

Sandra M. Bucerius, Harvey Krahn, Kevin D. Haggerty,
Luca Berardi & Rebekah McNeilly

Policing the Overdose Crisis

Policing the Overdose Crisis

The opioid overdose crisis in Canada continues to claim the lives of people who use drugs (PWUD). Historically, Canadian crime policy has prioritized crime control forms of surveillance, interdiction and punishment in response to drug use. More recently, harm reduction measures have gained traction, including safe consumption sites (SCS) and police officer use of Naloxone to assist PWUD who have overdosed on opioids. The effectiveness of harm reduction efforts, however, is to some degree contingent on their embrace or acceptance by police agencies and officers. This paper is based on research conducted on the two largest city-level police services in Alberta, Canada. We conducted 94 interviews with officers and had 1,406 officers complete a quantitative survey on issues relating to illicit drugs, overdoses, and fentanyl. Our findings show that police officers generally see opioid use as a serious problem and are concerned about the dangers they face when dealing with PWUD. There is also considerable confusion about the nature and severity of these dangers. Even so, attitudes appear to be shifting and some police officers are changing their practices. In general, our research documents a softening of police attitudes in Canada towards SCS facilities and harm reduction more generally. This greater embrace of a public health orientation could improve the lives of PWUD and their interaction with law-enforcement in Canada. Given the prospect that fentanyl and related synthetic opioids will continue their global spread, these findings should be of interest to an international audience of scholars, police, and healthcare officials.

Keywords: police, fentanyl, harm reduction, opioids, drug users, PWUD, overdoses

Die Opioid-Überdosis-Krise in Kanada fordert weiterhin das Leben von Menschen, die Drogen konsumieren ("People who use drugs" – PWUD). In der Vergangenheit hat die kanadische Kriminalpolitik als Reaktion auf den Drogenkonsum Formen der Kriminalitätsbekämpfung wie Überwachung, Verbot und Bestrafung priorisiert. In jüngerer Zeit haben jedoch auch Maßnahmen zur Schadensminderung an Bedeutung gewonnen, darunter öffentliche Drogenkonsumräume ("Safe consumption sites") und der Einsatz von Naloxon durch Polizeibeamte zur Hilfe für PWUD, die eine Überdosis an Opioiden erlitten haben. Die Wirksamkeit von Schadensminderungsmaßnahmen hängt jedoch bis zu einem gewissen Grad davon ab, ob sie von Polizeibehörden und Beamt:innen angenommen werden. Dieser Artikel basiert auf 94 Tiefeninterviews und einem Survey mit 1.406 Polizist:innen der beiden größten Polizeidienste in Alberta, Kanada, zu den Themen illegale Drogen, Überdosierungen und Fentanyl. Unsere Ergebnisse zeigen,

dass Polizeibeamt:innen den Opioidkonsum im Allgemeinen als ernstes Problem betrachten und sich Sorgen über die Gefahren machen, denen sie im Umgang mit PWUD ausgesetzt sind. Unsere Studie zeigt auch eine erhebliche Verwirrung über die Art der Risiken im Umgang mit Fentanyl auf. Gleichzeitig scheinen sich die Einstellungen der Polizisten gegenüber PWUD und Schadenminderungsmaßnahmen und Drogenkonsumräumen zu verändern. Eine resultierende stärkere Ausrichtung auf die öffentliche Gesundheit könnte das Leben von PWUD und ihre Interaktionen mit den kanadischen Strafverfolgungsbehörden positiv beeinflussen. Angesichts der Aussicht, dass Fentanyl und verwandte synthetische Opioide ihre weltweite Verbreitung wahrscheinlich fortsetzen werden, dürften diese Ergebnisse für ein internationales Publikum von sowohl Wissenschaftler:innen als auch Polizei- und Gesundheitsbeamten von Interesse sein.

Schlüsselwörter: Polizei, Fentanyl, Schadensminimierung, Opiate, Drogenkonsumenten, Überdosis

Introduction

Starting in approximately 2017, Canada has been experiencing an opioid-related health crisis (Belzak/Halverson 2018). A recent United Nations report found Canadians to be the world's second largest per-capita consumers of opioids (Weeks/Howlett 2015). In 2015, Canadian doctors wrote enough opioid prescriptions to provide one in every two of Canada's 36 million citizens with a prescription (Howlett et al. 2016). This contributed to a well-publicized health crisis. In 2018, approximately ten percent of Canadians who used opioids did so in a way that was harmful and dangerous to their health (Carrière/Garner/Sanmartin 2021).

A key contributor to escalating levels of drug dependency and fatalities has been the emergence of the synthetic opioid fentanyl and its analogues, such as carfentanyl (Lim et al. 2022). These drugs are exceptionally potent, with fentanyl being 100 times more powerful, and carfentanyl 10,000 times more potent, than morphine (Claridge/Williams/Copeland 2020: 437). Fentanyl is often mixed (buffered) with other substances (e.g., baby powder or powdered sugar) or combined with other street drugs as an inexpensive way to enhance someone's high (Amlani et al. 2015). People who use drugs (PWUD) do not always know whether their substances are buffered with fentanyl, which can contribute to accidental overdoses (Bucerius/Haggerty 2019).

