tangible policing action (Bear, 2016). Bear (2016) furthered this last point in stating officers who have a shift or several with little to show other than paperwork, may see a drug seizure or arrest as a “trophy” or, something tangible to show other officers.

Although these continued practices are predominate throughout the country, the current opioid epidemic has started to shift the tide ever so slightly with many law enforcement officers developing a new mentality. Many officers now are realizing “we cannot arrest our way out of this,” this mentality has sprung the realization that law enforcement cannot possibly reach all of the many facets of the current epidemic (Fedders, 2019).

The new approaches range somewhat but, the current hot topic approach is the use of Naloxone. First approved by the Food and Drug Administration (FDA) in 1971,

Naloxone has only seen implementation in law enforcement/first responders recently (Skolnick, 2018). This transition came as the opioid epidemic grew and also with the realization that law enforcement was usually the first on scene of overdoses. The first kits of Naloxone were difficult for administration as they involved injections which causes obvious apprehension from nonmedical professionals (Skolnick, 2018). The more common and recognizable kits of Naloxone now are intranasal, administered similar to what most over-the-counter nasal sprays are. This new tool used by law enforcement has also shown great promise in its short time span. Rando et al. (2015) showed intranasal Naloxone administration by law enforcement was associated with lower death rates in overdose situations. Pitt et al. (2018) noted of a number of opioid related policies, Naloxone administration showed the highest levels of overdose averted deaths with a 4% reduction amongst those they examined. While examining Indiana law enforcement officer's attitudes towards Naloxone administration, it was shown that officer's competency levels in how to manage an overdose, and how to effectively deal with an overdose situation, greatly improved after receiving an hour-long Naloxone training (Purviance et al., 2017). One of the other offshoots of Naloxone administration is improvement of the relationship between users and law enforcement, as well as knowledge, when good Samaritan laws are in place, when previously many users died of overdose due to fear of arrest for contacting authorities, users now have more of a reassurance that the medical needs of the potential victim now trump the enforcement efforts of the law enforcement who respond to the overdose (Faulkner-Gurstein, 2017). While an estimated 91 people die every day in America from an opioid overdose

(Faulkner-Gurstein, 2017), Naloxone alone cannot solve nor reverse all of the ills stemming from the opioid epidemic.

State and Legal Approaches to the Opioid Epidemic

Starting at the federal level and also including individual state approaches, the amount of failures and shortcomings are in no short supply when it comes to addressing the opioid epidemic. The Office of National Drug Control Policy has an annual budget of roughly \$25 billion dollars; out of these coffers less than half is designated for drug treatment and prevention and the overwhelming majority is allocated for enforcement and interdiction (Davis et al., 2017). While this may seem not as consequential as first glance may show, the statistics about treatment and addiction begin to come glaring through. Of all of the American people who needed drug or alcohol treatment, barely 11% of them received access to it in 2013 (Davis et al., 2017). Relating this directly to opioid addiction/usage, in 2016 the American Society of Addiction Medicine estimated that of all U.S. citizens 12 and over, 2% had an opioid based drug abuse problem (Wright, 2019). The largest funder of substance abuse treatment services in the U.S. is Medicaid (Burns et al., 2016). The problem with this is the age, income, and disability restrictions Medicaid puts forth for eligibility. Even with being the largest funder of treatment, Medicaid varies from state to state and as of 2013 several state's Medicaid systems still did not cover opioid agonist treatments like methadone and buprenorphine even now, more than a decade after these treatments have been approved by the FDA (Burns et al., 2016). Although in October of 2017 the opioid epidemic was declared a public health emergency under federal law (Exum, 2019), there is still a dearth of information

regarding if or how state policies have changed and evolved over time (Burns et al., 2016). The following will illustrate how approaches from different states around the country have recently attempted to curtail and fight this epidemic.

Most states focus on drugs, drug users, and the surrounding intangibles through a “*Reefer Madness*” lens (Jensen et al., 2019). It has been a common and prevailing mindset to view drug users as criminals and wrong doers in need of punishment with the primary punishment being criminal sentencing (Caulkins & Kleiman, 2018; Exum, 2019). What has often been ignored in this process is that this type of punishment is quite frequently not effective in deterrence and also adds additional harms to the user’s family (Caulkins & Kleiman, 2018). Others (see Jensen et al., 2019) have even argued that criminologists have studied the war on drugs impact on the criminal justice system frequently but have at the same time failed to study its impact on U.S. society. What is known is that the current war on drugs has drastically increased the incarcerated population, the building of prisons, and exponentially increased government spending (Jensen et al., 2019). Caulkins and Kleiman (2018) furthered, the negative lessons learned so far in this war are well known; don’t disproportionately arrest minorities, mandatory minimums do more harm than good, locking up non-violent drug offenders wastes expensive jail/prison space, lucrative drug seizures often tempt law enforcement agencies to focus solely on this approach, and interfering with harm reduction strategies like arresting syringe exchange users and workers only worsens the problem.

In Boston, Massachusetts police started a program that didn’t focus on drugs entirely but also included federal authorities’ drug cases against local gang members and

their results were sharp and fast. Boston Police created meeting with local gang members they labeled as “call-ins,” these meetings advised local gang members that federal drug charges were present, and the evidence was irrefutable (Caukins & Kleiman, 2018). Boston P.D. furthered, the drug charges would be shelved and held onto until members of a rival gang were found dead. Upon this death, even if the gang member with the drug charges did not pull the trigger, the drug case would be sent to a federal prosecutor and the case would be pursued to the fullest extent (Caukins & Kleiman, 2018). This approach saw a dramatic decrease in youth homicides even with the acknowledgement that perhaps it did not actually and simultaneously reduce drug usage and sales (Caukins & Kleiman, 2018).

In Connecticut, local and federal law enforcement authorities partnered up to investigate overdose deaths and bring homicide charges to low-level drug dealers (Rothberg & Stith, 2018). The opioid epidemic had become so severe in Connecticut that in 2017 the Chief Medical Examiner lost accreditation due to their inability to store bodies in refrigerated space (Rothberg & Stith, 2018). The approaches that followed included a two-pronged strategy with the first being the homicide charges against opioid dealers when users overdosed, and the second being an educational policy aimed at community members and high school students educating them about the problems with opioid usage (Rothberg & Stith, 2018). As can be seen with many of these new policies and approaches, government officials came to the realization that law enforcement efforts alone couldn’t possibly bring an end to the complexity of the opioid epidemic. Connecticut’s approach has been mirrored elsewhere such as in Northern Ohio where

mandatory minimum sentences focusing on a death enhancement and increased charges upgrading state charges to federal ones (Rothberg & Stith, 2018). Connecticut's plan saw an increase from an average of one investigation per year on opioid related overdose deaths to 225 investigations and 100 prosecutions in 2017 (Rothberg & Stith, 2018).

Maine created the Diversion Alert Program (DAP) which enacted a database that helped alert healthcare providers of the criminal histories, specifically those of recreational drug use, of their patients (Piper et al., 2018). This same program includes information like self-reported drug misuse and overdoses. DAP allows there to be a direct line of communication between law enforcement and the health care fields. This program also has a three-pronged objective including identifying the general characteristics of drug arrestees, checking to see if drug patterns changed from the first to second half of the year, and lastly, to compile a list of the misused pharmaceuticals (Piper et al., 2018). Maine took another step forward introducing legislation that limited opioid based prescriptions in volume, quantity, and the amount of days a prescription opioid could be prescribed for acute pain management to just 7 days (Piper et al., 2018).

Massachusetts's approaches to the opioid crisis are varied and numerous. These approaches span many different fields and also vary in style and function. Boston University created the Safe and Competent Opioid Prescribing Education (SCOPE) program to help educate prescribers on the dangers of painkillers and on the amount of prescribing (Pearlman, 2016). The law enforcement approaches also vary within the state, Arlington Police Department has an assigned clinician who develops treatment solutions to the drug addicted population in the city that the police department has identified

(Pearlman, 2016). The Gloucester Police Department runs a program similar to that of Seattle Police Department's LEAD program where drug addicts can come to the police station and request help in seeking treatment. These addicts are not charged or face prosecution and are instead referred and assisted in transportation to treatment facilities (Pearlman, 2016). The Massachusetts's House passed legislation in 2016 that limited prescription painkillers supply to seven days which was slightly different from the proposal from Governor Baker's three-day limit (Pearlman, 2016).

In the southern U.S. Louisiana has looked to engage interdisciplinary approaches that involve both public and private sector entities. Louisiana used bipartisan legislation that moved away from the traditional criminalization to that of harm reduction strategies where drug addiction was recognized as a clinical disorder in need of treatment, not incarceration (Seligman, 2018). This approach has many facets that include a prescription monitoring program, Naloxone access statutes, Good Samaritan Laws, syringe exchange programs, and statutory reforms (Seligman, 2018).

A more widespread approach across the country is that of the creation and usage of drug courts. These types of courts can trace their beginnings back to 1989 and were built upon the desire to divert drug related offenders away from typical incarceration practices to that of some sort of treatment (Jensen et al., 2019). As of 2014 there were approximately 3,057 drug courts throughout the U.S., this being a huge upswing from just a decade ago when there were roughly half that amount (Jensen et al., 2019). These courts though are not without their problems as their successes seemed to be mixed with some research showing drug court participants having decreased drug use and fewer

criminal activities when compared to a comparison groups (Jensen et al., 2019). There also exists some confusion on these types of courts as they generally utilize both medical and legal frameworks. Many of these courts though do not use the medical portion as they should with roughly 55% lacking inpatient treatment facilities while another 45% had no post-treatment programs (Jensen et al., 2019). The findings from these are not all bleak though as it is estimated that when compared to traditional incarceration costs, drug courts have approximately a \$5,680 net benefit (Jensen et al., 2019).

International Approaches

While the United States has remained rather stagnant in their approaches to combatting both drugs in general and more specifically, the opioid epidemic, the international community has not shied away from trying and implementing new and alternative strategies. Even when compared to the closest geographical countries (Canada and Mexico), there have been distinct differences in the approaches to fighting the opioid epidemic. While Canada has seen an increase in opioid use and its related harms, it does not come close to that experienced in the United States (Goodman-Meza et al., 2019). Canada presently holds the second leading opioid prescribing patterns, it is still twice as few as those in America (Goodman-Meza et al., 2019). Steps taken in Canada include ten of the 13 Canadian provinces having removed opioid based prescription drugs Oxycontin and OxyNeo from their drug formularies (Fischer & Keates, 2012). To the south in Mexico there has yet to be any statistical increase in opioid use or its ancillaries. Mexico's problems with drugs are not isolated as their constant war with drug cartels is well documented and known but, when it comes to opioids, there is a very distinct

difference. It wasn't until 1988 that morphine was initially regulated in Mexico and recently the cost of morphine in Mexico was shown to be four times higher than the lowest prices indicated by the World Health Organization's International Drug Price Indicator Guide (Goodman-Meza et al., 2019). While the costs serve as a deterrent for patient use, overall perceptions of opioids are starkly different in Mexico with surveys showing more than 50% of the population believing these types of medications are solely for terminally ill patients and even more believing them to be illegal (Goodman-Meza et al., 2019). While these perceptions are prevalent, Mexico is the world's third leading producer of heroin and also accounts for nearly 80% of all heroin seizures in the U.S. as of 2014 (Goodman-Meza et al., 2019). This may lead one to question how could a country who produces such large quantities of an opioid based drug not suffer from overdoses and usage at levels currently seen in America. Some of the reasons for this include the use of harm reduction strategies like syringe exchange and distribution services, creating better rapport between drug users and law enforcement, ease of access to Naloxone, and even medically supervised injection sites (Goodman-Meza et al., 2019). Mexico also passed federal legislation in 2009 that decriminalized possession of small amounts of drugs and gave law enforcement the option to refer drug users to treatment (Goodman-Meza et al., 2019).

Elsewhere in the world there is a common theme of using harm reduction strategies and also offering treatment as alternatives to incarceration, as well as a focus on educating the populous, law enforcement, and users on the harms, stigmatization, and related factors to opioid use (Vokinger, 2018; Espelt et al., 2017; Hughes et al., 2017;

Kula & Sahin, 2015; Gaines et al., 2014; Houborg et al., 2014; Benfer et al., 2018). While there is no shortage of these international examples a very limited amount of these strategies have been attempted and implemented with the U.S., especially on a large scale (Carroll & Green, 2018). On the treatment aspect, less than 25% of Americans who suffered from opioid use disorder received treatment(s) from 2009-2013, during this same time international examples like Switzerland estimated between 71-88% of opioid use disorder patients received treatment and this larger scale has also been seen elsewhere such as in Germany (Voking, 2018). While treatment is just one example, the following will help illustrate other differences and specific approaches being undertaken throughout the world.

While the U.S. continues to lag behind the international communities' attempts to turn the tide in the opioid epidemic, there has been a substantial and transformative shift in numerous countries' drug policies (Benfer et al., 2018). Drug policies rank amongst the most important public policy issues throughout the world due to their incredible possible economic and social impact (Kula & Sahin, 2016). On one extreme there are examples like Iran who have drug policies that have ended in the execution of more than 10,000 drug traffickers in just the last decade (Jafari et al., 2015). Iran's approach relies on persistent enforcement with an estimated six drug sting operation per day, and an estimated loss of 3,000 law enforcement officers and another 10,000 disabled through these efforts (Jafari et al., 2015). On the polar opposite there are examples like the Netherlands who have coffee shops where regular use of "soft drugs" are tolerated and other "hard drugs" such as heroin, have users who are supplied with prescriptions of

heroin or maintenance substances (Camus et al., 2014). Denmark has attempted both ends of the spectrum with a zero-tolerance enforcement strategy that lasted for over 30 years ending in 2012 that saw a complete reversal to a non-enforcement approach (Houborg et al., 2014). Houborg et al. (2014) stated the zero-tolerance approach was very anti-harm reduction strategy with the new non-enforcement approach using non-coercive and adamantly pro harm reduction services.

In other areas such as Australia, a major concern has arisen questioning the policing strategies to deter drug sale and usage as past practices have had adverse effects at the street level with users resorting to unhealthy and risky behaviors to continue their usage (Hughes et al., 2017). Roughly 64% of Australia's government expenditures on illicit drug prevention has been allocated towards policing and law enforcement (Hughes et al., 2018). While Australian officials have begun to recognize the large investment and growing evidence of the harms stemming from their approaches, there has been a new call for a cross-national comparison of law enforcement approaches to establish what approaches may be the most beneficial and effective (Hughes et al., 2018). While this review occurs, there is the acknowledgment that some within the law enforcement arena (police, judges, and lawyers) who may strongly agree with current approaches while others strongly disagree. This incongruence will lead to different outcomes causing a disconnect between existing policies and practices that are insufficient for proper justice and even democracy (Camus et al., 2014). Research within the U.S. regarding drug policies has shown a majority of the population views the current approaches as a failure (Camus et al., 2014). Mexico has also shown differences between policy and practices

with some concerns stemming from corruption, while others show law enforcement officers hindering drug user's ability to access harm reduction services (Gaines et al., 2014).

While countries such as Spain, Portugal, several Latin American countries, and others have shifted towards a public health view and away from prohibition due to the evidence of benefits from harm reduction strategies; cultural beliefs, social stigmas, and continued use of certain strategies have persisted, especially within America (Benfer et al., 2018). The harm reduction strategies used by many countries encourages help-seeking for drug users. When there are barriers such as lack of programs, quality of treatment, and stigmatization, drug users start to question the necessity for treatment (Benfer et al., 2018). In Barcelona there was a noted reduction in the number of discarded syringes in public spaces from 2004-2014 after the opening of harm reduction facilities and newly implemented policing interventions (Espelt et al., 2017). While these international examples have and continue to show reduced drug related harms, the U.S. continues its zero-tolerance and antiquated approach towards drug use and drug users.

Public and Law Enforcement Opinions

Opinions have an impact in various areas of life, some more so than others. One important area opinions have a great deal of impact is in public policy. When public support (opinions) is high, policy is more likely to be proposed, passed, and enacted (Barry et al., 2015; Barry et al., 2019). With the combination of synthetic and prescription opioids and also heroin having become the leading cause of mortality in the U.S. and with all 50 states and the District of Columbia having legislation on Naloxone

access, harm reduction strategies are beginning to garner more attention (McGinty et al., 2018). Even with this newfound attention harm reduction strategies have long held low public support within the U.S. due to their aim of reducing harms rather than eliminating the drugs themselves (McGinty et al., 2018). One of the continued problems with public opinions and support is the ever-present stigma towards people who use opioids (McGinty et al., 2018). Barry et al. (2019) stated altering public opinion, especially on controversial topics, can increase when strategic communication efforts are implemented.

One of the main areas for strategic communication stems from the media. Matheson et al. (2014) stated media reports on treatment issues for drug users are largely negative in nature and use headlines questioning if “addicts should receive methadone in prison” (p. 408). White, Haber, and Day (2016) furthered, media has focused on public perceptions that harm reduction strategies will increase crime, fueled the “not in my back yard” mentality, and cause a reduction in public amenities. Federman (2018) conducted a content analysis of local Massachusetts newspapers on Narcan and showed administrative officials like police and fire were more supportive in the quotes and opinions on the use of Narcan while elected official’s quotes and opinions focused more on the potential downsides to Narcan practices. This media example shows the disconnect between actual implementers of opioid antagonists and those of the policy makers and how the media can frame each and affect public opinions.

There is no doubt the dangers associated with opioid use are one of the main driving factors of attitudes towards these types of drugs. It is well known throughout the medical community that opioids can produce addiction and dependency in a short period

of time (Fedders, 2019). The CDC even stated “we know of no other medication routinely used for a nonfatal condition that kills patients so frequently” (Fedders, 2019, p. 421). Matheson et al. (2014) showed opinions of drug users are frequently negative in nature and very generalized. One of these frequent opinions was that of drug abuse/use being a self-inflicted condition. Direct quotes from many respondents in Matheson et al.’s (2014) study included “why should I pay for someone’s stupidity,” and “I think drug users should be put on an island with as many drugs as they want and then forget about them; They are a menace to society” (p.412). Even when presented with empirically supported harm reduction strategy alternative for opioids, opinions generally follow the sentiment that these programs will encourage people to continue to use drugs, crime would increase in the neighborhoods where these programs were housed, and that they would make drug use easier for addicts (Barry et al., 2019).

The attitudes of the general public are not dissimilar to those enforcing the law. Due to the fact law enforcement is generally the first to arrive to overdose and drug related crimes, their opinions directly affect how they will enforce laws and treat suspects (Saucier et al., 2016; Petrocelli et al., 2014; Watson et al., 2018). What compounds this area is that previous research has shown the public included law enforcement and the government as some of the major responsibility bearers for the opioid epidemic (Barry et al., 2015). Officers face a multitude of issues when dealing with opioid related incidents, including fear of needle stick injuries, Hepatitis C infection, and other blood-borne diseases (Cepeda et al., 2017). This fear often leads to negative attitudes towards drugs users and those involved in opioid incidents. This is further hampered by the fact many

officers are either never exposed to harm reduction strategies or in-service training both in the academy and on the job or, there has been minimal exposure and training (Watson et al., 2018).

