Addressing 21st Century Drug Issues:

Law Enforcement's Leadership Role

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Findings and Recommendations from the IACP Drug Issues Symposium

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Introduction from the IACP President

Communities throughout the United States face issues related to substance abuse every day. Recent trends, including a rise in prescription drug abuse, increased heroin addiction, and the emergence of new drugs only add to this problem. Substance abuse within our communities also precipitates other problems, such as individuals committing crimes to fuel their addictions. And finally, our jails—where so many drug-addicted individuals end up—are not always the appropriate place to provide services for individuals going through withdrawal or the recovery process.

While law enforcement must deal with drug-related issues daily, the police alone cannot solve the problem of addiction in their communities. Law enforcement leaders must simultaneously recognize the importance of their roles as first responders and also engage their governing bodies, legislators, and community leaders to address the broader aspects of these complex issues. They should also strive to create innovative partnerships with public health providers and rehabilitation experts to help line officers respond more effectively to substance abusers with an increased array of alternative solutions to incarceration.

To respond to this continuing problem in our communities, IACP convened a National Drug Symposium in early 2015. Representatives from state, local, and tribal law enforcement; the federal government; the scientific community; and nonprofit organizations met at IACP headquarters to discuss the broad spectrum of contemporary drug issues. Participants discussed the issue of addiction, its effect on communities, and law enforcement's unique role in responding to addicted individuals. This report summarizes that discussion and highlights the findings from the symposium.

The symposium benefitted from the strong support and guidance of then-DEA administrator Michelle Leonhart, chair of the IACP Narcotics and Dangerous Drugs Committee, along with the committee members. IACP would also like to extend thanks to the National Alliance for Model State Drug Laws (NAMSDL) for their collaboration on the symposium. NAMSDL is an invaluable resource for comprehensive and effective drug and alcohol laws, policies, and programs, and their support of our symposium was most helpful. Lastly, IACP is in debt to each of the symposium participants who provided the thoughtful, insightful, and practical ideas that made this product a reality. A full list of participants is included at the end of the report.

I hope that this report will first serve as a guide to the current state of drug issues facing law enforcement agencies across the United States and, second, provide those agencies with tools and strategies that can be implemented to make their communities stronger and safer. IACP remains committed to addressing all aspects of drug addiction in a forward-leaning manner, and employing the most effective ways to respond to addicted individuals and prevent future addiction as well.

Terrence M. Cunningham
Chief of Police
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Executive Summary

IACP is pleased to present you with this report: **Addressing 21st Century Drug Issues: Law Enforcement's Leadership Role.**

This report is a result of the symposium conducted on January 12, 2015, attended by professionals from IACP and the National Alliance for Model State Drug Laws (NAMSDL), federal and local law enforcement officials, members of the medical community, and drug policy experts, all of whom were chosen for their work and commitment to the critical topic of drug issues in the United States.

The report's "Strategic Approaches for Law Enforcement" highlights the Obama administration's Task Force on 21st Century Policing, which builds on prior drug policy initiatives to stress education, prevention, and treatment to effectively reduce drug use and addiction and related criminal activity. Law enforcement's growing understanding of the science of addiction—and the importance of treatment—helps police identify individuals with substance use disorders and respond more effectively when encountering drug-impaired individuals.

Additionally, law enforcement's developing partnerships with a diverse array of stakeholders foster more effective collaboration on science-based, public health–focused approaches to drug use. Utilizing these approaches, law enforcement can help successfully address drug addiction and divert those offenders who commit crimes because of their addiction to treatment, ultimately leading them to live useful, productive lives. Law enforcement's roles in education, prevention, treatment, and crime prevention ultimately serve to ensure the well-being of communities and establish or reestablish trust in policing.

This report provides information and strategies on current and emerging drug issues in the United States. The report summarizes recent drug trends, including the epidemic of opioid addiction and overdoses, the rising use and production of methamphetamines, and the marijuana legalization and decriminalization movement. The report highlights emerging drug products and processes such as synthetics, drugs marketed specifically to children, and marijuana vaping, as well as other specific drug use, including opioids, methamphetamine, and marijuana. The publication focuses on drug-endangered children and the current and emerging drug threats to our youngest generation.

Police executives will find leadership opportunities in the sections entitled "Police Chief Action Items" as well as elsewhere throughout the report. For example, to combat the dramatic increases in opioid overdose fatalities, many departments are equipping their officers with naloxone, which reverses the effects of an opioid overdose, thus saving lives. The U.S. Department of Justice (DOJ) has a free toolkit, which can be found at https://www.bjatraining.org/tools/naloxone/Naloxone%2BBackground, to guide leaders in obtaining and using naloxone when needed to save lives. The report concludes with "IACP Action Items" that IACP might consider in addressing the drug problem.

This report presents general findings and strategies as well as specific programs and initiatives that may be useful to chief executives seeking to target drug use and drug-related crime. The IACP believes that agencies armed with reliable information on this issue can tailor fair and effective local policies to respond to specific drug issues in their jurisdictions. It is IACP's hope that the issues and guidance presented in this document will assist law enforcement executives in arriving at informed and rational approaches to crafting policies for smart policing in their communities.

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STRATEGIC APPROACHES FOR LAW ENFORCEMENT

Introduction

In 2014, the Obama administration created the Task Force on 21st Century Policing "to strengthen community policing and trust among law enforcement officers and the communities they serve, especially in light of recent events around the country that have underscored the need for and importance of lasting collaborative relationships between local police and the public."[1]

The task force met with law enforcement officials and other experts, and concluded that

> *trust between law enforcement agencies and the people they protect and serve is essential in a democracy... It is key to the stability of our communities, the integrity of our criminal justice system, and the safe and effective delivery of policing services.*[2]

Smart policing, smart justice, and smart alternatives require robust approaches to drug crime. For example, police chiefs can collaborate with school officials to educate our young people on the dangers of drug abuse and help prevent drug use before it begins triggering long-term adverse consequences. In addition to education/prevention, police chiefs can identify individuals with drug addictions in their neighborhoods and work with medical communities, nonprofit associations, and other professionals to divert those individuals to needed treatment, consistent with the president's task force, which states that the best approach "emphasizes access to treatment over incarceration... and support for early health interventions designed to break the cycle of drug use, crime, incarceration, and rearrest."[3]

For some law enforcement agencies, drug education/prevention and diversion/treatment may represent new strategies in approaching drug addiction and drug-related crime. But what is not new to any police chief or line officer is that untreated substance use disorders are a serious public health and safety issue that contributes to increased crime, violence, abuse, and a host of other social problems. Untreated addiction also contributes to a wide array of illnesses, creating a serious financial drain on the economy.

While untreated drug addiction is a disease, it is a disease that is often treatable. "Science has demonstrated that addiction is a disease of the brain—a disease that can be prevented and treated and from which people can recover."[4] The Treatment Communities of America has useful guidelines in considering strategies for untreated addiction and substance use disorders, which include the following:

- No single treatment is appropriate for all individuals.
- Recovery from substance abuse can be a long process and frequently requires multiple episodes of treatment.
- Treatment of addiction is as successful as treatment of other chronic diseases such as diabetes, hypertension, and asthma.

- Substance abuse treatment is cost-effective in reducing drug abuse and its associated health, economic, and social costs.[5]

Chief executives might consider these and other principles in developing effective strategies to combat recent drug trends in their communities.

One of the single most important strategies for law enforcement leaders is proactive collaboration with substance abuse treatment providers, the medical community, and other non-traditional partners to divert drug offenders to treatment. For example, law enforcement officers should build relationships with professionals at treatment centers and throughout the medical community to help people with substance use disorders find needed help. Without addressing the substance use disorder, offenders will cycle back through the criminal justice system and continue to burden society with increased arrests, rising prison and court costs, and higher crime rates.