Fatal overdoses resulting from the use of opioids have been increasing at an alarming rate in Canada, with a recorded 4,460 opioid-related deaths in 2018 (approximately 12 per day), an increase from 4,100 deaths in 2017 and 3,017 in 2016 (approximately 8 per day). To put this into perspective, twice as many Canadians died from opioids than from traffic fatalities in 2017 (Transport Canada 2017). In 2022, there were 3,556 opioid-related deaths between January and June alone, with 20 individuals dying from opioid-related deaths per day. Since 2015, the two Western provinces Alberta and British Columbia lead the country's opioid-related mortality rates (Alsabbagh 2021: 3486).

Canadian police are at the leading edge of the growing opioid-related drug overdose crisis, responding to an ever-increasing number of overdoses while trying to contain the illicit narcotics trade. These tasks can be dangerous, and officers are concerned about the perceived dangers to their health and safety, including the possibility of: overdosing due to inadvertent exposure; infection due to needle stick injuries; psychological stresses associated with the prospect of such exposure; and trauma and compassion fatigue associated with responding to escalating numbers of citizens who are overdosing and dying from opioid use. In light of these concerns, our research asks, “How do these perceptions about new opioid-related dangers affect police officers?” and “Might this situation change their approach to or attitudes about policing?” Based on interviews with police officers working at the two largest city-level police services in Alberta, Canada – the Edmonton Police Service (EPS hereafter) and the Calgary Police Service (CPS hereafter) – we identify three ways policing has changed in relation to the overdose crisis. First, we describe police officers’ attitudes towards and emotional relationship to the changing nature of the drug scene. Second, we detail officers’ views about carrying Naloxone in anticipation of encountering overdoses. And third, we examine how the overdose crisis has prompted changes in police officers’ views about safe consumption sites (SCS hereafter).

Setting and Methods

In 2011, there were only six opioid-related deaths in the province of Alberta. In 2018, this number had soared to 668 (Bucerius et al. 2022a). In 2017, the Alberta provincial government declared opioids a public health crisis and formed an opioid emergency response commission. In 2020, there were a record 1,128 opioid-related deaths in Alberta (Mohatarem 2021). Overdose numbers are particularly elevated in the province’s two main cities, Edmonton and Calgary, with populations of 1.01 and 1.31 million in 2021, respectively. Separated by only 300 km, these cities are broadly similar, although Calgary is recognized as having more of a conservative and corporate business culture, while the population of Edmonton tends to be more broadly liberal in its political orientation. In 2018, 179 Edmonton residents died due to opioid-related drug overdoses. In Calgary, the situation was even worse, with 289 accidental opioid-related deaths reported that year (Bucerius et al. 2022a).

The dangers associated with using opioids are most evident for marginalized and racialized individuals (Berardi et al. 2021; Shi/Stevens 2010). For example, nearly 2/3 of Edmonton’s homeless population are Indigenous, in a province where only 6 % of the population is Indigenous (Edmonton Social Planning Council 2023). The numbers are similar in Calgary, with the Calgary Homeless Foundation (2023) reporting that on any given night, approximately 41 % of the city’s homeless population will have Indigenous ancestry.

In 2018 and 2019, our team conducted semi-structured interviews with police officers from the CPS and EPS. To solicit participants in Edmonton, we presented the study's goals to senior management and division commanders, who invited volunteers to participate in interviews. For Calgary, our research team sent an email through the CPS internal web server asking for volunteers. The inclusion criteria for both services specified lower-ranking, front-line officers working on the streets (as opposed to office jobs).

Using a "problem-centred" interview style, including both qualitative and quantitative questions (Witzel/Reiter 2012), we interviewed participants from six EPS divisions (54 officers in total) and eight divisions within the CPS (40 officers in total). The interviews lasted, on average, one hour, with the shortest being 38 minutes and the longest 1 hour and 54 minutes. The interview prompts included questions about police officers' thoughts on the overdose crisis, their fears relating to opioids, their strategies for policing the overdose crisis, and their thoughts on harm reduction measures.

We digitally recorded the interviews and transcribed them verbatim. A research assistant and one of the authors coded the data using NVivo 13, separating findings into categories for the CPS and EPS. For this article, however, we mainly combined these two data sets to provide an overview. We did not note any substantive race or gender differences in the issues we explore here. All identifiers were removed to protect the anonymity of participants.

About one month after completing the semi-structured interviews, we also conducted a web survey in each organization, addressing many of the same issues. Both the interviews and web survey were approved by ethics boards at the University of Alberta and McMaster University. The focus and wording of many of the web survey questions were shaped by what research team members learned in the qualitative interviews. Communications personnel at both EPS and CPS sent e-mail messages explaining the study to all service members (civilian and sworn). As the topic was not particularly relevant to civilian members, relatively few responded. EPS members received four e-mail reminders, while CPS members received only one. Consequently, the overall EPS response rate was higher (41 % with a total of 779 of 1901 eligible participants) than the CPS response rate (30 % with a total of 627 of 2113 eligible participants). For this article, we primarily focus on our qualitative data. These findings provide particularly salient insights into how officers perceived the new dangers and described their jobs while policing the overdose crisis. We mention the quantitative data only to provide descriptive information.

Findings

Perceptions about the overdose crisis, people who use drugs, and the dangers involved for officers

Most of our participants felt that the opioid crisis was a very serious problem. We observed statistically significant differences between the two cities, with CPS officers viewing the problem most seriously, reflecting the higher overdose rates in Calgary compared to Edmonton. Specifically, 20 % of CPS members reported that opioid use was an “extremely serious problem” in the area of the city where they usually worked, and 30 % indicated that it was a “serious problem”. Over one-third (35 %) felt opioid use was a “significant problem”, and only a small minority thought it was a “slight problem” (13 %) or “not a problem at all” (2 %). In contrast, only 11 % of EPS members reported that opioid use was an “extremely serious problem” in the area where they worked and one-quarter characterized it as a “serious problem”. Forty-three percent felt opioid use was a “significant problem,” 17 % thought it was a “slight problem,” while only 4 % concluded that opioid use was “not a problem at all” in the area of the city where they worked.

