

Forging a Law Enforcement and Substance Abuse Treatment / Recovery Partnerships



Learn the language – Accept the differences – Embrace the goal

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

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

SOME POTENTIAL PHILOSOPHICAL DIFFERENCES

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

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

Law enforcement’s emphasis is to protect the public from those who engage in irresponsible and/or criminal behavior. Their success is based on the crime rate. If that law violator is removed, then they are not committing crimes or victimizing others. Law enforcement empathizes with the victims since they see them at their worst, often at the actual scene of the crime. Law enforcement observes firsthand the adversity and tragedy caused by those who engage in criminal behavior, many of whom are substance abusers. However, if a substance abuser is no longer involved in substance abuse, then that should affect their propensity for irresponsible and/or criminal behavior. That then is a win for both professions and society.

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

Treatment professionals often classify and verbalize substance abuse as being a disease similar to diabetes, cancer, etc. Many in law enforcement differ with that analogy, since the person chooses to use drugs but people don't choose to get cancer or diabetes. They believe the "disease" view absolves the user from being responsible for their condition.

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

3. **Treatment emphasis on harm reduction whereas law enforcement's view that drug use should be stigmatized.**

Many treatment professionals embrace harm reduction, such as needle exchange, as a cost-effective intervention to avoid unintended consequences of drug use, such as the spread of communicable disease. Additionally, they also cite safe disposal of used needles and potential of accidental needle stick injuries of law enforcement. Treatment professionals feel harm reduction strategies serve as a gateway for access to other services such as treatment. Law enforcement, on the other hand, often looks at harm reduction as a disguised agenda used by the pro-drug legalizers to remove the stigma of drug abuse and normalize use. Law enforcement believes that a tolerant public attitude and acceptability of drug use are major factors in the rate of use. They cite tobacco smoking as an example of a substance that once was considered "cool" but now stigmatized as having helped reduce the rate of smoking. Law enforcement feels the more normalized a behavior, the more people will be engaged in that behavior. Likewise, the more stigmatized a behavior is considered, the less people will engage in that behavior. Treatment professionals believe by stigmatizing drug use and addiction it interferes with an individual's ability to admit their problem and to seek treatment. It also damages their social interaction and pushes them more toward a group that engages in similar behavior.

4. **Success of treatment versus success of law enforcement.**

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

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

Many of those in treatment feel that Medication-Assisted Treatment is an important vehicle to treat the uncontrollable, compulsive behavior that is addiction. Drugs such as methadone and

buprenorphine play an important role in stopping the dangerous addiction as part of a comprehensive treatment plan. Law enforcement often views this as substituting one addictive drug for another with the only difference being that one is illegal and the other legal. They often cite the abuses of these programs and the lack of overall success in becoming drug free.

6. **There is a variety of treatment and recovery methods whereas law enforcement considers all treatment/recovery the same discipline.**

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

7. **Treatment and law enforcement define the term “evidence” differently.**

The word “evidence” in law enforcement is likely to mean meeting the legal burden of proof in developing a case that an individual is guilty of a crime. Treatment thinks of evidence-based practice, which focuses on proof of what works to achieve a desired health outcome. “Evidence” is held up as a guiding principle for treatment: the method in which the data were collected and analyzed and the demonstrated effectiveness of an intervention are key drivers for treatment and public health practice. This is related to some of the issues identified above, including whether or not a stigmatization should be practiced, and whether or not MAT works. Evidence-based crime policy is utilized to a greater degree by law enforcement. This may help bridge some gaps between treatment and law enforcement.

Some General Cultural Differences Discussed Include:

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

Some Language Differences:

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