Petrocelli et al. (2014) stated officers' attitudes have a direct impact on how aggressively they enforce drug related laws. The information regarding officer attitudes towards drugs and compounding variables varies with most focusing on either specific programs such as prescription drug monitoring (see Perez et al., 2017; Wixson et al., 2014), or more recently, Naloxone trainings (Smyser & Lubin, 2018; McGinty et al., 2018; Haug et al., 2016; Skolnick, 2018; Simmons et al., 2016; Deonarine et al., 2016). Some of these attitudes are affected by outside variables also. While nearly 30 states require officers to be in an active investigation to access prescription drug monitoring systems, 17 require a form of probable cause, a warrant, or a subpoena (Wixson et al., 2014). Officers have also reported that prescription drug monitoring programs' drawbacks included lack of training on how to use the system, lack of internet access on the job, the requirement of frequent password alterations, and other regulations that limited their efforts to properly use the system (Perez et al., 2017).

The more recent push with Naloxone training has begun a shift in attitudes but this difference has only been observed after the completion of training (Saucier et al., 2016; Smyser et al., 2018; Haug et al., 2016; Simmons et al., 2016; Deonarine et al., 2016). Simmons et al. (2016) showed many officers have a desire to acquire the knowledge and skills needed to effectively deal with an overdose situation while Saucier et al. (2016) showed officers tended to agree with statements suggesting that drug users

and addiction should be handled with treatment and other support services. These sentiments are increased when training and education occurs and while other variables such as administrative support are present (Smyser & Lubin, 2018). Police Chiefs studied from Pennsylvania showed a majority (60%), perceived the administration of Naloxone to be of greater importance than the perceived risks. These positive changes are not without lingering hesitation though as some officers have reported a fear of legal liability (Deonarine et al., 2016; Simmons et al., 2016), potential agitation of an overdose victim upon administration of Naloxone (Smyser & Lubin, 2018), and sentiments that state and federal drug laws are not strict enough (Petrocelli et al., 2014).

Harm Reduction Strategies

Roe (2005) reported that harm reduction strategies began in the 1960's and 1970's from a variety of persons stemming from activists, medical professionals, policy makers, and a variety of programs all aimed at changing legalities surrounding drugs and drug users. Although it has been nearly 60 years since the start of these strategies, historically, harm reduction strategies at the federal level have not been supported (Kulesza, et al., 2015). This lack of support has been complicated by the fact harm reduction strategies generally involve social and health outcomes, conceptual, ethical, logistical, clinical and a myriad of other factors (Trujols et al., 2015). With all of these aspects in mind it is still staggering to believe there is still a lack of federal action on the opioid epidemic with the amount of lives lost and the costs associated with this epidemic climbing at an alarming rate. Worley (2019) reported 20% of Americans over the age of 12 have used a prescription drug non-medically. The fact that the rate of heroin abuse has doubled from

2002 to 2014 (Kerley et al., 2019), further leads many to question why harm reduction strategies are not part of any federal drug control policy (Kulesza et al., 2015). There is the belief these strategies have not risen to direct federal action is due to political, legal, and even moral objections generally stemming from false perceptions and stigmas related to drug use (Kulesza et al., 2015).

Beginning in the 1970s the medical field showed a shift in the comprehension of substance abuse from a viewpoint of individual weakness, to that of a biochemical and medical problem (Green, 2017). It was also during this same time period when other countries such as the Netherlands began questioning if just strict enforcement of drug laws were the best approach for minor drug offenses, the efficacy of the law, as well as society as a whole all the way down to the individual (Roe, 2005). While this time period does not seem to be in the very distant past, recorded historical references to opium and poppy cultivation dates back to the Sumerians in 5000 BC (Green, 2017). Over time not only has drug use changed but also the demographics of those who use drugs (Green, 2017). While these changes occurred, harm reduction strategies remained constant with an approach described as a come as you are (Worley, 2019), and cooperation and collaboration across many disciplines were the preferred methods to bring forth change (Roe, 2005).

While there currently exists a number of harm reduction strategies related to the opioid epidemic, their usage is minimal, and knowledge of their programs are isolated to only a few areas of the country. These aspects remain at the near dearth level despite one person passing away roughly every 20 minutes in the U.S. from an opioid overdose

(Worley, 2019). Political parties rising and falling from power have also exacerbated the harm reduction pursuits as former President Obama had to reverse President George W. Bush's Naloxone policies (Green, 2017), while currently under President Trump there has been a condemnation of the problems with opioids but little direct action and no legislative movement towards any new strategies. While researchers and empirical evidence continuously contends that cessation of harm reduction strategies has serious public health implication (Kerley et al., 2019), the epidemic remains, and new strategies are in short supply on a grand scale. The following will show some of the few harm reduction strategies that are currently being used in selected areas across the United States.

Supervised, or safe injection sites, have been used as a harm reduction strategy since the HIV/AIDS epidemic in the 1980's. There are currently ten countries throughout the world that allow the legal operation of supervised injection sites with an estimated 98 facilities in 66 cities (Kral & Davidson, 2017). Just as was seen during the HIV/AIDS epidemic, health interventions are generally freely distributed and incentivized due to their improvement of public health (Hodge et al., 2019). Despite the fact these supervised injection sites have been shown to have high community support that increases as time goes on (Kral & Davidson, 2017), the United States has moved at a sloth's pace to adapt these types of programs due to the current zero-tolerance policies and Draconian attitudes (Azores-Gococo & Fridberg, 2017). Federal policies banned the use of federal funds for needle and syringe programs from 1988 to 2009 and then again from 2011 to 2016 (Azores-Gococo & Fridberg, 2017).

Needle exchange and safe injection sites have shown cost effectiveness and a reduction in drug related harms despite political, legal, and other obstacles (Watson et al., 2018). Despite these promising results, many individuals who inject drugs, such as opioids, have limited, if any access to these types of programs (Bonar & Rosenberg, 2014). North America's first legal supervised injection site in Vancouver, Canada has even shown this site to be an entry point for drug users to other drug treatments and health and social services (Gaddis et al., 2017). In Sydney, Australia a supervised injection site supported the findings in Vancouver by showing frequent users were more likely to receive treatment referrals for addiction (Gaddis et al., 2017). Other areas that have used this type of harm reduction strategy include the Fond du Lac Reservation in Minnesota where a coalition of various government, social, law enforcement, medical professionals, and treatment specialist formed a task force to come up with solutions to their problems with the opioid epidemic (Palombi et al., 2016). This task force's responses have included actions that have helped to identify those most at risk, educating the public, easing and increasing access to treatment, expanding Naloxone access, and numerous other actions. When programs such as safe injection sites and needle exchange programs are not available, research has shown people who inject drugs resort to rushing injections, reusing needles due to previous needle confiscation by law enforcement, and increased overdose rates (Wagner et al., 2015).

Other programs across the United States have had varying focuses but have also had significant results. In Morrison County Minnesota a collaboration of various entities have approached the opioid epidemic with a heavily focused medical model that has had

over 450 patients discontinue use of controlled substances while also showing a significant reduction in drug crimes and sales of narcotics (Au-Yeung et al., 2019). Other results from this program showed a reduction in jail time and recidivism of inmates who participated in medication-assisted treatment, another form of harm reduction (Au-Yeung et al., 2019). This same program saw medical visits for therapeutic drug monitoring go from number one on reasons for emergency room visits to lower than the top 20 types of visits (Au-Yeung et al., 2019).

Another program in Massachusetts (which is amongst the leaders in the use of harm reduction strategies and programs) took a post-intervention approach to see if follow-up or post-treatment programs would be an area of benefit (Formica et al., 2018). Previous studies have shown overdose survivors who talked to someone post-overdose rather than just receiving information on treatment options, were more likely to not just seek out but also enter treatment services (Formica et al., 2018). Although providing information can be the first step in informing drug users of their options, these studies and this particular area has shown a personal connection can go a lot further than just handing someone a pamphlet. Formica et al.'s (2018) research also showed one of the biggest hurdles to implementing harm reduction strategies was to address departmental attitudes of law enforcement personnel before the implementation of any program.

One of the other harm reduction approaches to the opioid epidemic is medically-assisted treatments. These types of treatments generally use pharmaceuticals such as methadone or buprenorphine to treat opioid withdrawal symptoms while aiming to reduce relapse and are often coupled with some type of 12 step program (Huhn et al., 2017). One

of the main barriers to these types of programs is that quite often drug users do not have insurance to cover this type of treatment (Huhn et al., 2017). Other deterring factors include lack of funds, logistical problems (these programs are not available on a grand scale), waiting lists, and the costs associated with filling the prescriptions (Huhn et al., 2017).

While the harm reduction strategies used within the United States are limited and have generally just included attempts to monitor prescription opioids, Naloxone distribution to law enforcement officers (Haas, et al., 2019), with various scant attempts at the previously mentioned strategies such as medically assisted treatments and the very scarce needle exchange and medically assisted usage sites, there exists a few other strategies. One of the most well-known of these strategies is that of drug courts. Andraka-Christou (2017) placed drug courts within the realm of “problem solving” courts and estimated that there were just over 3,000 of these types of courts within the U.S. making drug courts only a fraction of that overall number. Although commendable in the fact that this strategy is at least an alternative to traditional responses, it is not without its shortcomings. One of the mainstays of drug courts is the use of 12-step programs as part of their process for clients (Andraka-Christou, 2017). While this is one of the most widely used types of treatment programs, its efficacy in a forced or mandated nature remains questionable. One of the other pitfalls of this type of approach is the ultimate power rests with the presiding judge who is almost always not a medical professional yet they have the ability to override suggestions and recommendations from both medical and treatment fields (Andraka-Christou, 2017). In her review of drug courts in Indiana

Andraka-Christou (2017) showed out of the 20 courts reviewed more than half stated opioids were very prevalent or the most prevalent problem they saw before them. Only two of the drug courts included a physician as a part of their treatment team and this included one that was an OB-GYN, and the other was retired from medical practice (Andraka-Christou, 2017).

Law Enforcement Assisted Diversion (LEAD)

The new area of harm reduction strategies has fallen squarely on the shoulders of law enforcement. Law enforcement agencies around the country are struggling to combat the opioid epidemic and are scrambling to find new ideas and strategies to just merely swim in this tidal wave of a fight. The following will show one of the few programs being used by law enforcement professionals and lead into another program which has shown great successes since its implementation with the hopes to educate other law enforcement personnel and policy makers to focus on this program and implement new policy supporting and mandating its use.

Massachusetts has been mentioned several times throughout this paper with their efforts, programs, and policies to combat the opioid crisis. Several cities, agencies, and policy makers hailing from this east coast state have attempted and implemented new and alternative strategies not seen elsewhere in the United States. Some of the law enforcement initiatives have been informed by and copied from a program that was started all the way across the country in Seattle, Washington called the LEAD program. Massachusetts' spin on this program included The Champion Plan (TCP), and the ANGEL Program (Varano et al., 2019). Both of these programs, implemented and carried

out by different police departments, have the same strategy of allowing drug users and addicts to freely walk into police stations and request help for their drug problems and be assisted in finding treatment (Varano et al., 2019). The results of these programs have been impressive to say the least. In the first two year of its operation TCP had 523 individuals come into the Brockton Police Department a total of 818 times seeking assistance (Varano et al., 2019). The ANGEL program had more than 400 persons seek help within their first year of the program (Varano et al., 2019). The most common response of individuals seeking assistance through TCP for the last drug of use was opioids, this was also the most common drug of choice for participants (Varano et al., 2019). These two programs and their successes resulted in the creation of the Police Assisted Addiction Reduction Initiative (PAARI) which listed more 400 police departments as members. While these initiatives have had great successes and have helped to form this new organization, they would not be where they are today without the foundation built by the Seattle Police Department and the LEAD program.

2011 saw the creation of the LEAD program as the Seattle Police Department along with the cooperation and support of other public and social services came together to create and implement a new strategy against the raging opioid epidemic (www.leadkingcounty.org). Since its inception the LEAD program has not only shown great promise but has also expanded to include aspects such as mental health treatment, housing for participants, medical and drug abuse treatment, skills training, and connections to a variety of social services (www.leadkingcounty.org). LEAD even lists goals of the program that cover some of the more obvious outcomes such as reducing

recidivism and reducing harm to the drug user and also their family, while also striving to increase community safety and to focus criminal justice funds towards more violent and serious offenders (www.leadkingcounty.org).

The initial processes in the LEAD program are; First, LEAD is a pre-booking program so, no charges are filed nor are any “hung over the head” of an offender (Clifasefi et al., 2017). Second, the program is open to low-level drug (possession and sale) and prostitution suspects (Clifasefi et al., 2017). Qualified individuals are then diverted into the LEAD program rather than going through the typical arrest, charge, book, jail, and prosecute process (www.leadbureau.org). LEAD participants are monitored throughout the program very closely as they are assigned case managers and even have officers and prosecutors working with these case managers should the participants incur another charge while in the program (www.leadbureau.org).

Now nearing the start of year 10 of the program, many researchers have looked into the outcomes of LEAD. Regarding recidivism, program participants have shown reduced levels of recidivism, a reduction in the amount of days served, and a reduction in the odds of incarceration in prison by roughly 90% (Barry, 2018). Comparing pre- and post-arrest rates, data has shown roughly 206 arrests with a total of 151 charges of which approximately 17% were felonies from a total of 318 participants (Collins et al., 2017). Post program completion rates from these same participants indicated a nearly 60% reduction in risk of re-arrest, and a near 40% reduction in their chances of being arrested for a felony (Collins et al., 2017). Costs associated with running LEADS average \$899

per participant, per month but, these costs included initial startup expenses and decreased to \$532 a month afterwards (www.leadbureau.org).

Summary

While Seattle has enjoyed the successes of the LEAD program and has had its program used to model other programs in only a small number of other locations in America, there are questions as to why other law enforcement agencies have not followed suit. With costs reduced, offenders not recidivating at high levels, and with participants reducing or eliminating their drug usage, it's confusing as to the lack of mass application. While it is acknowledged that different agencies face different problems across many fronts, the tsunami that is the opioid epidemic cares not of these problems. Law enforcement and policy makers need to make the proper commitment and investment to enact policies that have shown to be effective and efficient. The literature reviewed for this study showed a great need for alternative approaches while also acknowledging that at times, policy makers are unsure if what they propose will have the desired effect. The groundwork has been laid and the results have been analyzed for others around the country to at least look into implementing policies similar to the LEAD program and to gain a better understanding of harm reduction strategies and how useful they can be in combating the opioid crisis.

This study will help to bridge the gap of knowledge of understanding what facilitators and what detractors play a role in law enforcement's approach to the opioid epidemic. This research utilized a methodology that will best answer the proposed research questions which can be used to inform law enforcement administrators and

policy makers of the different aspects within MSF and what can possibly be done going forward to address these and in making more informed decisions while looking at alternative harm reduction strategies that may have not previously been examined.

Chapter 3 of this study will examine research methodology and design while also showing how data will be collected and analyzed to help answer this study's research questions.

Chapter 3: Research Method

Qualitative research is paramount when trying to understand meanings that stem from programs and policies allowing for both the implementers and those affected to be heard (Maxwell, 2020). While qualitative research is underutilized specifically within criminal justice and criminology studies (Jenkins, 2015; Copes et al., 2016), using qualitative methods such as interviews, focus groups, and consultation with those within the field is the most common method when utilized for law reform (Hanley et al., 2016). Hanley et al. (2016) stated “bottom-up” viewpoints help to balance agenda setting when shaping the role organizations will play in reform. Bainbridge (2019) furthered, bottom-up approaches help policy change to emerge and spread either upwards to governmental levels or across localities that begins a widespread adoption. The qualitative approach proposed for this study, using a case study design, is the most applicable approach to achieve this “bottom-up” understanding of harm reduction strategies within law enforcement and policy agendas.

Creswell (2013) stated case studies can involve one specific individual, a small group, partnerships, and can even be entire organizations. Creswell (2013) furthered, case studies can also be composed of communities, a specific relationship, a project, and also decision-making processes. When case studies look to create comprehension of an issue or problem, they are referred to as instrumental cases (Creswell, 2013). Bansal et al. (2018) posited that as the problems we face become more complex and of a greater nature, qualitative methods are needed to help peel back the layers of these complexities. This study gave an in-depth description of the policy, problem, and political streams

faced by law enforcement administrators in the United States. This examination is best conducted through a qualitative approach and case study methods as problems and progresses within the opioid crisis vary. Covered within this chapter are the research questions to be applied to law enforcement administrators, the rationale for the research design, data collection procedures, proposed data analysis, and the proper ethical considerations.

Research Questions

This research explored qualitative research questions through the guidance from Kingdon's MSF:

RQ1: What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis?

RQ2: What facilitators and detractors do law enforcement administrators perceive in the political stream of the opioid crisis?

RQ3: What facilitators and detractors do law enforcement administrators perceive in the policy stream of the opioid crisis?

RQ4: How receptive are law enforcement administrators to using harm reduction strategies like the LEAD program in their department's approach to the opioid epidemic?

RQ5: How did the political, policy, and problem streams come together to affect the decision agenda of law enforcement administrators?

Research Design/Rationale

Case Studies

Around 2008, the United Kingdom's Drug Policy Commission put on an invitation only think-tank where the title of the seminar was "Policing drugs and alcohol: Is harm reduction the way forward?" (Bainbridge, 2019). During this seminar, a small program developed in South Dakota known as the 24/7 Sobriety Project was showcased illustrating this harm reduction strategy's successes in this rural jurisdiction. Not long after this presentation and debate, a similar program was launched in London around 2010 (Bainbridge, 2019). Later this program was evaluated as to its facilitators and constraints of the international policy transfer. Bainbridge's (2019) case study analysis of this program showed both obstacles and synthesis of a program started in one area and then applied in another. While these international examples continue to show not only a desire for alternatives, but also a willingness to attempt something new while the same cannot be said within the United States and there is a lack of understanding as to why this isn't also happening in the United States.

Some of the problems associated with this lack of widespread attempts to implement harm reduction strategies can be explained due to research limitations (and lack of research altogether) and a lack of consensus between researchers and actual criminal justice practitioners. Jenkins (2015) posited researchers tend to have an intellectual orientation while the practitioners are more humanistic. Jenkins (2015) furthered, qualitative methods can increase the potential collaboration between these practitioners and researchers. Rosenthal (2016) stated qualitative methods are most

applicable when the researcher attempts to understand a topic from the perspective of the participants. When researchers merely present preconceived hypotheses backed up by quantitative data, this doesn't give practitioners a voice as to the contextual information that can thoroughly describe their viewpoints and experiences. Cypress (2018) stated interviews, as opposed to other methods, allow for a more in-depth and complete picture to unfold which gives more meaningful perspectives of the participants.

Another problem with methodology is that when policy makers go about deciding what information to use, there is an immense amount of the possible kinds of evidence available thus making it difficult for the policy makers to decide what will be the most useful (Thompson, 2017). Even when just reviewing possible qualitative methods, there are multiple ways researchers can interpret data and to illustrate research findings (Scharp & Sanders, 2019). While this shows a great deal of possibilities, qualitative research can help policy makers to understand how reforms may operate before widespread implementation (Hanley et al., 2016). Cypress (2019) furthered this point when stating qualitative studies allow researchers to develop a depth of understanding of a phenomenon in its natural setting. Even large organizations such as the World Health Organization have stressed the importance of qualitative research as they help to assess the needs, perceptions, and experiences of stakeholders (Farrugia, 2019).

Creswell (2013) stressed researchers need to identify what case or cases will be the most promising and useful. This case study sought to examine law enforcement administrators from the Midwestern United States. This area, or case, was chosen due to the effects the opioid epidemic has had there specifically, especially when compared to

other parts of the nation. The Midwest has experienced exponentially more destruction from opioid epidemic, contains roughly 1/5th of the nation's population, and also has larger rural areas which, as of 2017, surpassed urban areas for the largest number of drug overdoses (Bezruczyk, 2019).