While officers in the two cities perceived the seriousness of the overdose crisis differently, they felt equally concerned about the presence of new opioids on the streets. When contextualizing the dangers posed by fentanyl in comparison to other common threats encountered by officers (such as shootings, assaults, traffic accidents, etc.), nearly all interview participants – across both cities – noted that fentanyl poses a new, more uncertain, but constant threat that is especially difficult to address. Officers suggested that fentanyl had become increasingly common among the populations they frequently encounter. For officers, the fact that the drug is often difficult to immediately identify and is routinely disguised as or mixed with other drugs was altering the emotional contours of police work (Basinska/Wiciak/Dåderman 2014; Daus/Brown 2012), producing heightened stress and anxiety. Officers feared being accidentally exposed to fentanyl and often did not know what they might touch when searching people for drugs. This, combined with fentanyl’s extreme potency, lead many officers to believe that fentanyl presents a significant danger to their safety, as one of our participants described:

“It is easy to become exposed in the situations we deal with—like going through a car. [...] I know before, I’ve been like, ‘This is a weird little package,’ knowing that it could be drugs or it couldn’t be drugs. [...] You open it up and then you end up with powder on your hands. It’s like, ‘What was that? Is that a buffing agent?’ Before, if meth got on my hand, I would just go and wash it. [...] I was less concerned about inhaling and all that. The amounts [of fentanyl] I have been told in our training is easy enough to inhale and [...] overdose on [...] or be affected by it. It makes it a little bit worrisome in dealing with it—like searching cars, searching persons and stuff like that. [...] you can be easily exposed to it.”

Most officers in our sample – across both cities – felt that fentanyl is “not just another risk, it is...it’s a huge risk. [...] It’s something that we are very cautious with.” Another officer emphasized the increasing regularity with which they encounter fentanyl:

“There are many, many risks of policing and we spend a huge amount of time focusing on, like, extremely high- risk, low-frequency incidences—firearms, shootings, vests, bullets, that whole kind of gamut. But the drug exposure is kind of different, and it is becoming high-risk, high-frequency.”

When asked how their perception of the dangers of fentanyl are influencing how they carry out their jobs, officers mentioned that when conducting routine activities like searching individuals and cars and entering homes, one EPS officer said, “key is to slow down. Just take your time and have a good look around. Be really observant” to maintain their safety.

A small minority of interviewed officers in both services, however, believed that their colleagues had overblown the dangers of fentanyl, with some highlighting other dangers and noting, for example, that “driving aggressively is a bigger concern than fentanyl.” Such participants stated that either the organization itself had exaggerated the dangers of fentanyl to encourage officers to take the issue seriously or that such hazards were poorly communicated through numerous waves of updates, inflating the dangers through miscommunication and rumour. As one officer stated, “everyone’s so afraid because it’s just rumours and policies that change every day [laughs].” Other officers agreed that the objective risks of fentanyl were overstated. They pointed out that fentanyl users routinely interact with the substance, having it in their homes or on their person, all with no ill effects due to inadvertent exposure. As another officer with over ten years of experience explained, the risk of fentanyl is “overrated” and there are

“bad people who will shove it up their bum to bring it into jail, and they don’t die, and they handle it all the time. Yet some of them die, yes, because they get a hot one. But I think...we [the police service] always go from the worst-case scenario, where probably one out of a hundred would see the worst-case scenario...”

While only a minority of our respondents downplayed the dangers of fentanyl, many admitted that they were unclear about the actual empirical risks fentanyl presents. Because officers were unclear about the real risks, they not only treated the substance as dangerous but also saw fentanyl users as an inherently dangerous population to work with. Officers saw two predominant forms of danger associated with fentanyl users: contamination and disease.

Regarding contamination, many participants noted that they were apprehensive of physically engaging with fentanyl users, particularly those PWUD suffering an overdose. They feared they could inhale or get fentanyl on their skin through such contact. Several officers stated that they did not feel com-

fortable providing first aid or CPR to fentanyl users due to the prospect of exposure. Instead, they would wait for others, namely emergency medical service (EMS) members, to do so for them. Speaking about interacting with fentanyl users, one downtown EPS patrol officer stated: “[...] if I know the person or suspect him to be on fentanyl, I am super cautious. I am worried about myself first because getting too close, you know, can be deadly.”

These anxieties relating to fentanyl users were shared by many of our participants, which helped to shape how officers conducted their work and interacted with individuals. For example, one female officer with over a decade of experience stated the following when asked if and how the emergence of fentanyl has changed how she approaches communities and her work:

“Yeah. I assume they all have needles on them. So, I am very careful to touch. And I don’t touch anything without gloves, never. Like, I will not shake someone’s hand. I don’t touch anything without gloves on. And then, I don’t touch any drugs anymore. I know when I first got on the job, I searched people and I touched drugs with bare hands because it was usual. Usually, you knew what you were touching. But now, you don’t know what you are touching. You could even have cannabis and fentanyl mixed. It’s like everywhere. So, people are very cautious about how they handle stuff now.”

