

2017

FORGING A PARTNERSHIP

Law Enforcement & Treatment

Working together toward a solution.



Colorado Heroin Response
Work Group

Prepared by:
Colorado Heroin Response Work Group
of the
Colorado Consortium for Prescription Drug Abuse Prevention

<http://www.corxconsortium.org/heroin-response-work-group/>

In May of 2016, the Heroin Response Work Group (HRWG) was established as part of the larger Colorado Consortium for Prescription Drug Abuse Prevention. The working group's purpose is to establish a coordinated, statewide response to the emerging heroin problem in Colorado. Members of the work group represent diverse backgrounds in the state of Colorado and include representatives from the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA), the Colorado Department of Public Health and Environment (CDPHE), the Colorado Attorney General's Office (COAG), the Colorado Department of Human Services (CDHS), the Drug Enforcement Administration (DEA), US Attorney's Office (USA), Colorado Counterdrug Taskforce (CO-CDTF), Colorado Association of Chiefs of Police (CACP), the Colorado Drug Investigator's Association (CDIA), as well as various other prevention, treatment, recovery and law enforcement organizations.

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Forging a Law Enforcement and Substance Abuse Treatment/Recovery Partnership by Colorado Heroin Response Work Group

Learn the language – Accept the differences – Embrace the goal

Introduction: This paper points out some of the differences that may exist between the law enforcement and treatment/recovery professionals. For the purposes of this report, the term “treatment” will include recovery. The emerging opioid and heroin problem has helped demonstrate the necessity for developing a partnership. The general issues identified and summarized are the result of interviews and a focus group including law enforcement, treatment and recovery professionals in Colorado. The interviews were conducted by some members of the Colorado Heroin Response Work Group.

Purpose: There is no illusion that this report is a scientific study. It simply serves to identify some of the differences that may exist between the treatment and law enforcement professions. However, not all of those in treatment or law enforcement agree on the issues identified in this report. This document is not designed to support a particular position. The purpose is to help recognize there may be professional differences but not allow those differences to interfere with relationships or collaboration. These two important professions can agree to disagree and still work together. If they get entangled in the areas where they disagree, they will never develop a mutual partnership. **The key is accepting the philosophical and cultural differences and embracing the common goal of impacting the substance abuse problem.**

Some Potential Philosophical Differences:

1. Primary emphasis by treatment is on the person whereas primary emphasis by law enforcement is on the public.

Treatment and recovery, by the nature of their professions, place an emphasis on treating the person who uses drugs. Success is achieved when that person is removed from the cycle of addiction and often illicit behavior. That then becomes their primary focus and the measure of their success. The treatment professional gets to know the person and empathizes with their circumstances and addiction. A potential result of successfully treating the addiction and leading the person to recovery is the positive impact on family, friends and society.

Law enforcement’s emphasis is to protect the public from those who engage in irresponsible and/or criminal behavior. Their success is based on the crime rate. If the law violator is removed, then he/she is not committing crimes or victimizing others. Law enforcement empathizes with victims since they see them when most traumatized, often at the actual scene of the crime. Law enforcement observes firsthand the adversity and tragedy caused by those who engage in criminal behavior, many of whom are substance

users. However, if that person is no longer involved in the illicit use of substances, that should affect his/her propensity for irresponsible and/or criminal behavior – a win for both treatment and law enforcement, as well as society.

2. Treatment considers substance abuse a disease whereas law enforcement views substance use as a choice.

Treatment professionals often classify substance abuse as being a disease similar to diabetes, cancer, etc. Many in law enforcement disagree with that perspective, since the person chooses to use drugs but people don't choose to get cancer or diabetes. Law enforcement believes the "disease" view absolves the user from being responsible for their condition. Treatment examines the progressive nature of substance abuse and many believe it is a brain disorder.

While it is true that the substance user chooses to use the substance, it is doubtful he/she chose to become addicted. The alcoholic chooses to drink alcohol but did not choose to become an alcoholic. Choice does play a role but there can also be environmental and genetic factors involved. In a similar fashion, those with diabetes or even cancer, like a substance user, may have contributed to that condition through what they eat, lack of exercise, etc. That doesn't change the fact that they have a disease. As with substance abuse, environmental and genetic factors can play a role in contributing to a person having cancer or diabetes.

3. Treatment emphasizes harm reduction whereas law enforcement believes that drug use should be stigmatized.

Many treatment professionals embrace harm reduction strategies, such as needle exchange, as a cost-effective intervention to avoid unintended consequences of drug use, such as the spread of communicable diseases. Additionally, they also cite the benefit of safe disposal of used needles and reduction of risk of accidental needle stick injuries of law enforcement. Treatment professionals believe that harm reduction strategies serve as a gateway for access to services such as treatment and medical care.

Law enforcement, on the other hand, often looks at harm reduction as a disguised agenda used by those who support the legalization of drugs to remove the stigma of drug abuse and to normalize drug use. Law enforcement believes that a tolerant public attitude and acceptability of drug use are major factors in the rate of use. They cite tobacco smoking as an example of a substance that once was considered "cool" but now is stigmatized as having helped reduce the rate of smoking. Law enforcement believes the more normalized a behavior becomes the more people will be engaged in that behavior. Likewise, the more stigmatized a behavior, the less people will engage in that behavior. Treatment professionals believe that stigmatizing drug use and addiction interferes with an individual's ability to admit his/her problem as well as seek, and stay in, treatment. They also believe that it damages his/her social interaction and pushes them more toward a group that engages in similar behavior.

