Therapeutic alignments:
Examining police and public health/harm reduction partnerships

Abstract

Ongoing calls for police reform across North America alongside the growing momentum for the removal of criminal sanctions for personal possession of drugs have placed policing agencies in an ambivalent position with respect to drug governance and people who use drugs (PWUD). Meanwhile, in response to the longstanding harms produced by drug law enforcement, calls for *harm reduction policing* have gained traction in recent years, resulting in collaborations between policing agencies and health services, including naloxone administration by police officers, post-overdose outreach and wellness checks, and integrated public health-public safety response and information sharing frameworks. Using situational analysis method, we consider the range of elements and actors which form these partnerships, and their broader structural, institutional, and policy effects. We detail the actual and potential implications of such forms of institutional coordination and alignment on health, equity, and the possibility of meaningful drug law reform. Our analysis reveals that rather than mitigating the harms of drug enforcement, such initiatives stand to undermine access to services and increase health system avoidance by eroding trust in public health and harm reduction among PWUD. We reason that the recasting of police as therapeutic agents and as embedded in medico-therapeutic practices reaffirms the role of punitive enforcement practices in drug governance.

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Policing is experiencing a crisis of legitimacy following high-profile officer killings of Black and Indigenous people across the United States and Canada, as well as those living with mental health issues. This situation has amplified pressures for institutional redefinition and reform – often resulting in partnerships such as joint responder teams pairing social or mental health workers with police to shift public perception and attempt to shore up trust and confidence (De Shalit *et al.* 2022; Herbert *et al.* 2018; Patterson and Swan 2019; van Dijk and Crofts 2017). Meanwhile, ongoing overdose mortality and toxicity in the unregulated drug supply have driven the expansion of harm reduction and public health efforts targeting people who use drugs (PWUD) in many jurisdictions, increased calls for a public health approach to drugs, as well as growing momentum for decriminalisation and the removal of criminal sanctions for personal drug use (Eastwood *et al.* 2016). Deaths from police violence and overdose are often linked through 'war on drugs' policies and practices disproportionately impacting communities of colour (Kapadia and Borrell 2023). These cumulative shifts have raised serious questions regarding the role of police in the future of drug law enforcement (Greer *et al.* 2022; Miron and Winter 2022).

Against this backdrop, calls for 'harm reduction policing' models have proliferated, contributing to the emergence of partnerships and institutional coordination efforts between law enforcement and harm reduction/public health organizations. While collaboration between policing and health and social service institutions is longstanding, including in areas of mental health, intimate partner violence, and the regulation of sex work, formal partnerships with public health and harm reduction programs serving PWUD represent a quickly growing terrain of institutional coordination and therapeutic alignment. Examples such as intensive 'recovery focused' outreach teams partnering police with social service workers (Government of Alberta 2022), law enforcement and public health data sharing to facilitate drug alert initiatives (Greater Sudbury Police Service 2022), and police involvement in naloxone distribution to those being released from prison (Lea 2022) indicate a transformation of traditional institutional roles and a blurring of the distinction between punitive and therapeutic modes of governing drug use. This blurring, characterized by many as hybridity (see e.g., Whetstone and Gowan 2017), positions harm reduction/public health and law enforcement at a crossroads (Houborg *et al.* 2023; Bacon and Spicer 2023) – one requiring critical scrutiny.

Employing "situational analysis" (Clarke *et al.* 2017), this article examines partnerships between policing and public health/harm reduction organizations in the U.S. and Canada. Our goals are threefold: first, to map emerging trends in collaborations and partnerships between law enforcement and public health/harm reduction; second, to interrogate what these shifts – both discursive and material – signal, and how they are actualised in three sites, namely police administration of naloxone, post-overdose wellness checks, and integrated public health information sharing and response frameworks; and third, to reflect on the collateral effects of such partnerships with respect to questions of health, equity, and drug law reform. The aim of our research is to interrogate the broader structural, institutional, and policy effects of these instances of institutional integration and alignment. Based on the mapping and analysis of the 'situation' (Clarke *et al.* 2017) of institutional collaboration and the historical and legal contexts in which this situation is embedded, we argue that harm reduction policing models which

advocate that police be deployed in therapeutic capacities should be regarded with extreme caution. Instead, we maintain that advancing the health and human rights of PWUD demands a disentangling of such forms of institutional integration and partnership, particularly when it comes to data sharing and joint delivery of services. Our appraisal here takes up calls for more research on the 'unintended downstream consequences' (Bagley *et al.* 2019, p. 14) of police involvement in responding to the health needs of PWUD.

Methods and conceptual framing

We use the phrase 'harm reduction/public health' throughout this article to refer to the range of health and social services aimed at PWUD, some of which are carried out by public health units and some by dedicated community-based harm reduction organizations funded through public health streams. We recognise the tensions between public health- and harm reduction-based approaches, including but not limited to questions of institutionalization and community control/accountability, professionalization and democratization of expertise, and medicalization and treatment models that regard substance use as a disorder and/or brain disease. Further, we employ the term 'institutional coordination' to render intelligible the emerging arrangements between law enforcement and public health/harm reduction based upon a presumption of shared interest or overlap in institutional mandate. Chiarello and Morrill (2020) offer a useful typology for theorizing the relationship between healthcare and criminal justice, including encroachment, channelling, buffering, cooperation, and competition, noting that both antagonistic and harmonious institutional relationships are possible at different points in time. Partnerships and expressions of institutional coordination of this kind have been productively theorized as an alignment fostered through collaboration and co-optation (DiMario 2022). Theoretical reflections on inter-institutional governance like these offer greater precision to conceptual frameworks that tend to view such institutional shifts uniquely through a lens of mission creep or net-widening (Vitale 2021).

While mission creep and net widening are useful concepts to help make sense of the expanded scope of policing functions and criminal law approaches in recent years, we suggest these frames are limited in assessing emerging partnerships and therapeutic alignments between public health/harm reduction and policing in that they tend to presume directionality of influence (e.g., that partnerships are motivated solely by the interests of criminal legal institutions). Such frames often leave underexamined the extent to which many of these partnerships emanate from public health bodies and rationales. For example, the adoption of an enforcement role by healthcare providers has been noted in the context of the criminalization of HIV non-disclosure, with recourse to criminal law by public health workers regarded as a form of 'enlightened coercion' (Chiarello and Morrill 2020, p. 164). This appropriation of policing functions can be observed in the context of prescription drug monitoring programs where pharmacists and other healthcare providers are enlisted into criminal legal concerns by watching for signs of diversion of prescribed narcotics, ensnaring patients in surveillance systems (Chiarello and Morrill 2020, p. 157). Other manifestations of coordination across criminal legal and health institutions, for instance prison-based needle exchange programs (Michaud and van der Meulen 2023) and community safety 'situation tables' (Sanders and Langan 2019), further reveal that health-related goals are routinely subsumed by, or relegated to secondary importance in relation to, security goals.