"We not only need to put addiction as a brain disease and treatment training into police academies... but also in medical schools."
*—Commissioner R. Gil Kerlikowske, U.S. Customs and Border Protection (CBP)**

Needless to say, law enforcement cannot accomplish these strategies in a vacuum. The medical community should carry the prevention and treatment flag in full partnership with law enforcement. For example, medical practitioners should assist law enforcement in identifying substance abuse treatment programs that "meet recognized certification, accreditation and/or licensing standards."[6] The medical community also should aggressively police itself to ensure that practitioners do not prescribe against established guidelines. And, of course, health professionals should refer individuals to law enforcement where appropriate. Ultimately, depending on the offense, there must be clear and swift consequences for breaking the law in addition to diversion to treatment.

How can law enforcement leaders, all of whom face limited resources and personnel, implement these and other related strategies to most effectively combat drug use, addiction, and crime? The symposium group has identified six areas where police executives may best focus their resources:

- Reaching at-risk populations
- Identifying illegal drug sources
- Starting and maintaining naloxone reversal programs
- Targeting drugged driving
- Utilizing drug courts
- Referring individuals to drug treatment

Reaching At-Risk Populations

Strategies to combat drug addiction and crime initially may seem overwhelming to some departments, particularly those with limited funding and staff resources. Law enforcement leaders in certain jurisdictions may choose to direct their limited resources to specific at-risk populations in their communities. There are numerous

programs to assist law enforcement in implementing these strategies to target at-risk youth. For instance, the Drug Endangered Children (DEC) movement, which began in part as a response to the methamphetamine crisis over a decade ago, developed when children were found living in dangerous conditions because of methamphetamine production in their homes. Since that time, the movement has expanded to include all drugs, with local DEC programs all around the United States, as well as the Federal interagency Task Force on Drug Endangered Children.[7] This task force, in 2010, defined drug endangered children as follows:

> *A drug endangered child is a person, under the age of 18, who lives in or is exposed to an environment where drugs, including pharmaceuticals, are illegally used, possessed, trafficked, diverted, and/or manufactured and, as a result of that environment: the child experiences, or is at risk of experiencing, physical, sexual, or emotional abuse; the child experiences, or is at risk of experiencing, medical, educational, emotional, or physical harm, including harm resulting or possibly resulting from neglect; or the child is forced to participate in illegal or sexual activity in exchange for drugs or in exchange for money likely to be used to purchase drugs.*[8]

Law enforcement can learn more about serving drug-endangered children by reviewing the "DEC Checklist Card for Law Enforcement" at https://www.whitehouse.gov/sites/default/files/ondcp/issues-content/dec/le_checklist_card.pdf. By using and promoting tools such as this "DEC Checklist Card," law enforcement and other stakeholders can help to protect endangered youth.

> *Between 2002 and 2007, an estimated 2.1 million children in the U.S. (3 percent) lived with at least one parent who abused or was dependent on illicit drugs.*[9]

A review by the Drug Free Communities (DFC) Support Program, a federal grant program that supports local coalitions focusing on youth substance abuse, indicates that middle school students living in DFC-funded communities reduced thier total marijuana use by 17 percent. Law enforcement can work with these DFC grantees to achieve similar results in their communities. In addition, "DFC-funded coalitions are actively engaged in facilitating prescription drug take-back programs in conjunction with local law enforcement," another local strategy police departments can utilize to address prescription drug abuse among youth and others.[10]

Finally, as highlighted throughout this report, law enforcement can collaborate with medical professionals and make an impact by speaking to middle and high school students about the dangers of drug use and the availability of treatment and recovery programs. According to ONDCP, "[r]esearch shows that every dollar invested in a school-based substance use prevention program has the potential to save up to $18 in costs related to substance use."[11] Law enforcement executives should take advantage of this proven leadership opportunity and make educating kids on drug use a priority in their departments.

In some jurisdictions, pregnant women may constitute another at-risk population. According to a recent report, the Centers for Disease Control (CDC) has found that the number of babies born in Florida "with neonatal abstinence syndrome (NAS) soared more than 10-fold in the past 20 years."[12] NAS babies are born

dependent on the same drugs their mothers took during pregnancy. Sadly, the majority of the mothers in this Florida study were drug-tested, and the majority of tests were positive. However, hospitals referred only 10 percent of the women for treatment.[13] In light of these sobering statistics, some states are looking at mandatory reporting of NAS babies and immunity for pregnant women seeking substance abuse treatment. Law enforcement officials encountering these types of families should be familiar with the reporting and immunity legislation in their states. Regardless of the respective laws, however, police officers should encourage these women to seek help for their addictions so as not to give birth to drug dependent infants.

"Our priority should be to prevent the use of drugs and to protect children and adolescents from the impact of drugs on their families and communities."

*—Deputy Secretary General Jan Eliasson, United Nations**

Former prisoners reentering communities also may be at risk for drug use and addiction. A 2004 U.S Department of Justice (DOJ) survey reported that "Seventy percent of state, and 64 percent of federal prisoners regularly used drugs prior to incarceration."[14] These individuals are extremely high-risk re-offenders, and early intervention upon reentry may prevent future drug use and drug-related crime.[15]

Finally, special populations at risk for drug abuse also may include military members; veterans; college and university students; Native Americans and Alaskan Natives; and, as mentioned, children, women, and families. "While drug addiction respects no geographic, ethnic, economic, or social boundaries, there are some specific populations that deserve focused efforts…"[16] For additional information on these specific individuals, see https://www.whitehouse.gov/ondcp.

According to NAMSDL,

> *[d]rug and alcohol abuse is often complex in nature and permeates every facet of an individual's life. The individual's personal health and functioning within the family unit suffers, obligations in the workplace suffer and community interface suffers. Individuals who seek treatment are looking to break free from the bonds of addiction and improve their quality of life…*[17]

Identifying Illegal Drug Sources

A strategy in combatting illegal drugs is to identify the drug traffickers who support and maintain the nation's infrastructure of drug abuse and addiction. Whatever the vehicle for drug trafficking, police should tailor strategies accordingly.

One strategy to identifying drug suppliers in some communities, while also employing 21st Century Policing goals, is the Drug Market Intervention (DMI) program:

> *The [DMI] is an effective approach for eliminating 'overt' drug markets and improving life for residents of the surrounding communities. Overt drug markets operate in public, whether indoors or outdoors, and make it possible for non-community members to enter and buy drugs without knowing anybody. They are chaotic, violent, and do enormous damage to the community.*

> *DMI, which was first piloted in 2004 in High Point, North Carolina, identifies particular drug markets; identifies street-level dealers; arrests violent offenders; creates "banked" cases—or suspends prosecution—for nonviolent dealers, and brings together drug dealers, their families, law enforcement officials, service providers, and community leaders for a call-in meeting that makes clear that selling drugs openly must stop. The strategy also includes a critical process of racial reconciliation to address historical conflict between law enforcement and communities of color.*[18]

The DMI program works to effectively reduce drug distribution and related crime and violence in communities. At the same time, DMI can serve to remove offenders from the streets where they sell their dangerous products to support thier habits and into treatment facilities where they have the opportunity to live law-abiding, more productive lives.