Role of the Researcher

The role of this researcher in this study was that of an observer. Karagiozis (2018) stated, in qualitative interviews, there is an “interrelationship between the researcher and the participant(s)” (p. 21). Roger et al. (2018) furthered that research is built together between both the researcher and those being researched. While this researcher has no professional or personal relationships with the proposed participants, it is noted that this researcher did work in the law enforcement field for nearly a decade. Denzin and Lincoln (2003) posited data in qualitative studies stems from the researcher being a “human instrument.” Qualitative researchers need to recognize this “human instrument” factor to help analyze and interpret the data collect. We all have personal beliefs, biases, assumptions, and experiences that help us interpret the world we live in. Acknowledging and attempting to overcome these factors help qualitative researchers to produce high quality studies. As an observer, this researcher utilized electronic recording devices to record responses given to interview questions from the participants and to later transcribed these responses verbatim so as to not take them out of context. Responses to the interview questions, once transcribed, were sent as copies to the participants for their review and approval.

My potential biases were managed by the fact that the role of strictly an observer was maintained and personal opinions and assumptions were regulated and acknowledged as just that and not something to be included in the study. Other ethical considerations were addressed and approved through Walden's IRB.

Methodology

Identification of Target Group

Creswell (2013) posited researchers need to find individuals who are willing to provide information, those who are accessible, those who are distinctive for their experience, and those who can assist in shedding light on a phenomenon. While previous studies have utilized police officers and their opinions on opioid related policies such as the carrying and implementation of Naloxone, these front-line participants would not satisfy the necessary criteria or be able to provide the direct insight of policy decisions as these directives are passed down to them from superiors. Law enforcement administrators are similar to the policy actor proposed by Kingdon, whereas the policy actors within Kingdon's framework exist within the federal government, the law enforcement administrators are in similar roles but at a lower governmental level. As previously mentioned, law enforcement administrators from the Midwestern United States are a key group to gain information from due to the unique makeup of that area, the problems they have experienced with the opioid epidemic, and the population that lives within those states. At the proposal of this research there was a connection between this researcher and the proposed study group through a snowballing effort. Certain law enforcement officials

were recommended to be used as participants from word of mouth and they fit within the geographic and hierarchal makeup proposed for this study.

Recruiting Process

After review and approval through Walden University's IRB (approval number: 09-17-20-0295119), I contacted suggested law enforcement administrators through a variety of avenues including phone and e-mail. This initial contact served as an introductory and explanatory time covering the purpose of this research and also describing what would be needed from the participant while describing their rights as research participants if they so choose to participate. Audemard (2020) stated snowball sampling can occur when the target population is known, and the researcher asks to "sample" the participant's personal network that is made up of connections between members of a certain group. This snowballing essentially allows the participants to recommend other potential participants to the researcher that they are familiar with and who satisfy the criteria they themselves satisfied. While there exist some questions about snowball sampling, this method helps researchers to connect with populations that are hard to target due to a variety of reasons such as availability and unwillingness to participate (Griffith et al., 2016). There has been a history of apprehension and difficulty when it comes to researching in criminal justice and with those within the field such as police. Jenkins (2015) stated police practitioners have little to no incentive to become versed in the research process while on the flip side, police researchers generally chase grants and funding instead of subjects of importance to police. Using a snowballing

recruitment allowed for willing law enforcement administrators to recommend other administrators who were beneficial to the study instead of apprehensive about the study.

Qualitative research has for some time had great debate over proper sample size and the decisions that guide the justification of the sample (Boddy, 2016). Just as the debate rages about sample size, so does the debate about determining sample size a priori, or posteriori (Sim et al., 2018). In qualitative studies samples can range as low as a single case to there being suggestions of up to 50-60 participants (Sim et al., 2018). There are even suggestions that sample size is not an issue in qualitative research as it does not aim to make statistical generalizations like those in quantitative studies (Boddy, 2016). Recently there has been a push to reach “saturation” in qualitative research as this is looked at as the optimal level when looking at sample size (Boddy, 2016; Sim et al., 2018). Boddy (2016) showed a meta-analysis of qualitative research involving nearly 600 studies and presented final sample sizes that averaged multiples of ten. While this average seemed to be common, it varies greatly when addressing saturation and an a priori sample size may or may not reach the saturation point within such a specific number range (Boddy, 2016; Sim et al., 2018). Saturation can also be operationally defined differently. Sim et al. (2018) suggested there is code saturation and also meaning saturation. Code saturation was defined as when there is no emergence of additional issues, and meaning saturation being when there are no further insights gained (Sim et al., 2018). Simply put, there is no universal method in qualitative research to reach saturation (Kindsiko & Poltinae, 2019). Due to the fact the population to be used for this study held specific characteristics, the theoretical foundation is well developed and widely used, and

the analysis strategy is in-depth in nature, the sample size should be smaller (Sim et al., 2018). Creswell (2013) recommends samples between 4 and 5 for case studies. I planned to use approximately 10 subjects as an initial sample size and then upon collection and review of the data, if saturation was not met or a redundancy of the data, more participants would be solicited.

Instrumentation

The instrument used in this study was created through review of other research questions used in previous research that involved Kingdon's MSF. The interview questions (see Appendix A) were altered to not only provide insight using MSF, but to also incorporate the aspects of the opioid epidemic to fit within the proposed theory. This instrument was reviewed by several experts for quality, appropriateness, and fit to the study.

Data Collection

I used law enforcement administrators from the Midwestern United States to answer the research questions. While a focus group was proposed initially for this study so as to allow the focus group to react to each other and formulate answers due to their perceptions of their experiences (Rosenthal, 2016), due to Covid-19 restrictions, this method was not utilized. This format also connects possible policy windows for the participants. Akgul et al. (2019) stated policy windows can be opened when a successful project has been implemented and then becomes a spark for other projects. Individual interviews were used for this study but, after answering each question this researcher gave summaries of what other participants answers so each participant could see and hear

what others in their position answered and understand why they have or have not taken certain steps towards a policy related to harm reduction strategies while also analyzing their own decision-making processes. Smith et al. (2016) furthered this point by positing policy makers who have applied Kingdon's model to their policy making agenda often fail to include practical and also actionable suggestions. It was initially assumed that by using a focus group interview process the participants will be able to see these suggestions and consider them in their future policy choices. All of this allowed me to gain a further understanding relating to the proposed research questions. Zupancic, Pahor, and Kogovsek (2019) stated the strength of a focus group comes from the ability to focus on possible solutions to problems while also improving the quality and relevance of what is being studied. Due to the global pandemic, a focus group was not only unfeasible, it was also impossible to gather such a group from different states and locations into one location as restrictions existed as to the size of groups that could be gathered.

The interviews were recorded using an electronic recording device as well as notes taken by this researcher. All participants were given informed consent and made aware that their participation was voluntary and could be removed at time and that the responses that they give were anonymous and cannot be linked back to them. Participants also received copies of the transcripts for their review for accuracy. Once the participants had reviewed and approved their respective transcripts, coding and data analysis began.

Covid-19

Since the beginning of 2020 there has been a worldwide pandemic known as Covid-19, or the Coronavirus. This pandemic has caused drastic changes in everyday life

for nearly everyone including drastic changes to work, schooling, and even the most basic such as grocery shopping and access to what is normally considered routine actions. Due to the restrictions this pandemic has brought forth there have been restriction to travel, both internationally and from state-to-state within the United States. Many states issued “stay at home” or “shelter in-place” orders that require everyone to stay within their residence except for essential travel for medical treatment and to retrieve food. There is a call for social distancing when this essential travel occurs which asks individuals to stay at least six feet apart while in these limited public spaces. Due to these restrictions and the unknown length of these limitations (these have been extended since the initial orders) changes to the data collection for this research was needed. With in-person interviews and especially groups of people highly restricted, alternative collection methods were explored. Heath et al. (2018) covered alternative qualitative data collection methods within their study and these methods lead to the newly proposed data collection. Heath et al. (2018) stated electronic interviews such as those conducted with Skype are generally a second option pursued when in-person interviews are not feasible. While this method allows researchers to hold asynchronous interviews, they do present possible pitfalls as quality internet connections are required from all those involved and it may alter behavior of the interviewees since they are now “on camera” (Heath et al., 2018, p. 31). Another possibility Heath et al. (2018) provided was that of e-mail interviews which was posited as an increasingly used method from certain fields such as healthcare research. While this method allows for greater access to participants in remote areas and ethnic minorities, it also allows researchers to save on travel costs but, it does eliminate

the body-language aspects when interpreting qualitative data (Heath et al., 2018). As the fluidity of the restrictions from the pandemic and the focus of law enforcement administrators drastically altered at this time, both methods were possibilities to this research. All interviews were conducted over the phone and one interview was conducted via Skype and recorded using an EVISTR digital voice recorder.

Data Analysis

This research brought forth the possibility of producing rich and lengthy transcripts from the interviews. The data from these transcripts needed to be reduced to provide succinct descriptive data that is often arrived at with qualitative research by using coding. Cypress (2018) stated coding is what makes sense of all of the qualitative data that is collected. Coding uses a process that builds descriptions, develops themes, applies codes created by the researcher, and gives interpretations based off of the used literature and the researcher's viewpoints (Cypress, 2018). Essentially, coding reduces text, such as those gained from interview responses, into small categories using labels created by a researcher that assign a code. Blair (2016) posited coding allows a researcher to take disparate data and turn it into data that helps them to make sense of it all while creating a relationship to the research questions. This research utilized a data-driven coding process to allow the codes and later themes to come from the text itself. While an a priori concept driven code system could have been used for this study, it would not be without limitations as there is a lack of understanding about law enforcement's use of harm reduction strategies so developing codes in advance would limit and pigeonhole the possible interpretation of the data. There was the recognition that due to the research

questions and theoretical foundation, some a priori coding relating to the policy, problem, and political streams were possible so as to code data that would fall within and help explain each of these areas. The qualitative data program NVivo was used to help store, separate, code and develop themes from the collected data.

Issues of Trustworthiness

Credibility

Validity in qualitative research has been argued to be different than the validity that is applied in quantitative research (Farrugia, 2019). Cypress (2017) noted that instead of using the term validity in qualitative research, terms like trustworthiness or rigor are more applicable. Others (see Copes et al., 2016) have stated credibility is the operationalized term along with trustworthiness and rigor when talking about validity in qualitative studies. Ronkainen and Wiltshire (2019) have gone so far to say the term validity and its associated paradigms are inappropriate for qualitative studies. This has gone to the point where Ronkainen and Wiltshire (2019) have identified three articles covering these arguments that have been cited more than 1,200 times.

FitzPatrick (2019) stated to “trust in the validity of qualitative research, one must accept the trustworthiness of qualitative research” (p. 211). Despite the differing terms of rigor, trustworthiness, and credibility being associated with validity in qualitative studies, the use of these is required to ensure quality in qualitative research (Cypress, 2017). Establishing trust in the inferences gained from a qualitative study help to establish validity within these types of research (FitzPatrick, 2019). Generalization is another area that some researchers claim help establish validity but, within qualitative research many

times results are not meant to be generalized, specifically when case studies are used as the strength to the study is in describing that specific case (FitzPatrick, 2019). Validity within the qualitative realm has also been defined as data appropriateness, meaning the experiences of the participants is accurately provided while also shown within and beyond its current context (Spiers et al., 2018). Leung (2015) equated validity to appropriateness when evaluating the tools, data, and the processes used in a qualitative study.

Trustworthiness, rigor, credibility, and appropriateness all relate to qualitative research and all have their respective points when evaluating a qualitative study. Questions spring forth when reviewing a study that can cover the trustworthiness of the responses of the participants and the viewpoints of the researcher; the inspection of the rigor used; asking if multiple sources of data and member checking were used to ensure credibility; and when all of these are examined, were the appropriate steps taken by the researcher throughout the study. I believe the methods applied to the used population within the given design ensures validity for this study.

Transferability

In qualitative research transferability refers to what quantitative research calls external validity. Transferability is gained when a researcher can show evidence that their research can be applicable to other contexts or populations. Maxwell (2020) stated that the reader of the research has the primary responsibility of determining transferability. While the researcher can provide the “sending context,” the reader of the research must speculate if the findings are applicable to other cases (Maxwell, 2020). While this

speculation rests with the reader of the research, the researcher must provide sufficient details that allows their reader(s) to make the assumptions about transferability. I gained this transferability judgement through thick description (Korstjens & Moser, 2018).

Korstjens and Moser (2018) described thick description as not just describing the behaviors and experiences, but also putting them into context that allows outsiders to give meaning to these.

Dependability

Dependability was achieved in this study through a number of steps including giving the research participants the interview questions ahead of time for review and also to ensure comprehension and to allow them the chance for clarification. Also covered during this time was informed consent materials and information, and the data collection processes. Participants also received their transcriptions after data was collected to ensure correctness and proper interpretation. Korstjens and Moser (2018) posited dependability can be reached through transparency of the steps taken from start to conclusion of a study. This process allowed the participants to become active in aligning the data collected from them to the interpretation and recommendations of the study (Korstjens & Moser, 2018).

Confirmability

Connelly (2016) described confirmability as the ability of findings to be consistent and repeatable. Korstjens and Moser (2018) furthered, confirmability occurs when other researchers can confirm the findings of a study. Specifically, in qualitative research, confirmability requires others to examine the results to check to see if they are

not just something the original researcher conjured up without merit or that they were possibly affected by researcher biases. This study addressed confirmability through the use of another experienced qualitative researcher to review the results and interpretations of the data.

Triangulation

Triangulation uses a multitude of methods, data sources, or theories to examine one particular phenomenon (Farquhar et al., 2020). Abdalla et al. (2018) stated a researcher needs to examine from one given perspective and then incorporate at least a few other perspectives to adjust themselves to the “right distance and angulation of concepts” which allows them to come to a more definitive end point (p. 70). Fusch et al. (2018) furthered, stating multiple sources of data allow for a higher level of reliability with research results. Triangulation was achieved through a number of approaches with this study. First, using different law enforcement administrators from different agencies that vary in size, budget, and manpower will help to achieve collecting data from different perspectives. Fusch et al. (2018) used people, time, and space as data points that are interrelated while also representing different data concerning the same event. This approach allows for data triangulation. For researcher triangulation, the easiest way to accomplish this is to just have more than one researcher examine the phenomenon in question (Fusch et al., 2018). While there was not be more than one researcher in this study, the data collected was reviewed by other researchers so as to explore this phenomenon from multiple viewpoints. With the use of these techniques, triangulation

was achieved which limited biases and increased the chances of reproducing the results (Abdalla et al., 2018).

Ethical Procedures

While there was minimal risk associated with this study, there was the possibility that the participants may have experienced psychological discomfort. The study participants included law enforcement administrators from the Midwestern United States including Chiefs of police and county Sheriffs. The possible psychological discomfort was accounted for by providing a complete and thorough informed consent that included answering any questions they had about the study. Contact information was provided that included this researcher's information and also information regarding the psychological services their respective departments provide. While it is acknowledged that these administrators are more than likely aware of the psychological services their departments provide, this is a necessary piece of information should something arise. Psychological discomfort may occur due to the retelling of experiences these administrators have had relating to stress associated with policy creation and implementation and also political and public discourse that may have occurred within their careers.

The data collected for this study adhered to standards and policies of Walden University's Institutional Review Board. No funding or external support were used for this research. I also had no ties or associations with any of the proposed participants or their departments. The law enforcement administrators used for this study was open to any gender, race, years of service, and size of department located within the Midwestern United States. All participants were given informed consent regarding their participation

in this study and advised that they may remove their consent at any time. The collected data was transcribed and coded so as to keep the identities of the participants anonymous. I will keep the data stored in a private computer that is password protected. Only I had access to the original data, for triangulation and confirmability, the data reviewed was coded so as to protect the identities of the participants. All stored data followed Walden University's IRB protocols and requirements.

Summary

This chapter covered aspects of case studies and rationale for the research methods and design to be used in this study. Interview questions that help to address the overall research questions were listed within this chapter while also explaining how the data for these questions would be collected. Identification of the proposed target group, the recruiting process, and interview process showed how this study will proceed and with whom. Data collection was outlined and how this data will be stored, analyzed, and in congruence with Walden's regulations. Lastly, components of validity in qualitative research were covered while ethical considerations were listed. Chapter 4 will include how the data was analyzed, results of the qualitative review, and an overview of the demographics of the research participants.

Chapter 4: Results

The purpose of this qualitative case study was to examine the lived experiences of law enforcement administrators from the Midwestern United States regarding the ongoing opioid epidemic. This study sought to discover what facilitators and also what detractors exist that these administrators have experienced and how, upon review, this information may help to further understand these experiences through their viewpoints. The research questions used for this study covered overarching areas related to the opioid epidemic that included Research Question 1 which asked: What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis? Research Question 2 asked: What facilitators and detractors do law enforcement administrators perceive in the political stream of the opioid epidemic? The Research Question 3 examined: What facilitators and detractors do law enforcement administrators perceive in the policy stream of the opioid crisis? Research Question 4 asked: How receptive are law enforcement administrators to using harm reduction strategies like the LEAD program in their department's approach to the opioid epidemic? Last, Research Question 5 asked: How did the political, policy, and problem streams come together to affect the decision agenda of law enforcement administrators?

Setting

There were a number of conditions that may have affected the participants and their experiences during the study. As previously noted in Chapter 3, the Covid-19 pandemic was in full effect and was present in nearly all aspects of daily life. Before the pandemic these administrators already had a full agenda and list of issues to deal with on

a daily basis and the pandemic forced them to not only adjust but to completely alter their and their department's everyday actions. These administrators now had to think about how to protect their officers and the public they serve while also contending with the extended periods of isolation and quarantine Covid-19 created. There were debates and assertions around the country from law enforcement administrators who now had to also decide if and how they should enforce new legislation regarding CDC, federal, and state mandates regarding Covid-19 restrictions. These new experiences were directly seen in the data collection for this study as this researcher experienced lengthy delays in communication and a very large lack of response from solicited participants.

Obtaining Participants

After obtaining approval from Walden University's Institutional Review Board (approval number 09-17-20-0295119), I began to solicit law enforcement administrators from around the Midwestern United States. This initial solicitation was met with silence, as no responses were received from the numerous potential participants. Solicitation was continued with emails sent to every capital city police department in the Midwestern United States, every state that listed a Chiefs of Police association was contacted, Sheriff's offices, village, township, and city police were also solicited. Walden University's participant pool website also listed the research solicitation with no response. In total, over 1,000 departments were contacted for potential participation. Other than the data collected from those who participated, responses from the other departments were less than five with most responses being a simple no thank you, and one chief stated he believed he did not have enough opioid related departmental

experience to benefit the study so he politely declined the invitation. This lack of response greatly increased the time it took to reach the initial projected population size of 10.

Demographics

The final participant total for this study was 10 law enforcement administrators from the Midwestern United States. These administrators represented 9 different police departments and 1 Sheriff's office, ranging in size and in the populations they served covering urban, suburban, and rural areas. Of those who participated, 6 were Chiefs of police, 1 was a Chief Deputy, and 3 were of the rank or contractually equivalent to an Assistant Chief within their department and had been given the solicitation from the Chief/Sheriff of their department. All participants were male.