Since our analysis integrates the wider social context of PWUD access to health services, as well as contemporary dynamics of police-PWUD relations and other instances of police adoption of health-based or medico-therapeutic tasks, we make use of Clarke and colleague's (2017) 'situational analysis' method to guide our inquiry. Drawing on Foucauldian discourse analysis, situational analysisis especially well suited for our purposes as it provides a framework to systematically examine trends shaped by broad institutional, cultural, and discursive shifts across seemingly disparate sites and systems. Situational analysis also draws on Gilles Deleuze and Felix Guattari's writings on rhizomes and assemblages, which we use to inform our review of the literature and subsequent analysis (Clarke 2021). This method of inquiry is increasingly being utilized in public health and policy studies (Clarke *et al.* 2022; Martin *et al*. 2016) and is often employed for the examination of emerging fields of study, where discursive and institutional borders are in a state of flux, as is the case here. By framing the 'situation' as the core unit of analysis, Clarke and colleague's (2017) approach moves toward complex and multiple causations (assemblages) as opposed to focusing on singular causal mechanisms that can be analysed in isolation. In this way, situational analysis differs substantially from evaluation and other methodologies focused on particular outcomes (Clarke *et al.* 2017), and in so doing, encourages systematic consideration of elements often neglected in applied public health and criminology (e.g., discursive, affective, and human and non-human elements and actors). It thus provides a useful framework to analyze power dynamics and concerns related to PWUD health, equity, and law reform, and aligns well with our aim to provide a critical appraisal of the structural, institutional, and policy effects rather than an evaluation of specific interventions offered by other methods such as meta-analyses and systematic reviews. We invite future work examining such developments from diverse methodological perspectives.

In order to surface the effects of emerging law enforcement and public health/harm reduction partnerships on PWUD, over the course of 2022 we conducted a thorough scan of the U.S. and Canadian literature (scholarly articles, news media, policy documents, etc.) across four relevant databases (Criminal Justice Abstracts, Sociological Abstracts, Social Sciences Abstracts, Google Scholar) using combinations of the following search terms and phrases: 'harm reduction' or 'public health' or 'people who use drugs' and 'police' or 'policing' or 'law enforcement' or 'criminal justice.' In keeping with the abductive approach of situational analysis, we then proceeded with targeted searches of areas of the public health/policing interface that were under-represented in our sample (e.g., police perspectives on harm reduction services). Using a rhizomatic approach (that permits following new lines of growth and expansion), we included a range of literature and scholarship, including policy briefs, NGO reports, program guides, and similar documentation to gather empirical examples of institutional partnerships. Excluded from our review were studies examining police relations with individuals and communities other than those who were explicitly described as PWUD (e.g., people with mental illness, sex workers), studies outside of the U.S. and Canada, and studies pertaining to police training. From the included sources, we identified three broad areas of collaboration which we determined were broadly characteristic of distinct and emerging trends that comprise the empirical base of our approach.

Mapping therapeutic alignments and the emergence of harm reduction policing

The array of harmful impacts of street level policing and drug law enforcement activity, elaborated below, have prompted calls for greater coordination of policing and public health

(DeBeck *et al.* 2008). In many cases, such calls involve agreements to not interfere with the operation of health and harm reduction services, including both formal arrangements (e.g., defined non-enforcement zones) and informal ones (e.g., verbal agreement with local police) (Watson *et al.* 2019). We recognise that the impetus for harm reduction policing and related movements are in part motivated by a desire to mitigate the most extreme negative manifestations of the policing of PWUD and the enforcement of drug laws. DiMario (2022) describes this dynamic as one of compensation by one mode of governance (palliative) by other modes of governance (punitive), in which therapeutic or welfarist modes attempt to mitigate the excesses or harms of punitive ones.

Although the concept of harm reduction policing only gained traction more recently, its origins can be traced to a constellation of related movements, encompassing community policing, law enforcement public health (LEPH), therapeutic policing, law enforcement assisted diversion (LEAD), and deflection models, including those focusing on diversion to drug treatment (Blais *et al.* 2022; Punch and James 2017). Harm reduction policing is often characterised in the literature we reviewed by the proliferation of discourses emphasizing the complementary nature of public health and public security mandates (Goetz and Mitchell 2006). Advocates have enthusiastically declared a 'new paradigm' of policing that re-envisions law enforcement as supporting harm reduction and as a 'synergistic' force (see Bartkowiak-Théron and Asquith 2017; Beyrer 2012). While outcomes are diverse and contradictory, some diversion programs have been found to increase linkage to care and reduce recidivism, among other results. (For a scoping review of diversion and deflection programs see Lindquist-Grantz *et al.* 2021). Proponents have remarked upon the emergence of a 'shared purpose' between public safety and public health (Anderson *et al.* 2022, p. 5), expressed through the rise of actuarial logics in both fields, and shift toward the assessment and management of 'vulnerability' (Enang *et al.* 2022). Gaind (2020), however, notes that appeals to 'vulnerability' and 'well-being' has provided police with a pretext to continue discriminatory practices such as carding targeting Indigenous women in particular after such enforcement action came under increased scrutiny. Relatedly, calls for harm reduction policing often position the problem of policing as stemming from a lack of rapport between police and community members/PWUD and assumes that greater empathy and proximity (e.g., through foot patrols) will allow police to assume a role organised around 'support and care', positioning mistrust among PWUD as amenable to correction through increased contact (Scher 2020, p. 297).

Other areas of police involvement in matters of health help situate partnerships targeting PWUD more specifically. Joint responder teams pairing social workers or mental health experts with police have expanded significantly (Balfour 2021), despite the growing support for civilian-only response models (Lekhtman 2023) and a lack of evidence pointing to their effect on police use of force or health outcomes among those who are the focus of intervention (Patterson and Swan 2019; van Dijk and Crofts 2017). Research on policing in the COVID-19 era has also documented an acceleration of law enforcement involvement in the enforcement of public health mandates, resulting in human rights violations and unprecedented police access to sensitive personal health data (Wood and Griffin 2021).

The implementation of new harm reduction/public health measures are often characterised by tensions and community outcry regarding police involvement, including a 2017 Toronto initiative pairing harm reduction street outreach workers and plainclothes police officers (see Kivanc 2015) and police involvement in drug checking initiatives (see Boothby 2022). Yet, despite these tensions, our analysis uncovered a range of therapeutic alignments between

criminal legal systems and public health/harm reduction services, such as a recent collaborative working group between the LA District Attorney's office and Public Health (Garrova 2022). Details regarding these partnerships are often not publicly available, limiting scholarly scrutiny.

Further illustrating the nature of police involvement in the governance of PWUD is the role of police in decriminalisation and depenalisation schemes, a key site of tension in the context of current drug law reform debates. In 2022, the Canadian province of British Columbia received approval from the federal government for an exemption to the *Controlled Drugs and Substances Act* (CDSA) to decriminalise the possession of certain drugs totalling 2.5 grams or less for a three-year pilot period beginning in 2023 (Health Canada 2022). In 2021, the US state of Oregon decriminalised the possession of all drugs, shifting this offense to a civil infraction including a fine (Miron and Winter 2022). Other jurisdictions have implemented de facto decriminalisation or depenalisation measures, generally defined as the reduction of the use of criminal sanctions (Stevens *et al.* 2022, p. 31), including police non-enforcement protocols, as in British Columbia prior to the federal exemption (Greer *et al.* 2022), as well as non-prosecution policies for simple possession, as in Baltimore, Maryland (Rouhani *et al.* 2021a), and the creation of non-enforcement zones within a designated perimeter (Kammersgaard 2019).

While an operational assumption common in decriminalisation discussions is that such measures remove police from the governance of personal drug use (Logan 2014), in each of the instances noted above, police continue to play a determining role. This role is expressed through the determination of threshold quantities, law enforcement assisted diversion schemes, or the issuing of fines or administrative sanctions. Accordingly, law enforcement involvement in decriminalisation and depenalisation schemes remains highly contentious. Policing collaborations are often taken as a sign of harm reduction's political and institutional maturity (see e.g., van Dijk and Crofts 2017), yet this framing misconstrues the history of harm reduction as emerging from illegal, illicit, or unsanctioned practices, including needle and syringe distribution, supervised consumption, and off-label prescribing (Michaud *et al.* 2016) and as a critical orientation to coercion and the use of criminal legal systems to govern the lives of PWUD (Michaud *et al.* 2023; Nowell and Masuda 2020).

