





Aiding or enabling? Officer perspectives on harm reduction and support services in an open-air drug market

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ABSTRACT

Police officers are stationed on the frontlines of open-air drug markets and regularly intervene in issues resulting from public drug consumption and overdoses. Police departments are increasingly being asked to adopt harm reduction approaches to deal with the health and safety consequences of drug use. As officer buy-in is essential to intervention success, it is important to assess officer attitudes towards their evolving duties. This study draws on over 400 hours of field observation data with transit officers deployed on an overdose rapid response programme in Philadelphia's Kensington neighbourhood. Generally, officers were supportive of Narcan for overdose reversal, but some pointed out limitations to its use. Officers also identified how widespread availability of Narcan has changed the local overdose landscape and community response. Officers expressed mixed opinions towards ancillary support via food and clothing distribution by local organisations. They were more supportive of long-term treatment efforts though recognised the rarity of treatment initiation. Findings illuminate a tension in contemporary policing as officers rely less on law enforcement and adapt to harm reduction approaches in their daily work. Their perspectives identify potential benefits to enhanced training and understanding of harm reduction principles among police officers.

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Introduction

Opioid-related overdose deaths in the United States have been sharply increasing for the last two decades, and over 75% of the 106,699 drug overdose deaths in 2021 involved opioids (Centres for Disease Control and Prevention 2023). The vast majority (88%) of all overdose deaths in the United States in 2021 involved synthetic opioids, such as fentanyl, a narcotic analgesic that is 50 times more potent than heroin (United States Drug Enforcement Administration 2021, Centres for Disease Control and Prevention 2023). While the country's opioid epidemic is often framed as having the greatest impact on rural and suburban communities, urban sites are also experiencing particularly deleterious effects of widespread drug use (Drake *et al.* 2020). The Kensington neighbourhood in Philadelphia, the site of the current study, has received national attention as it contains the 'largest open air market for heroin on the East Coast' (Percy 2018, p. 1). The drug market in Kensington is characterised by a high volume of open-air drug sales and consumption, overdoses, and gun violence (Percy 2018, Johnson *et al.* 2020). Philadelphia recorded 1,413 overdose deaths in 2022, an 11% increase from the previous record high of 1,276 in 2021 (Philadelphia Department of Public Health 2022). The 19134 postal area code, which contains the Kensington neighbourhood, experienced the highest number of overdose deaths in the city.

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The opioid crisis in the United States is regarded as a pressing public health issue, and one that has added complexity to modern policing practices (Bayley 2016, Blanco *et al.* 2020, White *et al.* 2021). Police are stationed on the frontlines of community drug issues and are called to intervene in a variety of public health and safety issues derived from drug activity, including drug sales, open-air drug consumption, the establishment of homeless encampments and most notably, drug overdoses (Wood *et al.* 2015, Pike *et al.* 2021, Ratcliffe and Wight 2022). While police are responsible for enforcing drug policy, as evidenced by drug enforcement that occurred during the 'War on Drugs' (Gottschalk 2023), modern police approaches recognise the limitations of enforcement-oriented and zero tolerance approaches toward illicit drug use and are implementing methods that more address the needs of individuals engaging in drug-related crime, rather than criminalising drug use (Harmon-Darrow *et al.* 2023). For example, law enforcement-assisted diversion (LEAD) programmes provide low-level drug offenders with treatment services in lieu of criminal justice processing (Krupanski 2018, Magaña *et al.* 2022, Perrone *et al.* 2022). While LEAD programmes predate the nation's opioid crisis (Harmon-Darrow *et al.* 2023), the greater volume of individuals experiencing drug addiction necessitates the use of service-oriented or diversionary approaches.

Specifically in the context of addiction, there have been calls for police to work within a harm reduction framework when addressing community drug problems (Caulkins and Reuter 2009, Krupanski 2018, Kammersgaard 2019). Harm reduction is a public health framework with the primary goal of promoting user safety by decreasing the harms associated with drug use; the primary goal is not the reduction or cessation of drug use (Ritter and Cameron 2006). Harm reduction approaches acknowledge that illicit drug use is a part of society and will continue to occur, regardless of intervention (National Harm Reduction Coalition 2020). A global example of police working within a harm reduction framework to mitigate community drug problems is police-administered overdose reversal using Narcan, the intranasal formulation of the opioid antagonist Naloxone (Rando *et al.* 2015, Berardi *et al.* 2021, Police Scotland 2023). During these encounters, officers work within a harm reduction framework to promote user safety by reviving overdose victims without the requirement of abstaining from drug use or the threat of criminalisation.

In recent years, the police role has evolved in tandem with a mounting opioid overdose crisis impacting communities across the nation. Wrestling with these simultaneous public health and public safety roles, police are now tasked with balancing their traditional enforcement duties with harm reduction practices, which directly conflict with one another due to the illicit status of drug use. This has seen police departments adopting harm reduction tools, and police are increasingly working alongside (and even formally partnering with) service providers to address the needs of the vulnerable populations they serve (International Association of Chiefs of Police 2018). In addition to formal police-service provider partnerships, police working in areas such as Kensington, Philadelphia navigate a continuum of public health support services, such as inpatient and outpatient recovery services, volunteer organisations that distribute food and clothing, non-profit organisations that provide harm reduction measures and other support services, and mobile recovery units that provide care for individuals experiencing drug addiction. Contemporary policing approaches to drug-related issues therefore involve *practical* changes in officer actions (such as overdose reversal and service referral instead of arrest) and *conceptual* changes (involving less reliance on enforcement of drug laws and acknowledgement that drug use will likely continue despite intervention).

The current study examines the perspectives of police officers around the topics of harm reduction and support services drawing on over 400 hours of field observation with transit officers in Philadelphia. The perspectives of police officers can be informative to both research and implementation processes, such as when Swedish police engaged in a randomised, controlled trial of 'motivational talks' based on frustrations expressed by frontline officers in a well-known drug market (Magnusson 2020). Our study advances the law enforcement and public health literature by exploring the tension and complexity of the modern police role through the perspectives of officers stationed on the frontlines of the largest drug market on the East Coast of the United States. This article builds upon the literature examining officer attitudes towards their evolving role in drug

and overdose response (Smyser and Lubin 2018, Pike *et al.* 2019, 2021, Murphy and Russell 2020). It is a recognition of Bacon and Spicer's (2022, p. 13) notion that policing of drug environments involves 'thorny moral and politically charged debates that are difficult to reconcile'. Findings also discuss the less-reported area of officer attitudes towards support service provision, such as the provision of meals and clothing to individuals experiencing homelessness and addiction, as well as outreach efforts and long-term treatment provision.