Finally, state and local police should collaborate with federal and international authorities to share critical intelligence to target key distributors.[19] The High Intensity Drug Trafficking Areas Program (HIDTA) is a nationwide strategy that seeks to facilitate law enforcement coordination in dismantling drug traffickers' businesses. HIDTA initiatives include "multi-agency investigative, interdiction, and prosecution activities" and "[i]ntelligence and information-sharing initiatives."[20] More localized programs aimed at coordinating local law enforcement efforts to target drug trafficking organizations include the Northern Border Strategy, the Caribbean Strategy, and the Southwest Border Strategy.[21]

Starting and Maintaining Naloxone Reversal Programs

Rising rates of opioid addiction and overdose, described in greater detail below, constitute a national drug epidemic reaching all socioeconomic levels. This epidemic demands new and better strategies to prevent abuse and escalating deaths. A critical tool—and key leadership opportunity—for law enforcement executives seeking to stop opioid overdose fatalities is the use of naloxone reversal programs.

> *"Law enforcement is a critical partner with public health in reducing drug use and its consequences. When I was a public health official in Massachusetts, one of my closest allies was the Quincy, Massachusetts, Police Department. Their naloxone distribution program was the first of its kind. And I know they are proud to be part of the solution in reducing drug overdose deaths."*
>
> *—Director Michael Botticelli*
> *White House Office of National Drug Control Policy (ONDCP)**

In 2014, the DOJ committed to fighting this opioid epidemic by encouraging law enforcement agencies to train and equip their personnel with the life-saving, overdose reversal drug known as naloxone. As previously mentioned, DOJ now has a free toolkit for agencies seeking to start a naloxone overdose reversal program, preventing opioid drug fatalities in jurisdictions across the United States.[22]

Also in 2014, IACP, at its 121st Annual Conference in Orlando, Florida, similarly urged the law enforcement community to continue to emphasize the importance of education, treatment, and vigorous law enforcement

as the primary tools for combatting opioid addiction, overdose, and death within our communities, while at the same time encouraging the use of naloxone to reverse the effects of opioid overdoses when required to save lives.[23]

Today, 40 states and the District of Columbia permit first responders and others to use naloxone, resulting in the reversal of some 10,000 overdoses since 2001.[24] These naloxone laws are particularly effective in saving lives when enacted in conjunction with "Good Samaritan" laws, enacted in 27 states and the District of Columbia, which provide immunity from arrest and prosecution from certain crimes (e.g., possession of a controlled substance) for those who call for or administer help in an overdose situation.[25]

Hundreds of law enforcement agencies have already implemented overdose reversal programs and carry naloxone, and others continue to take advantage of this leadership opportunity and are instituting naloxone programs in their jurisdictions. These programs have found particular success in several states, including New Jersey, Illinois, Maryland, and Massachusetts.[26]

Targeting Drugged Driving

Targeting drugged driving is another key law enforcement strategy in identifying individuals with drug addictions and offenders in order to make our roads and communities safe. Police executives also can take the lead in educating their communities about the dangers of drugged driving and its devastating effects on society.

A 2015 U.S. Government Accountability Office (GAO) study identified a National Highway Traffic and Safety Administration (NHTSA) report estimating that, based on a sampling of nighttime, weekend, and daytime Friday drivers, "twenty percent of drivers would have tested positive for at least one drug, with marijuana being the most common drug."[27] That report was only an estimate, however, and reliable data are extremely limited on arrest data for drug-related car crashes.

The lack of data is due in large part to the fact that there is no current valid roadside test for drugged driving that is similar to the Blood Alcohol Concentration (BAC) test. Waiting for a search warrant to collect blood samples to confirm drug presence in a suspected drugged driver is not viable; during that wait time, the drug may dissipate. As a result, drugged drivers can drive with little consequence until they cause crashes and fatalities, making our roads very dangerous.

IACP and NHTSA have coordinated a certification program for law enforcement to identify drugged drivers called the Drug Recognition Expert (DRE) Program. This nationwide program includes 72 hours of classes and 40–60 hours of fieldwork. While the program is reportedly effective, comparably few officers have been certified, due in part to the costly, time-intensive training and recertification, as well as the subsequent retention of certified officers. IACP and NHTSA also have coordinated Advanced Roadside Impaired Driving Enforcement (ARIDE), an alternative program for training officers to identify drivers suspected of drugged driving, which includes an online program. NHTSA is currently evaluating the effectiveness of and potential improvements to both programs.

Exacerbating the problem of drugged driving is the dangerous trend of mixing marijuana and alcohol. *The American Journal on Addictions* in 2009 reportedly found that the drug combination "results in impairment even at doses which would be insignificant were they of either drug alone."[28] Researchers from Columbia University who studied fatal crash statistics from six U.S. states found that marijuana impairment rose from 4 percent in 1999 to 12 percent in 2010. They also determined that by combining alcohol with marijuana (a common combination with marijuana users who drive), a driver is over 23 times more likely to die in a crash than when sober.[29]

The reason for these adverse effects is that mixing alcohol and marijuana reportedly raises the amount of THC in the blood far more than using marijuana by itself and "considerably increases the risk of car crashes, compared with using marijuana alone."[30]

Fortunately, the GAO has recommended that NHTSA conduct further studies on road-testing for drugged drivers.[31] Of course, funding is needed to develop a viable test. Once an adequate test is developed, additional funding is necessary to purchase the tests and to provide officer training. A critical component to any testing is dedicating sufficient resources to divert offenders to treatment centers, much like there is now for alcohol testing; otherwise, these offenders will continue to re-offend and threaten our roadways and communities.

The GAO also has recommended that NHTSA identify specific action items to help states increase public awareness of the dangers of drugged driving. Increasing public awareness about the issue is a key component to state and local efforts in preventing driving injuries and fatalities.[32]

In conclusion, where feasible, police chiefs should encourage their officers to become DRE or ARIDE certified to better identify drugged drivers and make roads safer. In addition, in conjunction with NHTSA, state and local law enforcement should develop messaging about the dangers of drugged driving, including applicable fines and jail time. More importantly, the messaging should highlight the deadly consequences of drugged driving—consequences that have a dramatic, negative impact on society.

Utilizing Drug Courts

When a defendant is arrested for a drug offense, he or she should be entered into a drug court, if one is available. A drug court is a special court that, through comprehensive supervision, drug testing, treatment, and immediate sanctions and incentives, oversees cases involving substance-using offenders. These courts provide offenders facing criminal charges (often for drug use and possession) an opportunity to enter a substance abuse program in lieu of jail time. With the umbrella of the criminal justice system over the offender and the full weight of all interveners (e.g., judges, prosecutors, defense counsel, treatment specialists, education and vocation experts, and a host of others), an offender is frequently drug-tested and must attend regular court appearances and substance abuse recovery sessions. Through these courts, offenders can find treatment for their substance dependency and become productive citizens.

Referring Individuals to Drug Treatment

While on patrol, police officers routinely encounter people who have substance use disorders (SUDs). In the United States, adults who were arrested in the past year for any serious offense were four times more likely to have used an illicit drug than those who were not arrested.[33] Additional research shows that 87 percent of males tested positive for at least one illicit drug at the time of arrest and 40 percent tested positive for two or more.[34] Following arrest, in part or directly related to their drug use, those arrested might land in jail or prison. While it is estimated that SUDs occur in 68 percent of the jail population and 53 percent of the state prison population (compared to just 9 percent of the U.S. general population), only 12 percent of the incarcerated population will actually receive drug treatment while in custody.[35] This usually means they will soon be back in their communities disproportionately communities of color) without having received treatment for the disease of addiction, will start reusing drugs, and may soon have their next contact with police.