Indeed, a critical orientation to criminal law and punitive governance modes such as that espoused by harm reduction and PWUD advocacy movements is rooted in a recognition of the myriad harms for PWUD produced by enforcement activity; not the least of which is the higher rates of injury at the hands of police and disproportionate police brutality when compared to non-drug using populations (Friedman *et al.* 2021; Holloway-Beth *et al.* 2016). Police interference with the operation of needle and syringe programs and supervised consumption, including placing these kinds of services under surveillance and interrogating service users, remains an ongoing challenge (DeBeck 2008; Collins *et al.* 2019; Watson *et al.* 2018). Further, policing activity has been found to increase violence in drug markets (Werb *et al.* 2008) and isolates individuals from health and survival resources through dispersal (Chang *et al.* 2022). What's more, police attendance at overdoses results in shakedowns for intelligence, criminal charges, and arrests for 'drug induced homicide' or manslaughter when someone has shared, sold, or provided drugs which have led to overdose death (Latimore and Bergstein 2017; Rouhani *et al.* 2021b; van der Meulen *et al.* 2021; Xavier *et al.* 2021; Xavier *et al.* 2022). In a recent study, law enforcement drug seizures were found to be 'significantly associated' with increased rates of fatal and non-fatal overdose stemming from interruptions in known supply and recourse to an unknown and potentially more potent source (Ray *et al.* 2023b, see also Lowder *et al.* 2022).

Even in jurisdictions that have reformed enforcement practice or drug laws, substantial challenges remain with respect to the ability of policing institutions to adopt these changes, owing in part to entrenched occupational culture (Loftus 2010; Seagrave 1996), the insufficiencies of sensitivity and awareness training (Thomas *et al.* 2014; Tori *et al.* 2022), opposing personal values or resistance to reforms (Bacon 2022), and police insistence of maintaining a large discretionary latitude in drug enforcement (Greer *et al.* 2022; Footer *et al.* 2022). For example, the extra-legal seizure of sterile drug use supplies represents an ongoing challenge (Collins *et al.* 2019; Watson *et al.* 2018). In Greer and colleague's (2022) study of police enforcement of drug laws in the context of depenalisation in British Columbia, officers engaged in enforcement of simple drug possession as means of laying other charges, pursuing other investigations, or as leverage to motivate behavioural compliance among PWUD. In their evaluation of Baltimore's non-prosecution policy for drug possession, Rouhani and colleagues (2021a) noted that arrests continued, due in part to institutional and public pressures. These findings underscore the extent that drug laws are often wielded to achieve other policing goals such as order maintenance or the dispersal of individuals and groups deemed 'undesirable.' Routine experiences of extra-legal harassment and failures to adhere to formal policy or existing laws are frequently overlaid with entrenched forms of racial targeting and selective enforcement for which Black, Indigenous, and racialised PWUD bear the brunt (Dixon and Maher 2002; Morrissey *et al.* 2022), and as manifest in selective enforcement and the saturation of street-level policing of racialised communities and subsistence economies (Egwuonwu *et al.* 2023).

Interrogating partnerships and collaborations between police and harm reduction

Efforts to harmonise and align policing with broader societal shifts in drug governance toward the embrace of medical and health-based models are not only expressed in broader policing frameworks like LEAD and LEPH, mentioned above, but are also articulated through specific inter-institutional initiatives. Partnerships with health and harm reduction agencies and police can include a range of relatively innocuous initiatives like needle stick incident training, sensitivity training, and negotiations around enforcement activities in the vicinity of health services for PWUD. They can also, however, include much more interventionist activities. Here, we focus on instances where law enforcement takes up a role as health service provider or therapeutic actor, or that position police action as aligned with health-based objectives. Accordingly, we examine three key examples: police administration of naloxone; post-overdose outreach and wellness checks; and integrated public health-public safety response frameworks. In keeping with situational analysis, we map the specifics of the partnerships across law enforcement and public health/harm reduction within the broader context or 'situation' of interacting modes of penal and welfarist governance of PWUD. We suggest that such trends are difficult to apprehend precisely because they fall in the interstices of traditionally defined institutional action and constitute complex assemblages of actors and socio-material relations.

Police as overdose response workers

The carrying and administration of naloxone by law enforcement – an antidote to opioid overdose – is a useful illustration of policing institutions adopting a therapeutic role. To provide one example, under the New York State Department of Health, the Opioid Overdose Prevention Program expanded its mission in 2014 to include the provision of naloxone to law enforcement agencies across the state, and the training of officers in its administration (Pourtaher *et al.* 2022).

This program builds upon similar initiatives in other states, such as in Massachusetts, which developed the first law enforcement naloxone administration program in 2010 (Pourtaher *et al.* 2022). Police administration of naloxone has since expanded to over 80% of law enforcement agencies across the United States (Ray *et al.* 2023a).

Given that police continue to be dispatched to overdose calls along with emergency medical services in most North American jurisdictions (van der Meulen *et al.* 2021; Latimore and Bergstein 2017), calls for police administration of naloxone are premised on the basis that they are often the first responders to an overdose event (see White *et al.* 2022). While such calls appear at face value to be logical from a perspective of broadening access to a life-saving intervention, several effects of police involvement in overdose reversal are worth considering. These include: police reluctance, and at times refusal, to deploy naloxone and the 'general antipathy' towards harm reduction among certain police forces (Berardi *et al.* 2021); how police-administered naloxone pulls limited resources away from distribution to community members who are more likely to be bystanders and first responders to overdose (Doe-Simkins *et al.* 2022; Mamdani *et al.* 2022); the arrest of PWUD at overdose events as well as the aided individual (Latimore and Bergstein 2017); the increase of short-term incarceration risks (Lowder *et al.* 2020); and the precedent this establishes regarding police administration of other medications and substances (e.g., ketamine use for involuntary sedation) (Appelbaum 2022).

Additionally, deployment of police as therapeutic agents and overdose response workers undermines efforts to end police attendance at overdoses, widely called for by public health experts, human rights advocates, and communities of PWUD (Doe-Simkins *et al.* 2022; van der Meulen *et al.* 2021; Xavier *et al.* 2021). In the case of the New York's Opioid Overdose Prevention Program, evaluations concluded that police can successfully identify overdose, administer naloxone, and prevent overdose deaths (Pourtaher *et al.* 2022). We note this initiative not to question its efficacy in achieving immediate health outcomes, but rather to interrogate its effects, including on recourse to emergency medical services. While the specific arrangements and practices of police naloxone administration programs vary across jurisdictions, the New York state initiative shows that instances of role expansion are not always initiated at the behest of police further underscoring the multidirectional institutional influence.

Post-overdose outreach and wellness checks

A second key illustration of public health/harm reduction and police collaboration is the growing practice of post-overdose outreach and wellness checks, which typically consist of the use of EMS call data to trigger the deployment of joint response teams to the home of an overdose survivor. These teams are often comprised of a public health and/or harm reduction professional alongside police, and in some cases include a person with lived experience of drug use in a 'peer' role. Despite an increase in critical scrutiny of law enforcement involvement in mental health related wellness checks in recent years (Pearce and Simpson 2022), such practices have become increasingly common, with one third of law enforcement agencies across the United States that administer naloxone engaging in some form of post-overdose outreach (Ray *et al.* 2023a). The joint response teams provide services that may include referral to harm reduction services or syringe distribution programs, referral to drug treatment, and risk reduction counselling. Some post-overdose outreach programs employ machine learning algorithms to identify calls to EMS that were overdose related, regardless of whether overdose was explicitly stated by the 911 caller (Wagner *et al.* 2019).