Harm reduction and policing

Harm Reduction International defines harm reduction as 'policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws' (Harm Reduction International 2022, para. 1). A foundational principle of harm reduction is the recognition that drug use, both illicit and licit, will continue, but there is room to minimise its negative effects (National Harm Reduction Coalition 2020). It thus focuses on the consequences of drug use as the target of intervention, rather than drug use itself (Marlatt 1996). Harm reduction approaches respect the autonomy and rights of individuals who use drugs and aim to provide support without coercion, judgment, or the threat of punishment (Harm Reduction International 2022). America has followed other nations such as The Netherlands and the United Kingdom in the adoption of harm reduction models addressing drug use and addiction (Marlatt 1996). Historically, American approaches to drug use have followed either a *moral* model, which deems illicit drug use as a criminal offense that is morally wrong, or a *disease* model, which categorises addiction as a disease needing treatment and rehabilitation. Both models require abstinence from drug use, achieved either through punitive incapacitation or rehabilitative treatment. Rather than demanding abstinence from drug use, harm reduction approaches promote the health and safety of individuals who use drugs by providing resources to alleviate the risks associated with drug use. Resources include the safe and managed consumption of drugs in supervised consumption sites, syringe access and exchange programmes to reduce transmission of blood-borne pathogens, infections and diseases, and overdose prevention and reversal (Bluthenthal *et al.* 1997, Potier *et al.* 2014, National Harm Reduction Coalition 2020, Harm Reduction International 2022).

Within the context of police work, harm reduction strategies address the needs of those using drugs and attempt to minimise the adverse effects associated with drug use, instead of enforcing drug policies and arresting those using illicit drugs (Krupanski 2018). A recent, notable shift in the role of police officers is overdose reversal using the opioid antagonist Narcan, or intranasal Naloxone (Pike *et al.* 2021). Police officers are present throughout neighbourhoods, available at any time throughout the day and offer quick responses to emergency calls (Rando *et al.* 2015, Krupanski 2018). Accordingly, police are often the first on the scene of an overdose and able to administer life-saving aid immediately. While Naloxone has been used by paramedics and medical personnel for decades, the introduction of the easy-to-administer intranasal Narcan has allowed officers to begin the overdose reversal process without waiting for emergency medical services to arrive (Wermeling 2010, Davis *et al.* 2014b, Rando *et al.* 2015). Narcan is designed to reduce opioid overdose fatalities by blocking the brain's opioid receptors and reversing the respiratory depression that occurs during an overdose (National Institute on Drug Abuse 2022). While Narcan can only revive those suffering an opioid overdose, there are no negative health effects of an improper administration to someone who has not taken opioids.

From an evidence-based perspective, there is ample evidence of Narcan's effectiveness when administered by first responders (Walley *et al.* 2013, Davis *et al.* 2014b, Rando *et al.* 2015, Fisher *et al.* 2016, Avetian *et al.* 2018, Jacoby *et al.* 2020). Narcan administration by police is a primary example of how police are beginning to work within a harm reduction framework to address community drug issues. Rather than adopting an enforcement perspective, police administer Narcan to reduce the negative effects of drug use – a potentially fatal opioid overdose – and the overdose victim is not punished, nor required to cease drug use after revival (Krupanski 2018, Pike *et al.*

2021, Kahn *et al.* 2022). In rare instances, however, there have in the past been documented cases of police reverting to their enforcement duties and arresting overdose victims or bystanders during an overdose incident (Banta-Green *et al.* 2013). In addition to overdose reversal, other harm reduction approaches in policing include involvement in syringe access and exchange programmes, treatment referral, and LEAD programmes that service low-level drug offenders with services and treatment instead of punishment (Davis and Beletsky 2009, Beckett 2014, Schiff 2017).

Officer attitudes may impact the implementation of harm reduction interventions, such as with programmes that depend on officers' willingness to refer an offender to services instead of traditional criminal processing (Beckett 2014). Officers with service-oriented policing styles and those who favoured offender rehabilitation were more likely to refer offenders to a LEAD programme, compared to officers with a legalistic, enforcement-oriented policing style (Schaible *et al.* 2021, Gant and Schaible 2022). Attitudes may also be dependent on the type of harm reduction. For example, studies examining officer attitudes towards syringe decriminalisation and syringe access programmes have found that generally, officers view safe syringe access as beneficial and are receptive to learning about syringe programmes (Davis and Beletsky 2009, Davis *et al.* 2014a, Sights *et al.* 2019), even though needle stick injuries are an occupational hazard for police and are perceived by officers as a serious concern (Beletsky *et al.* 2005, Davis and Beletsky 2009).

Recent studies have begun to explore officer attitudes towards their harm reduction role in the opioid epidemic. Surveyed Kentucky officers who received training on administering Narcan supported its use, but some officers expressed concern administering a medical treatment as non-medical professionals (Pike *et al.* 2021). Most of these officers also provided treatment referrals to individuals in active addiction and viewed their role expansion as a natural evolution of their duty to respond to community needs. Police chiefs surveyed in Pennsylvania also recognised the benefits of Narcan but shared concerns about the potential agitation of those revived, whether officers can properly identify situations to use Narcan, and the cost associated with the administration of the medication (Smyser and Lubin 2018). There is also evidence of officers expressing more pessimistic attitudes towards Narcan and viewing it as a mechanism for prolonged drug use – and these attitudes increased with more exposure to overdose revivals (Murphy and Russell 2020). Local opioid issues also contribute to first responder burnout by increasing workloads and enhancing negative emotional effects associated with their role (Pike *et al.* 2019).

As harm reduction approaches are increasingly integrated into policing practices, it is useful to understand officer perspectives and attitudes towards these alternative strategies and their evolving duties, as it is recognised that officer buy-in, or an officer's willingness to adapt to a new strategy, is essential for successful harm reduction interventions (Perrone *et al.* 2022). To achieve buy-in, officers must understand the benefits of the new strategy and be confident in the tools necessary to implement it (Rosenbaum and McCarty 2017). As stated earlier, a shift to harm reduction policing strategies requires *practical* changes, such as overdose reversal using Narcan or service referral in lieu of arrest, and *conceptual* changes from abstinence-focused moral or disease models of addiction to the acknowledgement that illicit drug will continue to occur in society (Marlatt 1996). The situation is therefore one of increased involvement of police officers with not only the delivery of medical treatment through their frontline role, but also increased contact with organisations and non-governmental agencies involved in the delivery of opioid-related public health. In light of this, learning more about the experiences and perspectives of individuals who are deeply embedded in a neighbourhood and who are often first on scene to medical emergencies would appear valuable (Thacher 2022). This is even more important at the present time, given the changing role moving police away from enforcement and towards contributing as a partner in the delivery of public health provision (Bartkowiak-Théron 2022). This reflects a broader trend in policing of approaches such as co-response and crisis intervention teams that prioritise the safety of individuals in vulnerable conditions and the facilitation of services and treatment instead of criminal justice processing (Compton *et al.* 2008, International Association of Chiefs of Police 2021).

The Kensington transit corridor overdose response study

Philadelphia is the sixth largest city in the United States (by population) and one of the poorest. Police are called to just over one million calls-for-service from the public, of which between 7 and 8 percent relate to medical or public health needs (Ratcliffe 2021). Located in the northeastern section of Philadelphia, the neighbourhood of Kensington contains one of the largest open-air drug markets in the country and contains a rapidly deteriorating neighbourhood with complex, inter-related issues related to addiction, homelessness, mental and public health (Johnson *et al.* 2020, Cusack *et al.* 2021). Nicknamed the ‘Walmart of Heroin,’ Kensington is a destination known for its vast supply of cheap, yet powerful heroin that is often mixed with the synthetic opioid fentanyl (Percy 2018). The widespread drug use in the area has become a growing public health concern because of open-air injection drug use and discarded drug paraphernalia, particularly used syringes. Kensington also hosted a large homeless encampment that was cleared by the City of Philadelphia in 2018 (Cusack *et al.* 2021). The city’s encampment resolution plan was a well-intentioned effort to channel homeless individuals into shelters and treatment programmes, but the encampment clearing mostly resulted in displacement onto the main roads of Kensington. At the time of writing, Kensington Avenue – the main thoroughway in the area – is lined with small encampments and congregations of homeless individuals. Kensington is locally known as the epicentre for the city’s drug and social issues, but also has a national reputation. One can often encounter individuals suffering from addiction who have migrated to the area from out of state due to its reputation for lenient enforcement and widespread drug availability.