"Taking a public health approach to address difficult issues is not a foreign concept to law enforcement. One good example is the crisis intervention team model designed to improve police interaction with people living with mental illness. The collaboration that began between law enforcement agencies and mental health providers has now expanded to include courts, corrections, homeless services, and the community. This is the type of collaboration we need for individuals with substance use disorders."

—Director Michael Botticelli
*White House Office of National Drug Control Policy (ONDCP)**

We have also come to understand the harmful, unintended collateral consequences of repeated and extended contact with the justice system for those low-risk citizens who, due to their addiction, might be better treated in the community. To address this pervasive and costly situation, our citizens, our communities, and our police need solutions that call upon the resources of both the public safety and the public health systems, as well as reflect the desires and concerns of the local community, solutions that reduce crime, reduce drug use, save dollars.

Law enforcement is focused on public safety and works to reduce crime. Drug treatment, when done correctly, is focused on addressing drug use, abuse and addiction, and works to reduce drug use. Drug addiction is a criminogenic risk factor and as a result, it is known that reducing drug use reduces crime. Only 10 percent of the justice population who need drug treatment will get it in jails and prisons. Therefore, for those citizens encountered by law enforcement who need drug treatment and have a minimal likelihood of recidivating, they are best referred to local, community-based drug treatment programs where they can receive the drug treatment they need thereby breaking the cycle of drugs and crime that both law enforcement and drug treatment service providers see all too often. In the various scenarios that exist in this strategy, law enforcement becomes a referral source to treatment, and possibly a quite large referral source, just as the rest of the criminal justice system is the largest single referral source to publicly funded drug treatment services.

EMERGING DRUG TRENDS, PRODUCTS, AND PROCESSES

New and emerging drug trends create constant challenges for law enforcement leaders responding to drug use and its concomitant crime. These include the following:

- Opioids — Opioid addiction and overdoses have reached epidemic proportions, stretching across every societal boundary. This epidemic calls for new strategies to prevent abuse and stop overdose deaths, which can include the use of naloxone.

- Methamphetamine — Methamphetamine use and production is on the rise. This drug can be ingested by multiple methods and can quickly lead to addiction and serious physical and health disorders. Police executives can take advantage of several programs outlined later in this text to target methamphetamine use in their communities.

- Synthetic Substances — New, manufactured drug products present continuing challenges for law enforcement These products include synthetic compounds, which often are marketed to children.

    - Synthetic drugs, also known as "designer," "club," and "party" drugs, are "substances chemically similar to and/or that mimic the drug-like effects of controlled substances."[36] According to the National Institute of Drug Abuse (NIDA), these dangerous drugs are being abused in increasing numbers for their psychoactive effects, which often result in "violent and unpredictable behavior."[37] The names and chemical makeups of the drugs are constantly changing, and they have been found for sale at liquor stores, gas stations, and convenience stores.

    - Synthetic cannabinoids such as "Spice," "K2," "No More Mr. Nice Guy," "Cloud 9," and "Scooby Snax" have been the source of "surges in hospitalizations and calls to poison centers," as reported in early 2015. New York, Maryland, and Washington, D.C., are among those jurisdictions issuing warnings about these drugs. Although related to THC, these drugs "can be considerably more powerful and more dangerous than marijuana... Users can experience anxiety and agitation, nausea and vomiting, high blood pressure, shaking and seizures, hallucinations and paranoia, and they may act violently."[38]

- Flakka — A synthetic cathinone drug (alpha-pyrrolidinopentiophenone), Flakka is also reportedly on the rise in Florida and other parts of the United States. Similar to other cathinone drugs known as "bath salts," these drugs can be vaporized in e-cigarettes, making the drug easy to ingest and also easy to overdose on. Law enforcement should be acutely aware of these and other synthetic drugs; not only can they result in serious health hazards and death, but they can cause "hyperstimulation, paranoia, and hallucinations that can lead to violent aggression and self-injury."[39]

- Molly — Molly is a drug that is purported to contain the "pure form" of MDMA, more commonly known as Ecstasy. However, it is adulterated with numerous and unidentified contaminants. The Drug Enforcement Administration (DEA) estimates that what is being sold as Molly contains only small traces of MDMA, with contaminants making up the majority of the drug. In 75 percent of all cases, the drugs tested contain no MDMA at all.[40]

- Marijuana — The marijuana legalization movement has gained significant momentum in recent years; at the time of this report, marijuana is legal in four states and the District of Columbia. Police executives need to mobilize now to stop enactment of future liberalizing legislation in more states. Moreover, line officers need continuous training on the shifting landscape of marijuana's legal status for medical and for personal use.

    - Law enforcement officials should be aware of a variety of new products and processes using marijuana. Marijuana e-cigarettes, available in a new product called a "JuJu Joint," now allow users to ingest marijuana with a disposable device filled with 150 hits and containing 100 milligrams of THC, reportedly two times greater than a traditional joint. This device needs no batteries, charging, or loading of cartridges. It produces no smoke and no smell. Reports indicate that some 500,000 will be sold in Washington State in 2015, with plans under way to introduce the product in other states where marijuana is legal or decriminalized.[41]

    - Marijuana dabbing or vaping is another new and "increasingly popular" method of marijuana ingestion, according to reports of a new study.[42] Dabbing converts marijuana into a concentrate, primarily by using butane to extract the THC. Because butane is highly flammable, the extraction process has caused several fires, explosions, and severe burns.[43] The process is not only highly dangerous, but reportedly can create an extremely potent narcotic with a THC concentration of up to 80 percent (typically the THC levels measure around 20 percent).[44] The concentrate or "dab" also may be vaped or easily ingested, through e-cigarettes such as JuJu Joints, rendering all of these products and methods of ingestion highly dangerous trends.[45]

Other trends in illegal drug use continue to include drugs specifically marketed to children by dealers seeking to hook new customers as well as future low-level dealers in their communities. These drugs include ecstasy "cartoon" pills, or pills shaped like Snoopy and Bart Simpson; "Strawberry Quick," or Pop Rock–like candy that is actually methamphetamine; and "marijuana candy factories"—marijuana-laced edibles such as candy bars, marshmallow pies, and Rice Krispy treats marketed to young children.[46] The children living in environments in and around these drugs are particularly vulnerable to these types of narcotics masquerading as edible treats.

In sum, police leaders need to keep their officers up to date on the newest drug trends, products, and processes affecting their communities, so that police will be able to properly identify and respond to addicts and offenders in their jurisdictions. Particularly regarding products dealers use to target children, police chiefs can work with school officials, the medical community, and other stakeholders to educate our nation's young people on these dangerous drugs, preventing future use, addiction, and drug-related crime.

SPECIFIC DRUGS

OPIOIDS

The rise in illegal opioid use has reached epic proportions in the United States and is reportedly related to increased crime rates, violence, drug trafficking, public drug use, domestic violence, at-risk children, and other community ills. Law enforcement should be a key player at the forefront of this problem, looking at innovative ways to reduce opioid abuse and overdose deaths; to improve public health and safety; and, ultimately, to reduce crime.

Education and prevention are critical components in decreasing opioid abuse and related crime. According to ONDCP, "[r]esearch shows that preventing drug use before it begins is a cost-effective, common-sense approach to promoting safe and healthy communities."[47] Law enforcement can educate communities on the dangers of opioid abuse and overdose and divert those with substance use disorders to treatment.

Opioid abuse can be divided into two types—the abuse of prescriptions drugs and the abuse of heroin.

Prescription Drugs

The CDC has classified prescription drug abuse in the United States as an epidemic.[48] *The Journal of the American Medical Association* reports the following sobering statistics:

- "The rate of fatal prescription drug overdoses involving opioids almost quadrupled from 1.4 deaths/100,000 people in 1999 to 5.4 deaths/100,000 people in 2011."