While post-overdose outreach involving law enforcement is lauded as a novel form of interdisciplinary collaboration and necessary component of 'wraparound' care, it also regularly results in the arrest of overdose survivors and other PWUD. One study found that warrant checks were conducted in 57% of cases (Tori *et al.* 2022). Police used these checks to gather intelligence that would later become the pretext for additional visits, surveillance, and possible arrests during other enforcement activities, and/or contacted probation officers to share information, and/or leveraged warrants to incentivise uptake of drug treatment (Tori *et al.* 2022). Unsurprisingly, jurisdictions that allowed arrests to occur as part of post-overdose outreach have lower uptake of EMS services and recourse to 911 for overdose assistance (Tori *et al.* 2022). PWUD report they find the unsolicited offering of 'services' as a violation of privacy and informed consent, and raised fears of engaging EMS and other health services for fear of child apprehension and facing drug induced homicide charges (Wagner *et al.* 2019). Some post-overdose outreach models also engage the social networks of overdose survivors in their offer of services, extending the reach of criminal legal involvement into the social and kinship networks of PWUD (Formica *et al.* 2022). One third of law enforcement agencies across the United States engaged in post-overdose outreach conducted follow up *without* the involvement of a partner health agency raising questions as to the therapeutic rationale of these initiatives or their claims regarding linkage to care (Ray *et al.* 2023a).

Our situational analysis thus confirms what is already widely established in the public health and drug policy literatures: the involvement of criminal legal actors in the provision of services to communities experiencing criminalization and routine police harassment operate as a substantial barrier to accessing health supports (Shirley-Beavan *et al.* 2020). That programs of this kind are typically police-initiated raise troubling questions regarding whether therapeutic pretext is leveraged to exercise legal functions including arrest, intelligence gathering, and similar measures.

Coordinated public health-public safety response frameworks

The final example we raise departs from the individual level service provision targeting PWUD, as per above, and concerns partnerships focused on the population-level. Here we note two instances of integrated public health/public safety response frameworks: First, NYC RxStat, a cross-sectoral public health/public security collaboration founded in 2012, the first partnership of its kind and later serving as a national model with expansion across the United States (Monroe 2018), and second, the Connecticut Statewide Opioid Response Directive (SWORD), established in 2019, consisting of institutional coordination efforts between the Department of Public Health, law enforcement, and other agencies.

NYC RxStat, a joint initiative under the NYC Department of Health and Mental Hygiene and New York/New Jersey High Intensity Drug Trafficking Area seeks to 'integrate data-driven policing with actionable public health interventions' (Allen & Urmanche 2023, p. 2), consistent with NYC policy that includes 'enhanced investigation and enforcement of overdose scenes' (Allen & Urmanche 2023, p. 3). The initiative uses existing datasets that are de-identified (e.g., records on opioid prescribing and dispensing, ambulance calls for overdose events, hospital admissions, etc.). Public health partners include EMS, homelessness services, child protection services, and drug treatment programs. Criminal legal system actors comprise law enforcement, prosecutors, and probation and parole officers (Heller *et al.* 2014). Within the integrated response framework, administrative health data is repurposed and employed for uses beyond that for which they were initially collected. The information gathered through the RxStat integrated

framework is mobilised for a range of purposes, including targeted public service announcements on overdose risks.

One effect stemming from integrated response frameworks across policing and public health agencies relates to the deployment of law enforcement to address so-called 'over prescribing.' Among the goals of RxStat is the rapid deployment of public health and public safety resources to facilitate 'coordinated and informed response efforts at the local level' (Monroe 2018, para 3). By identifying areas of high opioid prescribing, authorities conduct targeted campaigns to medical providers, including one-on-one meetings, in an effort to curb the prescribing of opioids. The limitations and harms posed by supply side interventions aiming to reduce the availability of pharmaceutical grade opioids are widely recognised, and are rooted in the mistaken assumption that reduced supply will translate into reduced demand (Spooner *et al.* 2004). Further, efforts of this kind are based in the erroneous belief that current overdose deaths derive from the consumption of prescription opioids, when the overwhelming majority of deaths are due to a contaminated unregulated supply (Center for Disease Control 2022; Public Health Agency of Canada 2022). In fact, efforts targeting prescribing practices have little to no effect on the availability of opioids (Brown *et al.* 2017; Wood *et al.* 2003), and deprescribing has been widely documented as precipitating a transition from a drug supply of known potency and quality to unregulated and often contaminated illicit supply of unknown composition (Beletsky and Davis 2017). Attempts to tackle so-called 'over-prescribing' have contributed significantly to increased rates of overdose from the illicit opioid supply for this reason (Beletsky and Davis 2017; Dasgupta *et al.* 2018). Further, the regulation of prescribing and clinical practice by law enforcement—historically the purview of regulatory bodies and professional colleges—normalises the role of police in the regulation of clinical and therapeutic practice.

An additional effect concerns the ways in which public health data can be leveraged by law enforcement to activate targeted policing of street-level drug markets and PWUD engaged in subsistence economies, including sharing, trading, and selling small amounts of unregulated drugs. The SWORD initiative facilitates these purposes by employing public health and poison control data to identify overdose clusters in near real-time, so that law enforcement can be deployed to target street-level drug suppliers (Canning *et al.* 2021). Forms of institutional coordination such as these facilitate the flows of repurposed information and establishes the infrastructure required to circumvent existing health privacy frameworks. In their discussion of the SWORD initiative, Canning and colleagues (2021) noted that the resulting police intervention led to the arrest of PWUD but police 'were unable to catch a dealer with contaminated product' (p. 22S). Such a recognition underscores the recognised harms of street-level policing of drug markets in which short-term crackdowns on public drug markets and large scale stop and search efforts fail to reduce drug availability and instead exacerbate drug-related harms (Coomber *et al.* 2019; Spooner *et al.* 2004; Stevens 2013). Advocates for PWUD have observed how drug busts targeting street-level networks result in increased desperation, violence, and recourse to unknown and unpredictable sources (Pearson 2023) and provides further evidence of how street-level enforcement operates as powerful disincentive to seeking EMS.

The effects on health, equity, and drug law reform

We turn now to more general implications of policing-public health/harm reduction partnerships with respect to health, equity, and drug law reform. Regarding the health-related impacts on PWUD, the involvement of law enforcement in health services for criminalised

groups generate substantial barriers to health care engagement, sometimes referred to as a 'chilling effect' (Formica *et al.* 2022; see also Davis *et al.* 2005; Krupanski 2018; Tori *et al.* 2022). Brayne (2014) characterizes this dynamic as 'system avoidance,' drawing attention to how structural disincentives to access services contribute to broader social stratification. Significantly, much of this avoidance stems from concerns regarding privacy, confidentiality, and the circulation of sensitive information between institutional actors (Brayne 2014; Michaud *et al.* 2023). Indeed, the blurring of disciplinary roles and institutional mandates erodes the trust that PWUD and other criminalised people have in health services, in turn diminishing the effectiveness of harm reduction and public health programs and contributing to health disparities (Bagley *et al.* 2019; Csete 2007). Such barriers stand to be even more pronounced among mothers and parents fearful of child apprehension, as well as among Black, Indigenous, and other racialised groups subjected to racial profiling and targeted enforcement, and who already engage with formal health services at lower rates (Lopez *et al.* 2022; Kenny *et al.* 2021). Even in situations where sensitive data is adequately safeguarded, the perception of collaboration with police or criminal legal institutions can be enough to have deleterious impacts on health service engagement (Greene *et al.* 2022).

In addition to health-related effects, police and harm reduction/public health partnerships raise concerning questions with regard to equity. This is especially evident in police efforts to surveil and control the street-level drug trade, predominantly comprised of PWUD and those engaged in subsistence activities but also people living with mental health issues, people engaged in sex work, and people experiencing homelessness (Coomber *et al.* 2019; Spooner *et al.* 2004; Maher and Dixon 1999). Harm reduction policing frameworks take for granted that these groups represent public nuisances or problems to be managed through enforcement. This approach accepts the positioning of these same communities as threats to public order and quality of life, consolidates a public security approach to drug use, and reaffirms police as the arbiters of the appropriate occupation of public space.