4. Success of treatment versus success of law enforcement.

Treatment often tends to downplay the necessity of supply reduction and frequently will refer to law enforcement as having failed in the war on drugs. Law enforcement tends to believe that treatment overstates its success rate and believes supply reduction is a necessary ingredient in a successful drug policy.

5. Treatment endorses Medication-Assisted Treatment (MAT) whereas law enforcement's view is that MAT is simply substituting one addictive drug for another.

Many treatment professionals believe that Medication-Assisted Treatment is an important therapy to treat the uncontrollable, compulsive behavior that is addiction. Medications such as methadone and buprenorphine play an important role in addressing dangerous addiction as part of a comprehensive treatment plan. Law enforcement often views MAT as substituting one addictive drug for another with the only difference being that one is illegal and the other legal. They often cite abuses of these programs and the lack of overall success in becoming drug free. What is drug free may be another area of differences between law enforcement and treatment.

6. There are a variety of treatment and recovery methods whereas law enforcement considers all treatment/recovery options part of the same discipline.

Medication-Assisted Treatment, non-medication assisted treatment and recovery, etc. often share different philosophies on treating substance abuse whereas law enforcement places all treatment options under the same umbrella. Within the treatment profession, there are varying opinions as to what works best and how to measure success. Recovery professionals often feel they are a different profession from treatment. Recovery specialists view treatment as having an expiration date whereas recovery is a life-long process. Treatment professionals differ on how to measure the success of mandated treatment through the criminal justice system versus voluntary treatment. Law enforcement tends to believe that mandated treatment, using the "carrot and stick" philosophy, is generally more effective than voluntary. Treatment also differs on the use of Medication-Assisted Treatment versus no medication in treatment. Law enforcement, on the other hand, often considers the various types of treatment and recovery as one discipline. That includes all the differences and issues that arise between law enforcement and treatment. However, the following analogy, comparing treatment and recovery, tends to resonate with law enforcement. An individual has an injury that requires surgery to treat the injury (treatment) but for the individual to resume their normal function, they may need physical therapy (recovery).

7. Treatment and law enforcement define the term "evidence" differently.

The word "evidence" in law enforcement is likely to mean meeting the legal burden of proof in developing a case that an individual is guilty of a crime. Treatment professionals think of evidence-based practice, which focuses on proof of what works to achieve a desired health outcome. "Evidence" is held up as a guiding principle for treatment: the method in which the data were collected and analyzed and the demonstrated effectiveness

of an intervention are key drivers for treatment and public health practice and policy. This is related to some of the issues identified above, including whether or not stigmatization is beneficial, and whether or not MAT works. Evidence-based crime policy is utilized to a greater degree by law enforcement. This may help bridge some gaps between treatment and law enforcement.

8. Treatment and law enforcement are governed by a variety of laws, regulations and policies.

Treatment and law enforcement are required to operate under specific laws, regulations and policies. This is a topic that the two professions need to discuss early in their working relationship. Understanding differences and limitations should help reduce unrealistic expectations and hard feelings. For instance, law enforcement may feel that treatment is not cooperating in sharing information about their client. However, treatment is, by law, limited on what they may share regarding their client. Treatment may expect a law enforcement officer to exhibit some flexibility in interaction with their client on relatively minor offenses. However, law enforcement may be limited by regulations or policy in their amount of discretion involving a criminal offense. A healthy, candid discussion concerning limitations and restrictions is important in sustaining a long-standing relationship.

Some General Cultural Differences Discussed Include:

| Treatment | Law Enforcement |
|--|--|
| Politically and socially more liberal | Politically and socially more conservative |
| More methodical | More action oriented |
| More impressed with titles, credentials, higher education and academia | More impressed with street knowledge/experience |
| Tends to use terminology coined by profession | Tends to use more street terminology |
| Influenced by research and studies | Influenced by personal experience |
| Focused on longer term results and reducing drug -related harm | Focused on immediate results and reducing drug-related crime |

Some Language Differences:

| Treatment Language | Law Enforcement Language |
|--|--|
| Person who uses drugs (PWUD), inappropriate use, substance misuse disorder, person involved in risky use of a substance | User, doper, druggie, drug user |
| Person with a substance use disorder, substance behavioral disorder, drug disease, active addiction problem use, substance dependence | Addict, drug habit, strung out, junkie |
| Person who injects drugs (PWID) | Person who shoots up |
| Addiction-free, in recovery, sobriety | Clean |
| Negative or positive test results | Clean or dirty test |
| Medication-assisted treatment | Drug replacement or substitute |
| MAT, abstinence-based treatment, recovery, outpatient treatment, inpatient treatment, relapse prevention, long-term residential treatment, drug counseling, group counseling | Treatment |
| Withdrawal Management Center | Detox |

Conclusion: The partnership between the law enforcement and treatment communities is crucial in addressing the heroin problem. The differences identified in this paper should not be obstacles to developing a positive working relationship, but rather provide each profession a glimpse into some different points of view. The goal is putting those differences aside and working together for the common good.