The current study draws on ride along observation data from over 400 hours of fieldwork with officers from the Southeastern Pennsylvania Transit Authority (SEPTA) Police Department in the Kensington Transit Corridor of Philadelphia, Pennsylvania. The fieldwork reported here was completed as part of the Bureau of Justice Assistance funded Kensington Transit Corridor Overdose Response Study implemented by the SEPTA Police Department. The study explored whether a dedicated overdose response vehicle could improve overdose outcomes by providing a quicker police response and reducing overdose fatalities.

This article presents observational and interview data on the complexities of officer attitudes towards harm reduction measures and support service provision. Existing research examining officer attitudes towards their evolving harm reduction duties in drug and overdose response have found mixed results indicating that in some instances, officers are supportive of harm reduction approaches and in other cases, officers express hesitancy and concern with Narcan as a harm reduction tool (Smyser and Lubin 2018, Murphy and Russell 2020, Pike *et al.* 2021). The current study builds upon the existing literature on officer perspectives on harm reduction with the perspectives of transit officers in Philadelphia working in the largest narcotics market on the East Coast of the United States. Additionally, the current study also examines the less-reported area of officer attitudes towards support service provision, such as the donation of meals and clothing to the vulnerable population as well as outreach efforts and long-term treatment provision. While recent studies have examined practitioner perspectives on formal partnerships between police and service providers (Shapiro *et al.* 2015), police attitudes towards the larger continuum of support services merits examination, as officers encounter a variety of service providers on the job and during drug-related calls for service. Contemporary policing strategies not only require practical changes in an officer’s toolkit, but also conceptual changes away from traditional enforcement paradigm that officers may be slow, or unwilling, to grasp. Findings of the current study illuminate a role-related tension within harm reduction policing in the wake of the opioid crisis, as officers are asked to rely less on enforcement strategies and more on approaches that prioritise user safety, and in doing so disregard the moral and legal components of illicit drug use.

Methodology

The current study was part of The Kensington Transit Corridor Overdose Response Study, a randomised controlled field experiment testing the effectiveness of a dedicated police overdose response

vehicle in the Kensington neighbourhood open-air drug market. The overdose response vehicle, given the callsign Oscar One, patrolled overdose hotspots in the Kensington Transit Corridor, which consisted of the Huntingdon, Somerset and Allegheny stations of the Market-Frankford elevated train line and the residential and business corridor area surrounding and linking the stations (for additional information on the larger study, see Ratcliffe and Wight 2022). Throughout the duration of Kensington Transit Corridor Overdose Response Study, the authors completed numerous ride-alongs with the transit officer staffing Oscar One. The transit officers in the SEPTA Police Department are sworn police officers responsible for ensuring the safety of the transit system, including on regional trains, trolleys, buses, and the subway system. Officers have arrest powers and patrol in and around transit stations by foot, by car, or by riding the system's transport options. The current study draws from field observation data collected during Oscar One ride-alongs. The purpose of the fieldwork portion of the study was twofold: First, to gain insight into the implementation of the intervention beyond the quantitative data collected, and second to collect primary data on the attitudes and perspectives of transit officers working the overdose detail. The current study was approved by the Temple University Institutional Review Board with approval number 26174.

Prior to the implementation of Oscar One, the authors conducted preliminary fieldwork, which included ride along and walk along observations through the Kensington neighbourhood to familiarise ourselves with the project setting, as well as gain officer insight into the daily operations and happenings in the area. Using knowledge and interactions from preliminary fieldwork, we developed a semi-structured instrument to guide interactions and organise field notes during ride-along observations. The instrument prompted questions that gauged officer attitudes towards the target population in the area, attitudes towards harm reduction measures and support service provision, approaches toward law enforcement in the area, and police-community relations.

Forty-three of the 167 SEPTA Police Department's patrol officers crewed the Oscar One detail throughout the duration of the project. Racial demographic information of the forty-three SEPTA officers who crewed Oscar One is presented in Table 1. The average Oscar One officer was about 33 years old with an average of 5.59 years of police service with the department, compared to the average age (37 years) of all SEPTA patrol officers with an average of 7.93 years of police service.

During ride-along observations reported in the current study, one member of the research team would accompany the sole officer crewing the Oscar One detail for the given eight-hour shift. The member of the research team sat in the passenger seat of the vehicle and conversed with the officer throughout the shift. We used the semi-structured instrument to guide conversations with the Oscar One officers throughout the ride-along observation. We took notes during conversations to capture direct quotes from officers, and more thorough notes, summaries of interactions and syntheses of impressions during periods of downtime in the vehicle. After the completion of each shift, the authors organised field notes into a structured field report that organised direct quotes, paraphrasing and other notes by topic area. The research team completed 51 ride-along observations total, translating to over 400 hours of ride-along observations completed.

Analysis

Upon completion of ride along observations, field report data was prepared for analysis by collating all reports, organised by observation date. The collated report data was input to ATLAS.ti 22 qualitative data analysis software. Data analysis involved an iterative categorisation process, a method for analysing qualitative interview and observational data often used in the field of addiction

Table 1. Racial demographics of SEPTA patrol officers.

	Asian	Black	Hispanic	White
All patrol officers	0.75%	34.3%	6.7%	58.2%
Oscar One officers	3.03%	9.1%	9.1%	78.8%

science (Neale 2016). Iterative categorisation allows researchers to progressively organise and synthesise their data using a hybrid approach to establish deductive and inductive codes. A code is a 'word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data' (Saldaña 2016, p. 4). Deductive codes, or *a priori* codes are established before the coding process based on the research questions or interview instrument. For this study, *a priori* codes were drawn from the topic areas included in our semi-structured field observation instrument. Coding inductively allows researchers to interpret the data, identifying emergent themes and concepts apart from the deductive codes (Neale 2016, Chandra and Shang 2019). Several inductive codes emerged within each topic area, and it became apparent that there were distinct themes that categorised officer attitudes towards topics included in the semi-structured field observation instrument: Support for Narcan as an overdose reversal tool, concern with Narcan sustaining addiction, evolving overdose landscape, short-term service provision, and long-term service provision. For example, the inductive code of 'community Narcan access' emerged as many officers discussed that members of the community recently began to acquire and carry their own doses of Narcan. This inductive code corresponds with the 'evolving overdose landscape' theme, as officers explain that community Narcan access has contributed to less reliance on police to administer the first dose of Narcan, which has affected the overdose landscape in Kensington.

After coding the textual data, the researcher team developed analytical memos reflecting on the coding process and the emergent themes in the data. Analytical memos are a tool for qualitative researchers to record their reflections on the coding process (Saldaña 2016). These analytical memos allowed us to examine the emergent themes in relation to one another, and there was consensus among the authors that the emergent themes could be divided into two general topic areas: Officer perspectives on policing in a drug market, and officer perspectives on harm reduction and service provision. Officer perspectives on policing in Kensington are presented in Ratcliffe and Wight (2022), while this paper discusses harm reduction and service provision.