This fear of contamination extended beyond physically contacting PWUD, as some officers mentioned being afraid that their equipment, such as pens or handcuffs, could become contaminated by fentanyl, which might later expose them or others to the drug. Many officers were unsure of the severity of the dangers they were facing or what precautions they should take to avoid contaminating themselves or their equipment when engaging with a fentanyl user. Anxieties relating to contamination seemed exacerbated by a lack of clear information on the topic – more specifically, not being aware of the scientific consensus that has emerged since then that simply touching fentanyl will not lead to an overdose (Feldman/Weston 2022; Bucierius et al. 2022a).

The second and more frequently cited fear officers mentioned was the prospect of being exposed to disease. Officers commonly explained that fentanyl users tended to carry various infectious diseases that they might contract through exposure to their bodily fluids. Used needles were especially concerning to officers, with some believing that dirty needles are the main threat fentanyl users pose to officers and the public. For example, one officer stressed that the CPS and several of his colleagues had exaggerated the objective risks of contamination by fentanyl, but agreed that disease carried by needles was a significant hazard for officers’ safety:

“Perhaps some people like drama a little bit more than others, I don’t know. Maybe they’re making a mountain out of a molehill. I don’t. I’d be like, ‘Oh, you touched something? That’s great. Don’t do it again.’[...] But like if there are needle pricks and whatnot? Okay, that’s more serious. [...] You

might have screwed yourself over. You might have Hep C, you could have HIV. You've got more things to be concerned about right now than just getting high. So, um, that would be how I'd perceive those situations.”

While we do not have statistics on the prevalence of needle stick injuries amongst police officers in Alberta, such injuries represent a real danger in police work. A study of Baltimore police officers, for example, found that approximately 30 % of 803 survey respondents (representing a 46 % response rate), had experienced at least one needle stick injury, and only 39 % of those individuals had sought medical attention for those injuries (Lorentz/Hill/Samini, 2000).

Administering Naloxone

Police officers and other first responders are frequently responsible for managing situations where someone is experiencing an overdose. In such situations, one of the most valuable resources at the disposal of police officers in many jurisdictions is Naloxone (also known by its commercial brand name of “Narcan”). Administered as a nasal spray, this opioid antagonist quickly and safely blocks the effects of opioids, reversing respiratory depression and restoring normal breathing. Officers in Edmonton and Calgary are offered training in the fairly straightforward procedures involved in administering Naloxone, and can carry it with them on their shift, although they are not obliged to do so.

There were significant differences between the two cities concerning how likely police officers were to carry Narcan while on the job. Perhaps tied to how they judged the seriousness of the opioid crisis, CPS officers were much more likely than EPS officers to state that they would “always” carry Narcan (47 % compared to 12 % of EPS members). However, some officers in both services stressed the importance of carrying Narcan for saving someone's life – whether because someone had an overdose or because a police colleague was exposed to the drug. For example, an EPS member stressed:

“Not taking a roadside screening device [breathalyser] out [on a shift ...] is not going to kill my co-worker on the spot. But not having Narcan on the spot? [...] So that's why I place a very high importance on it, because I believe, literally, it can save someone's life. And the majority of members I work with feel likewise as well.”

An officer in Calgary echoed this theme:

“I can tell you that for the vast majority of our members, the two things [...] they'll sign out are things like a shotgun and Narcan. Those are the two things I sign out over anything else. So, I prioritize taking Narcan out over any other piece of optional equipment. That tells you where I place the value of it. That's more likely to save someone's life than a shotgun, right.”

Independent of whether or not officers carried Naloxone, they were not necessarily happy to *administer* it. Many noted that administering Naloxone could result in someone attacking them immediately after they were revived. While officers frequently noted that fentanyl users are generally non-violent and passive or subdued in their interactions, they noted that when some overdose victims would become agitated or violent as they regained consciousness after receiving Narcan/Naloxone. Many officers saw this tendency as the reason why EMS members, especially in Edmonton, regularly requested police officers to aid them when responding to an overdose, as officers could provide security to EMS responders. However, few of our respondents felt that such aggressions posed a substantial threat to officer safety.

Officers from the EPS (not CPS) also frequently mentioned feeling ill-equipped to administer Naloxone, specifically that they lacked the medical training to properly discern an opioid overdose from other medical situations such as diabetic shock or overconsumption of alcohol. Further, these officers added that they feared that improperly administering Naloxone could have ill effects on the victim, possibly exacerbating their condition or causing an allergic reaction. CPS officers did not share these views, potentially because they were more accustomed to seeing overdoses and generally evaluated the overdose crisis to be more severe than officers in Edmonton.

Beyond the prospect of causing additional harm to the victim, several officers in both services feared they could face organizational and legal repercussions if they administered Narcan and the victim did not recover. This perceived danger was even present for officers who were certain a person was experiencing an opioid-induced overdose. As several officers pointed out, many overdose victims could only be revived after repeated shots of Narcan. One officer with over fifteen years of experience described his overarching desire to help overdose victims, but also articulated a fear of institutional and legal consequences, stating:

“Could you imagine the uproar if a police officer went into a scene and administered Narcan to someone who is allergic to it and caused their death? What would happen to that officer? Like...despite good faith, despite well intentioned, it would be [pause] terrible. It would, it would be terrible. On all aspects of it. ‘Cuz despite whatever population that happened in, whatever the side factors were surrounding it, surrounding or the decision-making. If it resulted in a death [pause] we, as cops, would get destroyed. We would be chastised. Whether it was in line with training or maybe just general common sense. We would be scrutinized, and we would be in a fatality inquiry, and it would be on the front page of The Sun – ‘Cops go to scene, kill man.’ Uh, and we don’t. I don’t run from that prying eye or that fear. No one does. We live with it. But at the same point, that factors into decision-making...”