Collaborations between law enforcement and health reveal that police make use of their alignment with therapeutic actors to amass sensitive information, recruit informants, and lay or recommend criminal charges, all with significant equity-related implications. Most police services regard the enforcement of simple drug possession and paraphernalia laws as 'tools' to achieve broader aims related to public order maintenance (Beletsky *et al.* 2005; Greer *et al.* 2022). The privacy implications of increasingly blurred or hybridized institutional relations stand to provide law enforcement with additional 'tools' to engage in routine drug law enforcement, including those unrelated to diversion or health-oriented interventions. While proponents of harm reduction policing aim to soften the impacts of policing on PWUD, these efforts are often heavily reliant on police discretion, through calls for leniency, sensitivity, and understanding. Discretion in everyday police work is complex, wide ranging, and can include informal problem solving and dispute resolution (Wood *et al.* 2017). While discretion is not inherently oriented toward punitive measures and can be expressed through leniency and individualized approaches (Hawkins 1992), discretionary decision making by law enforcement has been shown to have differential and inequitable impacts stratified by racial and social location, translating into an aggravation of existing marginalization on the basis of gender, race, sex work involvement, and migration status, among other factors (Xavier *et al.* 2022; Morrissey *et al.* 2022; Haile *et al.* 2023).

Lastly, forms of institutional coordination between police and public health/harm reduction stand to have a damaging effect on drug law reform and movements for drug

decriminalisation and legalisation. In the absence of formal or de jure decriminalisation of drug possession, many jurisdictions have enacted a series of de facto decriminalisation or depenalisation schemes (Kaamersgaard 2019, p. 346), and turned their focus to technocratic reforms focused on modifying police practice (Thomas *et al.* 2014). However, by recasting police as therapeutic actors and embedding enforcement within an apparatus of health services, such forms of institutional coordination run the risk of positioning police as indispensable in drug governance and law reform. This is illustrated particularly clearly in the U.S. context with police involvement in diversion schemes, where their participation is justified by pointing to their role in linkage to care and connecting 'hard-to-reach' populations to drug treatment, for instance, through 'social contract referrals' (Beckett 2016). For these reasons, diversion initiatives have been critiqued as a form of carceral net-widening (Garland 2012).

While law enforcement diversion initiatives are not as widespread in Canada, emerging decriminalisation models suggests similar reforms are afoot. Illustrative of this shift, police referrals to health services plays a key role in the decriminalisation pilot project currently underway in British Columbia, a model in which 'the Province is building new pathways into the health-care system … dedicated to building connections with local service providers and people referred by police' (B.C. Ministry of Mental Health and Addictions 2023, para 7) though at this time police referrals remain voluntary (Health Canada 2022). Indeed, collaborative approaches across health/harm reduction and enforcement institutions consolidate the notion that police are capable of exercising appropriate discretion, and detract from calls for de jure decriminalisation, meaningful drug law reform, and the removal of criminal legal actors from the governance of drug use and subsistence-level drug trade involvement. Consequently, we must regard with extreme scepticism claims that it is possible to mitigate the harms of criminalisation through the development of schemes that position police as aligned with therapeutic and health-oriented goals.

Conclusion

In keeping with situational analysis, we understand these emerging forms of institutional coordination as collectively emerging from shifting relations between drug market changes (drug toxicity, overdose mortality), regulatory changes (increased accessibility of naloxone), legal changes (more jurisdictions experimenting with depenalisation or decriminalisation), and cultural changes (increased scrutiny of police and reputational management efforts). Situational analysis underscores the need for an appreciation of the complex historical, institutional, and socio-political trajectories that have culminated in the emergence of therapeutic alignments between harm reduction/public health and policing. It also compels an interrogation of the purported claims advanced by the institutions formulating these partnerships. Following this approach, our findings reveal that measures recasting police as therapeutic actors through institutional coordination and partnerships should be met with extreme caution.

Accordingly, we make several proposals at the policy level. First, we advocate for the complete disentangling of harm reduction/public health activity from policing with respect to data sharing. Data sharing blurs institutional roles, undermines informed consent, and works at cross purposes to efforts to expand access to health services. Second, where forms of coordination are seen as necessary (e.g., agreements to not target harm reduction services and their clients), we advocate for the direct and meaningful involvement of PWUD most impacted by criminalisation and police repression in determining the parameters of arrangements of this

kind. Calls for partnerships of this kind are seen to be a means of overcoming mistrust between healthcare and law enforcement institutions, yet discussions of trust among PWUD in these arrangements are too often absent. Third, we advocate for the decoupling of policing and law enforcement from the provision of health/social services for PWUD. Expressions of institutional integration such as these presume the positive influence of therapeutic and support-based modalities on policing functions, but, as the literature examined above illustrates, in practice serve to instrumentalize health interventions to advance the objectives of criminal legal institutions, while simultaneously providing legitimacy to the governance of drug use through criminal law and policing.

The introduction of purported therapeutic measures carried out by police and other criminal legal actors risk layering and augmenting punishment as opposed to replacing it (Goetz and Mitchell 2006). This invites us to consider how partnerships between policing and public health/harm reduction might function as a form of 'adaptive criminalization' (Beckett and Murakawa 2012) in which health-related rationales (e.g., overdose prevention) are enlisted to bring PWUD under further criminal legal governance. Our analysis above, when considered against the substantial drug policy, public health, socio-legal, and criminological literature on policing and drugs, reinforce calls for work that critically interrogates the expansion of carceral health services (Wahbi and Beletsky 2022), calls for the leadership of those impacted by policing and other drug-related harms, as well as for the articulation of an abolitionist public health politic (Abi Deivanayagam *et al.* 2021). Conceptualising police as therapeutic agents sustains their role in the governance of drugs and PWUD, and positions them and other criminal legal actors as inevitable in decriminalisation and depenalisation schemes that seek the removal of sanctions, not their amplification through purported therapeutic means.

References

Abi Deivanayagam, T., Lasoye, S., Smith, J. and Selvarajah, S., 2021. Policing is a threat to public health and human rights. *BMJ global health*, *6*(2), p.e004582.

Anderson, E., Shefner, R., Koppel, R., Megerian, C. and Frasso, R. 2022. Experiences with the Philadelphia police assisted diversion program: A qualitative study. *International Journal of Drug Policy* 100, 103521.

Appelbaum, P.S., 2022. Excited delirium, ketamine, and deaths in police custody. *Psychiatric Services*, *73*(7), 827-829.

Bacon, M. 2022. Desistance from criminalisation: police culture and new directions in drugs policing. *Policing and Society* 32(4), 522–539.

Bacon, M. and Spicer, J. 2023. Introduction. In: M. Bacon and J. Spicer eds. *Drug Law Enforcement, Policing and Harm Reduction: Ending the Stalemate*. Routledge, 1-12.

Bagley, S.M., Schoenberger, S.F., Waye, K.M. and Walley, A.Y. 2019. A scoping review of post opioid-overdose interventions. *Preventive Medicine* 128, p. 105813.

Balfour, M.E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J. and Goldman, M.L. 2022. Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. *Psychiatric Services* 73(6), 658–669.

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.

B.C. Ministry of Mental Health and Addictions. 2023, January 30. B.C. takes action to save lives, build new connections of care with drug decriminalisation. Available at: https://news.gov.bc.ca/releases/2023MMHA0005-000106.

Beckett, K. 2016. The uses and abuses of police discretion: Toward harm reduction policing. *Harvard Law & Policy Review* 10, 77.

