



# Overdose Prevention Findings Report with Law Enforcement Officer Leaders

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## Project Background

The Overdose Data to Action (OD2A) grant was a four-year grant awarded to the Iowa Department of Public Health, Bureau of Substance Abuse from the Centers for Disease Control and Prevention (CDC) in 2019 to 2023. One focus of the OD2A grant was to develop and enhance partnerships between public health and public safety to address overdose prevention.

As a part of this effort, the University of Northern Iowa Center for Social & Behavioral Research (CSBR) conducted in-depth interviews with law enforcement leaders across the state of Iowa in late 2022 and early 2023. The primary goal of the interviews was to provide an overview of perspectives of law enforcement leaders across the state as it pertains to their agency's policies, practices, and general preferences regarding overdose prevention and approaches to addressing overdoses in their communities. Another goal was to identify themes and key issues that can provide information to inform future efforts and partnerships between public health and public safety to prevent overdoses in Iowa.

This work will continue into the next iteration of the grant, Overdose Data to Action for States (OD2A-S), a five-year project awarded to the Iowa Department of Health and Human Services (Iowa HHS) in 2023.

## Methods

The Iowa OD2A team partnered with the University of Northern Iowa CSBR and Iowa's Drug Intelligence Officer for the [Overdose Response Strategy \(ORS\) initiative](#), Kevin Winker, to develop interview questions and recruit Law Enforcement Officer (LEO) leaders across Iowa. A total of eight interviews were conducted with LEO leaders across the state from various metro, suburban, and rural locations in the Western, Central, and Eastern part of Iowa.

LEO leaders had all been active in law enforcement for over a decade or more and represented county sheriffs, chiefs of police, and a captain with significant experience in substance interdiction. LEO leaders did not receive compensation for participating in an interview. The University of Northern Iowa CSBR team reviewed interviews and used inductive thematic analysis to identify major themes of interview responses. Findings were compiled into a report shared with project staff at the Iowa Department of Public Health.

# Findings

## Scope of Problem

While a few LEO leaders characterized the problem of substance-involved overdoses as a relatively minor problem in their communities, most LEO leaders viewed substance-involved overdoses as a significant or growing problem in their respective communities. As expected, frequency of law enforcement overdose responses varied based on community size ranging from one every few months to weekly incidents. It was also noted the overdoses tended to be linked to supply and availability of opioids perceived to be in the community. Overdoses were thought to be linked to increases in fentanyl supply over the past few years. A few LEO leaders also noted that they are likely underestimating the overdose frequency because they do not have overdose data from hospitals/health care providers or those that use naloxone without calling 911. One respondent noted that alcohol overdoses were the primary problem in their area.

## Key Themes Identified

Across the interview questions and LEO leader interviews, several key themes emerged regarding views about approaches to and challenges of reducing substance-involved overdoses in communities.

- Community Care Approach to Overdose Response
- Frustration with Treatment Service Fragmentation
- Minimal/No Awareness of State Public Health Initiatives
- Need for Information Sharing
- Stigma Toward Substance Use Not Seen as Significant Influence
- Need for Alternative (Non-Law Enforcement) Options for Addressing Substance Use
- Need for More Treatment Resources – Especially In-Patient Treatment
- Preference for In-Person Training

## Approaches to Overdose Response

LEO leaders were asked about their organization's approach and protocols for dealing with substance use and overdoses in the community. Responses varied somewhat across locations with a few describing a more standard law enforcement approach. However, a community care focus tended to predominate across most interviews over an exclusive law enforcement approach.

In almost every interview, LEO leaders emphasized prioritizing getting treatment for individuals using diversion-focused connections to community services and then determining the source of the substances to try to prevent additional overdoses. Leaders in smaller jurisdictions also described the availability of state-level assistance when needed, especially in terms of law enforcement assistance. Several LEO leaders emphasized the importance of connections to local agencies and resources – and the importance of those connections to the work. Descriptions of diversion responses to overdose varied from “by the book” protocols to a more varied approach that includes diversion programs and providing referrals to needed services. In at least a few cases, it was noted that law enforcement does not respond to the overdose scene – instead, EMT and a social worker might respond, for example.

### Challenges

Although virtually all the LEO leaders reported working effectively and regularly with one or more local partners in their communities, there was notable frustration with both service fragmentation and limited availability of needed treatment services, especially in-patient treatment. One LEO leader emphasized the crucial access point for someone to access care services after an overdose event but wait times may cause someone to not access care at all. LEO leaders expressed a desire for more connected, wrap-around services with community partners that would provide alternative, non-law enforcement options for addressing root causes of substance use such as unstable housing or untreated mental health conditions. There was also recognition of the complexity in navigating the various resources that are available and the need for more information and assistance for those impacted directly by overdose and their families.

### Solutions

Considering the best approaches to reduce harmful substance use and overdoses, some LEO leaders emphasized the importance of relationship-building, educating and reaching younger people with prevention information through schools and social media. The value of geographic overdose mapping, coordination of law enforcement information across counties and inclusion of information from medical examiner reports were also noted as helpful and desirable additional tools. Multiple LEO leaders acknowledged the importance of HIPAA but noted that the perceived limitations of HIPAA led to a lack of information sharing about overdoses.