This same officer added that such dangers lead many officers to second guess whether an individual is genuinely experiencing an overdose, prompting

them to wait for EMS to provide medical care to avoid possible negative repercussions. An external safety consultant echoed this opinion in discussing why many officers choose not to carry Naloxone in the field. As the consultant described, not carrying Naloxone/Narcan is a way for officers to avoid legal, public, and institutional repercussions. Not having Narcan on hand allowed officers to avoid accusations that they improperly administered it, that they administered it in a situation where it was not warranted, or that their actions produced an allergic reaction. The consultant heard from some officers that they were not signing out Narcan “because they don’t want that onus on them, that liability on them to use it,” adding:

“[Officers are] always aware of what public perception is gonna be. So, it’s like, “If I give someone this medication, and they die, what’s the likelihood of me being liable and facing an investigation from the Alberta Serious Incident Response Team [ASIRT investigates cases involving Alberta police that result in serious injury or death, along with allegations of serious misconduct]” versus “If I don’t even have this medication on me, and I do what I can with what I’ve got, then that’s not a factor anymore.”

Perceptions of safe consumption sites (SCS)

While Narcan is one way to manage overdoses, safe consumption sites quickly emerged as a more high-profile and occasionally controversial response to the crisis. These facilities allow people to inject or administer previously obtained drugs while being monitored by trained staff. Those staff can assist in the event of an overdose or adverse reaction and provide educational information on safe use and other public services. When we conducted our research, seven such sites operated legally in the province, including three in Edmonton and one in Calgary (Services Review Committee 2020). Since then, one of the Edmonton sites has been closed (St-Onge 2019).

Having existed in Europe for more than 30 years (and if counting informal sites in the Netherlands in the 1970s, for more than 40 years), these facilities are still relatively new in Canada (Hedrich 2004). Traditionally, Canadian police officials have opposed this harm reduction measure, which they equated with drug legalization. Research conducted in Ontario (another Canadian province) before the opening of a SCS found police officers expressed a “firm, anti-drug perspective that dismissed SCSs as an option for reducing the harms associated with illicit drug use” (Watson et al. 2012: 371). However, more recent research suggests that officers’ attitudes appear to be moving towards increased support for SCS (Watson et al. 2018: 742; Strike et al. 2020).

We found similar changes underway among the police officers we interviewed. In response to the growing numbers of overdoses heard of or attended to, and the frequency with which they encountered fentanyl on their jobs,

officers seemed to have softened their attitudes toward harm reduction. These findings connect with similar developments in other Canadian jurisdictions. The Chiefs of Police in Toronto and Edmonton, for example, recently announced their public support of SCSs (Gray 2016; Todd 2016) and, in 2020, the Canadian Association of Chiefs of Police called for the decriminalization of possession of illicit drugs for personal use (Zimonjic 2020). Public pronouncements and attitudinal changes appear to be translating into shifts in organizational practice and individual behaviour. For example, recent research studying needle exchange programs across Canada found that roughly two-thirds of the individuals who operate these services report a positive or mostly positive relationship with officers. Participants spoke of mutual respect between themselves and the police (Strike/Watson 2018). Researchers who interviewed PWUD in Edmonton found that such individuals saw the police as generally lenient towards the public use and possession of drugs. Participants in that study suggested that officers largely supported SCSs and expected PWUD to use these services (Urbanik/Maier/Greene 2022: 5).

The views of officers in our study about SCSs appear to have evolved from a values-based condemnation and dismissal of SCSs to one where officers haltingly embrace the value or utility of such facilities. Our participants generally supported the operation of SCS and acknowledged the inevitability of drug use in their community. In their eyes, the scope and seriousness of the drug situation required the police – and society more generally – to re-think existing policies. In this respect, they tended to mimic the concerns of public health officials about the dangers of intravenous drug use. This was apparent in this officer’s comments about a local SCS: “So, yes, it’s great um, at reducing say... transmitted diseases through dirty needles and help with the person using there. Plus, the safety of them actually being able to use with a nurse.” Another officer commented on how providing PWUD with clean needles can limit the range of harms such individuals experience:

“...you bring somebody in there and more than likely, somebody will be able to help them right away. So, long-term effect, um, if you are able to revive them right away, there is less damage that can be done by being overdosed for a long period of time before you get help. Um, the clean needles are great as well because you limit harm.”

This softening attitude towards SCS appears to be born out of officers’ frustrations with the daily task of “dealing with” marginalized PWUD, but only having at their disposal a circumscribed and ineffectual repertoire of legal tools and organizational practices. At the same time, having a SCS where people can use drugs safely and in the presence of nurses reduces pressure on police officers who might potentially have to tend to overdose victims. That is, this softening of attitudes towards SCS might, in part, be due to a realization that an SCS can make the job of police officers easier, given the gravity of the overdose crisis and anxieties about the perceived dangers of this situation.

Officers were generally disillusioned about any prospect of successfully confronting the overdose crisis through a crime control approach to illicit substances. This perception, in combination with their own emotional anxieties about this situation, appears to have made them more open toward other methods they had not traditionally supported. An officer who had worked extensively on a narcotics unit gave a sense of these frustrations:

“Because, having worked in drugs for a long time, um, I don’t think enforcement is winning any battles. I think for the money that these complex investigations cost from a resource perspective being, you know, surveillance to collect evidence, undercover operations to target these people, um, I don’t think that the impact on those investigations really even puts any kind of a dent in, in the drug culture.”