Data Collection

Ten law enforcement administrators from the Midwestern United States participated in this research via phone or electronic (Skype) interviews. All participants were solicited via email and in the email were provided the purpose of the study, informed consent, and the interview questions to be used for their review. After participants gave consent, a time and modality were set up for the interview to be conducted. All interviews were recorded using an EVISTR digital voice recorder for later transcription. The digitally recorded interviews were all transcribed using the Otter voice meeting notes transcription service. Interviews ranged in time with a mean time of 33 minutes. Due to the Coronavirus pandemic, a focus group was not feasible for this study with restriction varying from state to state and in the number of people who could gather

together in a certain space. Snowballing recruitment was attempted with all participants and in a few instances did lead to other participants while other times this sampling method offered potential participants but those recommended did not respond to the research solicitation.

Data Analysis

All transcribed interviews were uploaded into the qualitative software program NVivo for analysis to see if similar themes arose from the participants responses to each research question. With five overarching research questions and a total of 22 interview questions, initial analysis was separated by each research question. Once all responses to each individual interview question was coded to that specific research question, further analysis was conducted to try and identify themes and create nodes within NVivo.

Individual interview question responses ranged in length from each participant with some responses being very brief, some even being one-word responses, to some very lengthy and in-depth personal experiences related to the interview question. These differences in responses showed the need for coding within each interview question. Linneberg and Korsgaard (2019) reflected this need stating coding can take something as small as a single word or, larger amounts of text like a paragraph or even entire pages, and turn them into a short phrase or a word that summarizes the content. Due to the length between interviews, I could recall responses from previous participants as each subsequent interview occurred and this allowed for easier coding within NVivo.

Table 1 illustrates the initial coding for the data that was separated by research question and then into the area that research question covered, the interview questions

within for the overall research question, and the codes used for that research question and its corresponding interview questions.

Table 1

Thematic Coding

Research Question	Area Covered	Interview Question	Code
RQ1	Problem Stream	1, 2, 3, 4, 5	Experience, Problem, Changes, Define, Perceptions
RQ2	Political Stream	6, 7, 8, 9	Political, Public, Organizations, Standpoint
RQ3	Policy Stream	10, 11, 12, 13	Policies, Proposed, Groups, Suggestions
RQ4	Harm Reduction Strategies	14, 15, 16, 17, 18	Familiarity, LEAD, Results, Openness, Research
RQ5	Convergence of Streams on Policy Agenda	19, 20, 21, 22	Current Policies, Most Important, Convergence, Collaborating

Table 2 shows each interview question and the themes that emerged from the individual interview questions. As can be seen in the table, some questions had just a few themes that emerged from the data while others had an immense amount of data that included differences in the themes from one administrator to another.

Table 2

Themes

Interview Question	Theme
IQ1	Morph, Specific Dates
IQ2	Over-prescribing, Viewpoints, Transitioning to other drugs
IQ3	Narcan, Programs, Transition to other Opioids, Community, Rehab, Couldn't get out of it
IQ4	Factors: Environmental & Socioeconomical, Prescription Opioids, Economy, Fentanyl, Ever-Changing
IQ5	Yes, No
IQ6	Liberal, Attentive, Support
IQ7	Zero Tolerance, Changing, Conservative
IQ8	None Specifically, Yes, Collaboration
IQ9	NO
IQ10	State, Good Samaritan, Local
IQ11	Officer Input, Documenting Overdoses, Naloxone/Narcan, Good Samaritan, Collaborating, Neighborhood Outreach, Treatment Referrals, Quick Response Team, Paying for ID's for Medicaid, Working with Post Office, Treatment
IQ12	Health Board, Coalition, Ourselves, Community
IQ13	Programs, Prevention, Reducing Prescription Amount, Provide Resources, Opioid Diversion Officers, More Information to the Public, More Treatment Availability, More Education for Chiefs/Officers, Different Sentences for Drug Traffickers, Sanctions for not using Treatment
IQ14	Not Very, Somewhat, Very
IQ15	None, Very
IQ16	Yes, No
IQ17	Very, Somewhat
IQ18	Yes, Don't Know
IQ19	Best Practices, Attend Seminars/Trainings, Review what others are doing, Review Research Data, Reviewed old Policy and Updated
IQ20	Satisfying the Public, Working with other Organizations/Collaborations, Resources and Funding, Positive Impact, Efficiency, Safety of Officers, Helping, Safety of Community
IQ21	Yes, No, Somewhat
IQ22	Shared Vision, Understanding the Problem, Common Resources, Different Needs, Who wants to be in Charge, Past Collaborations have gone well, Timeline, Agreeing on the Problem, Different Views

Evidence of Trustworthiness

Credibility

Credibility of this study was ensured through a number of credibility techniques often used by qualitative researchers. Liao and Hitchcock (2018) described a number of qualitative credibility techniques such as design, sampling, thick description, triangulation, and others while examining which were most often described in published studies. Liao and Hitchcock (2018) separated these into two areas, the first covering primary design techniques and the second describing additional credibility techniques. This list shows that researchers can ensure credibility by satisfying these techniques. The sampling of this study included 10 law enforcement administrators from different agencies covering large, small, and mid-size departments dealing with populations ranging from a few thousand to some agencies serving more than 50,000 citizens. This sampling allowed viewpoints and experiences from law enforcement administrators with agencies who average ten to fifteen average overdose deaths a year, to administrators whose agency average an overdose every single day. The ten participants also satisfied credibility aspects as this number helped collect enough information where both saturation and redundancy of data was seen.

Transferability

The aim of this study was to better understand and explain the experiences and perceptions of law enforcement administrators with the opioid epidemic, particularly those from the Midwestern United States. This aim helped to describe a specific phenomenon and to develop themes which is more the aim of a qualitative study than is

generalizability (Creswell, 2013). Thick description also helped to convey the findings of this research and to give a realistic explanation of the data collected. As noted in Chapter 3, the reader will ultimately decide the transferability of this study (Maxwell, 2020). This transferability though is again helped through thick description.

Dependability

Dependability was reached through the clear outline of how this study was implemented and that this would allow other researchers to replicate and understand exactly how this study was conducted. Participants of this study were given all interview/research questions before any interviews were conducted and as many verbally indicated during the interviews, they had read through them and knew when specific questions would be coming up. The early review of the questions also allowed participants to become familiar with the topics and terminology that would be used. Several participants indicated that they looked up aspects they were unfamiliar with such as the LEAD program. The digital recordings, transcriptions, and subsequent review of the data for accuracy also assisted in ensuring dependability was satisfied.

Confirmability

Reflexivity is often used to describe how a qualitative researcher can ensure confirmability in their research. Yiannis (2015) described reflexivity as the process when a researcher steps back to question their assumptions, question what interests are served through their study, and lastly, question what the ramifications of not only their findings but also their ethical bases. This researcher had little assumptions as to the experiences of the law enforcement administrators having never been an administrator, so the purpose

was to find this information directly from those who have experienced it. The interests served through this study would be those of law enforcement administrators so, as previously stated, not being an administrator, these interests do not benefit this researcher directly and were for knowledge producing means only. The ramifications of this study's findings have the opportunity to be interpreted many different ways and this is accepted and acknowledged by this researcher. While the findings are meant to educate and produce new knowledge of this phenomenon, they do pose the potential to alter perceptions as was seen in one particular participant's response. One Chief did indicate that his standings and practices in the opioid crisis did cost him a previous position at a department as a Chief, he also acknowledged that this was part of the job and liabilities that come with being an administrator. All practices during this study adhered to proper ethical standings and regulations related to research.

Results

With five total research questions and 22 total interview questions, this study produced a plethora of rich, in-depth information. Each interview question will be covered and then each research question as a whole will be discussed. Research Question 1 asked: What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis? This research question had five interview questions that were used to explore it.

Interview Question 1

Interview Question 1 asked participants: How would you define you and your agency's experiences with the opioid epidemic? The question often produced a lengthy

response from each participant and from those responses the themes of morphing, which showed not only historically known facts about the opioid epidemic such as the problem starting with prescription opioids and the transition through time to heroin, to now synthetic opioids and other drugs laced with opioids. The second theme to come from the responses was that of specific dates. Each administrator was quick to mention an exact time frame; some giving years, some so specific it was month, day, and year.

Administrator 1 stated,

“We started having problems with opioids around '08, '09, when OxyContin was big, I was actually in Detectives as that time...”. Administrator 4 stated,

“For us, it kind of hit just about the beginning of 2015, and I think by it wasn't until almost 2017, that we were able to develop some resources to attack it, I think that's probably just about everyone's experience, though, is that it took a couple of years for people to start looking at it.”

Administrator 5 hit both themes in his response to interview question number one:

“So I believe that we're on the front lines. With our agency in our community. Our whole region has been one of the hardest hit areas in our country. Our officers and the community have dealt with this epidemic. For over a decade, we have seen it more from where people were using prescription pills into where the crackdown started on that false prescriptions more open to finding needles, when it's hard transforming into more heroin based and then we had the company that were just a rash on the community. And that, of course, is also experiencing overdoses in the tremendous amount of deaths in our region.”

Most of the responses from participants hit within the time frame of 2013-2016 with some indicating early dates, and others noting they have seen a decrease of overdoses and deaths in comparison to just a few years ago but, that it was still a problem.

Interview Question 2

What factors do you think contribute to the problem(s) of the opioid epidemic?

This question produced several themes that were noted on by on average, at least three of the administrators. Themes included overprescribing, started with pills, viewpoints (which included both addiction and that it is not a medical condition), and lastly, that users were transitioning to other drugs. Administrator 1 stated,

“I think the most obvious one is the over prescription, over prescribing, by doctors of opioids. I mean, when I was in detectives, again, when this really started hitting, I mean, people would be like, you see OxyContin for like, you know, dental procedures. Yeah, they would be not just like, you know, a handful, I will maybe 10 or a dozen. I mean, they'd be given like scripts for like 60.”

Administrator 6 responded with:

“I think it starts with prescription medication personally. Easy access to it and the transition to heroin in and of itself, because it's generally cheaper. Yeah. We have a dispatcher here that worked for us that actually went down that road.

Unfortunate set of circumstances and death in his family used a painkiller to get through this, this tragic event and ultimately ended up getting hooked on heroin. I

think that's, that's one of the biggest factors. I think the purity of heroin, too, is a factor, much more pure than it was back in the 70s.”

Administrator 8 gave an example of a specific case he remembered:

...And it was pills initially, and then the pills dried up because of all this legislation. So, we have still taken care of it. So, what do we do? We took advantage of the market. We pushed heroin into it. And people need they went to the heroin. So no, we didn't have the overdoses that we had when they started seeing the heroin. I remember our first you know, heroin overdose, it was to a nurse and her boyfriend and she stole the Narcan from the hospital. And they were, they had been doing this for a while. And he decided he didn't want to wait and he wants to use and he decided to use. Well, she overdosed and he was already, he was out of it. So, he didn't save her life.

Administrator 9 offered the following response:

“Addiction, if you're talking about just substance abuse disorder or opiate use disorder. It is handled mostly from the criminal justice system. Yeah, that is apparently a problem. And it adds complexity to law enforcement trying to deal with it. The other part of that is that it puts the burden on law enforcement to try to quote unquote, fix a chronic mental, medical health condition...”.

Interview Question 3

What changes have occurred during your time as an administrator during the opioid epidemic? The themes to this question included Fentanyl, Narcan, treatment programs, couldn't get out of it, and documenting to mention a few. One administrator

even emailed me the data set that he had been collecting for years. This data included the date, time, and location of the call, suspected drug involved, personal identifying information of those involved, description of the response provided (i.e. Narcan deployed), and evidence found. The other administrators who began collecting data found it very beneficial to be able to look back and see if there were patterns, similarities, repeat suspects, and to use the data to evaluate and develop new plans if needed. Administrator 4's response hit several of the themes that came from the responses:

“Well, prior to 2015, we weren't documenting the overdoses. Okay, we would respond, we would respond to them, but we weren't documenting them.

Beginning in 2015. I set up a way to respond to them and document them. And we're continuing that so we respond on every overdose, we document every overdose. We rarely if ever arrest anybody, okay? We treat all overdose victims as that, a victim. If we do make an arrest, I find that more along the lines of child endangering. So they've got children with them. They've overdosed. We have to look after the kids.”

The response from Administrator 1 actually used the phrasing, “we couldn't get ourselves out of this...”,

This sentiment was echoed by several other participants who stated they had to change trainings, they had to change how they approached these situations and those involved, and that they also had to change the mindsets of officers to that of more compassion and empathy and not just enforce and arrest.

Interview Question 4

How would you define the opioid epidemic? This question saw the highest response theme of ever-changing. This researcher also noticed after each subsequent interview, the administrators would base their way of defining the epidemic on what they have experienced. For example, some defined it based around prescription opioids, some around heroin, others the synthetic opioids that have recently become the major burden. This can be seen in Administrator 4 responded, “Our problem is, fentanyl. Predominantly, fentanyl, and people actually seek out fentanyl.” Administrator 5 was very direct with his response to this question stating, “I am giving you, I may give you a very straight forward answer, and it's ever changing, keeps evolving.” While many themes and redundant answers were shown again in this question, one administrator gave a more jaded response to the question. Administrator 10 answered: “... an epidemic that throws money at many unproven and unrealistic solutions, and the private sector feeds, enjoying the benefits with no demand for any science-based results.”

Interview Question 5

Have you changed your perceptions of the epidemic or your policies towards it in your time as an administrator? Boiled down to the most basic responses, eight of the administrators’ responses can be marked as a “yes” and two could be marked as a “no” response. While this is a simplification of the answer, those who responded that they had changed either perceptions or policies (or both), the response from Administrator 6 shows how those who were in the affirmative gave examples of how they changed;

“The onset when it was really prolific? And not that it isn't now, don't take that comment the wrong way, you know, we were an adopter of Naloxone, or Narcan, or whatever variation of that. Where before we hadn't done that. In fact, our officers have used that a number of times, I've given consideration to where we would look into providing treatment options for treatment. I didn't follow through with that, mainly because of when I looked into it, the availability of getting beds and, you know, what do you do with somebody when they come in, and they want to get help, but you can't get them to help. And so I kind of gave up on that. But other than those things, you know, just education internally, with regards to if you do come in contact with our or some of your base, you know, the personal awareness for officer safety type of thing was that was another thing. Okay. And the education, you know, making sure that you're educating people and they know what, what to look for, you know, what they can do to protect themselves...”

Interview Question 6

What is the political atmosphere in your jurisdiction regarding the opioid epidemic? Four of the ten administrators specifically mentioned the word liberal, for this question and five of the administrators gave responses that indicated their local political atmosphere was attentive and supportive of their actions in the epidemic. Administrator 9 stated,

In our immediate area, it is more care, treated as a healthcare issue. We have great support within all of our systems from the county to the city, and most of the suburbs. So, (redacted for anonymity) County in my area is seen as proactive and

progressive with addiction. Go out to (redacted for anonymity) County, just the one county up and it is completely different or go east to (redacted for anonymity) County, and it's completely different.

Administrator 7 offered that his local Mayor had even had a personal experience with the epidemic:

“ I work for more of a liberal mindset. And it was personal with our, our mayor, his son had an addiction. So, okay. Through that, we worked through that with him and have a good rapport with him. But again, it's more of the liberal mindset overall. But in regards to this, it is. And then, of course, he had had that done.

Unfortunately, he went through it personally.”

Interview Question 7

What is the public sentiment in your jurisdiction regarding the opioid epidemic? While working through interview questions six and seven, it was important to question the sentiment of both the political and public sentiment as seen through Kingdon's theory, this can sometimes be drastically different and also show how successful, or unsuccessful a policy can be accepted, adapted, or completely rejected when there is little or no support from one, or both sides. Interview Question seven did show large differences from the themes in question six. While the political sentiment was liberal, the public sentiment was very conservative. Eight of the administrators' responses were themes under 0-tolerance, one administrator's response included the public questioning why we should help addicts but, by the end of their responses, seven administrators mentioned how public sentiment was changing. Administrator 5 stated,

Again, I think initially, it was all about enforcement, I think there was little concern about how we were enforcing it, it was just enforce it, and it doesn't matter for some of our jails or what the case is, enforce it. But I think over time, and I think our business community especially, has played an active role. And this is where there's this huge paradigm shift to treatment. I think, like I said, our business community is kind of leading that push because they're seeing this. You know, they're really getting it on the chin here, because we have people that are addicted to opiates and opioids that we discussed, and they have to feed their drug dependency, so they're out there and trying to support that lifestyle. They're going in shoplifting, yeah, mass amounts of merchandise. But then we know, the merchants call the police, we go and we'd be arresting the same people, three, four or five times in a row. And we, you know, even if we affected arrest based on that larceny. Oftentimes, it'll be a revolving door where we take them in, incarcerate them, but they've been released back on the street. Oftentimes, before our officers are even done completing a report, because just to deal with overcrowded. Yeah. I think the business community is really pushing and helping make that push for treatment, just because they're seeing a lot of a lot of the associated crime and seeing how ineffective the criminal justice system is at dealing with it.

Administrator 9's response showed the transitional nature of public sentiment.

“In the beginning, when it first happened, there was this belief that we should just let people die. It's a crime. Yes. When the community came together, especially community leaders and law enforcement, doctors, and elected officials, you saw

that shift to compassion it was treated as a medical condition, not a crime. But the longer it lingers, you're seeing it go back to this is a crime. Let's arrest people. Why don't you let them die? So that's transitional also.”

Interview Question 8

Have any self-interest or public health organizations in your jurisdiction offered alternative approaches or policies to you/your agency during the opioid epidemic? Responses to this question mainly landed in themes of none specifically, not on policy (just information they shared/provided), while three administrators specifically mentioned their local health department as a collaborator. Administrator 3’s response illustrated a more recent policy with prescription drug-disposal/drop-off run by local law enforcement while admitting this was the first time they had attempted this different approach and how immense the buy-in was from the community and also the incredible amount of drugs they collected.

“No, not really. I mean, I think we've had, we have a local drug coalition that we worked with, it was started by the parent of one of the kids that passed away...But what we did that was kind of a cool thing and feel free to share this with anybody was we went to, we have a lot of churches in our jurisdiction. And what we did was about a month out, we started advertising having the leaders of the church start advertising drug take back. And then we scheduled a Sunday, it was very public. And I had an officer at each one of the churches, and we just ran the schedule. And we would have this unbelievable amount of prescription pills we were able to get out of our township, it was amazing. I don't know if you're, if

you've seen those, like big, rolling dumpsters, we filled one of those with prescription meds.”

Administrator 4 offered the following;

“Not necessarily policies, we write our own policy. But as far as the different strategies, I'd say that this is a public health strategy that we are doing. Now, because we are working with the health department, there are safe houses for people to go to after they've overdosed. We worked with the hospital to make sure that they were giving the right drugs after the overdose so that the people can be transferred to the safe houses so that they could get on Suboxone, or whatever it was that helped them get off of it. So yeah. We just have a lot of different stakeholders involved, and probably more so than some other jurisdictions. And I think we've looked at it from a different viewpoint.”

Interview Question 9

Have you used the opioid epidemic as a political standpoint to gain or keep your current position? This was the easiest coding and theme of all of the interview questions as all participants gave the same answer, that being “no.” While all ten administrators responded no to this question, some additional key information came as a response from Administrator 8 as he stated, “No, my whole now, I mean, I’ve never thought about it that way. I mean, it kind of cost me my position in the end, because people, people that supported me as the chief, before I took the stand, we have to do something differently, you know, spoke out against me.” Even though all ten administrators did not use the

epidemic as a political standpoint to gain or keep their position, administrator eight lost his previous position due to his stand in the epidemic.