Forty-three different SEPTA transit officers drove Oscar One during the 51 observations, so some officers crewed the detail multiple times. Therefore, on occasion we completed multiple ride-along observations with the same SEPTA transit officers. In order to gain an understanding of the salience of themes among officers included in the data, the frequency of each of the five emergent themes was tallied, as well as the number of officers who expressed each theme. After quantifying the emergent themes in this manner, all officer data was de-identified.

Results

Transit officers working in the Kensington Transit Corridor deal with the consequences of a widespread local drug issue throughout their patrol shifts, yet their enforcement role is limited (for reasons discussed in Ratcliffe and Wight 2022). Instead of taking up an enforcement role to deal with the drug issues in Kensington, such as arresting individuals using or dealing drugs, or those selling drug paraphernalia, the transit officers have been asked to, or have naturally assumed, a harm reduction role. Officers are responsible for reviving those suffering an opioid overdose, ensuring that those in and around the transit stations are safe, and maintaining the accessibility of stations to the public despite congregations of individuals – some engaging in open-air injection drug use. These tasks are not necessarily new to officers, but the growth of Kensington's open-air drug market and the clearing of a local encampment has increased the prevalence of open-air drug consumption in and around transit stations and thus increased the involvement of officers in these types of incidents (Ratcliffe and Wight 2022). We observed transit officers demonstrate comprehensive experience using Narcan to revive those suffering from an opioid overdose, and they are familiar with other types of harm reduction measures, such as the various agencies and non-profit organisations located in Kensington that provide sterile syringes, syringe disposal and overdose prevention tools (Prevention Point 2020, City of Philadelphia 2022). Given their experience working within a harm

reduction framework, we engaged in extensive discussions with officers about harm reduction and support service provision during ride along observations. Discussions about these topics revealed five emergent themes: Support for Narcan as an overdose reversal tool, concern with Narcan sustaining addiction, the evolving overdose landscape, short-term service provision, and long-term service provision.

Support for Narcan as an overdose reversal tool

Support for Narcan as an overdose reversal tool was the most frequently expressed theme during ride along observations. Support for Narcan usage was expressed 23 times by 17 transit officers on the Oscar One detail. There is ample evidence of Narcan's effectiveness as an opioid antidote (Walley *et al.* 2013, Davis *et al.* 2014b, Rando *et al.* 2015, Fisher *et al.* 2016, Avetian *et al.* 2018, Jacoby *et al.* 2020), and officer support was primarily influenced by the medication's effectiveness in reversing potentially fatal overdose, which they experienced firsthand: *'It's a benefit for human life, saving somebody's life.'* Officers viewed reduced overdose fatalities as a ubiquitous benefit in an environment like Kensington, wherein officers were accustomed to attending to overdose calls daily, often multiple times per day. One officer's conversation went beyond the fatality reduction benefits of Narcan, as he perceived it to be indirectly a potential tool for facilitating addiction treatment: *'I love Narcan because it saves people's lives. It gives them another chance to get better.'*

Administering Narcan for overdose reversal has become an essential part of policing in the Kensington Transit Corridor. Until relatively recently, Narcan was administered by paramedics and other medical personnel, but the severity of the nation's opioid crises necessitated the use of Narcan by police since they are typically the first on scene of an overdose (Wermeling 2010, Davis *et al.* 2014b). The primary response by police and the importance of intervening in an overdose incident was understood by SEPTA transit officers, as one commented, *'We will always be a part of overdoses because we are out here. We always get there first, before [paramedics].'* While officers understood their professional obligation in responding to overdoses and expressed satisfaction with the addition of Narcan, some officers noted that a cognitive adjustment followed the addition of Narcan to their policing toolkit: *'Before Narcan, law enforcement never played a medical role. We're not doctors, yet we're expected to be.'* Another noted, *'You wear so many hats. We are first responders; we're first responders to shootings, overdoses ...'* Generally, officers embraced the change, but it was important to acknowledge the shift in their duties. While discussing the evolving role of law enforcement with a veteran officer with over 20 years of experience, he reflected, *'I always imagined I'd be helping save lives in some capacity, but never like [using Narcan to revive someone]. [Narcan] definitely wasn't around when I started, I don't think they invented it yet.'* The officer welcomed the newfound ability for police to directly intervene in overdoses, which was not possible before the expansion of Narcan.

Despite the adjustment that followed the expansion of Narcan to police, SEPTA transit officers expressed confidence administering Narcan. One officer commented on the reliability of Narcan, which allows officers to remain composed during hectic overdose scenes: *'I'd say Narcan is 99% effective. I've attended hundreds of overdoses and I'm confident in what I do ... I'm not supposed to panic, I'm supposed to remain composed.'* Officers working in the Kensington Transit Corridor carried Narcan with them as a general practice, regardless of whether they were working on the Oscar One detail, as did both authors when working on this project.

Concern with Narcan sustaining addiction

While officers expressed their support towards Narcan as an overdose reversal tool, some officers noted concern that, while effective at reversing overdoses, Narcan may be sustaining the local drug problem. This sentiment was expressed on ten occasions by nine different officers over the course of the study. Officers expressing this concern perceive that the ability to reliably resuscitate someone from an overdose may be *'keeping this all going'* or prolonging the widespread addiction that plagues the

Kensington neighbourhood. This sentiment is not necessarily incompatible with the first theme discussed, as most officers that expressed this concern also voiced support for Narcan as an overdose reversal tool. For example, the officer who noted his support for Narcan as *'a benefit for human life'* also recognised that despite its power in reducing fatalities, *'it's not stopping people from doing drugs.'*

Officer attitudes towards Narcan are complex. Officers simultaneously recognise the benefits of the simple, effective overdose reversal tool and become frustrated with the perceived reliance on Narcan as the main tool for combatting the opioid issues in Kensington, when many officers believe proper solutions require a long-term, holistic intervention. As officers pointed out to us, Narcan saves lives, but its effectiveness is limited to overdose reversal. They believe that the issues in Kensington require solutions that go beyond overdose reversal.

Regarding Narcan reliance, one officer expressed that he believes *'overdosing is now normalised'*, explaining that in Kensington, overdosing is a common occurrence for drug users in the area. Due to the reliability and widespread availability of Narcan, most of these overdoses are now non-fatal. Officers will often revive someone or witness a person recover from an overdose and immediately go on to seek more drugs – against medical advice: *'He comes out of it, just to do it all again 15 minutes later. It's terrible.'* This officer explained that this cycle becomes frustrating because officers feel that they are helping to save someone's life, but not putting an end to the risky behaviour. During a ride-along observation after attending an overdose, an officer commented, *'I don't understand why they do this or how they can continue once they witness a friend overdose.'* While supportive of the ability to prevent fatal overdoses, officers are cognizant of the limitations of harm reduction measures to achieve the long-term goal of abstinence, but inevitably some become frustrated after witnessing the continued use of drugs following an overdose.