Part of that sentiment was related to a somewhat resigned acceptance that people inclined to use addictive substances will do so, irrespective of the legal consequences:

“I think it’s good that there is place for people who wanna do drugs safely [SCSs]. Cuz they’re gonna be doing drugs regardless, whether it’s legal or otherwise... They’re going to use [drugs]. It’s like, period. You’re not going to be able to stop them. So, I think if you could do it safely, hopefully, it’s like cleaner [in the SCS], then there’s not like dirty needles, like in bathrooms. And, I think it makes sense. For sure, for that kind of stuff, yeah.”

Discussion

For decades in North America, the policy response to opioids has prioritized crime-control forms of surveillance, interdiction, and punishment. Consequently, a large population of disproportionately marginalized and racialized individuals has been drawn increasingly into the criminal justice system (Tonry 1994; Provine 2011; Alexander 2010). For street-involved individuals who are particularly vulnerable, the personal consequences of opioid use and crime control efforts have been dramatic and often devastating.

The overdose crisis in Canada poses new dangers and heightened fears for police officers. Much of this crisis is related to the emergence of powerful new synthetic opioids such as fentanyl as recreational drugs. Globally, Canada is notable for being amongst a small group of countries where illicit fentanyl use first became widespread. However, the profits to be made from this easily synthesized and smuggled opioid suggest that it is posed to spread globally (Furlan et al. 2020; Jannetto et al. 2019). The prospect of such expansion internationally suggests that officials in other countries may benefit from the insights and experiences detailed by the officers in our study.

Based on past practice (Gordon 2006; Khenti 2014), it would have been reasonable to expect police officials in Alberta to respond to this crisis with

stricter crime-control measures. However, our data show that the situation is more complicated. While most officers in our sample are concerned about the significance of the overdose crisis and the new dangers fentanyl and PWUD are posing for them, they are not necessarily embracing traditional interdiction and punishment measures. Instead, some police officers are adapting their approaches to policing by, for example, carrying Narcan and shifting their attitudes towards harm reduction measures.

While police officers are trying to navigate the overdose crisis, they still display a great deal of confusion about the dangers posed by fentanyl – specifically whether exposures to fentanyl can cause an overdose, and the legalities and responsibilities relating to administering Narcan. For example, decisions about whether to carry Narcan can sometimes depend on whether the officer believes they could be legally responsible if they were to administer it to someone who subsequently dies. One comparatively easy policy reform would involve police services clarifying such concerns and streamline communication about navigating the overdose crisis to eliminate the possibility officers might not respond appropriately to someone experiencing an overdose.

Our data also suggest that participants' attitudes toward SCSs are evolving. This change may be because officers are becoming more familiar with the operation of such facilities as well as the fact that they are regularly exposed to people who use opioids and increasingly to those experiencing an overdose. For many officers, it is clear that traditional interdiction and punishment measures are not beneficial. However, their demonstrated (reluctant) softening attitudes towards harm reduction measures may also indicate that they recognize that the presence of an SCS can reduce their overdose-related responsibilities and perhaps the dangers that they face on the job. In such situations, officers would ostensibly face fewer situations where they were responsible for responding to an overdose and administering Narcan. Either way, and in contrast to the rhetoric that policing and police culture are stagnant and resistant to change (Oriola 2016), this seems to be an area where policing is evolving.

Police organizations are often portrayed as being reluctant to change (Chan 1996; Loftus 2010). Our data suggest that when facing new dangers, the police can move towards approaches that foreground public health (Buceri et al. 2022b). Given that police disproportionately deal with individuals with histories of substance use/abuse (Oriola et al. 2012), street involvement (Deukmedjian 2013), mental illness (College of Policing 2015; Normore et al. 2016), and histories of physical and sexual victimization (Messing et al. 2014; Buceri et al. 2021), any greater embrace of a public health orientation could improve the lives of some of the most marginalized and vulnerable members of society.

Limitations: we acknowledge that our data collection took place in 2018 and 2019. We encourage future research to see how opioid-related policing practices have evolved further since then.

Acknowledgements:

We thank the Edmonton Police Service and Calgary Police Service for partnering with us on this research project. We also thank the Government of Alberta for funding our research via the OHS Futures – Research Funding Program (www.alberta.ca/ohs-futures-research-grants).