- "The rate of emergency department visits involving prescription drug misuse—primarily of opioid, antianxiety, and insomnia medications—more than doubled from 214 visits/100,000 people in 2004 to 458 visits/100,000 people in 2011."[49]

To put these numbers in perspective, fatal overdoses of prescription drugs have surpassed even heroin overdose fatalities.[50] More abuse has occurred because prescription drug providers increased their "milligram-per-person use" more than 400 percent between 1997 and 2007.[51] These narcotics not only are liberally prescribed, but also appear readily available to unauthorized users. Not surprisingly, the vast majority of prescription drug abusers obtain their drugs illegally from friends, family, dealers, or the Internet.[52]

Youth abuse opioid prescription drugs second only to marijuana and believe that prescription drugs are "safe" because doctors prescribe them and pharmacies sell them. This misconception needs to be corrected via new messaging from parents, educators, the medical community, politicians, and law enforcement. Police departments can collaborate with other stakeholders to responsibly educate our youth on the dangers of prescription drug abuse.

Another way to control prescription drug abuse is through the use of Prescription Monitoring Programs (PMPs). Forty-nine states and the District of Columbia have implemented PMPs, which are "designed to curb opioid overprescribing."[53] NAMSDL describes PMPs as statewide electronic databases that collect data on controlled substances dispensed in each state. Operated by a specific state regulatory, administrative, or law enforcement agency, that agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their professions. Unfortunately, PMPs are grossly underutilized: "median PMP registration rate among licensed prescribers who issue at least 1 controlled substance prescription is 35 percent"; further, a recent survey showed that 72 percent of doctors were not even aware of their state's program.[54] While 22 of the 50 PMP jurisdictions require prescribers to search the system before prescribing opioids, the system is not consistently used, as many prescribers consider PMPs "to be burdensome incursions into clinical practice."[55]

While PMPs reduce opioid abuse, system improvements are needed, particularly to help law enforcement access real-time, interstate data. Nonetheless, police should consider partnering with the medical community to properly utilize PMPs to curb both opioid addiction and opioid-related crime.

Heroin

The CDC has reported that the number of fatal heroin overdoses doubled from 2010 to 2012 and increased again nearly 40 percent from 2012 to 2013 (in the 28 states collecting data).[56] These statistics paint a grim reality that heroin and other opioid abuse represents an "urgent public health crisis."[57]

Why is the number of heroin overdose deaths increasing so dramatically? Several factors are at play, including heightened state oversight of prescription drugs such as oxycodone and Percocet. As oversight increases, addicts and abusers of these medications seek out more readily available drugs such as heroin. In addition, some researchers point to the United States' relaxation of marijuana laws, finding that U.S. marijuana growers are out-selling Mexican drug traffickers, and, as a result, Mexican traffickers have increased their production and export of heroin.

According to a recent report from the DEA, "heroin seizures in the United States increased 81 percent over five years, from 2,763 kilograms in 2010 to 5,014 kilograms in 2014."[58] Not only has the volume of heroin imports increased, making this dangerous drug more readily available to users, but, at the same time, the cost of a heroin dose is inexpensive. In some jurisdictions, one dose may be only five dollars—less than a pack of cigarettes. In addition, the heroin of today is far more pure than that of 25 or 30 years ago. Also, youth today did not experience the heroin epidemic of the 1970s and are not as fearful of this relatively available, inexpensive, and deadly substance. Finally, modern heroin is being laced with increasing traces of fentanyl, a compound that makes heroin even more lethal.[59]

Police Chief Action Items

Opioids

Law enforcement, the medical community, schools, and parents must educate the public about the dangers of opioids to prevent opioid abuse before it starts. Law enforcement agencies also play a unique role, with the opportunity to identify opioid addicts and offenders and divert them to successful treatment programs. Treatment combined with penalties for those who fail to comply with the law will curb these abuses and fatalities and make our communities healthier and safer. The robust leadership of police chiefs, in particular, is critical to education, prevention, and treatment efforts.

Police leaders planning to use naloxone, which reverses opioid overdoses, in their departments should use the DOJ toolkit in educating their department about naloxone and how and when to use it. In addition, agencies should do the following:

- Police agencies should collect data on the success of naloxone treatments, so that researchers can continue to study the benefits of naloxone use.
- Police agencies should train their police on Good Samaritan legislation protecting those who administer naloxone from arrest and prosecution.
- Agencies should spread the word about the four key ways to prevent opioid overdose deaths, identified by ONDCP, which are

    1. Learn overdose symptoms and call 9-1-1 if you see them.
    2. If you have naloxone, administer it.
    3. Memorize the treatment hotline: 1-800-662-HELP.
    4. Get rid of unneeded Rx drugs.[60]

***The Angel Initiative**: An initiative started by the Gloucester, Massachusetts, Police Department as a response to a number of overdose deaths in the community. The community sought a police approach that was based on human caring and addressing and solving the core addiction problem versus short-term punitive actions. Working with the community, the department became a place for individuals with a drug dependency to turn to in their time of need. Using a three-pronged approach, the department facilitates treatment, provides nasal narcan to those who can't afford it, and works for new state legislation relating to drug enforcement and treatment. At the end of 2015, the program has directed 350 people to treatment with a 31 percent drop in drug-related and/or ancillary crimes. They have partnered with 50 departments in 15 states, 100 treatment centers, and insurance providers for follow-up when individuals leave the treatment centers.*

For more information on the program, please visit http://paariusa.org/.

METHAMPHETAMINE

Liquid methamphetamine has been a growing drug problem for the past several years, particularly among Native American populations. Domestic methamphetamine manufacturing is on the decline, due in part to effective U.S. policies restricting "smurfing," or homemade meth made from over-the-counter cold medicines containing pseudoephedrine. International methamphetamine production, however, is on the rise, particularly in Mexico, where "super labs" exist. From fiscal years 2009 to 2014, CBP reported a 300 percent increase in methamphetamine seizures at California ports of entry. San Diego is reportedly a hotspot point of entry; in fiscal year 2014, U.S. officials seized more meth in San Diego than in all other ports of entry nationwide.[61]

Methamphetamine, while incredibly dangerous to all, is particularly dangerous to our nation's youth. "Adolescents who chronically use methamphetamine suffer greater and more widespread alterations in their brain than adults who chronically abuse the drug, and damage is particularly evident in a part of the brain believed to control the 'executive function,'" according to reports of a February 2015 University of Utah study.[62] Moreover, living in and around methamphetamine labs endangers children. In fact, the DEC movement arose from the extreme dangers to children who were living in unsafe conditions in and around meth labs. For further information on drug endangered children, see "Strategic Approaches for Law Enforcement" on page three.

Police Chief Action Items

Methamphetamine

Chief executives can continue to work on the twin goals of education/prevention and diversion/treatment to combat methamphetamine use in their jurisdictions. Specific strategies that may be useful include the following:

- The Anti-Meth Campaign specifically targets young adults ages 18–34 and focuses on jurisdictions most affected by methamphetamine. This campaign was supported by the National Youth Anti-Drug Media Campaign, and focuses on messaging discouraging methamphetamine use and promoting the benefits of treatment. Notably, the campaign offers its anti-meth advertisements free for communities to use in their local jurisdictions.[63]

- Hawaii's Opportunity Probation with Enforcement (HOPE) has utilized diversion/treatment and enforcement approaches to target illegal drug use, primarily methamphetamine use, but also other drugs that have achieved significant probation reforms. HOPE's "Swift, Certain, Fair" approach

  > *...reduces drug use, recidivism, and crime by employing brief, consistently applied sanctions for every probation violation. Treatment is provided to those who request it. An independent evaluation of the HOPE program found that participants—primarily methamphetamine users—were 55 percent less likely to be arrested for a new crime; 72 percent less likely to use drugs; 61 percent less likely to skip appointments with their supervisory officer; and 53 percent less likely to have their probation revoked."*[64]

Chief executives should ensure that their departments adequately target "smurfs" or criminals who purchase cold medicine for drug traffickers to produce methamphetamine. One strategy to achieve this goal is ensuring that methamphetamine convictions in your jurisdiction are entered in the National Precursor Log Exchange (NPLEx), a national database providing real-time data on pharmacy sales of cold medicine ingredients. NPLEx can provide alerts to law enforcement when individuals purchase cold medicines in large quantities or inform them if a prospective purchaser has a methamphetamine-related conviction.