Beckett, K. and Murakawa, N. 2012. Mapping the shadow carceral state: Toward an institutionally capacious approach to punishment. *Theoretical Criminology* 16(2), 221–244.

Beletsky, L. and Davis, C.S. 2017. Today's fentanyl crisis: Prohibition's Iron Law, revisited. *International Journal of Drug Policy* 46, 156–159.

Beletsky, L., Macalino, G.E. and Burris, S. 2005. Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: a qualitative study of one city police department in the United States. *International Journal of drug policy* 16(4), 267–274.

Berardi, L., Bucerius, S., Haggerty, K.D. and Krahn, H. 2021. Narcan and Narcan't: Implementation factors influencing police officer use of Narcan. *Social science & medicine* 270, 113669.

Beyrer, C., 2012. Afterword: police, policing, and HIV: new partnerships and paradigms. *Harm reduction journal* 9(32), 1-2.

Blais, E., Brisson, J., Gagnon, F. and Lemay, S.A. 2022. Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion measures. *International Journal of Drug Policy* 105, p. 103697.

Boothby, L. 2022. Advocates tell council police shouldn't be involved in Edmonton's drug-checking plans. *Edmonton Journal* . Available at: https://edmontonjournal.com/news/local-news/edmonton-council-mulls-drug-checking-to-prevent-accidental-deaths

Brown, R., Riley, M.R., Ulrich, L., Kraly, E.P., Jenkins, P., Krupa, N.L. and Gadomski, A. 2017. Impact of New York prescription drug monitoring program, I-STOP, on statewide overdose morbidity. *Drug and alcohol dependence* 178, 348–354.

Canning, P., Doyon, S., Ali, S., Logan, S.B., Alter, A., Hart, K., Coler, R., Kamin, R., Wolf, S.C., Soto, K. and Whiteman, L., 2021. Using surveillance with near–real-time alerts during a cluster of overdoses from fentanyl-contaminated crack cocaine, Connecticut, June 2019. *Public Health Reports*, *136*(Suppl 1), 18S-23S.

Center for Disease Control. 2022, January 20. Overdose Death Rates. Available at: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

Chang, J.S., Riley, P.B., Aguirre, R.J., Lin, K., Corwin, M., Nelson, N. and Rodriguez, M., 2022. Harms of encampment abatements on the health of unhoused people. *SSM-Qualitative Research in Health*, *2*, p.100064.

Chiarello, E. and Morrill, C. 2020. A multi-field logics approach to theorizing relationships between healthcare and criminal justice. In: *Research Handbook on Socio-Legal Studies of Medicine and Health*. Edward Elgar Publishing, 152–168.

Clarke, A.E., 2021. From grounded theory to situational analysis. *Developing grounded theory: The second generation revisited*.

Clarke, A.E., Friese, C. and Washburn, R.S. 2017. *Situational analysis: Grounded theory after the interpretive turn*. Sage Publications.

Clarke, A.E., Washburn, R. and Friese, C. eds., 2022. *Situational analysis in practice: Mapping relationalities across disciplines*. Routledge.

Collins, A.B., Boyd, J., Mayer, S., Fowler, A., Kennedy, M.C., Bluthenthal, R.N. and McNeil, R. 2019. Policing space in the overdose crisis: A rapid ethnographic study of the impact of law

enforcement practices on the effectiveness of overdose prevention sites. *International Journal of Drug Policy* 73, 199–207.

Coomber, R., Moyle, L. and Mahoney, M.K. 2019. Symbolic policing: situating targeted police operations/'crackdowns' on street-level drug markets. *Policing and society* 29(1), 1–17.

Csete, J. 2007. Do not cross: Policing and HIV Risk Faced by People Who Use Drugs. Canadian HIV/AIDS Legal Network. Available at: https://www.hivlegalnetwork.ca/site/do-not-cross-policing-and-hiv-risk-faced-by-people-who-use-drugs/?lang=en

Dasgupta, N., Beletsky, L. and Ciccarone, D., 2018. Opioid crisis: no easy fix to its social and economic determinants. *American journal of public health*, *108*(2), 182-186.

Davis, C.S., Burris, S., Kraut-Becher, J., Lynch, K.G. and Metzger, D. 2005. Effects of an intensive street-level police intervention on syringe exchange program use in Philadelphia, PA. *American journal of public health* 95(2), 233–236.

DeBeck, K., Wood, E., Zhang, R., Tyndall, M., Montaner, J. and Kerr, T. 2008. Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility. *Substance abuse treatment, prevention, and policy* 3(1), 1–5.

De Shalit, A., Guta, A., Sibblis, C., van der Meulen, E., and Voronka, J. 2022. Troubling Police and Social Work Collaborations. In: Pasternak, S., Walby, K., & Stadnyk, A. Eds. *Disarm, Defund, Dismantle: Police Abolition in Canada*. Between the Lines.

DiMario, A., 2022. To Punish, Parent, or Palliate: Governing Urban Poverty through Institutional Failure. *American Sociological Review*, *87*(5), 860-888.

Dixon, D. and Maher, L. 2002. Anh Hai: Policing, Culture and Social Exclusion in a Street Heroin Market. *Policing and Society* 12(2), 93-110.

Doe-Simkins, M., El-Sabawi, T. and Carroll, J.J. 2022. Whose Concerns? It's Time to Adjust the Lens of Research on Police-Involved Overdose Response. *American Journal of Public Health* 0, 1–3.

Eastwood, N., Fox, E. and Rosmarin, A. 2016. *A Quiet Revolution: Drug Decriminalisation Across the Globe*. London: Release. Available at: https://www.release.org.uk/publications/drug-decriminalisation-2016

Egwuonwu, B., Kadiri, H. and Shiner, M., Drugs, race, and defunding the police: Daring to dream. In M. Bacon and J. Spicer, eds. *Drug Law Enforcement, Policing and Harm Reduction*. Routledge, 64-86.

Enang, I., Murray, J., Dougall, N., Aston, E., Wooff, A., Heyman, I. and Grandison, G. 2022. Vulnerability assessment across the frontline of law enforcement and public health: a systematic review. *Policing and Society* 32(4), 540–559.

Footer, K.H., Urquhart, G.J., Silberzahn, B., Rouhani, S., Weicker, N.P., Owczarzak, J. and Sherman, S.G. 2022. PWUD Experiences of Criminal Justice Reform: Enduring Tensions Between Policing and Harm Reduction in Baltimore, MD. *Contemporary Drug Problems*, 00914509221136913.

Formica, S.W., Reilly, B., Duska, M., Ruiz, S.C., Lagasse, P., Wheeler, M. and Walley, A.Y. 2022. The Massachusetts department of public health post overdose support team initiative: a public health–centered co-response model for post–overdose outreach. *Journal of Public Health Management and Practice* 28(Supplement 6), 311–319.

Friedman, J., Syvertsen, J.L., Bourgois, P., Bui, A., Beletsky, L. and Pollini, R. 2021. Intersectional structural vulnerability to abusive policing among people who inject drugs: A mixed methods assessment in California's central valley. *International Journal of Drug Policy,* 87, 102981.

Gaind, L., 2020. A Rose by Any Other Name: Well-Being Checks, a New Manifestation of Discriminatory Policing?. Appeal: Rev. Current L. & L. Reform, 25, 3.

Garland, D. 2012. *The culture of control: Crime and social order in contemporary society*. University of Chicago Press.

Garrova, A. 2022, November 29. LA County Officials Launch Working Group Amid 'Ballooning' Fentanyl Overdose Deaths. *LAist.* Available at: https://laist.com/news/health/l-a-county-officials-launch-working-group-amid-ballooning-fentanyl-overdose-deaths

Goetz, B. and Mitchell, R.E. 2006. Pre-arrest/booking drug control strategies: Diversion to treatment, harm reduction and police involvement. *Contemporary drug problems* 33(3), 473–520.