References

- Alexander, Michelle (2010): *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, New York: The New Press.
- Amlani, Ashraf/McKee, Geof/Khames, Noren/Raghukumar, Geetha/Tsang, Erica/Buxton, Jane (2015): Why the FUSS (Fentanyl Urine Screen Study)? A cross-sectional survey to characterize an emerging threat to people who use drugs in British Columbia, in: *Harm Reduction Journal* 12, 1-7.
- Alsabbagh, Wasem/Feng, Chang/Cooke, Martin/Elliott, Susan/Chen, Meixi (2021): National Trends in Population Rates of Opioid-Related Mortality, Hospitalization and Emergency Department Visits in Canada Between 2000 and 2017. A Population-Based Study, in: *Addiction* 116, 3482-3493.
- Basinska, Beata/Wiciak, Izabela/Dåderman, Anna (2014): Fatigue and Burnout in Police Officers: The Mediating Role of Emotions, in: *Policing* 37, 665-680.
- Belzak, Lisa/Halverson, Jessica (2018): Evidence Synthesis – The Opioid Crisis in Canada: A National Perspective, in: *Health Promotion and Chronic Disease Prevention in Canada* 38, 224-233.
- Berardi, Luca/Bucerius, Sandra/Haggerty, Kevin/Krahn, Harvey (2021): Narcan and Narcan't: Implementation Factors Influencing Police Officer Use of Narcan, in: *Social Science & Medicine* 270, 113669.
- Bucerius, Sandra/Haggerty, Kevin D. (2019): Fentanyl Behind Bars: The Implications of Synthetic Opiates for Prisoners and Correctional Officers, in: *International Journal of Drug Policy* 71, 133-138.
- Bucerius, Sandra/Jones, Daniel/Kohl, Ashley/Haggerty, Kevin (2021): Addressing the Victim-Offender Overlap in Prisons and Police Organizations: Advancing Evidence-Based Research to Better Service Criminally-Involved People with Victimization Histories, in: *Victims & Offenders* 16, 148-163.
- Bucerius, Sandra/Berardi, Luca/Haggerty, Kevin/Krahn, Harvey (2022a): New Drugs, New Fears: Synthetic Opioids and Adaptations to Police Practice, in: *Policing and Society* 32, 832-845.
- Bucerius, Sandra/Temtope, Oriola/Jones, Daniel (2022b): Policing with a Public Health Lens – Moving Towards an Understanding of Crime as a Public Health Issue, in: *The Police Journal* 95, 421-435.
- Calgary Homeless Foundation (2023): Causes of Homelessness. <<https://www.calgary-homeless.com/discover-learn/learn-about-homelessness/homelessness-in-calgary/causes/>> [17.01.2023].
- Carrière, Giséle/Garner, Rochelle/Sanmartin, Claudia (2021): Significant Factors Associated with Problematic Use of Opioid Pain Relief Medications Among the Household Population, Canada, 2018, in: *Health Reports* 32, 11-26.
- Chan, Janet (1996): Changing Police Culture, in: *The British Journal of Criminology* 36, 109-134.
- Claridge, Hugh/Williams, Bryn/Copeland, Caroline (2020): A Deadly Trend in Fentanyl Fatalities (England, 1998–2017), in: *British Journal of Clinical Pharmacology* 86, 437-444.
- College of Policing (2015): *College of Policing Analysis: Estimating Demand on the Police Service*, in: London: College of Policing.

- Daus, Catherine/Brown, Shanique (2012): Chapter 11 The Emotion Work of Police, in: Ashkanasy, Neal/Zerbe, Wilfred/Hartel, Charmine (eds.): *Research on Emotion in Organizations* (Volume 8), 305-328.
- Deukmedjian, John (2013): Making Sense of Neoliberal Securitization in Urban Policing and Surveillance, in: *Canadian Review of Sociology/Revue Canadienne De Sociologie* 50, 52-73.
- Edmonton Social Planning Council (2023): Social Well-Being Indicator. <<https://edmontonsocialplanning.ca/social-well-being/>> [17.03.2023].
- Feldman, Ryan/Weston, Benjamin (2022): Accidental Occupational Exposure to a Large Volume of Liquid Fentanyl on a Compromised Skin Barrier with No Resultant Effect, in: *Prehospital and Disaster Medicine* 37, 550-552.
- Furlan, Andrea/Harvey, Alexandra/Chadhan, Rashimi (2020): Warning from Canada: Latin America, South Africa and India may Face an Opioid Epidemic in the Coming Years, in: *Journal of Global Health* 10, 1-5.
- Gordon, Todd (2006): Neoliberalism, Racism, and the War on Drugs in Canada, in: *Social Justice* 33, 59-78.
- Gray, Jeff (2016): Toronto Mayor, Police Chief Onside for Supervised Drug Injection Sites, in: *The Globe and Mail*, 24. June. <<https://www.theglobeandmail.com/news/toronto/toronto-police-chief-drops-opposition-to-safe-injection-sites/article30608788/>> [18.07.2018].
- Hedrich, Dagmar (2004): *European Report on Drug Consumption Rooms*, Luxembourg: Office for Official Publications of the European Communities.
- Howlett, Karen/Giovannetti, Justin/Vanderklippe, Nathan/Perreux, Les (2016): Killer High: How Canada Got Addicted to Fentanyl, in: *The Globe and Mail*, 8. April. <<https://www.theglobeandmail.com/news/investigations/a-killer-high-how-canada-got-addicted-tofentanyl/article29570025/>> [01.04.2018].
- Jannetto, Paul/Helander, Anders/Garg, Uttam/Janis, Gregory/Goldberger, Bruce/Ketha, Hemamalini (2019): The Fentanyl Epidemic and Evolution of Fentanyl Analogs in the United States and the European Union, in: *Clinical Chemistry* 65, 242-253.
- Khenti, Akwatu (2014): The Canadian War on Drugs: Structural Violence and Unequal Treatment of Black Canadians, in: *International Journal of Drug Policy* 25, 190-195.
- Loftus, Bethan (2010): Police Occupational Culture: Classic Themes, Altered Times, in: *Policing & Society* 20, 1-20.
- Lorentz, John/Hill, Linda/Samini, Behzad (2000): Occupational Needlestick Injuries in a Metropolitan Police Force, in: *American Journal of Preventative Medicine* 18, 146-150.
- Lim, Tse Yang et al. (2022): Modeling the Evolution of the US Opioid Crisis for National Policy Development, in: *Proceedings of the National Academy of Sciences* 119, 23.
- Messing, Jill/Thaller, Jonel/Bagwell-Gray, Meredith (2014): Factors Related to Sexual Abuse and Forced Sex in a Sample of Women Experiencing Police-Involved Intimate Partner Violence, in: *Health and Social Work* 39, 181-191.
- Mohatarem, Kashmala (2021): Boyle Street Supervised Consumption Site Closing Permanently, in: *CBC News*, 28. April. <<https://www.cbc.ca/news/canada/edmonton/edmonton-boyle-street-supervised-consumption-1.6005939>> [17.01.2022].
- Oriola Temitope/Neverson, Nicole/Adeyanju, Charles (2012): 'They Should Have Just Taken a Gun and Shot My Son': Taser Deployment and the Downtrodden in Canada, in: *Social Identities* 18, 65-83.
- Oriola, Temitope (2016): Revisiting Adoption of Conducted Energy Weapons (CEWs) by Canadian Police, in: *Criminal Justice Ethics* 35, 100-122.
- Provine, Doris (2011): Race and Inequality in the War on Drugs, in: *Annual Review of Law and Social Science* 7, 41-60.
- Shi, Leiyu/Stevens, Gregory (2010): *Vulnerable Populations in the United States* (2nd ed.), New Jersey.
- St-Onge, Josee (2019): Edmonton's Supervised Consumption Sites 'Making and Impact' in First Year, in: *CBC News*, 10. July. <<https://www.cbc.ca/news/canada/edmonton/supervised-consumption-sites-boyle-street-opioid-1.5200755>> [17.03.2020].
- Strike, Carol/Watson, Tara (2018): Relationships, Training, and Formal Agreements