NPLEx, however, is largely underutilized: only 29 states use this database to track pharmacy sales, according to a 2014 news report; further, of those 29 states, only a handful of states provide for "stop-sale" measures to prevent sales to convicted addicts.[65] Still, there have been success stories. Tennessee has had reported success in utilizing NPLEx to stem methamphetamine crime, for example, by stopping "the sale of more than 17,163 boxes of medicine containing pseudoephedrine during the first seven months of 2014, preventing more than 47,651 grams from potentially being diverted by meth criminals."[66]

Finally, police executives should be aware of applicable state legislation, if any, making pseudoephedrine available by prescription only.[67] As of September 2015, only Mississippi and Oregon have enacted such laws, and the impact of this legislation is uncertain, according to a recent study conducted for NAMSDL on the effects of restricting pseudoephedrine to prescription holders only.[68] Nonetheless, the study identifies significant methamphetamine-related issues in Mississippi and Oregon, as well as Alabama, Arkansas, Idaho, Louisiana, and Washington. Police leaders in these and other states impacted by methamphetamine use should consult this report for additional strategies on combatting this proliferating drug problem.

MARIJUANA

State marijuana laws have changed dramatically in recent years. State and local law enforcement need to be aware of three significant trends.

1. Forty-one states and the District of Columbia have enacted legislation permitting limited use of marijuana for medicinal purposes, such that persons with a medical need for personal marijuana use may legally obtain a referral for marijuana, for example, to alleviate pain from chemotherapy, nerve pain, glaucoma, seizures, and other disorders.[69]

2. Fourteen states and the District of Columbia have decriminalized marijuana, such that criminal violations for personal, non-medical use may be reduced or abolished.[70]

3. Four states, Washington, Colorado, Oregon, and Alaska, have legalized a for-profit commercial marijuana industry, and the District of Columbia has legalized marijuana for personal use.[71]

Many states that have not already legalized medical marijuana are considering legislation to allow personal use of medical marijuana. And several states are considering legislation to decriminalize or legalize personal, non-medical use of marijuana.[72]

IACP strongly opposes the decriminalization and legalization of marijuana and urges law enforcement to oppose these trends in statehouses across the United States.

The federal government has not changed federal law, but, in recent years, federal policy with respect to marijuana use has changed. Federal law still classifies marijuana as a Schedule I drug, alongside other drugs like heroin and methamphetamines, and there is little, if any, evidence of any planned changes to that classification. However, recent federal actions have signaled something of a retreat from enforcement of marijuana offenses. For example, an August 2013 DOJ memorandum stated that the federal government will not interfere with state laws allowing certain marijuana use, provided the states have "strong and effective regulatory and enforcement systems" and do not disrupt key federal enforcement priorities, to include the prevention of marijuana distribution to minors; disrupting gangs' other criminal organizations; preventing other drug dealing, violence, or the use of weapons; preventing drugged driving and exacerbating other adverse public health effects connected to marijuana use; and use or possession of marijuana on federal properties.[73] In February 2014, the administration issued additional guidance that federal officials would not target financial institutions or businesses engaging in marijuana sales, provided those businesses abide by relevant state laws.[74]

These federal actions and state legislation send conflicting messages to law enforcement, the public, and especially to the nation's youth, which give the misconception that marijuana, while still a Schedule I drug, may be harmless. To the contrary, studies suggest that the effects of marijuana use on young, developing brains are grave, with serious, long-term negative consequences.

A recent RAND report found that the effects of the "unprecedented" new marijuana laws in the United States "are likely to be complex and will be difficult to fully assess for some time."[75] The shifting legal landscape creates an immediate problem for law enforcement officers, however, including an urgent need to adequately assess the risks and take appropriate action to ensure that marijuana use does not develop into abuse and addiction and, ultimately, elevated crime rates.

Health and Public Safety Risks

Marijuana science research points to serious adverse health effects of long-term marijuana use. For example, a recent RAND report found that marijuana use has

> *clear acute and chronic health effects, especially of frequent, high-dose marijuana use. Acute risks include accidents and impaired cognitive functioning while intoxicated, as well as anxiety, dysphoria, and panic. Longer-term risks of persistent heavy use include dependence and bronchitis. Some evidence suggests other serious risks for heavy marijuana users, particularly with psychotic symptoms (which is not the same as being diagnosed with schizophrenia), cardiovascular disease, and male testicular cancers."*[76]

Marijuana use can be particularly harmful to young people. A recent *New York Times* series on marijuana, which generally supported legalization, nonetheless reported that

- A study by the National Institute on Drug Abuse (NIDA) determined that "adults who smoked heavily in adolescence had impaired neural connections that interfered with the functioning of their brains."

- A 2012 New Zealand study "found that people who began smoking heavily in their teens and continued into adulthood lost an average of eight I.Q. points by age 38 that could not be fully restored."

- A prominent medical journal in London reported that "people who smoked high-grade marijuana... similar to average US varieties of marijuana were five times more likely than non-users to have a psychotic disorder" and even occasional users were three times more likely to have a psychotic disorder.

- The medical community has confirmed that, "[a]s marijuana use and potency increases, the demand for treatment for cannabis use disorder is on the rise."[77]

Additionally, a 2013 Northwest Medicine study indicates that teenagers who smoked daily for approximately three years "had abnormal changes in their brain structures related to working memory and performed poorly on long-term memory tasks." The study also reported that the earlier users began abusing marijuana, "the more abnormally their brain regions were shaped."[78]

Opponents of marijuana legalization and decriminalization should carefully examine these and other studies to adequately assess the true effects of marijuana use. Advocates of legalization and decriminalization, similarly, need to look objectively at the studies and to recognize that marijuana users are doing harmful things to themselves and to others, and, moreover, acknowledge the public health and safety risks that attend increased marijuana decriminalization and legalization.

Finally, adult marijuana users in some communities are placing our youngest generation at serious risk, not only for youth drug use, but also for unhealthy homes and neighborhoods in which to live. Police officers may be the first line of defense to protect these drug-endangered children and to break the cycle of drug abuse that puts these children at such extreme risk. Law enforcement leaders need to be acutely aware of this at-risk population and their needs. For more on this subject, see "Strategic Approaches for Law Enforcement." The public health consequences of marijuana use, including those identified earlier, are inseparable from the adverse public safety consequences. These public health and safety risks form the top 10 reasons why IACP opposes continued marijuana decriminalization and legalization.

"The drug threat is everywhere and constant, and requires law enforcement to work closely with partners in education, prevention and treatment. We all must address the supply and demand sides of this problem and do so relentlessly."