Government of Alberta 2022. Recovery Oriented Housing Model: Report of the Coordinated Community Response to Homelessness Task Force. Available at: https://s3.documentcloud.org/documents/23116492/css-recovery-oriented-housing-model-report-of-ccrh-task-force.pdf.

Greater Sudbury Police Service. 2022, May 20. Police Week 2022. Available at: https://www.gsps.ca/en/news/police-week-2022-meet-melanie-rail.aspx#

Greene, C., Urbanik, M.M. and Geldart, R. 2022. Experiences with compounding surveillance and social control as a barrier to safe consumption service access. *SSM-Qualitative Research in Health* 2, 100055.

Greer, A., Zakimi, N., Butler, A. and Ferencz, S. 2022. Simple possession as a 'tool': Drug law enforcement practices among police officers in the context of depenalization in British Columbia, Canada. *International Journal of Drug Policy* 99, 103471.

Haile, R., Rowell-Cunsolo, T., Hyacinthe, M.F. and Alang, S. 2023. We (still) charge genocide": A systematic review and synthesis of the direct and indirect health consequences of police violence. *Social Science & Medicine* 322, 115784

Hawkins, K., (Ed.) 1992. The uses of discretion. Oxford University Press.

Health Canada 2022. Exemption from Controlled Drugs and Substances Act: Personal possession of small amounts of certain illegal drugs in British Columbia. Available at: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/exemption-personal-possession-small-amounts-certain-illegal-drugs-british-columbia.html

Heller, D., O'Brien, D. B., Harocopos, A., Hreno, J., Lerner, J., McCoy, E. B., Nolan M, Phillips Lum P, Tuazon E, Parker C, Kunins H, Paone D. 2014. RxStat: Technical Assistance Manual. New York City. Available at: https://www.pdmpassist.org/pdf/PDMP_admin/RxStat-3.pdf

Herbert, S., Beckett, K. and Stuart, F. 2018. Policing social marginality: Contrasting approaches. *Law & Social Inquiry* 43(4), 1491–1513.

Holloway-Beth, A., Forst, L., Lippert, J., Brandt-Rauf, S., Freels, S. and Friedman, L. 2016. Risk factors associated with legal interventions. *Injury epidemiology* 3(1), 1–9.

Houborg, E., Kammersgaard, T. and Søgaard, T.F. 2022. From opponents to 'interested' partners? A case study of police and harm reduction service collaboration. In: M. Bacon and J. Spicer eds. *Drug Law Enforcement, Policing and Harm Reduction*. Routledge, 256–274.

Kammersgaard, T. 2019. Harm reduction policing: From drug law enforcement to protection. *Contemporary drug problems* 46(4), 345–362.

Kapadia, F. and Borrell, L.N., 2023. Structural Racism and Health Inequities: Moving From Evidence to Action. *American journal of public health*, *113*(S1), S6-S9.

Kenny, K.S., Krüsi, A., Barrington, C., Ranville, F., Green, S.L., Bingham, B. and Shannon, K. 2021. Health consequences of child removal among Indigenous and non-Indigenous sex workers: examining trajectories, mechanisms and resiliencies. *Sociology of health & illness* 43(8), 1903–1920.

Kivanc, J. 2015. *An alliance between Toronto police and harm reduction centers has drug users scared and angry*. Vice News. Available at: https://www.vice.com/en/article/jma3m7/an-alliance-between-toronto-police-and-harm-reduction-centres-has-drug-users-scared-and-angry

Krupanski, M. 2018. *Policing and Harm Reduction: How Law Enforcement can advance public safety, public health, and public confidence*. Open Society Foundations. Available at: https://www.opensocietyfoundations.org/publications/police-harm-reduction

Latimore, A.D. and Bergstein, R.S. 2017. Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *International Journal of Drug Policy* 50, 82–89.

Lea, D. 2022. "Wonderful initiative": Halton police to begin providing naloxone kits to those leaving their central lockup. *InsideHalton.* Available at: https://www.insidehalton.com/news-story/10751198--wonderful-initiative-halton-police-to-begin-providing-naloxone-kits-to-those-leaving-their-central-lockup/

Lekhtman, D. 2023, January 24. How "Daniel's Law" Could Transform NY Mental-Health Crisis Response. *Filter*. Available at: https://filtermag.org/daniels-law-new-york-mental-health/

Loftus, B. 2010. Police occupational culture: classic themes, altered times. *Policing and society* 20(1), 1–20.

Logan, W. A. 2014. After the cheering stopped: Decriminalization and legalism's limits. *Cornell Journal of Law and Public Policy*, *24*, 319.

Lopez, A.M., Thomann, M., Dhatt, Z., Ferrera, J., Al-Nassir, M., Ambrose, M. and Sullivan, S. 2022. Understanding Racial Inequities in the Implementation of Harm Reduction Initiatives. *American journal of public health* 112(S2), 173–181.

Lowder, E.M., Lawson, S.G., O'Donnell, D., Sightes, E. and Ray, B.R. 2020. Two-year outcomes following naloxone administration by police officers or emergency medical services personnel. *Criminology & Public Policy* 19(3), 1019–1040.

Lowder, E.M., Zhou, W., Peppard, L., Bates, R. and Carr, T., 2022. Supply-side predictors of fatal drug overdose in the Washington/Baltimore HIDTA region: 2016–2020. *International Journal of Drug Policy*, *110*, p.103902.

Lynch, M. 2016. *Hard bargains: The coercive power of drug laws in federal court*. Russell Sage Foundation.

Maher, L. and Dixon, D. 1999. Policing and public health: Law enforcement and harm minimization in a street-level drug market. *British journal of criminology* 39(4), 488–512.

Mamdani, Z., Loyal, J.P., Xavier, J., Pauly, B., Ackermann, E., Barbic, S. and Greer, A. 2022. We are the first responders': overdose response experiences and perspectives among peers in British Columbia. *Drugs: Education, Prevention and Policy*, 1-14.

Martin, W., Pauly, B. and MacDonald, M., 2016. Situational analysis for complex systems: methodological development in public health research. *AIMS public health*, *3*(1), p. 94.

Michaud, L., Maynard, R., Dodd, Z., and Burke, N. B. 2016. Recognition, Exploitation, or Both?: A Roundtable on Peer Labour and Harm Reduction. *Critical approaches to harm reduction: conflict, institutionalization, (de-) politicization, and direct action*, 185-208.

Michaud, L. and van der Meulen, E. 2023. “They’re just watching you all the time”: The Surveillance Web of Prison Needle Exchange. *Surveillance & Society 21*(2), pp.154-170.

Michaud, L., Meulen, E. and Guta, A. 2023. Between care and control: Examining surveillance practices in harm reduction. *Contemporary Drug Problems* 50(1), 3–24.

Miron, J. and Winter, J. 2022. *Oregon’s Drug Decriminalisation Needs to Go Further*. CATO Institute. Available at: https://www.cato.org/blog/oregons-drug-decriminalisation-needs-go-further

Monroe, J. 2018, November 30. New initiative announced to confront the U.S. opioid overdose epidemic. *CDC Foundation*. Available at: https://www.cdcfoundation.org/blog/new-initiative-announced-confront-us-opioid-overdose-epidemic

Morrissey, B., Hughes, T., Ostrach, B., Wilson, L., Getty, R., Combs, T.L. and Carroll, J.J. 2022. They don’t go by the law around here”: law enforcement interactions after the legalisation of syringe services programs in North Carolina. *Harm Reduction Journal* 19(1), 1–13.