Evolving overdose landscape

The volume of opioid overdoses across the country has invigorated the need for expanded access to fatal overdose prevention among first responders and laypersons who are likely to witness an overdose (Wheeler *et al.* 2015). Given the medication's safety, effectiveness and ease of use, members of the public are encouraged to carry Narcan (National Institute on Drug Abuse 2022). Through ride-along observations and conversations with officers, it became apparent that many individuals in the Kensington area carried Narcan themselves and no longer relied on law enforcement or paramedics for Narcan administration. Civilians equipped with Narcan can immediately administer the overdose reversal medication rather than wait for first responders to arrive with the medication; therefore, when officers or paramedics are called, there has usually been at least one dose of Narcan administered prior to arrival of first responders.

This 'democratization' of Narcan use has not gone unnoticed by officers. In the initial stages of Oscar One deployment, informal conversations with officers revealed that notably fewer overdose calls were being reported during the study period, compared to the period in which the project grant was solicited. One officer commented, *'You notice how few overdoses there are now? Since we started this Oscar One detail? There are hardly any overdoses over the city radio and we haven't hardly had any [calls].'* While overdose calls still came in, as the research team witnessed many during the span of the project, the officer's comment draws attention to the relative lack of calls compared to when the project was initially conceived, a time when there was an overwhelming amount of overdose calls on a daily basis.

During preliminary fieldwork observations before the overdose vehicle was deployed, officers commented on the volume of overdose calls in recent years and the daily occurrence of getting 'flagged down' or manually notified by laypersons when someone nearby needed overdose intervention. As one officer explained:

[Overdoses have] gotten bad in the last five years. In the last year we have seen everyone start to carry Narcan. We used to dose people with it multiple times a day. Now they all have it. Someone ODs, and one of their friends will have Narcan.

Another officer corroborated this: *'Overdoses are a regular occurrence, but we barely get overdose calls any more, even since the start of the Oscar One detail, the number of overdose calls has dropped dramatically. Everyone on the street has Narcan, so we don't get called.'* These discussions about the evolving overdose landscape emerged ten times by nine officers. Officers provided insight into how the availability of Narcan has changed the landscape of the local drug issue so that, while any changes in the number of actual overdoses is now harder to establish, fewer overdose calls are being reported to law enforcement and paramedics. While the reduced frequency of overdose calls was surprising to officers, they welcomed the democratisation of Narcan administration to the public.

Short-term service provision

In Kensington, Philadelphia, there are co-occurring public-facing issues of drug use, addiction, and homelessness, which draw a myriad of services to the area. These include volunteer organisations that distribute food and clothing, non-profit organisations that provide harm reduction measures and other support services, and mobile recovery units that provide care for individuals in active addiction. These services are typically individual efforts that are not part of a city-wide holistic model. SEPTA transit officers working in the Kensington Transit Corridor regularly encounter these services, since their patrol areas contain individuals experiencing homelessness and addiction who are targets for support services. During our discussions, it was noticeable that officers differentiated between two types of service provision: short-term and long-term services. Short-term services provide for the immediate basic needs of individuals living on the street, such as food and clothing. Long-term services are facility-based treatment programmes or shelters.

Oscar One officers presented mixed attitudes towards short-term service provision. A few officers (six) discussed their support for short-term service provision on ten occasions, while more officers critiqued short-term service provision (eleven officers on twenty occasions) during ride along observations. Officers that were critical of short-term service providers perceive them as enablers of addiction and homelessness. They expressed a sentiment that there is nothing wrong with providing acute support for individuals living on the street; however, these services may be sustaining the setting in Kensington, rather than addressing the deeper social issues: *'Enabling. It's just a little band aid. I just feel like it's not solving the problem. I don't know what the solution is, but enabling them isn't helping. I know they have good intentions, but it's enabling.'*

Officers expressed scepticism regarding the utility of short-term service provision:

Are all of these non-profits and churches actually helping anyone, or are they just helping [individuals in active addiction] stay on the street? They bring food one day, clothes another ... I go back and forward on this. But I question if they are helping, or just helping people stay on the streets, not really solving the problem.

Officers were cognizant of local residents' frustration with the conditions of their neighbourhood and expressed that the provision of goods and services to the area's vulnerable population may be keeping the neighbourhood in a deleterious state, instead of improving it. Officers commented, *'The services are concentrated around [the Kensington and Allegheny intersection], so people stick around that area.'* *'They all know what times you can hang out and get food, which is good, but condoning the issue.'* Officers felt that for the local drug issues and neighbourhood conditions to improve, the root issues that fuel addiction need to be addressed on a large scale. Officers generally believe that while well-intentioned organisations provide for the needs of individuals in vulnerable situations in Kensington, this practice may be sustaining the neighbourhood's issues and delaying more effective intervention and improvement.

Long-term service provision

Compared to short-term service provision, officers were more supportive of long-term service provision, which includes mental health and addiction treatment and management, as well as shelter services for those experiencing homelessness. Support for long-term service provision was discussed

18 times by 10 officers over the course of the study. Officers expressed optimism that treatment can work, but it is challenging to initiate and continue:

I've watched people go into rehab and relapse again and again. The only way out is to go to [Alcoholics Anonymous] and [Narcotics Anonymous] and keep going. Some of them don't have hope. They overdose and die or end up committing suicide because they can't see a way out.

Another noted,

There is so much help in Philly recovery-wise. A lot of people have things in the works, like getting health insurance, jobs, a license. [A local service provider] helps them and lets them use their address for their mailing address, since they're homeless. And at that point, they're just using to get well. They're not using to get high.

Officers often attempted to leverage their connections with treatment providers to aid people in particularly vulnerable positions. In one case, an officer spoke with someone who was visibly about to engage in drug use and offered to begin the process to get him into a rehabilitation programme: *'Do you want to go [to rehab] now? I know the place. I can make a call and get you there.'* The individual declined. In another instance, an officer revived a woman from an overdose and monitored her reaction until she was fully conscious. During the aftercare period, the officer and the survivor's friend encouraged her to begin the treatment process. The friend commented that she was 'already halfway there' which prompted the officer to ask why she had not gone to treatment herself, to which she shrugged and did not offer a response.

During the project, the SEPTA Police Department implemented the Serving a Vulnerable Entity (SAVE) programme, which pairs an outreach specialist with a transit officer. The SAVE teams make contact with vulnerable individuals and can facilitate intake into appropriate services. Oscar One officers spoke positively about this programme: *'It's good because it shows that we're not the bad guys. It's painting us in a positive way.'* Officers believe that this programme could help to build trust with the community, which would hopefully facilitate treatment handoffs more frequently.

While officers promote treatment provision, they also recognised the limitations of available treatment options and the rare success of getting someone into a treatment programme. Limitations of long-term service provision were discussed 15 times by eight different officers. Officers who work in recovery and have established relationships with individuals in active addiction on the street identified barriers to treatment, including the requirements of abstaining from drug use and safety concerns. Regarding shelters, officers understood the limitations of these shorter-term stays, but perceive them as a better option than staying on the street. One officer discussed the contradiction of available services versus the volume of individuals remaining on the street:

There is so much help in Philly. Now granted with COVID, people tell me you can't get a bed, but there are plenty of recovery houses ... but getting off the street takes work. They don't want to do the work, to get clean. [Treatment providers] have rules. You got to live by the rules and give a urine sample each week. It takes work. It's easier to stay on the street ... The shelters? Too many rules, and people steal your shit.

Officers also commented on the environment of Kensington being a particularly difficult place to facilitate or maintain treatment:

I know people from the [New Jersey] shore who went to rehab in Florida and they stayed down there, and they are doing really well. But keeping people around here, it doesn't work. It's all too easy to slip back around here.