*– Acting Administrator Chuck Rosenberg, Drug Enforcement Administration**

TOP 10 REASONS TO OPPOSE MARIJUANA LEGALIZATION

1. Increase in marijuana use among youth and young adults
2. Increase in number of drug-endangered children
3. Increase in number of marijuana abusers and addicts
4. Increase in number of users needing treatment
5. Increase in number of emergency room visits for marijuana-related incidents
6. Increase in diversion of marijuana to the black market and for unintended purposes (e.g., increased exports of marijuana from "legal" states to states prohibiting marijuana, and unauthorized use for non-medical purposes)
7. Increase in marijuana-impaired driving fatalities
8. Adverse impact and cost of physical and mental health damage to users;
9. Decrease in academic performance and workplace productivity
10. Overall economic cost to society outweighing any revenue generated[79]

Law enforcement officials have a critical role in messaging the adverse public health and safety effects of marijuana use and addiction. This messaging must especially target the dangers to youth and the risk of abuse and addiction. In addition, police executives must continue to target illegal diversion to prevent escalating marijuana abuse.

Youth

Aforementioned in this document, the effect of marijuana use on our youth is far different than on adults; young people's brains are still developing, and heavy marijuana use can adversely and permanently impact the development of important brain functions. These adverse impacts may be permanent and irreversible.

Education is a key component to preventing young people from starting marijuana use. Colorado reportedly is devoting significant resources to youth prevention and education.

> *To discourage minors from using marijuana, the state is spending $17 million on youth prevention and education. An ad campaign aimed at 12- to 15-year-olds, who are seen as more open to persuasion than older teenagers... will focus on marijuana's potential risk to growing brains, using props like giant rat cages and the slogan: Don't be a lab rat..*[80]

It is important to responsibly educate children about marijuana and its attendant risks, or we will find our youngest generation subject to increased abuse and addiction. The time is now to address youth and marijuana, as studies report that youth marijuana use is on the rise.[81] The momentum behind the marijuana legalization movement adds a particular urgency; in the three years after marijuana for medical use was legalized in Colorado, the state faced a "26 percent increase in youth (ages 12 to 17 years) monthly marijuana use."[82] This significant increase could adversely affect an entire generation of young people and their academic performance, job prospects, relationships, and, ultimately, their long-term health.

Our nation's schools are negatively impacted by increases in youth marijuana use and addiction. Middle schools in Colorado "reported a 24 percent increase in drug-related incidents in 2014." While schools do not report on the specific drugs involved in incidents, experts have indicated that the increase may be due to the state's marijuana legalization. Colorado school districts now have been requested to identify which drugs are involved in school incidents to better track school-age marijuana use.[83]

Predictably, increased marijuana use is accompanied by addiction and increased needs for treatment. In some cases, youth treatment houses have seen a surge in the need for youth treatment. "Nearly 70 percent of the teenagers in residential substance-abuse programs run by Phoenix House, which operates drug and alcohol treatment centers in 10 states, listed marijuana as their primary problem."[84]

Exacerbating the problem is that children and young people do not appear to have adequate information about the risks of marijuana use and, in fact, may be unclear about the drug's harmful health effects.[85] This disconnect is perhaps why, while we are seeing a decline in youth use of alcohol and tobacco, we are finding a simultaneous increase in youth marijuana use, drug-related school incidents, and marijuana addictions. Useful websites addressing marijuana use and aimed at the younger generation can be found at http://www.drugabuse.gov/publications/mind-over-matter/complete-set and http://www.drugabuse.gov/publications/marijuana-facts-teens/want-to-know-more-some-faqs-about-marijuana.

Finally, marijuana legalization has caused an increase in accidental marijuana consumption of "edibles" ingested by our youngest generation. Edibles, which are not regulated by the Food and Drug Administration (FDA), but are legal in states like Colorado, are marijuana-laced products that can be dangerous for both youth and adults. There is not always an easy way to determine that the edibles contain marijuana's active ingredient, THC, as the labeling is not consistently clear. Colorado now legally sells sweets such as cookies, candy, and other edibles laced with THC, which can pose a real danger to children. "Experience in Colorado has shown that people can quickly ingest large amounts of THC that way, which can produce frightening hallucinations" and even death.[86]

Addiction, Abuse, and Treatment

Studies indicate that 1 in 11 persons who use marijuana become addicted. [87] While use and addiction percentages are higher for drugs like heroin and methamphetamines, 1 in 11 still adds up to a large number of individuals addicted to marijuana. To put this statistic in perspective, according to ONDCP,

> *In 2011, approximately 4.2 million people met the … diagnostic criteria for marijuana abuse or dependence. This is more than pain relievers, cocaine, tranquilizers, hallucinogens, and heroin combined. In 2011, approximately 872,000 Americans 12 or older reported receiving treatment for marijuana use, more than any other illicit drug.*[88]

In some cases, heavy users compose the vast majority of the marijuana market. "A recent report prepared for the Colorado Department of Revenue concluded that nearly 90 percent of the demand for marijuana [in Colorado] would come from only 30 percent of users, those who use the drug 21 to 31 days a month."[89] Such heavy use

by a significant user population—particularly of today's especially potent marijuana—creates a new market for marijuana addiction and treatment. In cases in which individuals addicted to marijuana are successfully diverted to treatment, according to one 2007 study, 71 percent relapsed within six months.[90]

Illegal Diversion

Law enforcement can work with legislators to oppose marijuana decriminalization and legalization; school officials to address youth marijuana use; the medical community to address diversion and treatment; and public affairs departments and others to emphasize specific messaging. However, enforcement remains a critical strategy, and police executives should focus on the several different types of illegal marijuana diversion.

- Medical marijuana, where legally prescribed to those with cancer and other illnesses, reportedly is abused for purposes other than "bona fide" medical purposes.

- In states where marijuana is legal for non-medical purposes, a black market often flourishes. In fact, a black market reportedly "exploded" in Washington state after the drug was legalized in 2013, "with scores of legally dubious medical dispensaries opening and some pot delivery services brazenly advertising that they sell outside the legal system."[91]

- Similar to illegal firearms trafficking, marijuana may be exported from states with liberalized marijuana laws to states where marijuana is illegal. This very outcome led attorneys general in Nebraska and Oklahoma—where the drug is still illegal—to sue Colorado in December 2014 in the U.S. Supreme Court for increased marijuana imports into their states.[92] If the court allows the action to go forward, the plaintiff states will ask the court: (1) to declare as unconstitutional the portion of Colorado law that legalizes the commercial manufacture, possession, and distribution of marijuana (Sections 16(4) and (5) of Article XVIII of the Colorado Constitution); and (2) to prevent Colorado from implementing those provisions.

In order to stop marijuana crime and abuse, police need to find the specific sources of the illegal drugs in their communities. The sources may be any number of venues or persons, including black-market "dispensaries," sophisticated drug cartels, out-of-state gang members, or Internet sites. Police agencies need to tailor their enforcement efforts accordingly to protect their communities from illegal marijuana use and related crime.

Police Chief Action Items

Marijuana

- The marijuana legalization movement has gained significant ground in recent years. Law enforcement executives need to collaborate with stakeholders and find innovative ways to oppose expansion of marijuana legalization. At the same time, law enforcement executives should ensure that academies,

roll-calls, and in-service trainings routinely talk about the changing legal landscape so that officers are consistently educated about the relevant legal provisions in their jurisdictions.

- Police chiefs and members of the medical community should collaboratively use social media and speaking appearances to middle and high school children to warn them about marijuana's harmful effects. If police officers and pediatricians personally, visited schools with this message, misconceptions about marijuana's effects could be quashed and marijuana use would be reduced.