Niagara Region n.d. Niagara’s community safety and wellbeing plan. Available at: https://www.niagararegion.ca/projects/community-safety-well-being/pdf/community-safety-well-being-plan.pdf

Nowell, M. and Masuda, J.R. 2020. You need to just provide health services”: Navigating the politics of harm reduction in the twin housing and overdose crises in Vancouver, BC. *International Journal of Drug Policy* 82, 102774.

Patterson, G.T. and Swan, P.G. 2019. Police social work and social service collaboration strategies one hundred years after Vollmer: A systematic review. *Policing: An International Journal* 42(5) 863-886.

Pearce, J. and Simpson, R. 2022. The role of police in conducting wellness checks: Insight from a study of police data. *Police Practice and Research* 23(4), 400–413.

Pearson, W. 2023, February 4. *Recent seizure put drug users at greater risk, harm reduction advocates say*. Peterborough Currents. Available at: https://peterboroughcurrents.ca/health/drug-bust-put-users-at-risk-advocates-say/

Pourtaher, E., Payne, E.R., Fera, N., Rowe, K., Leung, S.Y.J., Stancliff, S. and Dailey, M.W. 2022. Naloxone administration by law enforcement officers in New York State 2015–2020. *Harm reduction journal* 19(1), 1–12.

Public Health Agency of Canada 2022. Apparent Opioid and Stimulant Toxicity Deaths. Available at: https://health-infobase.canada.ca/src/doc/SRHD/Update_Deaths_2022-12.pdf

Punch, M. and James, S. 2017. Researching law enforcement and public health. *Policing and society* 27(3), 251–260.

Ray, B., Richardson, N.J., Attaway, P.R., Smiley-McDonald, H.M., Davidson, P. and Kral, A.H. 2023a. A national survey of law enforcement post-overdose response efforts. *The American Journal of Drug and Alcohol Abuse*, 1–7.

Ray, B., Korzeniewski, S.J., Mohler, G., Carroll, J.J., Del Pozo, B., Victor, G., Huynh, P. and Hedden, B.J., 2023. Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021. 2023b. *American Journal of Public Health*, *113*(7), pp.750-758.

Rouhani, S., Tomko, C., Weicker, N.P. and Sherman, S.G., 2021a. Evaluation of Prosecutorial Policy Reforms Eliminating Criminal Penalties for Drug Possession and Sex Work in Baltimore, Maryland. *Johns Hopkins Bloomberg School of Public Health*.

Rouhani, S., Schneider, K.E., Rao, A., Urquhart, G.J., Morris, M., LaSalle, L. and Sherman, S.G., 2021b. Perceived vulnerability to overdose-related arrests among people who use drugs in Maryland. *International Journal of Drug Policy* 98, 103426.

Sanders, C.B. and Langan, D. 2019. New public management and the extension of police control: community safety and security networks in Canada. *Policing and society* 29(5), 566–578.

Scher, B. 2020. Biopower, disciplinary power and surveillance: An ethnographic analysis of the lived experience of people who use drugs in Vancouver's downtown eastside. *Contemporary Drug Problems* 47(4), 286–301.

Seagrave, J. 1996. Community policing: The views of police executives in British Columbia. *Policing and Society: An International Journal* 6(2), 163–180.

Shirley-Beavan, S., Roig, A., Burke-Shyne, N., Daniels, C. and Csak, R. 2020. Women and barriers to harm reduction services: A literature review and initial findings from a qualitative study in Barcelona, Spain. *Harm Reduction Journal* 17(1), 78.

Spooner, C., McPherson, M. and Hall, W. 2004. *The role of police in preventing and minimising illicit drug use and its harms*. Australasian Centre for Policing Research. Available at: https://www.aic.gov.au/sites/default/files/2020-05/monograph-2.pdf

Stevens, A. 2013, March. *Modernising Drug Law Enforcement: Applying harm reduction principles to the policing of retail drug markets*. London: International Drug Policy Consortium. Available at: https://www.drugsandalcohol.ie/19567/1/MDLE-report-3_Applying-harm-reduction-to-policing-of-retail-markets.pdf

Stevens, A., Hughes, C.E., Hulme, S. and Cassidy, R. 2022. Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. *European journal of criminology* 19(1), 29–54.

Thomas, R., Patil, S., Saucier, R. and Crago, A.L. 2014. *To Protect and Serve: How police, sex workers, and people who use drugs are joining forces to improve health and human rights*. Open Society Foundations. Available at: https://www.opensocietyfoundations.org/publications/protect-and-serve

Tori, M.E., Cummins, E., Beletsky, L., Schoenberger, S.F., Lambert, A.M., Yan, S. and Walley, A.Y. 2022. Warrant checking practices by post-overdose outreach programs in Massachusetts: A mixed-methods study. *International Journal of Drug Policy* 100, 103483.

van der Meulen, E., Chu, S. K. H., and Butler-McPhee, J. 2021. "That's why people don't call 911": Ending routine police attendance at drug overdoses. *International Journal of Drug Policy*, *88*, 103039.

van Dijk, A. and Crofts, N. 2017. Law enforcement and public health as an emerging field. *Policing and society* 27(3), 261–275.

Vitale, A.S. 2021. *The end of policing*. Verso Books.

Wagner, K.D., Harding, R.W., Kelley, R., Labus, B., Verdugo, S.R., Copulsky, E. and Davidson, P.J. 2019. Post-overdose interventions triggered by calling 911: Centering the perspectives of people who use drugs. *PloS one* 14(10), 0223823.

Wahbi, R. and Beletsky, L. 2022. Involuntary commitment as "carceral-health service": from healthcare-to-prison pipeline to a public health abolition praxis. *Journal of Law, Medicine & Ethics* 50(1), 23–30.

Watson, T.M., Bayoumi, A.M., Hopkins, S., Wright, A., Naraine, R., Khorasheh, T. and Strike, C. 2018. Creating and sustaining cooperative relationships between supervised injection services and police: A qualitative interview study of international stakeholders. *International Journal of Drug Policy* 61, 1–6.

Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J. and Kerr, T. 2008. Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy* 19(4), 332–338.

Whetstone, S. and Gowan, T., 2017. Carceral rehab as fuzzy penality: Hybrid technologies of control in the new temperance crusade. *Social Justice*, *44*(2-3 (148), pp.83-112.

White, M.D., Watts, S., Orosco, C., Perrone, D. and Malm, A. 2022. Leveraging Body-Worn Camera Footage to Better Understand Opioid Overdoses and the Impact of Police-Administered Naloxone. *American Journal of Public Health* 0, 1–7.

Wood, E., Tyndall, M.W., Spittal, P.M., Li, K., Anis, A.H., Hogg, R.S. and Schechter, M.T. 2003. Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: investigation of a massive heroin seizure. *Canadian medical association journal* 168(2), 165–169.

Wood, J.D. and Griffin, P.M. 2021. The policing and public health interface: insights from the COVID-19 pandemic. *Policing and Society* 31(5), 503–511.

Wood, J.D., Watson, A.C. and Fulambarker, A.J., 2017. The "gray zone" of police work during mental health encounters: Findings from an observational study in Chicago. *Police quarterly*, *20*(1), pp.81-105.

Xavier, J., Greer, A., Crabtree, A., Ferencz, S. and Buxton, J.A. 2021. Police officers' knowledge, understanding and implementation of the Good Samaritan Drug Overdose Act in BC, Canada. *International Journal of Drug Policy* 97, 103410.

Xavier, J., Greer, A., Pauly, B., Loyal, J., Mamdani, Z., Ackermann, E. and Buxton, J.A. 2022. There are solutions and I think we're still working in the problem": The limitations of decriminalisation under the good Samaritan drug overdose act and lessons from an evaluation in British Columbia, Canada. *International Journal of Drug Policy* 105, 103714.