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Response to Canning et al: Using Surveillance With Near–Real-Time Alerts During a Cluster of Overdoses From Fentanyl-Contaminated Crack Cocaine, Connecticut, June 2019

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As researchers interested in the intersection of public health and criminal justice issues of people who use drugs (PWUD), we read with interest the case study on overdose surveillance by Canning et al.[1] While we are sensitive to the need for greater access to emergency medical services (EMS) data on overdoses to mobilize harm reduction and prevention efforts in a time-sensitive manner, we are troubled by the role played by police in the collaboration described in the article. Well-documented harms resulting from police involvement and intervention in the overdose crisis need to be considered.

We note the authors did not discuss the impacts of sharing sensitive medical information on the illicit substance use of individuals who are already subject to routine and widespread criminalization. The authors note that after identifying an overdose cluster, poison control alerted public health, which then informed the local police department. Data sharing was enabled by a Health Information Portability and Accountability Act (HIPAA)[2] waiver, which, in turn, activated a targeted law enforcement intervention in a small neighborhood, where "police made drug arrests . . . but were unable to catch a dealer with contaminated product."[1] This passage illustrates our point particularly clearly, that deployment of law enforcement resources most often results in the harassment of PWUD while also misconstruing the realities of the drug trade; specifically, that many street-level drug sellers and distributors are themselves PWUD. Furthermore, the enforcement of drug possession is at odds with best practices in public health and with the spirit of Connecticut's Good Samaritan law.[3] Ultimately, police practices such as these reflect a failed policy response that has intensified racial disparities and deepened the scope and toll of the overdose crisis.[4]

Evidence demonstrates that police involvement in overdose response acts as a major deterrent to PWUD seeking assistance during a medical emergency, fearing harassment, surveillance, and/or arrest.[5] Interdiction efforts do nothing to stem the availability of contaminated illicit drugs; rather, they increase the volatility of illicit drug use by disrupting supply chains, destabilizing informal social networks and practices of care,[6] and deepening vulnerability to overdose by coupling resources intended to be supportive (eg, EMS, harm reduction outreach) with criminalization and repression.

To play into misplaced narratives of "catching dealers" is out of step with public health evidence and has the harmful effect of orienting resources to more surveillance in service of prohibition as opposed to evidence-based public health interventions including access to a regulated safe supply, supervised consumption, expansion of pharmacologic therapies, and decriminalization of possession.[7]

In light of growing recognition of the prevalence of police harassment and violence and the need to center the leadership of PWUD in drug research and policy, we call for partnerships that advance health justice[8] and for health services to be more attuned to the harms caused by the legal environment. Redressing the devastation of the war on drugs begins by disentangling the role of law enforcement in overdose response and public health.

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