## Training Experience and Preferences

Most LEO leaders expressed strong support for training and noted that training was an ongoing and central part of professional development in their agencies. All the respondents indicated that their officers had training with naloxone/NARCAN® and most reported that their officers carried it. Several noted that the temperature storage requirements created challenges to leaving naloxone/Narcan in the car given seasonal temperature extremes in Iowa. All noted it was available in the station even if not routinely carried by all officers. Several of the LEO leaders also noted that naloxone/Narcan was as important for unintended exposure by their officers and first responders as it was for overdose victims they may be called to assist. Either through sharing experiences or through formal training, all LEO leaders indicated that they had some level of expertise in identifying when an individual may be experiencing a substance-involved overdose.

With only a few exceptions for specific types of training, in-person training was viewed as most effective, owing to greater engagement and a shared learning atmosphere. It was noted, however, that having multiple officers trained in an in-person setting was logistically challenging. Fitting in-person training into current extended schedules can be difficult – especially if long travel times are included. For some of the smaller counties, on-site or regional locations were deemed better to minimize the amount of travel required. Online modules were viewed as a functional option depending on the content and length. The lack of engagement and potential for distraction in online training was noted by multiple LEO leader and the need for trusted instructors and sources who have strong relationships with law enforcement. It was also noted that training should be tailored, concise and meaningful.

## State Initiatives and Stigma

Other than law enforcement work at the state level, no LEO leaders were familiar with any specific state-level initiative or campaign related to overdose or substance use.

When asked directly about the role stigma might play in the work they do in overdose prevention and response, few LEO leaders saw stigma as a central influence in their work. Perceptions of stigma's role varied with one respondent perceiving stigma as an influence when larger agencies are assessing a small law enforcement agency's ability to effectively respond or have adequate training to investigate thoroughly. Another saw stigma as a potential issue for families of those who have experienced an overdose who may hide information about specific substances or circumstances for fear of stigmatization. And a couple of respondents noted the possibility that some officers – especially young or less experienced – may lump all people who use substances together. LEO leaders noted some variability based on personal and professional experience which can help drive more empathetic responding.



## Recommended Steps to Enhance Overdose Prevention Partnerships with Public Safety

- ▶ **Develop partnerships with public safety focused on community centered care, prioritizing substance use treatment and other linkages to care for individuals, especially those in crisis.**
- ▶ **Engage public safety in community efforts to provide collaborative wrap-around services and address factors associated with overdose including housing and mental health care access.**
- ▶ **Identify opportunities for data collection and information sharing to inform overdose prevention and response efforts.**
- ▶ **Provide in-person training to public safety groups, when possible, to increase engagement and foster a shared learning environment; consider the challenge of reaching multiple shifts across multiple days and work with individual agencies to meet their needs.**
- ▶ **Increase awareness of state and local overdose prevention and anti-stigma initiatives and campaigns.**
- ▶ **Promote *peer to peer* learning and partner with public safety champions to provide training and increase awareness related to:**

Community-wide, evidence-based approaches to overdose prevention, including:

- *Overdose education and naloxone distribution, including naloxone leave-behind programs*
- *Post overdose response teams*
- *Jail deflection and diversion programs*
- *Overdose Fatality Review teams*
- *Jail based treatment for substance use disorders*

Stigma and how it impacts overdose prevention and response efforts at multiple levels (self, public, and structural stigma)

Trauma-informed, culturally responsive approaches to overdose prevention and populations disproportionately impacted by overdose

Policies that directly and indirectly impact overdose prevention and response at the national, state, and local levels

# Resources

## Public Health/Public Safety Partnerships

[Public Health and Safety Team \(PHAST\) Toolkit](#)

[Public Safety-Led Community-Oriented Overdose Prevention Efforts \(PS-COPE\) Toolkit](#)

[Overdose Data to Action – Public Health/Public Safety Partnerships](#)

[Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use](#)

## Evidence-Based Practices for Overdose Prevention

[Evidence Based Strategies for Prevention Opioid Overdose: What's Working in the United States \(CDC\)](#)

[Best Practices Guidance for Post-Overdose Outreach](#)

[First Responder Deflection Mentoring Initiative](#)

[The Deflection Conversation Framework \(COSSUP\)](#)

[Overdose Fatality Review Website](#)

[Roadmap on Medication for Opioid Use Disorder for People in the Justice System](#)

[Supporting Incarcerated People's Recovery: Linkage to Care Policies for People Entering and Exiting Incarceration with Substance Use Disorder](#)

[Connecting Communities to Substance Use Services: Practical Approaches for First Responders](#)

[Stigma Reduction \(CDC\)](#)

[YourLifelowa - Stigma](#)

## Technical Assistance / Resources / Funding Opportunities

[Community Oriented Policing Services \(U.S. Department of Justice\)](#)

[Criminal Justice Resource Hub](#)

[Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program](#)

[Overdose Response Strategy](#)

[Comprehensive Opioid, Stimulant, and Substance Use Program \(COSSUP\)](#)

[National Sheriff's Association](#)