Interview Question 10

What input or affect has local, state, and federal policies had on your department's approach to the opioid epidemic? Five administrators mentioned state policies, four of these were related to Good Samaritan laws that their state had passed, while one administrator's state passed "pill mill" legislation. On the federal level, none of the administrators mentioned anything federal related while two administrators mentioned local policies. Administrator 7's response covered nearly all bases for the themes for this interview question:

"Good Samaritan, of course, is what came to mind exactly what you said, Johnathon. You know, that was a change for us here. Of course, you know, that was different than trying to encourage up, you know, calls to save people's lives. Sadly, we've had people that we still interview in the aftermath that say, No, I didn't want to call, you know, he dropped within a park or somewhere. So yeah, I don't know how much, it'd be interesting, I guess, to see how much that's helped. Because, you know, I can honestly say that I try to think back as a call, because I knew I wouldn't get in trouble. And, you know, pointing to that. And then other than that, you know, we've made some changes here. Like I said, I mentioned, you know, the local policy or departmental policy here. But you know, what, as far as I'm trying to even take it further, like federal, nothing federally that comes to mind."

Interview Question 11

What approaches or policies have been proposed within your time as an administrator? This question showed a great deal of differences as to what these administrators and their departments have attempted during the epidemic with only three similarities emerging from the administrators. As is the most recent and probably well-known approaches, Naloxone was mentioned by four of the administrators. Two responses included mentions of the Good Samaritan law, while two more responses touched on working with other agencies. Other than these similarities, the true approaches and policies ranged from one administrator to the next. Responses included using input from the department's officers for approaches and policies to documenting overdoses, using neighborhood outreach, giving treatment referrals, forming a quick response team (QRT), paying for IDs for Medicaid, working with the local Post Office, and having only paramedics administer Narcan. While it was refreshing to see the different approaches and possibilities, it was also somewhat concerning that there were so many differences in the same fight against opioids. These differences in responses show just how difficult this fight has been and how some administrators are willing to attempt a variety of possible approaches. Administrator 1 showed how a majority of their policies and approaches come directly from the department's officers:

“All right. And you know, a lot of our stuff, a lot of our policies come from the patrol officers. We being smaller, our officers do criminal investigations, they do drug buys or they, they do everything. I mean, they get to be a jack of all trades. And we do have a detective bureau, but we have four guys. Yeah, so you know,

the Detective Sergeant will theme what's high priority for detectives to take and what officers to investigate. So our officers investigate a lot of stuff. And again, our officers are on different commissions and boards, because we think it's important they understand. You got to be able to see the forest through the trees. Yes, we need to be able to see the big picture. So they propose a lot of things. Like when we first put the Narcan policy together, there were some things procedurally and operationally that just wasn't, they weren't working. So, we adapted and changed our, our operational plan. So pretty much what I told you, but I mean, our officers have had a lot of input. Because honestly, once you get up, you know, sitting behind a desk, really lose the feel of the street.”

Administrator five’s response showed how many administrators and agencies are willing and have attempted various approaches due to the difficulty with the opioid epidemic: “So from everything from, you know, mass incarceration to and just street diversion programs, I think everything has been considered, but I think we're really looking for is more of an advocacy-based approach.”

Interview Question 12

What groups pose the most influence over your policy decisions? This question showed a lot of similar themes as responses fell into only a few areas. Four of the administrators mentioned their health board or coalition, one stated their community, and four of the responses indicated they they/themselves, their officers or department as a whole posed the most influence. Administrator 3 stated local drug coalitions posed a

great deal of influence over his decision due to the amount of money they had to address the problem:

“And I think they do have pretty decent programs, but you saw a lot of these coalitions come to life and they really pushed especially not so much policy from like, how do you deal with people with heroin? I think they're you know; I know there's some things out there were drug court and stuff where early on in this if we caught somebody with heroin it was a felony now it's kind of like it's like we treat it more like probably what you would remember as pot. Yeah, you know, very little pot at times we'd say grind it up in the ditch, it wasn't even worth the effort of sending it off to the lab and doing all that crazy stuff. So, it's much more mainstream and why I think probably more accepted now. The jails don't want them, the courts don't want them, so you know if they are cooperative and we can just destroy the stuff I mean, it's basically a drug paraphernalia citation and on with your life. We get to them financially, hook their car, write a ticket and we don't make a big deal about it like it used to be but I think a lot of that just came from the drug coalitions and these coalitions were very powerful especially at the state, county level with these people are not criminals don't treat them as such. And that that kind of changed the landscape I think so but yeah, we got a lot of pressure from coalitions.”

Interview Question 13

Do you personally have a/any suggestions that you believe would assist in turning the tide in the opioid epidemic? With ten administrators, there were nearly just as many

themes that arose from the responses to this interview question. These themes included funding, and within that specific theme the administrators indicated they would like to see funding for prevention, counseling, and drug treatment programs. Furthering the last point on funding programs, many administrators indicated that there is a lack of availability for the programs that are out there. There are only so many “beds” at these facilities and there is a greater amount of people needing help so it is as if they are competing to get help for those who need it and help is more so a game of chance with bed availability rather than need fulfillment. Other suggestions included putting an emphasis on prevention, reducing physician’s ability to prescribe opiates in treatment and also supply. Providing resources, creating opioid diversion officers, giving more information to the public, and providing more training/education to not only officers but also to administrators were other suggestions. The last few responses included a suggestion to give different sentences for drug traffickers and also to have sanctions for users who do not follow up with treatment once they have had an incident with law enforcement. Some of the responses to this question include the following: Administrator 5 stated,

“Well, I think we have to address it in time and space. Just because I disclose I personally believe that this opiate/opioid epidemic continues to change. And we're on the forefront of the poly substance abuse. So, I think we really need to get ahead of the game and start pushing out more public information about that, and maybe ways to get more people into treatment.”

Administrator 9 offered,

“Yeah, one is we have to give officers a better understanding of what addiction is. There's this belief that addiction is willpower and a moral failing. Science shows, medicine shows that it is a physiological change to the body in the brain, the brain is rewired. There's no way over on the science, I think if we understood that we would have a little bit more compassion towards it with again, I'm going to go back to this important word that would be used in the medical setting, but not law enforcement. But it explains why we get call after call; it is a chronic condition. We have empathy for those with alcoholism, diabetes, smoking. But we look at this addiction differently, because it's a quote unquote, illegal, get the effects of the same on the body and the mind. If we educated officers better, they knew that it was a chronic condition, done on average for opiate use, or take seven, eight times to get to rehab, it takes one to three years for the brain to actually be rewired. I think we would have a better response and a more effective response from law enforcement. So, educating what addiction really is crucial.”

Interview Question 14

How familiar are you with harm reduction strategies? Simplifying the themes for this question boiled responses down to themes of not very, somewhat, and very familiar. Three administrators' responses fell within the not very theme, one in the somewhat, and six into the very familiar theme. Administrator 5 stated, “Fairly, if you want to speak about that I certainly can adjust. I mean, it's a strategy where I think if officers are using, like discretionary authority, the funnel point to divert substance abusers to community-based programs, where they receive treatment or other services in lieu of criminal

prosecution.” One of the responses to this question brought forth information not previously considered. Administrator 8 stated one of the reasons many departments are hesitant to use harm reduction strategies is due to union pushback.

“But, the other piece, and this is sometimes you don't think about is unions oftentimes getting away from LEAD. Because if I arrest you at the box store, that's three hours court time You know, if I don't arrest, you don't get court time. So you know, that boat, in my driveway might be paid for by my court time. And if I'm on day shift, and I'm getting three or four of those a week, that's 15-20 hours a week that you know, I'm gonna end up with court time, that's extra money. That's what helps pay, you know, so then I heard especially in the large cities, you know, because I was in a conference, and we had this conversation, and we're sitting at the table, and it got like, the usual never buy this. And it was a big city police department. And I'm, like, interesting. So, you have to decide operational philosophy, in best service to the community based on whether the union's going like it or not.”

The other administrators who fell within the somewhat and not very theme were honest in their replies and this showed another possible avenue where information could be provided to them for future educational purposes. In some of the interviews where the administrator stated they were not very familiar or somewhat familiar, our conversation shifted and this researcher would list some common harm reduction strategies and from there it was apparent that the administrator was familiar with these strategies but, they

were not familiar with an operational definition of harm reduction strategies and what could be classified as a harm reduction strategy such as those listed in chapter two.

Interview Question 15

What familiarity do you have with the LEAD program? Responses to this question were themed as none, some, and very familiar. Seven of the ten administrators' responses were themed into the very category and three responses were themed into the none category and no responses were themed into the some familiarity category. Several of the administrators spoke on programs that were being used in their jurisdiction that were not labeled as LEAD but, they operated on the same or similar principles.

Administrator 1 responded with,

“And basically what it is, is, again, you get kind of couples with the law of, you know, your first shot, first bite at the apple, you don't have to worry about, I guess, fines and things like that as long as you complete and go through the counseling and all that kind of stuff. So and basically what it is, is coping strategy, harm reduction strategies, like you said, and then there's a person there that kind of monitors you almost like a case manager, it makes sure you go to your counseling and your treatments and things like that.”

Administrator 4 offered,

“I would say in 2015, our county prosecutor set up and then you know, state of Ohio has a law that deals with diversion and everything. But our county prosecutors set it up. And initially, the officers were filing arrest packets on everybody and sending them to the court. And I want to say that that lasted for

about two and a half years. But I don't think the court was acting on them. And I don't think they had a lot of response from the person. The victim in the field coming back to the court. I mean, a very small percentage. But I like I said, I think our officers are doing diversion at the point at the point of contact at the point of service in the field, so we're not arresting people, under most circumstances. We're trying to provide them resources and only arresting for things like I said, child endangering or if they have overdosed repeated number of times.”

Interview Question 16

Would results from the LEAD program affect your current or future policy decision making processes? The administrators’ responses to this question were themed into either yes or no with nine of the participants’ responses themed into yes and only one into the no category. Instead of focusing on how the nine administrators were in support of learning about the LEAD program results, the singular no response deserves more attention as it shows some of the antiquated mentality that has made the fight in the opioid epidemic so hard. Administrator 2 responded to this question with, “I don't think so. I don't think we'll be doing anything Seattle PD does.” Not only does the response show an unwillingness to at least use findings from another department but, the delivery of the response was very quick and this researcher could tell through the administrator’s voice that they were totally opposed to such a suggestion.

Interview Question 17

How open are you to alternative strategies rather than arrest and incarcerate strategies commonly used against the opioid crisis? Of the ten responses, nine were themed into the very category and one response was themed as somewhat as this response from Administrator 2 showed skepticism: “So I'm not opposed to them. I'm skeptical. Their effectiveness in our jurisdiction has been proven to not be effective at all.” In the very open theme Administrator 3 stated,

“Oh, absolutely. And I always want to work smarter, not harder. I don't want to have to develop something like that. But if I can take more portions of and adapted to us, yeah. Yeah, I'm all in. I'm definitely not one to look away from it.”

Administrator 6 gave a response that showed the gravity of the opioid crisis:

“Yeah. I think anything that we can do to provide another tool in the toolbox. Because I'm not sure that arresting is always the answer either, right? And then that one that we can't arrest our way out of the problem, it's not going to change. So having our options and alternatives is, to me a better approach. And if we can get services to support that, I think we're better off.”

Interview Question 18

Do you use any form of research or results to guide your policy making process? Nine of the administrators' responses were themed into the yes category while one response was themed into the don't know category. Administrator 9 gave great insight into the research and results from his department and also a key point about research in general and how success is defined. While numbers were reducing, his department still

saw regular overdoses and deaths from opioids so, he talked about how they struggled with defining success.

“I struggle with success. And it's one of the biggest hurdles we face. And I was just giving a talk about this as I sit in these meetings in here, that a certain individual group or program is 70,80, 90% successful. But on the back end, we still have 50 to 70 people overdosing every week, 432 people died. Again, that's actually an 11% reduction, or still twice as high. So, it's hard when we struggle within the coalition about defining success. So that's hard for law enforcement. And all I'll put it directly towards law enforcement, it's hard for us in law enforcement to agree with that, that success. If you're still dealing with the same person, they still overdose, if you don't understand what addiction is, or how that education works. So, I think that one of the things we've been careful with the coalition, but it's still been a problem is it's actually backfired on us using the word success, because QRT will say that they're 80%, successful treatment. I've been in meetings where they say there's 70% successful talk to a street cop that just watched the person overdose for the fourth time, and numbers are now dead. For family and they don't see that.”

Administrator 8 also brought up points that have been seen in law enforcement research for some time now. First, research has shown law enforcement to be a difficult group to study in the first place and as Administrator 8 showed in his response, when he takes officers out of the field to participate, that takes away from services they can or

need to provide. Second, also supported by previous research, law enforcement is apprehensive to bringing “outsiders” into and behind the thin blue line.

“What's funny you say that because probably not to the extent that you think the research and results is just basically saving a life. And, you know, early on I had a partner would say, you need to connect with the university, you need to connect with them. Like, I don't have time. And I had, you know, universities call and want to get info like, why do you care about what, you know, your college from Northeast Ohio? Why do you care what I'm doing down here? What is it? What is it going to benefit me? And at the time, it was like, you know, I appreciate you, I respect that, but I can't pull my team off the street to sit around and spend time with you because if they're not, if they're with you, they're not on the street. My parameter or my measure of success is saving lives so I have but I absolutely understand as we've evolved, the importance of science and research and supporting that is funding and more and more funding is in here. We need to be able to tell the story to the funders.”

Interview Question 19

Please describe how you came to your current policies and practices regarding the opioid epidemic. This question showed how these administrators are looking towards what other departments are doing, they are attending trainings and conferences, and others are looking for best practices while also reviewing research and old policies to update them as needed. Administrator 5 stated,

“Test and time to be honest with you, you know, we were at the forefront of this, it was all about criminal prosecution. But you know, as the program grew worse, and more and more people were affected. I think it's like I said, it just really pushed us the direction of treatment and adopting this additional response team.”

Administrator 7 replied,

“You know, I, let's see, let me think I reviewed all policies when I when I took over this role in dealing with some, you know, responses to overdoses and such, they weren't up to date, let's say. So that's when I looked at other policies, of course, and, you know, I like to see how, with a lot of things, I mean, we all share, we're all dealing with, we're all police departments and, some higher volume and such. And then I think I may have looked at IACP as an example, pretty helpful, of course, and then, sat down with my Sergeant that writes the policy and said, Hey, what's best here?”

Administrator 6 showed how even though his department was overwhelmed with the epidemic, it still noticed those around them were greatly impacted and they wanted to get ahead of the crisis.

“Recognizing that even though we are not seeing a lot of it, even though maybe our demographics don't necessarily match up with the users to sit around idly and think that it's not going to affect you doesn't make sense either. And I would say a lot of what was going on around us, that's what drove us to be a little more proactive and thoughtful in our approach to it. As I said, a number of years ago, that led me to believe that at least at a local level, there was an interest in this

topic and looking to find solutions and educating people on doing things. And those probably are the two biggest factors.”

Interview Question 20

What do you believe is or should be the most important factor when making your policy agenda? This question revealed a number of different factors such as what would be assumed as a very common response, satisfying the public, and then other more recent factors such as collaborating and working with other organizations. Other factors were resources and funding, if it is making a positive impact, efficiency, the safety of those involved and the community, and if it is helping. Administrator 5 gave several points on all of the different areas a policy agenda can affect;

“You know, that's probably the hardest question to answer. Because, you know, policies, they set expectations for, truly in a professional and ethical conduct, they also have to be in line with laws and best practices, case law. But you know, I think ultimately, you have to see the forest through the trees and make sure that what you're ultimately doing is truly affecting something that helps the communities. You know, but at the same time, it's challenging, especially with this epidemic is, yeah, I can lose volume from my officers, if I'm making a lot of policy changes. You know, because if I'm constantly changing these things, with the one they're not going to know what to do, and until that the meaning being lost, it's just another change. So, it's trying to get it right, making sure it's being done for the right reasons, but getting it right the first time.”

The response from Administrator 8 also showed how he was reflective of himself and how leading by example is key instead of just dictating other on what to do.

“Well, we got to take care of our officers and take care of our community. You know, our first responders are on the frontlines, you got to give them a reason to understand why we do what we have to. Communicate the why, you know, we don't just, if we're going to change culture, and change attitudes, whether it be with the opioid crisis, or mental health reform that everyone's asking for, they have to understand why we're serving, we have to continue to educate them, and understand that cynicism is going to come through time. And we get tired, and we get tired of getting beat up and all these things, but we're professional, and we have to stand above and rise above it. And it has to be set, the tone with the leader. And but we have to be involved in they have to know that we care enough to sit, meet, talk, engage, not care whether you got you know, 150 or 200,000, or whatever you have to your office, you have to know that you're in the fight with them. So that's to me, that's the biggest thing is you have to be you can't just dictate through email, you can't just stand on high and just tell people you're going to do, you have to lead you actually need to lead.”

Interview Question 21

Do you think there is a joining of the political, policy, and problem areas that has occurred in your time as an administrator? Seven of the administrators' responses were themed as yes, two as no, and one as somewhat. Administrator 9's response showed an appreciation of how these came together to assist in the fight against opioids;

“I think that was a big shift, to changing how we view and deal with addiction. And it's been a tremendous help for us. It has saved lives, we would be much worse than where we are now. But I think it's given us as law enforcement, a better approach and a more effective approach to deal with chronic social, criminal justice, health issues. And I think what has really helped was it took the burden of all these chronic social, criminal justice, health issues off of our shoulders, and now we can share them with others and find better approaches. So, the coalition has been a godsend, and of all my things in my career, that is probably the most proud I am to have been involved in that and getting that launched, because it really did take this burden off of us, and allowed for us to be better at what we do.”

Administrator 6 saw a joining but stated this joining was disjointed.

“I would say it's a disjointed merge. I think that everybody sees the problem. The politicians see the problem, police see the problem, society sees the problem. But I wouldn't say that we're all working collectively to solve the problem. I think we're all working individually to solve the problem. Sometimes those policy decisions or changes in laws have a positive effect. But we're not working hand in hand or lockstep and looking at how we can address these issues. Yeah, the most promising thing I've seen at the local level is this program that I was talking about. Because we are in conversations with facilitators, other law enforcement, people are at the county level, people on mental health.”

On those who stated a joining did not occur, Administrator 10 stated the following,

“No, politicians throw money at issues and do not reasonably reach out for law enforcement for input. Unfortunately, monies are easily taken by third party vendors and when it runs out, so do any and all programs associated to it.”

Interview Question 22

What difficulties do you perceive in collaborating with other agencies and organizations to come to a consensus on policies relating to the opioid crisis? The final interview question showed a number of themes of what these administrators thought are, or could be difficulties when working with others in the opioid epidemic. Included in these themes were if there was/wasn't a shared goal/vision, understanding what the problem is (or agreeing what the problem is), access to common resources, different needs of each agency/organization, the difficulty with who exactly wants to be in charge, agreeing on a timeline, and how there can be different views. Administrator 4 gave a response that indicated a need for each agency/organization to know what is expected of them and what to expect from the other agencies/organizations:

“Who wants to be in charge? I get that. But what we've done is we stayed in our wheelhouse. Yes, we did put the officer out in the field for a while with the social worker, but the officer was still a police officer in uniform doing what police officer does. Now I know when they go up, knock on the door, a lot of people don't like to answer the door for a police officer. So that was difficult. But I think you have to stay in your own wheelhouse. And if you're doing your part, and the

you know, the rehab centers doing its part, hospitals is doing its part and everybody understands how each one of us is going to respond. That's a different part of it. And I do, as far as I know, our dispatch center is still calling the rehab center, each time we have an overdose, they have someone assigned, working. So, we send out our officer they call the rehab center, they can respond, they know who it is going to be who's at the hospital, they know how long it's going to, they're going to be at the hospital, because they've worked with the hospital, they also have a space there where they can go and respond to them. We know what the expected time that they're going to spend at the hospital is...”.