- Between Needle and Syringe Programs and Police, in: *Health Promotion Practice* 19, 741-746.
- Strike, Carol/Watson, Tara/Altenberg, Jason/Barnaby, Lorraine/Bayoumi, Ahmed/Challacombe, Laurel/Demel, Geoff/Hopkins, Shaun/Wright, Amy (2020): Challenges, Skepticism, and Recommendations from Police about Working in Collaboration with Supervised Consumption Services, in: *Substance Use & Misuse* 55, 1919-1924.
- Todd, Zoe (2016): Police Chief Backs Safe-Injection Sites for Edmonton, in: *CBC News*, 9. December. <<https://www.cbc.ca/news/canada/edmonton/rod-knecht-eps-safe-injection-fentanyl-edmonton-overdose-1.3890606>> [19.05.2017].
- Tonry, Michael (1994): Race and the War on Drugs, in: *University of Chicago Legal Forum* 1, 25-81.
- Transport Canada (2017): *Canadian Motor Vehicle Collision Statistics, 2016*. Ottawa, CA. <<https://tc.canada.ca/en/road-transportation/statistics-data/canadian-motor-vehicle-traffic-collision-statistics-2017>> [14.06.2021].
- Urbanik, Marta/Maier, Katharina/Greene, Carolyn (2022): A Qualitative Comparison of How People Who Use Drugs' Perceptions and Experiences of Policing Affect Supervised Consumption Services Access in Two Cities, in: *International Journal of Drug Policy* 104,103671.
- Watson/Bayoumi, Ahmed/Kolla, Gillian/Penn, Rebecca/Fischer, Benedikt/Luce, Janine/Strike, Carol (2012): Police Perceptions of Supervised Consumption Sites (SCSs): A Qualitative Study, in: *Substance Use & Misuse* 47, 364-374.
- Watson, Tara/Bayoumi, Ahmed/Hopkins, Shaun/Wright, Amy/Naraine, Renuka/Khorasheh, Triti/Challacombe, Laurel/Strike, Carol (2018): Creating and Sustaining Cooperative Relationships Between Supervised Injection Services and Police: A Qualitative Interview Study of International Stakeholders, in: *International Journal of Drug Policy* 61, 1-6.
- Weeks, Carly/Howlett, Karen (2015): Prescription of Opioid Drugs Skyrocketing in Canada, in: *Globe and Mail*, 18. August. <<https://www.theglobeandmail.com/news/national/sales-of-opiod-drug-prescriptionsskyrocketing/article26008639/>> [14.07.2018].
- Witzel, Andreas/Reiter, Herwig (2012): *The Problem-Centred Interview: Principles and Practice*, Thousand Oaks.
- Zimonjic, Peter (2020): Police Chiefs Call on Ottawa to Decriminalize Possession of Illicit Drugs for Personal Use, in: *CBC News*, 9. July. <<https://www.cbc.ca/news/politics/chiefs-police-decriminalize-possession-personal-use-1.5643687>> [04.01.2021].

Sandra Bucerius, university of Alberta, 15243 43 Ave NW, Edmonton, Alberta, Canada, T6H 5R3. bucerius@ualberta.ca

Harvey Krahn, 10924 University Avenue
Edmonton, Alberta, Canada, T6G 1Y2. hkrahn@ualberta.ca

Kevin Haggerty, 11619 72 Ave. Edmonton, Alberta, Canada, T6G 0B9.
khaggert@ualberta.ca

Luca Berardi, Department of Sociology,
Kenneth Taylor Hall, Room 611,1280 Main Street West, Hamilton, Ontario, Canada,
L8S 4L8. berardil@mcmaster.ca

Rebekah McNeilly, 114 Millwood Road, Toronto, Ontario, Canada, M4S 1J7.
mneilly@ualberta.ca