Another continued this theme:

There is a father-son duo out here. He's trying to get into rehab, and you hope for the best for him. But I know it's an uphill battle when you're approaching people out there. It's like if you approached me while I'm having a beer and said I should think about [Alcoholics Anonymous]. I'm not going. You're going up to people while they're mid-doing it, so I know it's an uphill battle.

Overall, officers support initiation into a treatment programme, but recognise the limitations within treatment facilities and on the streets of Kensington that make treatment provision difficult.

Discussion

There remains in contemporary policing a tension between the role of simply preventing and detecting crime, or expanding to include – if we consider public safety as security – the ‘amorphous role of engaging in the delivery of security’ (Innes 2004, p. 151). Adjusting to changing public mores in regard to this tension, the country’s enduring opioid crisis has prompted police departments to re-evaluate their role in addressing the consequences of widespread drug use. Transit officers in Kensington, Philadelphia utilise harm reduction approaches to policing in one of the largest open-air drug markets in the country. This has expanded the experiences of police officers to more explicitly interact with people in vulnerable conditions, as well as the short and long-term service providers that support that community. Overall, our study found officers were generally supportive of the ‘democratization’ of Narcan distribution but recognised that it had changed the area’s overdose landscape. They were also supportive of long-term treatment options available to people with drug addictions, though tended to be more sceptical of the value of short-term basic needs provision, with some suggested that it enabled illicit drug use.

Our finding that most officers are supportive of using Narcan to reverse overdoses, but some officers expressed concern with Narcan as a mechanism of prolonged drug use, is consistent with previous studies of officer attitudes towards Narcan (Murphy and Russell 2020, Pike *et al.* 2021), revealing the simultaneous optimism and hesitancy that characterise officer perspectives on harm reduction policing. When the survivor regains consciousness from an overdose yet remains unwilling to take medical advice or initiate treatment, the officers’ frustration is evident. As a harm reduction measure, Narcan is indeed able to reverse overdoses, but it cannot be expected to end or prevent further drug use (Kahn *et al.* 2022). Furthermore, a principle of harm reduction is the recognition that drug use will continue and individuals who use drugs should receive services regardless (National Harm Reduction Coalition 2020). It became apparent that many officers in the study were struggling with this concept. The frustration expressed by officers may stem from inaccurate assumptions about the purpose of Narcan in relation to other harm reduction measures, or a general unhappiness about the lack of progress with harm reduction to curtail drug use generally. After witnessing numerous encounters of a recently resuscitated person continuing to use drugs, officers became critical of the long-term sustainability of Narcan as a foundation for a treatment regime, which has been found in a related study of officers in Pennsylvania (Murphy and Russell 2020). This is not dissimilar to the ‘fake surprise or ... groans’ observed by Pearson and Rowe (2020, p. 84), on being tasked to deal with the same ‘chronic consumers’ (Houston Police Department 2010) or ‘persistent offenders’ (Schinkel *et al.* 2019), as observed by Pearson and Rowe (2020, p. 84).

The current study has illuminated the ‘fundamental and defining tension’ (Innes 2004) that characterises modern policing, a recognition that ‘the police protect us from crime but they also intrude into our lives’ (Jackson and Bradford 2009, p. 494). Police officers have traditionally focused on law enforcement and public safety, but more recently officers are tasked with responding to social problems that require resources and expertise beyond police (Southby and del Pozo 2022). This tension was exemplified during the COVID lockdowns (Boer *et al.* 2023). Police are the most visible agency of government in society and are usually the first on scene at everything from unauthorised gatherings of individuals during pandemic lockdowns to public health emergencies like overdoses. Being in the community, rather than called-out as paramedics are, police are a visible presence and an (often immediately) available resource. How much should they be used for public health compliance and safety? Furthermore, the introduction of synthetic opioids has created more potent narcotics that are lethal in smaller quantities, which increases the volume of overdoses and severity of community drug issues (Bayley 2016, United States Drug Enforcement Administration 2021).

Concurrently, police departments are moving away from enforcement-oriented approaches targeting illicit drug use towards interventions that address the needs of individuals engaging in drug-related crime (Krupanski 2018, Perrone *et al.* 2022). Officers are equipped to provide a rapid

response to emergency calls, but their traditional academy training does not necessarily prepare them to deal with many of the problems they are asked to address on a day-to-day basis such as drug use, mental health issues and homelessness – the problems that make up the majority of calls for service in the Kensington Transit Corridor (Ratcliffe and Wight 2022). As officers adapt harm reduction tools and rely less on traditional enforcement strategies, it is essential that officers receive comprehensive training on the principles of harm reduction. As with any organisational change in policing, officer buy-in is essential to its success (Rosenbaum and McCarty 2017). Officers must understand the benefits of any new strategy and be confident in the tools necessary to implement it. By incorporating harm reduction tools in policing drug-related issues, police have the discretion to set aside the illegality of illicit drug use, which directly contradicts their enforcement-oriented training, but promotes a public health mission (del Pozo *et al.* 2021). Officer training should therefore not only review the principles of harm reduction, but also explicitly discuss the paradigm shift between enforcement and harm reduction that officers balance on a day-to-day basis when responding to drug-related incidents. Misunderstanding the principles of harm reduction, such as those officers in the current study who perhaps expect abstinence as a long-term goal of overdose reversal and become frustrated when this does not happen, could lead to pessimistic attitudes and less willingness to comply with these approaches.

Existing studies of police responses to opioid issues emphasise the need for coordinated efforts and partnerships between law enforcement, support services, and treatment providers (Pike *et al.* 2021, White *et al.* 2021). Officers in the current study demonstrated their familiarity with existing services by discussing their knowledge of the continuum of services available and their perceptions of the effectiveness and limitations of short-term and long-term services in the Kensington area. There is ample room for collaboration between officers and service providers in Kensington, as officers are in tune with the vulnerable community in Kensington and often aware of the reasons why individuals are hesitant to initiate treatment or return to a shelter. That being said, both authors directly observed animosity towards the transit officers from street outreach workers from a local treatment provider. If there is a collaboration to be undertaken, relationships remain to be forged. Whether a popular notion or not, police are ‘public health interventionists’ who serve a vital role in managing health-risk behaviours and places, interacting with vulnerable individuals in need of services, and brokering connections between police, medical and service professionals (Wood *et al.* 2015, Bartkowiak-Théron and Asquith 2017). Individuals experiencing homelessness and addiction often shared with the officers their reasons for not wishing to go to shelters or treatment facilities, knowledge that could be used to adjust the provision of services to better serve the target population. Service providers can benefit from officer knowledge, and vice-versa, and work collaboratively to address their service limitations.