Administrator 1 responded to this question in a fashion that was very methodical in how his department approaches the collaborations and the process they go through.

“When you have a lot of entities, sometimes, you have to first determine what it's like running an organization, these individual collaborations, what first is the vision. So everyone needs to agree on what your vision is, what are we trying to do? In this circumstance, we are trying to keep people from becoming addicted, and help those that are addicted. We just want to do, simple, just off the cuff here, then what you need to do is the mission, okay, what's the mission of this collaboration. And then once everybody knows what the problem is, and knows what the mission is, then we try to work together to solve a solution, you know, come up with a solution, or at least action steps to try to achieve your goals. So, I mean, I think what you need to do, is that you have to, it depends upon your personalities that you have people involved in, that's one of the, they talk about

when you do a SWOT analysis. Establishing that and having some sense of what our goal is, is important, because what will happen is as you start getting in a pissing contest, yeah, especially if you have people with big egos, and they want you know, I want this all to be mine. Because on the paper, I want to be the one to look good. Right. And when you have that, it's good to have more of a diplomatic approach in which I tend to find myself as more of a mediator to bring people back to remind people, you know, what's our commonality? What are we all trying to achieve here? We all want to help people and solve this problem. So, we need to work together to make that happen. And I think when you're open and honest, like there's some times where some of the work with our mental health partners, some of the things they want us to do would compromise officer safety. And that's one where while I'm not going to be able to do that. However, is there something that we can do to work together to where I believe in the power, or we can do both, we can achieve both goals and still solve our problem. So, I would say territorial territorialism, some ego issues.”

Summary and Transition

This chapter showed responses from ten different law enforcement administrators from different law enforcement agencies around the Midwestern United States regarding various aspects of the opioid epidemic. Responses from these administrators show similarities in many respects and also some differences that will help to better inform the general public, various levels of politics, other administrators, and researchers. Much is unknown about the opioid epidemic and strategies are still being considered and

implemented in various parts of the country and the world. While this battle has taken place for some time now and has evolved in both the type(s) of opioid being used and the users of these substances. Lives are lost on a daily basis and much research still needs to be done to help combat this current epidemic. The administrators that participated in this study represent a wide range of agencies, populations served, and area of jurisdiction. These administrators defined their agencies experiences with the opioid epidemic, defined what they thought was the factors that contributed to the crisis, and covered many areas of perception and experience regarding the opioid epidemic. Without the rich, descriptive information these administrators provided, many, including the public, researchers, academicians, and those in politics, would still guess or assume the answers to the questions these administrators answered. Like in all epidemics, those on the outside attempt to understand what is happening and how it affects those on the front lines. The firsthand information these administrators gave furthered our current understanding and also gave insight as to what possibilities and suggestions those leading the legal battle against opioids are thinking.

Applying Kingdon's theory to the law enforcement administrator's experiences with the opioid epidemic showed yet another example of how applicable and descriptive his theory can be to yet another area. Data collected from these participants directly showed aspects of the problem stream including past, present, and even future possibilities of what these administrators have, are, and possibly will be facing. The information from these participants also showed their experiences with the political stream and how as their political atmospheres were similar and supportive through this

crisis. This same examination showed how difficulties can arise when the public sentiment differs from political leanings. Another key piece of information gained from these participants was that no single self-interest group have approached them to offer suggestions or written possibilities and this is somewhat concerning. Encouraging information included the fact many local health agencies/departments have and are collaborating with these law enforcement agencies to assist in the opioid crisis. As chapter two covered, harm reduction strategies originated from the healthcare field. The policy stream data collected showed a very micro environment these administrators are experiencing even with the variations in populations served and locations of jurisdiction. These administrators also showed a good deal of knowledge on harm reduction strategies, the LEAD program, and their receptiveness to alternative strategies and the use of research to guide their policy making process. Lastly, these administrators also showed that a policy window had opened and the three streams had, at least for the majority, come together to assist in this fight. While no clear-cut answers exist as to what will be the best route of action, this information these administrators provided gave great insight and possibilities on where we may go next.

Chapter 5 will summarize the findings of this study and provide recommendations for future research. Also presented in chapter will be this study's limitations, recommendations, implications, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative case study explored law enforcement administrator's experiences with the opioid epidemic through the foundation of Kingdon's multiple streams framework. The purpose of this study was to examine what facilitators and what detractors law enforcement administrators experience within the opioid epidemic and their use/non-use of harm reduction strategies such as the LEAD program. Findings from this study showed aspects from the problem, policy, and political stream of Kingdon's theory as well as receptiveness to harm reduction strategies and the LEAD program. Last, this study showed how a policy window has opened and the time is right for policy enactment to occur.

No previous study has examined the opioid epidemic from the viewpoints of law enforcement administrators nor applied Kingdon's theory at the level and area of state and local law enforcement. This study has contributed to several areas of knowledge that can assist various actors and fields to further understand the epidemic, law enforcement administrators' experiences, and possible plans of action to implement in the future. This chapter will show an interpretation of the findings, while listed limitations, recommendations for future research, and the implications of these findings.

Interpretation of Findings

Research Question 1

What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis? As an overarching research question this allowed me to see, from the administrator's viewpoint and experiences, just what they believed

helped and also hindered them in the opioid epidemic. With the first interview question asking about experiences, it was seen that just as the literature already points out, the epidemic is ever-changing and what started off as a prescription opioid problem is now a heroin and synthetic opioid problem. The administrators revealed in Interview Question 2 that they believed the factors that contributed to the epidemic the most included overprescribing, how the public has different viewpoints on how they define addiction, and that it is hard dealing with the mentality that addiction is not a medical condition. The administrators also perceived the problems with opioid users transitioning from one drug to another. While some administrators revealed that some of the users they deal with had started with opiate based drugs and moved onto other types of drugs like methamphetamine, most stated the users they deal with started with prescription opiates and then transitioned to cheaper and more readily available opioids. They used their direct experiences to define the epidemic which helps paint a clearer picture from their vantage point instead of assuming they must think it is one way or another. Last, Interview Question 5 revealed that an overwhelming majority of these administrators have changed their perception of the epidemic and their policies geared to combat it.

Research Question 2

What facilitators and detractors do law enforcement administrators perceive in the political stream of the opioid crisis? This research question showed, as Kingdon proposed, that areas such as national mood, political party turnover (executive or legislative), government phenomenon, and campaigns from advocacy groups (Beland & Howlett, 2016; Ritter et al., 2018; Winkle & Leipold, 2016) can influence and impact

how these administrators can and do carry out their jobs. First, Interview Questions 6 and 7 showed how there can be differences between the political and public atmospheres regarding an issue. When an administrator has political groups or politicians demanding or desiring one thing from them and their public constituents wanting another, this makes it very difficult for these administrators to develop and carry out a plan of action while attempting to appease both sides. The political atmosphere in these specific administrators' jurisdictions was labeled as liberal but also supportive of the actions and policies these administrators had attempted and were attempting during this epidemic. While the public sentiment was described as more conservative, many of these administrators indicated that those perceptions have changed and are a fluid state that can and are still changing. These administrators also indicated that no specific self-interest groups had approached them or offered them any alternative approaches, more specifically, none offered in writing, possible policies for these administrators to, at minimum, review. Although some administrators indicated that their local health department had collaborated with them to develop strategies, this shows how localized the problem still is. This can be related to older law enforcement mentalities of "not in my backyard" to a certain extent as these administrators and their departments are struggling to address just what is within their jurisdiction while others around them may be seeing an influx of problems as it moves from one area to another. While one specific administrator noted his department borders a very large Midwestern city, he indicated a lot of his opioid related problems are from persons traveling to or from that large city and are not so much directly within the population of his jurisdiction. The final interview

question for this research question also revealed a key point in interpreting these findings. None of the participants have or are using the opioid epidemic to gain or keep their position. There are a great deal of crimes and problems law enforcement must deal with so it may be that these administrators view this epidemic as a problem but not as one that will keep them or gain them an administrative law enforcement position. Chiefs are generally selected by mayors and Sheriffs are elected, while assistant Chiefs usually work their way up through the ranks to obtain their positions. As only one administrator came from a Sheriff's office, it could be that using the opioid epidemic as a standpoint is inconsequential in this process of gaining these positions. Chiefs may have to answer a question or several about their thoughts on the epidemic during the interview process, but it may not be the deciding factor on if they get the position.

What facilitators were seen in the political stream by these administrators?

Support from the local public and politicians were indicated as something that made these administrator's approaches and policies something easier to accomplish. The lack of support from either of those areas could be listed as a detractor as was seen with the one administrator who lost a previous Chief position due to opposition and lack of support from certain persons and how several administrators indicated public sentiment varied from political sentiment. It is difficult to state with certainty that lack of input from self-interest of public health organizations is a detractor. It would be easy to state input from these groups could be beneficial (and therefore a facilitator) as it would give the administrators more information and alternative viewpoints. Due to the lack of input from

these groups indicated by these participants, it seemed to not have an effect one way or another.

Research Question 3

What facilitators and detractors do law enforcement administrators perceive in the policy stream of the opioid crisis? The policy stream includes ideas, possibilities, and outputs from experts all deemed to be possible solutions or, policy ideas (Beland & Howlett, 2016; Winkle & Leipold, 2016;). The interview question used for this research question allowed me to see what has been done, what ideas have been given the most attention, who put forth those ideas, and also what these administrators suggest as possibilities. As far as policy affect, these administrators were uniform in stating more of the micro level impacted and were at the forefront of what impacted them listing local and state initiatives while no federal policy was mentioned. The most common policies included Good Samaritan laws and pill-mill legislation. While these administrators served varying sizes in population and also areas of jurisdiction, one could see what they responded with was at the local level. This research question also revealed that there have been a number of suggestions and actions proposed and used during their time as administrators and that they still have suggestions and ideas as to what they believe should be done next. What has been done included using officer input, documenting overdoses, carrying and administering Narcan/Naloxone, creating neighborhood outreach programs, enacting Good Samaritan legislation, giving treatment referrals, creating quick response teams, collaborating with other agencies, paying for ID's for Medicaid access, and working with local post offices to intercept opioids. On the other side of this, these

administrators indicated they would like going forward for more education to be available to themselves and their officers, funding for programs that covered counseling, prevention, and treatment, reducing physician's ability to prescribe opioids and also the amount they can prescribe, training and implementing opioid diversion officers, providing the public with more information on opioids, and lastly giving increased sentences to opioid traffickers while giving sanctions for user who do not follow up with treatment. Seeing how none of what has or is being done was similar to what was suggested, this indicates a desire to change and try alternatives.

Research Question 4

How receptive are law enforcement administrators to using harm reduction strategies like the LEAD program in their department's approach to the opioid epidemic? The responses from the administrators showed a desire to learn more. These administrators wanted more information, more data, and were more than willing to seek out alternative approaches. A majority of these administrators were familiar with harm reduction strategies, were familiar with the LEAD program, indicated that results from LEAD research could affect their future policy processes, that they were open to alternative strategies rather than continuing the arrest and incarcerate cycle, and that they used research/results to inform and guide the policies. While all of this was very encouraging, there is alternatives to consider. These participants may have volunteered for this study as they were experienced with the opioid epidemic and were already using research and harm reduction strategies so, their responses may not be reflective of the larger law enforcement administrator population. Also, as noted in chapter two, the

Midwestern United States has suffered and been more impacted by the opioid epidemic than any other part of the nation. This too needs to be considered as to their responses as the notion exists that their need for alternatives is far greater than other agencies. For example, one of the administrators indicated that his department responds to an average of one overdose per day and this is actually a drastic improvement from before when they were seeing multiple per day, every day. There was also the glaring response to interview question sixteen when one administrator adamantly stated they would not do anything that Seattle PD was doing. There is still a stark difference of attitudes and opinions on the opioid epidemic and what people believe should and should not be done. Overall, a major majority of the law enforcement administrators are receptive to harm reduction strategies and implementing them while using results from practices other departments are using to help in their fight in this epidemic.

Research Question 5

How did the political, policy, and problem streams come together to affect the decision agenda of law enforcement administrators? This research question gave great insight to what these administrators have and are experiencing within their fight against the opioid epidemic. This final research question also showed a “mapping” of how they came to their current policies, what they believed was/is the most important factor(s) in making a policy agenda, if they thought there was a joining of all three streams (political, policy, and problem), and lastly, the difficulties they perceived and experienced in collaborating with others and coming to a consensus. When examining how these administrators came to their current policies, it was seen that most attempted to

incorporate trainings or seminar information they had experienced while also reviewing what other departments are doing. Some reviewed existing policies and merely updated them while others searched for best practices through experience and then applying them to policies. The most important factor(s) these administrators perceived when making their policy agenda included a majority trying to satisfy the public as their top factor. This was followed next by working with other organizations and finding ways to collaborate. The collaboration became a major theme not just for this research question but also for others as this showed how complex the opioid epidemic is and that law enforcement alone cannot right the ship by themselves. Other factors noted were the availability of resources and funding, if it would make a positive impact, the efficiency, the safety of officers, and lastly, if it would help others. When asked if they believed if a joining of the political, policy, and problem had occurred in their time as administrators, a majority indicated that it had and then explained how this joining occurred. A small percentage of these administrators did not believe that this had occurred during their tenure while one believed it had somewhat occurred but was disjointed. The perceived difficulties these administrators listed when collaborating with other agencies/organizations included if they could come to a shared vision/goal, coming to an understanding of the problem, the availability of common resources, deciding who wants to be in charge, agreeing on a timeline and the problem, and lastly, that there were different viewpoints. Kingdon's theory called the joining of these three areas as a policy window and stated that it was like a perfect storm for all three to come together that allowed the opportunity for policy to be enacted. The interview questions used for this research question informed this

researcher as to how these administrators came to their current policies, what they believed was the most important factor(s), what difficulties they perceived in collaborating which gave insight into what could assist law enforcement administrators when working with other entities, and also allowed these administrators to say if they thought the perfect storm had occurred to allow for policy directed towards the opioid epidemic. As can be seen through their responses, these administrators believed a joining of the streams had occurred and although struggles have and are still occurring in this fight, some progresses have been made. These administrators have shown that while steps have been made in the right direction and some lives have been saved and turned around, there is still more work that needs done and further collaboration that needs to be accomplished. Their beliefs on what should be the most important factor(s) should help other administrators, politicians, and the general public as to what they have experienced and what they see as top priorities. While satisfying the public was a majority answer as the most important factor, responses for research question two revealed that often times there is an incongruence between what the public desires and what politics/politicians desire and their mindsets. This revelation is somewhat worrisome although these administrators did not see, in their experiences, that this could not be overcome. Another point to be considered here is that while these administrators believed there was a joining of these streams, there has been no substantial policies passed on a grand scale other than departmental and a few at the state level. This shows a continuation, especially at the federal level, of antiquated practices and beliefs that will continue to slow the progress

with the opioid epidemic. Questions still exist as to why no federal legislation has address the opioid epidemic other than arrest and incarcerate.

Limitations of the Study

Chapter 1 listed the possible limitation of the population to be used in this study and how applicable that population would be. As noted in Chapter 2, the Midwestern United States was chosen due to the fact that this area of the country has suffered the most during the opioid epidemic. While there are twelve states in the Midwest, not even half were represented through the participants of this study. As previously noted, the receptiveness of participants was abysmal. Over 1,000 departments in the Midwest were contacted and of those, only the 10 participants and less than five others responded to the solicitation. While a broader reach through those twelve states was not met, the participants that were in this study represented a very diverse population in the area they served, the population within their jurisdiction, the type of area their department patrolled (urban, rural, suburban), and the size of their department. Due to this diversity and the fact these administrators all serve within the Midwestern United States, it is applicable to state their responses can project onto the larger population of Midwestern law enforcement administrators. Being a case study, the results of this research are meant to show a specific group within certain parameters and the participants of this study satisfied those parameters.

Recommendations

Future research recommendations cover a number of areas. First, future research should explore the projectability of the findings of this study. This research should

explore not just the Midwest again but also other areas of the country (West, South, North, etc.) to see if the administrators have similar experiences, perceptions, and suggestions. Other recommendations include exploring more in-depth the other areas of Kingdon's theory on this same topic. Researching the political area including mayors, governors, and so forth would show another side to this epidemic and what their focus is. The general public also shows great possibilities as to what findings may come forth from researching them. While the Covid-19 pandemic hindered the data collection of this study, it may be worthwhile to revisit this topic once either herd immunity or vaccination covers a majority of the population. There is still much to be learned about and from the opioid epidemic and other possibilities include researching opioid users and their interactions with law enforcement agencies that do provide harm reduction strategy services as this area does has some previous data collected from research about the LEAD program. Lastly, after dissemination of the findings of this study, future research should also examine federal applications and reactions.

Implications

This study has the potential to reach individuals, groups, and administrators across the country. Law enforcement administrators from the Midwest and across the country can take the knowledge produced from this research and apply it to their policies and actions in the opioid epidemic. These administrators can also see the importance of collaborating with other agencies/organizations and start to make those connections or strengthen existing relationships to help in their fight against opioids. Politicians and the general public can also review this information and devise ways to connect and

communicate with each other about their desires and perceptions of the epidemic which will only help to gain further understanding and strengthen resolve to move forward. The understanding of these law enforcement administrators' experiences and perceptions gives comprehension and insight not previously known. While the opioid epidemic continues to destroy countless lives, families, and burdens the criminal justice system any new insight and alternatives provide possibilities for change.

This research presents the opportunity for policy makers to review the knowledge gained from these law enforcement administrators and reach out to other administrators to examine what they can do to assist in their fight. Legislators can also use this information in drafting bills and in disseminating information to their constituency regarding the epidemic. These same legislators can also be informed about the LEAD program and consider applications and implementing similar programs within the areas they serve. Policy implementation stemming from this research is one of the potential goals. The knowledge and information this research has produced should be used as a building block going forward.

Kingdon's multiple streams framework was the theoretical foundation for this study and has once again shown to be applicable to another areas of policy formation and development. Originally created and applied at the federal level. Kingdon's theory has been applied at varying levels of government and across a wide field of topical areas. Once again, as this study also showed, an understanding of the streams (policy, problem, political) and the aspects surrounding them shows how a possible policy window can be

opened and give all those involved information and ideas to create new policy and implement it for social change.

The rich data provided by the administrator participants should allow others to see just what they have and are experiencing within the opioid epidemic and just how complicated this fight has become. As these administrators offered what they believed to be the biggest factors and also detailed what they have done up to this point in time, they also offered ideas as to what they would like to see done next. It is this researcher's hope that these ideas are given legitimate consideration and implementation on a grander scale. This study has given insight into practices and potential that should not be ignored and those in the position to assist and to make change should use this information going forward.

Conclusion

The opioid epidemic is ever-changing and is not slowing down for the foreseeable future. New ideas and alternative approaches are needed drastically as the approaches and policies currently being used, at best, have only slightly slowed the problem. While other countries have openly admitted their shortcomings in the war on drugs and have been more than open to at least attempt alternative approaches, the U.S. has been slow to adapt what some believe are drastic or alternative policies. With an incarcerated population filled with drug users, dealers, and addicts, there is a need for change. The opioid epidemic has destroyed individuals, families, and even entire communities. As was indicated by several of the participants in this study, most practices were not started until a prominent member of their community lost a family member to opioids. There is not a

need to wait for death for us to take action. We can be proactive in this fight and learn from others. If a policy related to the opioid epidemic works elsewhere, what harm does it do to try and replicate that policy on a grander scale? Collaboration, education, and thinking outside of the box is the way forward in the fight against opioids and the time is now to band together and start making changes.