- Chief executives across the United States should partner with public schools, middle schools and high schools to encourage tracking of information about marijuana use and drug-related incidents in schools. For example, law enforcement officers could meet with school principals and collaborate on creative but simple ways to capture data, which may serve also to identify the different types and sources of drugs in a particular school community.

- In states where marijuana is legal in some form (for medical or personal use), law enforcement leaders should focus its efforts to identify users and to work with treatment centers to ensure that those who are addicted do not burden society with higher physical and mental health costs and decreased productivity and tax revenue.

- Police chiefs also need to strategically identify the sources of the illegal marijuana in their communities:

    - First, law enforcement needs to ensure that marijuana, where legal for medicinal use, is being prescribed and used only for authorized medical purposes (e.g., that medical dispensaries are complying with applicable law, and that recipients are not abusing the medicinal use or illegally distributing to others).
    - Second, in states where marijuana is legalized, police need to ensure that individuals do not buy and sell the drug in the unregulated black market.
    - Third, if illegal marijuana supplies are identified as being from another state, police departments need to work together across state borders to cut off the illegal supply chain.
    - Fourth, in every case, state and local officers should work with their counterparts in federal law enforcement to ensure that marijuana investigations support the federal investigative priorities set forth in the DOJ memorandum.

CONCLUSION

Policing today requires problem-solving, community-based strategies. By developing community partnerships with a diverse array of stakeholders, law enforcement agencies can collaborate more effectively to educate the public on drug risks and to divert drug offenders and individuals with addiction to treatment. These collaborative approaches may yield surprising and valuable intelligence on drug use and trends in an agency's particular jurisdiction—intelligence to help both solve and prevent drug-related crime. In addition, these law enforcement roles in education, diversion, and crime prevention serve to reaffirm the public's trust in our policing and to ensure the safety and well-being of our community.

OUTCOMES

- Drug use is an issue of continuing importance to all local law enforcement agencies, and the goal for this report is to provide police chiefs with the information needed to craft informed and rational local approaches to respond to these issues in their respective jurisdictions.

- Education/prevention and diversion/treatment and enforcement go hand-in-hand. Law enforcement leaders' focus should be not only on arrest, but also on prevention, treatment, and recovery.

- Police executives must understand the science of addiction and the importance of treatment.

- Progress has been made. "One notable example of progress is the increasingly widespread support for a public health-focused approach to the drug problem... Just a few years ago, a focus on prevention, early intervention, behavioral and medication-assisted treatment, overdose prevention, and recovery support services was controversial in many areas of the world"[93] Fortunately, today there has been a global recognition of "the urgent need to reduce the stigma associated with substance use disorders – both out of genuine compassion and as a means to encourage those who need help to seek treatment."[94]

- By encouraging partnerships with relevant stakeholders, law enforcement leaders can effectively collaborate to divert drug offenders to treatment and to prevent drug addictions and drug-related crime. Law enforcement's role in education/prevention and diversion/treatment will help to ensure public safety and may establish or reestablish public trust in policing.

IACP ACTION ITEMS

1. IACP can promote collaboration with a host of organizations to accomplish the education/prevention and diversion/treatment strategies identified above. These stakeholder organizations include such medical associations, the American Medical Association, the American Cancer Society, the American Osteopathic Academy of Addiction Medicine, the Center for Health and Justice at TASC, the National Association of State Alcohol and Drug Abuse Directors, and the National Institute on Drug Abuse. Other partners may include the American Psychiatric Association, American Society of Addiction Medicine, the American Academy of Pediatrics, and the American College of Emergency Physicians.

    - IACP can and should include other associations in these efforts, such as the Association of Prosecuting Attorneys, the National Association of Counties, the National District Attorneys Association, and the National Governors Association, as well as federal, state, and local law enforcement officials.

    - IACP might consider a summit with representatives from these types of organizations to develop concrete recommendations for achieving shared education/prevention and diversion/treatment goals and hold a press conference to broadcast their message.

2. IACP should work with the media to get more information out about the effects of illegal drugs on middle and high school students. For example, friendly media outlets could promote public advertising campaigns about the dangers of drugs on children's developing brains and their long-term health. These campaigns also could emphasize the concrete consequences of illegal drug use—not just prison time, which is key, but the fact that offenders in prison will no longer be able to walk their daughters to school, protect their little brothers from drug dealers, or help their ailing grandmothers. These approaches were effective in public service announcements funded by the DOJ's Project Safe Neighborhoods and broadcasting the consequences of gun offenses. In fact, these types of approaches were found to be more effective than threatening jail time or showing jail cells.

3. IACP will continue to promote and train individuals through its Drug Impairment Training for Educational Professionals (DITEP) training. DITEP training provides secondary educators and school nurses working with students of legal driving age the training needed to identify and document the drug- and/or alcohol-impaired student. This course provides trainees with the ability to recognize the outward signs, symptoms, and indicators of drug and/or alcohol impairment, recommended documentation procedures, and appropriate dialog to use when talking with the parents. This training is not designed to punish the student. It is to protect the student from hurting themselves or others while impaired and start the process to get them the help they need.

4. IACP should continue to work with NHTSA on drugged driving tests and training programs. IACP also could coordinate development of an education campaign on the dangers of drugged driving. Mothers Against Drunk Driving (MADD) could be a key ally in such a campaign, and IACP could consider reaching out to MADD for critical advice.

5. With respect to marijuana, we all recognize that the legalization movement has gained significant ground in recent years and now must find innovative ways to collaborate with other stakeholders to oppose continued expansion of the legalization and decriminalization laws. In addition to the specific action items identified for chiefs to consider in their own departments, IACP might consider initiating critical actions in this arena.

For example:

- All of the players—law enforcement, public health experts, the treatment community, prosecutors, and others—must present a unified message of opposition to marijuana legalization and decriminalization. Our unified voice is critical in opposing what is a very organized and well-funded movement supporting legalization. IACP should work to unify these voices and counter the well-funded and well-organized legalization movement. One strategy IACP might consider in opposing marijuana legalization is looking to the lessons learned in the fight against big tobacco in years past and how that movement succeeded in largely banning tobacco from our public places.

- Researchers need better data on marijuana use. IACP should develop a means for state and local police officers to perform simple data gathering to measure and report how lawful medical marijuana and marijuana legalization and decriminalization have impacted their communities. For example, do these

legislative actions reduce crime? Lower arrests? How do these measures impact minority communities—do they increase marijuana and other drug use in these communities? Do they jeopardize children in these communities and, if so, how?

- In developing this data gathering, IACP should work with RAND or other organizations to develop data on the actual costs of the recent liberalizing legislation. The ACLU has estimated that the costs of enforcing laws criminalizing marijuana possession costs total more than $3.6 billion in 2010.[95] But what are the costs of legalizing or decriminalizing marijuana? These calculations should include the public health and safety costs of these measures, such as increased treatment needs and community impact.

Finally, IACP should work with polling groups to gather information on youth attitudes toward illegal marijuana use. Some reports have suggested that youth believe that tobacco and alcohol are dangerous, but that marijuana is not dangerous. Tracking these attitudes and putting out responsible information to counter misperceptions about marijuana use is a necessary investment in our nation's youth.

CONCLUSION

Policing today requires problem-solving, community-based strategies. By developing community partnerships with a diverse array of stakeholders, law enforcement agencies can collaborate more effectively to educate the public on drug risks and to divert drug offenders and individuals with addiction to treatment. These collaborative approaches may yield surprising and valuable intelligence on drug use and trends in an agency's particular jurisdiction—intelligence to help both solve and prevent drug-related crime. In addition, these law enforcement roles in education, diversion, and crime prevention serve to reaffirm the public's trust in our policing and to ensure the safety and well-being of our community.

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Notes

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