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References

- Avetian, G.K., et al., 2018. Use of naloxone nasal spray 4 mg in the community setting: a survey of use by community organizations. *Current medical research and opinion*, 34 (4), 573–576. doi:10.1080/03007995.2017.1334637.
- Bacon, M., and Spicer, J., 2022. Harm reduction policing. In: M. Bacon, and J. Spicer, eds. *Drug law enforcement, policing and harm reduction: ending the stalemate*. London: Routledge, 13–38.
- Banta-Green, C.J., et al., 2013. Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose–Naloxone–good Samaritan Law. *Journal of urban health*, 90 (6), 1102–1111. doi:10.1007/s11524-013-9814-y.
- Bartkowiak-Théron, I., et al., eds. 2022. *Law enforcement and public health: partners for community safety and wellbeing*. Cham: Springer International Publishing. doi:10.1007/978-3-030-83913-0
- Bartkowiak-Théron, I., and Asquith, N.L., 2017. Conceptual divides and practice synergies in law enforcement and public health: some lessons from policing vulnerability in Australia. *Policing and society*, 27 (3), 276–288.
- Bayley, D.H., 2016. The complexities of 21st century policing. *Policing: a journal of policy and practice*, 10 (3), 163–170. doi:10.1093/police/paw019.
- Beckett, K. 2014. *Seattle's Law Enforcement Assisted Diversion program: lessons learned from the first two years*. University of Washington. <https://www.fordfound.org/media/2543/2014-lead-process-evaluation.pdf>.
- Beletsky, L., Macalino, G.E., and Burris, S., 2005. Attitudes of police officers towards syringe access, occupational needlesticks, and drug use: a qualitative study of one city police department in the United States. *International journal of drug policy*, 16 (4), 267–274. doi:10.1016/j.drugpo.2005.01.009.
- Berardi, L., et al., 2021. Narcan and Narcan't: implementation factors influencing police officer use of Narcan. *Social science and medicine*, 270, 113669. doi:10.1016/j.socscimed.2021.113669.
- Blanco, C., et al., 2020. America's opioid crisis: the need for an integrated public health approach. *Translational psychiatry*, 10, 167. doi:10.1038/s41398-020-0847-1.
- Bluthenthal, R.N., et al., 1997. Impact of law enforcement on syringe exchange programs: a look at Oakland and San Francisco. *Medical anthropology*, 18 (1), 61–83. doi:10.1080/01459740.1997.9966150.
- Boer, M.D., Bervoets, E., and Hak, L., eds. 2023. *Plural policing, security and the COVID crisis: comparative European perspectives*. Cham: Palgrave Macmillan.
- Caulkins, J., and Reuter, P., 2009. Towards a harm-reduction approach to enforcement. *Safer communities*, 8 (1), 9–23. doi:10.1108/17578043200900003.
- Centres for Disease Control and Prevention. 2023. *Drug overdose deaths*. Available from: <https://www.cdc.gov/drugoverdose/deaths/index.html>.
- Chandra, Y., and Shang, L., 2019. *Qualitative research using R: a systematic approach*. Singapore: Springer Singapore Pte. Limited.
- City of Philadelphia. 2022. *Combating the opioid epidemic: harm reduction*. Available from: <https://www.phila.gov/programs/combating-the-opioid-epidemic/harm-reduction/>.
- Compton, M.T., et al., 2008. A comprehensive review of extant research on crisis intervention team (CIT) programs. *The journal of the American academy of psychiatry and the law*, 36 (1), 47–55.
- Cusack, M., et al., 2021. At the intersection of homeless encampments and heroin addiction: service use barriers, facilitators, and recommendations from the city of Philadelphia's encampment resolution pilot. *Social work in public health*, 36 (2), 150–163. doi:10.1080/19371918.2021.1877591.
- Davis, C.S., et al., 2014a. Attitudes of North Carolina law enforcement officers toward syringe decriminalization. *Drug and alcohol dependence*, 144, 265–269. doi:10.1016/j.drugalcdep.2014.08.007.
- Davis, C.S., et al., 2014b. Expanded access to naloxone among firefighters, police officers, and emergency medical technicians in Massachusetts. *American journal of public health*, 104 (8), e7–e9. doi:10.2105/AJPH.2014.302062.
- Davis, C.S., and Beletsky, L., 2009. Bundling occupational safety with harm reduction information as a feasible method for improving police receptiveness to syringe access programs: evidence from three U.S. cities. *Harm reduction journal*, 6 (1), 1–8. doi:10.1186/1477-7517-6-16.
- del Pozo, B., et al., 2021. Beyond decriminalization: ending the war on drugs requires recasting police discretion through the lens of a public health ethic. *The American journal of bioethics*, 21 (4), 41–44. doi:10.1080/15265161.2021.1891339.
- Drake, J., et al., 2020. Exploring the impact of the opioid epidemic in black and Hispanic communities in the United States. *Drug science, policy and law*, 6, 1–11. doi:10.1177/2050324520940428.
- Fisher, R., et al., 2016. Police officers Can safely and effectively administer intranasal naloxone. *Prehospital emergency care: official journal of the National Association of EMS Physicians and the National Association of State EMS Directors*, 20 (6), 675–680. doi:10.1080/10903127.2016.1182605.
- Gant, L., and Schaible, L., 2022. The impact of policing styles on officers' willingness to make referrals into pre-arrest diversion initiatives. *Police practice and research*, 23 (1), 20–33. doi:10.1080/15614263.2021.1914041.
- Gottschalk, M., 2023. The opioid crisis: the war on drugs is over. Long live the war on drugs. *Annual review of criminology*, 6 (1), 363–398. doi:10.1146/annurev-criminol-030421-040140.
- Harmon-Darrow, C., et al., 2023. Police diversion at arrest: a systematic review of the literature. *Criminal justice and behavior*, 50 (3), 307–329. doi:10.1177/00938548221131965.