References

- Abdalla M.M., Oliveira, L.G., Azevedo, C.E., & Gonzalez, R.K. (2018). Quality in qualitative organizational research: Types of triangulation as a methodological alternative. *Administração: Ensino e Pesquisa*, 19(1), 66–98.
<https://doi.org/10.13058/raep.2018.v19n1.578>
- Akgul, A., Akbas, H., & Kule, A. (2019). Probation system in Turkey: An analysis of a public policy formation using multiple streams framework. *International Journal of Comparative & Applied Criminal Justice*, 43(4), 325–340.
<https://doi-org./10.1080/01924036.2019.1578673>
- Andraka-Christou, B. (2017). What is “treatment” for opioid addiction in problem-solving courts? A study of 20 Indiana drug and veterans courts. *Stanford Journal of Civil Rights & Civil Liberties*, 13(2), 189-254.
- Audemard, J. (2020). Objectifying contextual effects. The use of snowball sampling in political sociology. *BMS: Bulletin de Methodologie Sociologique*, 145(1), 30–60.
<https://doi-org/10.1177/0759106319888703>
- Au-Yeung, C., Blewett, L. A., & Lange, K. (2019). Addressing the rural opioid addiction and overdose crisis through cross-sector collaboration: Little Falls, Minnesota. *American Journal of Public Health*, 109(2), 260–262.
<https://doi.org/10.2105/ajph.2018.304789>
- Ayres, I., & Jalal, A. (2018). The impact of prescription drug monitoring programs on US opioid prescriptions. *Journal of Law, Medicine, and Ethics*, 46, 387-403.
<https://doi.org/10.1111/add.13860>

- Bacon, M. (2016). Maintaining order in the drug game: Applying harm reduction principles to drug detective work. *Police Practice & Research*, 17(4), 306–316. <https://doi.org/10.1080/15614263.2016.1175171>
- Bainbridge, L. (2019). Transferring 24/7 sobriety from South Dakota to South London: The case of MOPAC’s alcohol abstinence monitoring requirement pilot. *Addiction*, 114(9), 1696–1705. <https://doi.org/10.1111/add.14609>
- Bansal, P., Smith, W. K., & Vaara, E. (2018). New ways of seeing through qualitative research. *Academy of Management Journal*, 61(4), 1189–1195. <https://doi.org/10.5465/amj.2018.4004>
- Barry, C. L. (2017). Fentanyl and the evolving opioid epidemic: What strategies should policy makers consider? *Psychiatric Services*, 69(1), 100-103. <https://doi.org/10.1176/appi.ps.201700235>
- Barry, C. L., Kennedy, H. A., Gollust, S. E., Niederdeppe, J., Bachhuber, M. A., Webster, D. W., & McGinty, E. E. (2016). Understanding Americans’ views on opioid pain reliever abuse. *Addiction*, 111(1), 85–93. <https://doi.org/10.1111/add.13077>
- Bear, D. (2016). The need to create a narrative: Examining the justifications police used to target drugs in the lead up to the 2011 London riots. *Police Practice & Research*, 17(4), 317–328. <https://doi.org/10.1080/15614263.2016.1168598>
- Belackova, V., Ritter, A., Shanahan, M., & Hughes, C. E. (2017). Assessing the concordance between illicit drug laws on the books and drug law enforcement: Comparison of three states on the continuum from “decriminalised” to “punitive.”

International Journal of Drug Policy, 41, 148–157.

<https://doi.org/10.1016/j.drugpo.2016.12.013>

Béland, D., & Howlett, M. (2016). The role and impact of the multiple-streams approach in comparative policy analysis. *Journal of Comparative Policy Analysis*, 18(3), 221–227. <https://doi.org/10.1080/13876988.2016.1174410>

Beletsky, L., Cochrane, J., Sawyer, A. L., Serio-Chapman, C., Smelyanskaya, M., Han, J., Robinowitz, N., & Sherman, S. G. (2015). Police encounters among needle exchange clients in Baltimore: Drug law enforcement as a structural determinant of health. *American Journal of Public Health*, 105(9), 1872–1879.

<https://doi.org/10.2105/ajph.2015.302681>

Benfer, I., Zahnow, R., Barratt, M. J., Maier, L., Winstock, A., & Ferris, J. (2018). The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries. *International Journal of Drug Policy*, 56, 162–175. <https://doi.org/10.1016/j.drugpo.2018.03.032>

Bezrutczyk, D. (2019, September 26). *Opioid abuse in the Midwest*. Opioid Help.

<https://www.opioidhelp.com/epidemic/midwest-opioid-abuse/>

Bieler, S. (2016). Police militarization in the USA: The state of the field. *Policing: An International Journal of Police Strategies & Management*, 39(4), 586–600.

<https://doi.org/10.1108/pijpsm-03-2016-0042>

Bischoff, L. (2018, October 3). What is state issue 1 on the Ohio ballot this fall?. *Dayton Daily News*. <https://www.daytondailynews.com/news/what-state-issue-the-ohio-ballot-this-fall/eCgoD0oNgI8gGOU0DMi1HJ/>

- Blair, E. (2016). A reflexive exploration of two qualitative data coding techniques. *Journal of Methods and Measurement in the Social Sciences*, 6(1), 14-29.
<https://doi.org/10.2458/v6i1.18772>
- Bonar, E. E., & Rosenberg, H. (2014). Injection drug users' perceived barriers to using self-initiated harm reduction strategies. *Addiction Research & Theory*, 22(4), 271–278. <https://doi.org/10.3109/16066359.2013.838225>
- Brinkley-Rubinstein, L., Zaller, N., Martino, S., Cloud, D. H., McCauley, E., Heise, A., & Seal, D. (2018). Criminal justice continuum for opioid users at risk of overdose. *Addictive Behaviors*, 86, 104-110.
<https://doi.org/10.1016/j.addbeh.2018.02.024>
- Boddy, C.R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), 426–432. <https://doi.org/10.1108/QMR-06-2016-0053>
- Burke-Shyne, N., Csete, J., Wilson, D., Fox, E., Wolfe, D., & Rasanathan, J. J. K. (2017). How drug control policy and practice undermine access to controlled medicines. *Health And Human Rights*, 19(1), 237–252.
- Burns, R. M., Pacula, R. L., Bauhoff, S., Gordon, A. J., Hendrikson, H., Leslie, D. L., & Stein, B. D. (2016). Policies related to opioid agonist therapy for opioid use disorders: The evolution of state policies from 2004 to 2013. *Substance Abuse*, 37(1), 63–69. <https://doi.org/10.1080/08897077.2015.1080208>
- Camus, J., Sastre, M., Sorum, P., & Mullet, E. (2014). French people's positions regarding national policies about illicit drugs: A preliminary study. *Social*

Indicators Research, 118(3), 1191–1204. <https://doi.org/10.1007/s11205-013-0454-0>

Carroll, J. J., Rich, J. D., & Green, T. C. (2018). Reducing collateral damage in responses to the opioid crisis. *American Journal of Public Health*, 108(3), 349–350. <https://doi.org/10.2105/ajph.2017.304270>

Caulkins, J. P., & Kleiman, M. (2018). Lessons to be drawn from U.S. drug control policies. *European Journal on Criminal Policy & Research*, 24(2), 125–144. <https://doi.org/10.1007/s10610-018-9376-3>

Center for Disease Control. (2020, March 19). *Opioid data analysis and resources*. <https://www.cdc.gov/drugoverdose/data/analysis.html>

Cepeda, J. A., Beletsky, L., Sawyer, A., Serio-Chapman, C., Smelyanskaya, M., Han, J., Robinowitz, N., & Sherman, S. G. (2017). Occupational safety in the age of the opioid crisis: Needle stick injury among Baltimore police. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, 94(1), 100–103. <https://doi.org/10.1007/s11524-016-0115-0>

Chen, Q., Larochelle, M. R., Weaver, D. T., Lietz, A. P., Mueller, P. P., Mercaldo, S., Wakeman S.E., Freedberg, K.A., Raphael, T.J., Knudsen, A.B., Pandharipande, P.V., Chhatwal, J. (2019). Prevention of prescription opioid misuse and projected overdose deaths in the United States. *JAMA Network Open*, 2(2). <https://doi.org/10.1001/jamanetworkopen.2018.7621>

- Choo, S., & Wen, L. S. (2018). Baltimore citywide engagement of emergency departments to combat the opioid epidemic. *American Journal of Public Health, 108*(8), 1003-1005. <https://doi.org/10.2105/ajph.2018.304551>
- Connelly, L. M. (2016). Understanding research. Trustworthiness in qualitative research. *MEDSURG Nursing, 25*(6), 435–436.
- Copes, H., Tewksbury, R., & Sandberg, S. (2016). Publishing qualitative research in criminology and criminal justice journals. *Journal of Criminal Justice Education, 27*(1), 121–139. <https://doi.org/10.1080/10511253.2015.1109131>
- Council of Economic Advisors. (2019). *The full costs of the opioid crisis; \$2.5 Trillion over four years*. <https://www.whitehouse.gov/articles/full-cost-opioid-crisis-2-5-trillion-four-years/>
- Creswell, J.W. (2013). *Qualitative inquiry & research design. Choosing among five approaches* (3rd edition). Sage Publications, Inc.
- Cypress, B. (2018). Qualitative research methods: A phenomenological focus. *Dimensions of Critical Care Nursing, 37*(6), 302–309. <https://doi.org/10.1097/dcc.0000000000000322>
- Cypress, B. S. (2019). Qualitative research: Challenges and dilemmas. *Dimensions Of Critical Care Nursing: DCCN, 38*(5), 264–270. <https://doi.org/10.1097/dcc.0000000000000374>
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions*

of *Critical Care Nursing*, 36(4), 253-263.

<https://doi.org/10.1097/dcc.0000000000000253>

Davis, C. S., Carr, D., Southwell, J. K., & Beletsky, L. (2015). Engaging law enforcement in overdose reversal initiatives: Authorization and liability for naloxone administration. *American Journal of Public Health*, 105(8), 1530–1537.

<https://doi.org/10.2105/ajph.2015.302638>

Davis, C., Green, T., & Beletsky, L. (2017). Action, not rhetoric, needed to reverse the opioid overdose epidemic. *Journal of Law, Medicine & Ethics*, 45, 20–23.

<https://doi.org/10.1177%2F1073110517703310>

De Danieli, F. (2013). Counter-narcotics policies in Tajikistan and their impact on state building. *Central Asian Survey*. 30(1), 129–145.

<https://doi.org/10.1080/02634937.2011.554067>

Denzin, N.K. & Lincoln, Y. (2003) (eds) *The landscape of qualitative research: Theories and issues*. Second Edition. Sage.

Deonarine, A., Amlani, A., Ambrose, G., & Buxton, J. A. (2016). Qualitative assessment of take-home naloxone program participant and law enforcement interactions in British Columbia. *Harm Reduction Journal*, 13, 1-8.

<https://doi.org/10.1186/s12954-016-0106-1>

Dodson, Z. M., Enki Yoo, E. H., Martin-Gill, C., & Roth, R. (2018). Spatial methods to enhance public health surveillance and resource deployment in the opioid epidemic. *American Journal of Public Health*, 108(9), 1191-1196.

<https://doi.org/10.2105/ajph.2018.304524>

- Espelt, A., Villalbí, J. R., Bosque-Prous, M., Parés-Badell, O., Mari-Dell'Olmo, M., & Brugal, M. T. (2017). The impact of harm reduction programs and police interventions on the number of syringes collected from public spaces. A time series analysis in Barcelona, 2004–2014. *International Journal of Drug Policy*, *50*, 11–18. <https://doi.org/10.1016/j.drugpo.2017.07.033>
- Exum, J. J. (2019). From warfare to welfare: Reconceptualizing drug sentencing during the opioid crisis. *Kansas Law Review*, *67*, 941–959.
- Farooq, S. A., Rasooly, M. H., Abidi, S. H., Modjarrad, K., & Ali, S. (2017). Opium trade and the spread of HIV in the Golden Crescent. *Harm Reduction Journal*, *14*(1), 47. <https://doi.org/10.1186/s12954-017-0170-1>
- Farquhar, J., Michels, N., & Robson, J. (2020). Triangulation in industrial qualitative case study research: Widening the scope. *Industrial Marketing Management*, *87*, 160–170. <https://doi.org/10.1016/j.indmarman.2020.02.001>
- Farrugia, B. (2019). WASP (write a scientific paper): Sampling in qualitative research. *Early Human Development*, *133*, 69–71. <https://doi.org/10.1016/j.earlhumdev.2019.03.016>
- Farrugia, L. (2019). WASP (write a scientific paper): The ongoing process of ethical decision-making in qualitative research: Ethical principles and their application to the research process. *Early Human Development*, *133*, 48–51. <https://doi.org/10.1016/j.earlhumdev.2019.03.011>

- Faulkner-Gurstein, R. (2017). The social logic of naloxone: Peer administration, harm reduction, and the transformation of social policy. *Social Science & Medicine*, *180*, 20–27. <https://doi.org/10.1016/j.socscimed.2017.03.013>
- Fedders, B. (2019). Opioid policing. *Indiana Law Journal*, *94*(2), 389–450.
- Federman, P. S. (2018). In the Midst of an Epidemic: How Print Media Shapes Policy Feedback to the Opioid Crisis. *Journal of Public Management & Social Policy*, *25*(3), 40-61.
- Formica, S. W., Apsler, R., Wilkins, L., Ruiz, S., Reilly, B., & Walley, A. Y. (n.d.). Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts. *International Journal of Drug Policy*, *54*, 43–50. <https://doi.org/10.1016/j.drugpo.2018.01.001>
- Fusch, P., Fusch, G. E., & Ness, L. R. (2018). Denzin’s paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change*, *10*(1), 19–32. <https://doi.org/10.5590/josc.2018.10.1.02>
- Gaines, T. L., Beletsky, L., Arredondo, J., Werb, D., Rangel, G., Vera, A., & Brouwer, K. (2014). Examining the spatial distribution of law enforcement encounters among people who inject drugs after implementation of Mexico’s drug policy reform. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, *92*(2), 338–351. <https://doi.org/10.1007/s11524-014-9907-2>
- Giftos, J., & Tesema, L. (2018). When less is more: Reforming the criminal justice response to the opioid epidemic. *The Judges' Journal*, *57*(1), 28-31.

- Gluck, A. R., Hall, A., & Curfman, G. (2018). Civil litigation and the opioid epidemic: The role of courts in a national health crisis. *The Journal of Law, Medicine, & Ethics*, 46, 351-366. <https://doi.org/10.1177/1073110518782945>
- Goodman-Meza, D., Medina-Mora, M. E., Magis-Rodríguez, C., Landovitz, R. J., Shoptaw, S., & Werb, D. (2019). Where is the opioid use epidemic in Mexico? A cautionary tale for policymakers south of the US–Mexico border. *American Journal of Public Health*, 109(1), 73–82. <https://doi.org/10.2105/ajph.2018.304767>
- Griffith, D. A., Morris, E. S., & Thakar, V. (2016). Spatial autocorrelation and qualitative sampling: The case of snowball type sampling designs. *Annals of the American Association of Geographers*, 106(4), 773–787. <https://doi.org/10.1080/24694452.2016.1164580>
- Haas, E., Truong, C., Bartolomei-Hill, L., Baier, M., Bazron, B., & Rebbert-Franklin, K. (2019). Local overdose fatality review team recommendations for overdose death prevention. *Health Promotion Practice*, 20(4), 553–564. <https://doi.org/10.1177/1524839918797617>
- Hanley, N., Fileborn, B., Larcombe, W., Henry, N., & Powell, A. (2016). Improving the law reform process: Opportunities for empirical qualitative research? *Australian & New Zealand Journal of Criminology (Sage Publications Ltd.)*, 49(4), 546–563. <https://doi.org/10.1177/0004865815604195>

- Haug, N. A., Bielenberg, J., Linder, S. H., & Lembke, A. (2016). Assessment of provider attitudes toward #naloxone on Twitter. *Substance Abuse, 37*(1), 35–41.
<https://doi.org/10.1080/08897077.2015.1129390>
- Heath, J., Williamson, H., Williams, L., & Harcourt, D. (2018). “It’s just more personal”: Using multiple methods of qualitative data collection to facilitate participation in research focusing on sensitive subjects. *Applied Nursing Research, 43*, 30–35.
<https://doi.org/10.1016/j.apnr.2018.06.015>
- Hernandez, I., He, M., & Zhang, Y. (2018). Comparing state, regional, and local variation in concurrent opioid and benzodiazepine use. *Drug & Alcohol Dependence, 191*, 141–144. <https://doi.org/10.1016/j.drugalcdep.2018.06.033>
- Herweg, N., Huss, C., & Zohlnhoefer, R. (2015). Straightening the three streams: Theorising extensions of the multiple streams framework. *European Journal of Political Research, 54*(3), 435–449. <https://doi.org/10.1111/1475-6765.12089>
- Heyer, G. (2016). Ghosts of policing strategies past: Is the New Zealand police “prevention first” strategy historic, contemporary or the future? *Public Organization Review, 16*(4), 529–548. <https://doi.org/10.1007/s11115-015-0323-1>
- Hodge, J. G., Gulinson, C. L., Barraza, L., Augur, H. R., Castagne, M., Cheff, A., ... McGuire, A. L. (2019). Innovative law and policy responses to the opioid crisis. *Journal of Law, Medicine & Ethics, 47*(1), 173–176.
<https://doi.org/10.1177/1073110519840498>
- Houborg, E., Asmussen-Frank, V., & Bjerger, B. (2014). From zero tolerance to non-enforcement: Creating a new space for drug policing in Copenhagen, Denmark.

Contemporary Drug Problems, 41(2), 261–291.

<https://doi.org/10.1177/009145091404100206>

Hsu, D. J., McCarthy, E. P., Stevens, J. P., & Mukamal, K. J. (2017). Hospitalizations, costs and outcomes associated with heroin and prescription opioid overdoses in the United States 2001–12. *Addiction*, 112(9), 1558-1564.

<https://doi.org/10.1111/add.13795>

Hughes, C. E., Barratt, M. J., Ferris, J. A., Maier, L. J., & Winstock, A. R. (2018). Drug-related police encounters across the globe: How do they compare? *International Journal of Drug Policy*, 56, 197–207.

<https://doi.org/10.1016/j.drugpo.2018.03.005>

Hughes, C. E., Moxham-Hall, V., Ritter, A., Weatherburn, D., & MacCoun, R. (2017). The deterrent effects of Australian street-level drug law enforcement on illicit drug offending at outdoor music festivals. *International Journal of Drug Policy*, 41, 91–100.

<https://doi.org/10.1016/j.drugpo.2016.12.018>

Jafari, S., Mathias, R., Joe, R. S., Baharlou, S., & Nasr, A. (2015). Effect of law enforcement on drug abuse: a comparison of substance use in Pakistan, Afghanistan, Iran and Turkey. *Journal of Substance Use*, 20(4), 295–300.

<https://doi.org/10.3109/14659891.2014.900579>

Jenkins, M. J. (2015). The use of qualitative methods and practitioners-as-authors in journal publications of police research. *Police Practice & Research*, 16(6), 499–511.

<https://doi.org/10.1080/15614263.2014.978319>

Jensen, E. L., Mosher, C., Gerber, J., & Angulski, K. (2019). Progress at the state level versus recent regress at the federal level: Changes in the social consequences of the U.S. war on drugs. *Contemporary Drug Problems*, 46(2), 139–164.

<https://doi.org/10.1177/0091450919829087>

Karagiozis, N. (2018). The complexities of the researcher's role in qualitative research: The power of reflexivity. *International Journal of Interdisciplinary Educational Studies*, 13(1), 19–31. <https://doi.org/10.18848/2327-011x/cgp/v13i01/19-31>

Kerley, K. R., DeShay, R. A., & Copes, H. (2019). Harm reduction strategies and disinhibitors among women who use heroin. *International Journal of Offender Therapy & Comparative Criminology*, 63(8), 1289–1305.

<https://doi.org/10.1177/0306624x18818682>

Kindsiko, E., & Poltimäe, H. (2019). The poor and embarrassing cousin to the gentrified quantitative academics: What determines the sample size in qualitative interview-based organization studies? *Forum: Qualitative Social Research*, 20(3), 1–24.

<https://doi.org/10.17169/fqs-20.3.3200>

Kingdon, J.W. (1995). *Agendas, alternatives, and public policies* (2nd edition). Harper Collins.

Knaggård, Å. (2015). The multiple streams framework and the problem broker. *European Journal of Political Research*, 54(3), 450–465. [https://doi.org/10.1111/1475-](https://doi.org/10.1111/1475-6765.12097)

[6765.12097](https://doi.org/10.1111/1475-6765.12097)

- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
- Kral, A. H., & Davidson, P. J. (2017). Addressing the nation's opioid epidemic: Lessons from an unsanctioned supervised injection site in the U.S. *American Journal of Preventive Medicine*, 53(6), 919–922. <https://doi.org/10.1016/j.amepre.2017.06.010>
- Kula, S., & Sahin, I. (n.d.). Organizational social capital and performance of drug law enforcement departments. *European Journal on Criminal Policy and Research*, 22(1), 153–170. <https://doi.org/10.1007/s10610-015-9272-z>
- Kulesza, M., Teachman, B. A., Werntz, A. J., Gasser, M. L., & Lindgren, K. P. (2015). Correlates of public support toward federal funding for harm reduction strategies. *Substance Abuse Treatment, Prevention, and Policy*, 10. <https://doi.org/10.1186/s13011-015-0022-5>
- Kusi-Ampofo, O., Church, J., Conteh, C., & Heinmiller, B. T. (n.d.). Resistance and change: A multiple streams approach to understanding health policy making in Ghana. *Journal of Health Politics Policy and Law*, 40(1), 195–219. <https://doi.org/10.1215/03616878-2854711>
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 3, 324-327. <https://doi.org/10.4103/2249-4863.161306>

- Liao, H., & Hitchcock, J. (2018). Reported credibility techniques in higher education evaluation studies that use qualitative methods: A research synthesis. *Evaluation and Program Planning*, 68, 157–165.
<https://doi.org/10.1016/j.evalprogplan.2018.03.005>
- Linneberg, M.S. & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal*, 19(3), 259–270.
<https://doi.org/10.1108/qrj-12-2018-0012>
- Maguet, O., & Majeed, M. (2010). Implementing harm reduction for heroin users in Afghanistan, the worldwide opium supplier. *International Journal of Drug Policy*, 21(2), 119-121. <https://doi.org/10.1016/j.drugpo.2010.01.006>
- Masoud Behzadifar, Hasan Abolghasem Gorji, Aziz Rezapour, & Nicola Luigi Bragazzi. (2019). The hepatitis C infection in Iran: a policy analysis of agenda-setting using Kingdon's multiple streams framework. *Health Research Policy and Systems*, (1), 1-10. <https://doi.org/10.1186/s12961-019-0436-z>
- Matheson, C., Jaffray, M., Ryan, M., Bond, C. M., Fraser, K., Kirk, M., & Liddell, D. (2014). Public opinion of drug treatment policy: Exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies. *International Journal of Drug Policy*, 25(3), 407–415.
<https://doi.org/10.1016/j.drugpo.2013.11.001>
- Maxwell, J. (2020). The value of qualitative inquiry for public policy. *Qualitative Inquiry*, 26(2), 177–186. <https://doi.org/10.1177%2F1077800419857093>

- Maxwell, J. A. (2020). Why qualitative methods are necessary for generalization. *Qualitative Psychology*. <https://psycnet.apa.org/doi/10.1037/qup0000173>
- McGinty, E. E., Barry, C. L., Stone, E. M., Niederdeppe, J., Kennedy-Hendricks, A., Linden, S., & Sherman, S. G. (2018). Public support for safe consumption sites and syringe services programs to combat the opioid epidemic. *Preventive Medicine*, *111*, 73–77. <https://doi.org/10.1016/j.ypmed.2018.02.026>
- Minhee C., & Calandrillo, S. (2019). The cure for America’s opioid crisis? End the war on drugs. *Harvard Journal of Law & Public Policy*, *42*(2), 547–623.
- National Institute of Health. (2020, May). *Opioid overdose crisis*. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>
- National Institute of Justice. (2019, November 25). *Law enforcement looks to research to help fight the opioid crisis*. <https://nij.ojp.gov/topics/articles/law-enforcement-looks-research-help-fight-opioid-crisis>
- Palombi, L. C., Vargo, J., Bennett, L., Hendler, J., Coughlin, P., Winter, G., & LaRue, A. (2017). A community partnership to respond to the heroin and opioid abuse epidemic. *Journal of Rural Health*, *33*(1), 110–113. <https://doi.org/10.1111/jrh.12180>
- Park, J. N., Linton, S. L., Sherman, S. G., & German, D. (2019). Police violence among people who inject drugs in Baltimore, Maryland. *International Journal of Drug Policy*, *64*, 54–61. <https://doi.org/10.1016/j.drugpo.2018.12.005>
- Pearlman, J. (2016). Combatting Massachusetts’s opioid epidemic: Reducing the social stigma of addiction through increased access to voluntary treatment services and

- expansion of mandatory clinician education programs. *American Journal of Law & Medicine*, 42(4), 835–857. <https://doi.org/10.1177/0098858817701962>
- Perdue, T., Sherba, R.T., Gersper, B., & Mart, N. (2013). Drug abuse trends in the Cincinnati region. *Ohio Substance Abuse Monitoring Network*.
<https://mha.ohio.gov/Portals/0/assets/Research/OSAM-TRI/Cincinnati.pdf>.
- Perez, N. M., Jennings, W. G., Wang, Y., & Delcher, C. (n.d.). Law enforcement officers' perceptions of Florida's prescription drug monitoring program. *Journal of Contemporary Criminal Justice*, 33(4), 368–379.
<https://doi.org/10.1177%2F1043986217724291>
- Petrocelli, M., Oberweis, T., Smith, M. R., & Petrocelli, J. (2014). Assessing Police Attitudes Toward Drugs and Drug Enforcement. *American Journal of Criminal Justice*, (1), 22-40. <https://doi.org/10.1007/s12103-013-9200-z>
- Piper, B. J., Suarez, M. J., Piserchio, J. P., Shah, D. T., Simoyan, O. M., McCall, K. L., Desrosiers, C. E., & Nichols, S. D. (2018). Illicit and prescription drug misuse as reported to the Maine Diversion Alert Program. *Forensic Science International*, 285, 65–71. <https://doi.org/10.1016/j.forsciint.2018.01.025>
- Pitt, A. L., Humphreys, K., & Brandeau, M. L. (2018). Modeling health benefits and harms of public policy responses to the US opioid epidemic. *American Journal of Public Health*, 108(10), 1394–1400. <https://doi.org/10.2105/ajph.2018.304590>
- Polomarkakis, K. A. (2017). Drug law enforcement revisited: The “war” against the war on drugs. *Journal of Drug Issues*, 47(3), 396–404.
<https://doi.org/10.1177%2F0022042617697017>

- Purviance, D., Ray, B., Tracy, A., & Southard, E. (2017). Law enforcement attitudes towards naloxone following opioid overdose training. *Substance Abuse, 38*(2), 177–182. <https://doi.org/10.1080/08897077.2016.1219439>
- Rigg, K. K., & Monnat, S. M. (2015). Comparing characteristics of prescription painkiller misusers and heroin users in the United States. *Addictive Behaviors, 51*, 106-112. <https://doi.org/10.1016/j.addbeh.2015.07.013>
- Ritter, A., Hughes, C. E., Lancaster, K., & Hoppe, R. (2018). Using the advocacy coalition framework and multiple streams policy theories to examine the role of evidence, research and other types of knowledge in drug policy. *Addiction, 113*(8), 1539–1547. <https://doi.org/10.1111/add.14197>
- Roger, K., Bone, T., Heinonen, T., Schwartz, K., Slater, J., & Thakrar, S. (2018). Exploring identity: What we do as qualitative researchers. *The Qualitative Report, 23*(3), 532-546.
- Rosenthal, M. (2016). Qualitative research methods: Why, when, and how to conduct interviews and focus groups in pharmacy research. *Currents in Pharmacy Teaching & Learning, 8*(4), 509–516. <https://doi.org/10.1016/j.cptl.2016.03.021>
- Rothberg, R. L., & Stith, K. (2018). Fentanyl: A Whole New World?. *The Journal of Law, Medicine & Ethics, 46*(2), 314-324. <https://doi.org/10.1177/1073110518782937>
- Rothberg, R. L., & Stith, K. (2018). The opioid crisis and federal criminal prosecution. *Journal of Law, Medicine & Ethics, 46*(2), 292–313. <https://doi.org/10.1177/1073110518782936>

- Saurugger, S., & Terpan, F. (2016). Do crises lead to policy change? The multiple streams framework and the European Union's economic governance instruments. *Policy Sciences*, 49(1), 35–53. <https://doi.org/10.1007/s11077-015-9239-4>
- Scharp, K. M., & Sanders, M. L. (2019). What is a theme? Teaching thematic analysis in qualitative communication research methods. *Communication Teacher*, 33(2), 117–121. <https://doi.org/10.1080/17404622.2018.1536794>
- Seligman, J. (2018). Confronting a crisis: An appraisal of legislation in Louisiana combating the opioid epidemic. *Tulane Law Review*, 93(1), 147–176.
- Seth, P., Rudd, R. A., Noonan, R. K., & Haegerich, T. M. (2018). Quantifying the epidemic of prescription opioid overdose deaths. *American Journal of Public Health*, 108(4), 500-502. <https://doi.org/10.2105/ajph.2017.304265>
- Shanahan, M., Hughes, C. E., McSweeney, T., & Griffin, B. A. (2017). Alternate policing strategies: Cost-effectiveness of cautioning for cannabis offences. *International Journal of Drug Policy*, 41, 140–147. <https://doi.org/10.1016/j.drugpo.2016.12.012>
- Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, 21(5), 619–634. <https://doi.org/10.1080/13645579.2018.1454643>
- Simmons, J., Rajan, S., Goldsamt, L., & Elliott, L. (2016). Implementation of online opioid overdose prevention, recognition and response trainings for professional

first responders: Year 1 survey results. *Drug & Alcohol Dependence*, 169, 1–4.

<https://doi.org/10.1016/j.drugalcdep.2016.10.003>

Smith, N., Mitton, C., Dowling, L., Hiltz, M.-A., Campbell, M., & Gujar, S. A. (2015).

Introducing new priority setting and resource allocation processes in a Canadian healthcare organization: A case study analysis informed by multiple streams theory. *International Journal Of Health Policy And Management*, 5(1), 23–31.

<https://doi.org/10.15171/ijhpm.2015.169>

Smyser, P. A., & Lubin, J. S. (2018). Surveying the opinions of Pennsylvania Chiefs of

Police toward officers carrying and administering naloxone. *American Journal of Drug & Alcohol Abuse*, 44(2), 244–251.

<https://doi.org/10.1080/00952990.2017.1339053>

Spiers, J., Morse, J.M., Olson, K., Mayan, M., & Barrett, M. (2018).

Reflection/Commentary on a past article: “Verification strategies for establishing reliability and validity in qualitative research.” *International Journal of*

Qualitative Methods, 17, 1-2. <https://doi.org/10.1177%2F1609406918788237>

Surratt, H. L., Kurtz, S. P., Cicero, T. J., & Dart, R. C. (2012). Street prices of

prescription opioids diverted to the illicit market. In *74th Annual Meeting College of Problems of Drug Dependence (CPDD)*. Palm Springs, CA2012.

Suve, P., Selg, P., & Sootla, G. (2015). Designing multidimensional policing strategy and

organization: Towards a synthesis of professional and community police models.

Baltic Journal of Law & Politics, (1), 28-54. [https://doi.org/10.1515/bjlp-2015-](https://doi.org/10.1515/bjlp-2015-0010)

[0010](https://doi.org/10.1515/bjlp-2015-0010)

- Thompson, S. (2017). Qualitative methods and public policy. *Journal of Positive Psychology, 12*(3), 321–322. <https://doi.org/10.1080/17439760.2016.1262623>
- Toth, A. G., & Mitchell, O. (2018). A qualitative examination of the effects of international counter-drug interdictions. *International Journal of Drug Policy, 55*, 70–76. <https://doi.org/10.1016/j.drugpo.2018.02.012>
- Varano, S. P., Kelley, P., & Makhoul, N. (2019). The city of Brockton’s “champion plan”: The role of police departments in facilitating access to treatment. *International Journal of Offender Therapy & Comparative Criminology, 63*(15/16), 2630–2653. <https://doi.org/10.1177%2F0306624X19866127>
- Vokinger, K. N. (2018). Opioid crisis in the US – Lessons from Western Europe. *Journal of Law, Medicine & Ethics, 46*(1), 189–190. <https://doi.org/10.1177/1073110518766033>
- Wagner, K. D., Liu, L., Davidson, P. J., Cuevas-Mota, J., Armenta, R. F., & Garfein, R. S. (2015). Association between non-fatal opioid overdose and encounters with healthcare and criminal justice systems: Identifying opportunities for intervention. *Drug & Alcohol Dependence, 153*, 215–220. <https://doi.org/10.1016/j.drugalcdep.2015.05.026>
- Wang, L., & Zhao, J. (2016). Contemporary police strategies of crime control in U.S. and China: a comparative study. *Crime, Law & Social Change, 66*(5), 525–537. <https://doi.org/10.1007/s10611-016-9641-7>
- Watson, T. M., Bayoumi, A. M., Hopkins, S., Wright, A., Naraine, R., Khorasheh, T., ... Strike, C. (2018). Creating and sustaining cooperative relationships between

supervised injection services and police: A qualitative interview study of international stakeholders. *International Journal of Drug Policy*, 61, 1–6.

<https://doi.org/10.1016/j.drugpo.2018.08.001>

White, B., Haber, P. S., & Day, C. A. (2016). Community attitudes towards harm reduction services and a newly established needle and syringe automatic dispensing machine in an inner-city area of Sydney, Australia. *International Journal of Drug Policy*, 27, 121–126.

<https://doi.org/10.1016/j.drugpo.2015.05.010>

Winkel, G., & Leipold, S. (2016). Demolishing dikes: Multiple streams and policy discourse analysis. *Policy Studies Journal*, 44(1), 108–129.

<https://doi.org/10.1111/psj.12136>

Wixson, S. E., Blumenschein, K., Goodin, A., Higgins, G. E., Vito, G. F., Talbert, J., & Freeman, P. R. (2014). Law enforcement perceptions of a prescription drug monitoring programme. *International Journal of Police Science & Management*, 16(4), 288–296. <https://doi.org/10.1350%2Fijps.2014.16.4.347>

Worden, R. E., & McLean, S. J. (2018). Discretion and diversion in Albany's lead program. *Criminal Justice Policy Review*, 29(6/7), 584.

<https://doi.org/10.1177%2F0887403417723960>

Worley, J. (2019). Managing opioid use in orthopaedic patients through harm reduction strategies. *Orthopaedic Nursing*, 38(2), 129–137.

<https://doi.org/10.1097/nor.0000000000000524>

- Wright, R. (2019). The opioid epidemic: Returning to the basics. *Mercer Law Review*, 70(2), 525–547.
- Yiannis G. (2015). Reflexivity and beyond – a plea for imagination in qualitative research methodology. *Qualitative Research in Organizations and Management: An International Journal*, 10(4), 332–336. <https://doi.org/10.1108/QROM-07-2015-1305>
- Zibbell, J. E., Asher, A. K., Patel, R. C., Kupronis, B., Iqbal, K., Ward, J. W., & Holtzman, D. (2018). Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. *American Journal of Public Health*, 108(2), 175-181. <https://doi.org/10.2105/ajph.2017.304132>
- Zohlnhoefer, R., Herweg, N., & Rueb, F. (2015). Theoretically refining the multiple streams framework: An introduction. *European Journal of Political Research*, 54(3), 412–418. <https://doi.org/10.1111/1475-6765.12102>
- Zohlnhöfer, R., Herweg, N., & Huß, C. (2016). Bringing formal political institutions into the multiple streams framework: An analytical proposal for comparative policy analysis. *Journal of Comparative Policy Analysis*, 18(3), 243–256. <https://doi.org/10.1080/13876988.2015.1095428>
- Zupančič, V., Pahor, M., & Kogovšek, T. (2019). Focus group in community mental health research: Need for adaption. *Community Mental Health Journal*, 55(1), 168–179. <https://doi.org/10.1007/s10597-018-0271-7>

Appendix A: Interview Questions

RQ1: What facilitators and detractors do law enforcement administrators perceive in the problem stream of the opioid crisis?

- How would you define you and your agency's experiences with the opioid epidemic?
- What factors do you think contribute to the problem(s) of the opioid epidemic?
- What changes have occurred during your time as an administrator during the opioid crisis?
- How would you define the opioid epidemic?
- Have you changed your perceptions of the epidemic or your policies towards it in your time as an administrator?

RQ2: What facilitators and detractors do law enforcement administrators perceive in the political stream of the opioid crisis?

- What is the political atmosphere in your jurisdiction regarding the opioid epidemic?
- What is the public sentiment in your jurisdiction regarding the opioid epidemic?
- Have any self-interest or public health organizations in your jurisdiction offered alternative approaches or policies to you/your department during the opioid epidemic?

- Have you used the opioid epidemic as a political standpoint to gain or keep your current position?

RQ3: What facilitators and detractors do law enforcement administrators perceive in the policy stream of the opioid crisis?

- What input or affect has local, state, and federal policies had on your department's approach to the opioid epidemic?
- What approaches or policies have been proposed within your time as an administrator?
- What groups pose the most influence over your policy decisions?
- Do you personally have a/any suggestions that you believe would assist in turning the tide in the opioid epidemic?

RQ4: How receptive are law enforcement administrators to using harm reduction strategies like the LEAD program in their department's approach to the opioid epidemic?

- How familiar are you with harm reduction strategies?
- What familiarity do you have with the LEAD program?
- Would results from the LEAD program affect your current or future policy decision making processes?
- How open are you to alternative strategies rather than arrest and incarcerate strategies commonly used against the opioid crisis?
- Do you use any form or research or results to guide your policy making process?

RQ5: How did the political, policy, and problem streams come together to affect the decision agenda of law enforcement administrators?

- Please describe how you came to your current policies and practices regarding the opioid epidemic.
- What do you believe is or should be the most important factor when making your policy agenda?
- Do you think there is a joining of the political, policy, and problem areas that has occurred in your time as an administrator?
- What difficulties do you perceive in collaborating with other agencies and organizations to come to a consensus on policies relating to the opioid crisis?