- Harm Reduction International. 2022. *Who we are: what is harm reduction?* Available from: <https://hri.global/what-is-harm-reduction/>.
- Houston Police Department. 2010. *Chronic consumer stabilization initiative*. Pilot Project Final Report, February. Available from: <https://bit.ly/3sdrB85>.
- Innes, M., 2004. Reinventing tradition? Reassurance, neighbourhood security and policing. *Criminal justice*, 4 (2), 151–171.
- International Association of Chiefs of Police, 2018. *Policing in vulnerable populations. Practices in modern policing*. Washington, DC: Office of Community Oriented Policing Services.
- International Association of Chiefs of Police and University of Cincinnati Center for Police Research and Policy. 2021. Assessing the impact of co-responder team programs: a review of research.
- Jackson, J., and Bradford, B., 2009. Crime, policing and social order: on the expressive nature of public confidence in policing. *British journal of sociology*, 60 (3), 493–521.
- Jacoby, J.L., et al., 2020. Pennsylvania law enforcement use of Narcan. *The American journal of emergency medicine*, 38 (9), 1944–1946. doi:10.1016/j.ajem.2020.01.051.
- Johnson, N.J., et al., 2020. Exploring the influence of drug trafficking gangs on overdose deaths in the largest narcotics market in the eastern United States. *Social sciences*, 9 (11), 1–21. doi:10.3390/socsci9110202.
- Kahn, L.S., et al., 2022. “Narcan encounters:” overdose and naloxone rescue experiences among people who use opioids. *Substance abuse*, 43 (1), 113–126. doi:10.1080/08897077.2020.1748165.
- Kammersgaard, T., 2019. Harm reduction policing: from drug law enforcement to protection. *Contemporary drug problems*, 46 (4), 345–362. doi:10.1177/0091450919871313.
- Krupanski, M. 2018. *Police and harm reduction: how law enforcement can advance public safety, public health and public confidence*. Open Society Foundations. Available from: <https://www.opensocietyfoundations.org/publications/police-harm-reduction>.
- Magaña, E.J., Perrone, D., and Malm, A., 2022. A process evaluation of San Francisco’s Law Enforcement Assisted Diversion program. *Criminal justice policy review*, 33 (2), 148–176. doi:10.1177/08874034211033328.
- Magnusson, M.-M., 2020. Bridging the gaps by including the police officer perspective? A study of the design and implementation of an RCT in police practice and the impact of pracademic knowledge. *Policing: a journal of policy and practice*, 14 (2), 438–455.
- Marlatt, G.A., 1996. Harm reduction: come as you are. *Addictive behaviors*, 21 (6), 779–788. doi:10.1016/0306-4603(96)00042-1.
- Murphy, J., and Russell, B., 2020. Police officers’ views of naloxone and drug treatment: does greater overdose response lead to more negativity? *Journal of drug issues*, 50 (4), 455–471. doi:10.1177/0022042620921363.
- National Harm Reduction Coalition. 2020. *Principles of harm reduction*. Available from: <https://harmreduction.org/about-us/principles-of-harm-reduction/>.
- National Institute on Drug Abuse. 2022. *Naloxone drug facts*. Available from: <https://nida.nih.gov/publications/drugfacts/naloxone>.
- Neale, J., 2016. Iterative categorization (IC): A systematic technique for analysing qualitative data. *Addiction*, 111 (6), 1096–1106. doi:10.1111/add.13314.
- Pearson, G., and Rowe, M., 2020. *Police street powers and criminal justice: regulation and discretion in a time of change*. Oxford: Hart Publishing.
- Percy, J. 2018. Trapped by the ‘Walmart of Heroin.’ *The New York Times*, 10 October. Available from: <https://www.nytimes.com/2018/10/10/magazine/kensington-heroin-opioid-philadelphia.html>.
- Perrone, D., Malm, A., and Magaña, E.J., 2022. Harm reduction policing: an evaluation of Law Enforcement Assisted Diversion (LEAD) in San Francisco. *Police quarterly*, 25 (1), 7–32. doi:10.1177/1098611211037585.
- Philadelphia Department of Public Health. 2022. *Unintentional drug overdose fatalities in Philadelphia, 2021*. Available from: <https://www.phila.gov/media/20221026113548/CHARTv7e3.pdf>.
- Pike, E., et al., 2019. A mixed-methods assessment of the impact of the opioid epidemic on first responder burnout. *Drug and alcohol dependence*, 205, 1–6. doi:10.1016/j.drugalcdep.2019.107620.
- Pike, E., et al., 2021. The role of law enforcement officers in responding to the opioid epidemic: a qualitative assessment. *Substance abuse*, 1–11. doi:10.1080/08897077.2020.1865243.
- Police Scotland. 2023. *Police Scotland completes national roll-out of Naloxone to Officers on International Overdose Awareness Day*. Available from: <https://www.scotland.police.uk/what-s-happening/news/2023/august/police-scotland-completes-national-roll-out-of-naloxone-to-officers-on-international-overdose-awareness-day/>.
- Potier, C., et al., 2014. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and alcohol dependence*, 145, 48–68. doi:10.1016/j.drugalcdep.2014.10.012.
- Prevention Point. 2020. *Overdose prevention services*. Available from: <https://ppponline.org/services/prevention-services/overdose-prevention-services>.
- Rando, J., et al., 2015. Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths. *The American journal of emergency medicine*, 33 (9), 1201–1204. doi:10.1016/j.ajem.2015.05.022.
- Ratcliffe, J.H., 2021. Policing and public health calls for service in Philadelphia. *Crime science*, 10 (5), 1–6.

- Ratcliffe, J.H., and Wight, H., 2022. Policing the largest drug market on the eastern seaboard: officer perspectives on enforcement and community safety. *Policing: an international journal*, 45 (5), 727–740.
- Ritter, A., and Cameron, J., 2006. A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and alcohol review*, 25 (6), 611–624. doi:10.1080/09595230600944529.
- Rosenbaum, D.P., and McCarty, W.P., 2017. Organizational justice and officer “buy in” in American policing. *Policing: an international journal of police strategies and management*, 40 (1), 71–85. doi:10.1108/PIJPSM-07-2016-0114.
- Saldaña, J., 2016. *The coding manual for qualitative researchers*. 3rd ed. Thousand Oaks, CA: Sage.
- Schaible, L., Gant, L., and Ames, S., 2021. The impact of police attitudes towards offenders on Law-Enforcement Assisted Diversion decisions. *Police quarterly*, 24 (2), 205–232. doi:10.1177/1098611120960714.
- Schiff, D.M., et al., 2017. A police-led addiction treatment referral program in Gloucester, MA: implementation and participants’ experiences. *Journal of substance abuse treatment*, 82, 41–47. doi:10.1016/j.jsat.2017.09.003.
- Schinkel, M., Atkinson, C., and Anderson, S., 2019. ‘Well-kent faces’: policing persistent offenders and the possibilities for desistance. *British journal of criminology*, 59 (3), 634–652.
- Shapiro, G.K., et al., 2015. Co-responding police-mental health programs: a review. *Administration and policy in mental health*, 42 (5), 606–620. doi:10.1007/s10488-014-0594-9.
- Sightes, E., et al., 2019. Police officer attitudes towards syringe services programming. *Drug and alcohol dependence*, 205, 1–4. doi:10.1016/j.drugalcdep.2019.107617.
- Smyser, P.A., and Lubin, J.S., 2018. Surveying the opinions of Pennsylvania chiefs of police toward officers carrying and administering naloxone. *The American journal of drug and alcohol abuse*, 44 (2), 244–251. doi:10.1080/00952990.2017.1339053.
- Southby, R.F., and del Pozo, B., 2022. Challenges and opportunities in educating law enforcement officers: 2020 and beyond. In: I. Bartkowiak-Théron, J. Clover, D. Martin, R. F. Southby, and N. Crofts, eds. *Law enforcement and public health: partners for community safety and wellbeing*. Cham: Springer International Publishing, 65–74. doi:10.1007/978-3-030-83913-0
- Thacher, D., 2022. Shrinking the police footprint. *Criminal justice ethics*, 41 (1), 62–85. doi:10.1080/0731129X.2022.2062546.
- United States Drug Enforcement Administration. 2021. *Facts about Fentanyl*. Available from: <https://www.dea.gov/resources/facts-about-fentanyl>.
- Walley, A.Y., et al., 2013. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*, 346, 1–14. doi:10.1136/bmj.f174.
- Wermeling, D.P., 2010. Opioid harm reduction strategies: focus on expanded access to intranasal naloxone. *Pharmacotherapy: the journal of human pharmacology and drug therapy*, 30 (7), 627–631. doi:10.1592/phco.30.7.627.
- Wheeler, E., et al., 2015. Opioid overdose prevention programs providing naloxone to laypersons—United States, 2014. *MMWR: morbidity and mortality weekly report*, 64 (23), 631–635.
- White, M.D., et al., 2021. Moving beyond Narcan: a police, social service, and researcher collaborative response to the opioid crisis. *American journal of criminal justice*, 46 (4), 626–643. doi:10.1007/s12103-021-09625-w.
- Wood, J.D., et al., 2015. Aligning policing and public health promotion: insights from the world of foot patrol. *Police practice and research*, 16 (3), 211–223. doi:10.1080/15614263.2013.846982.