

Improving Public Policy to Combat the Opioid Epidemic in Michigan

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INFORMING THE DEBATE

MAPPR Policy Research Brief



Institute for Public Policy and Social Research MICHIGAN STATE UNIVERSITY

INFORMING THE DEBATE

The paper series, Informing the Debate, is generated out of grant-funded, policy-relevant research sponsored by the Institute for Public Policy and Social Research (IPPSR).

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When developing the paper series initiative in 1992, the topics of the papers were submitted following a two-day meeting with leaders from the business sector, nonprofit agencies, foundations, and university faculty and staff. That group evolved into the Urban Research Interest Group.

The Urban Research Interest Group recognized the pressure on urban core leaders to make critical decisions that continue to impact people long into the future. A commitment to generating background research to add to the core of debate on possible solutions to complex, urban problems was made.

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OVERVIEW OF THE ISSUE

The United States has seen an epidemic level increase in the number of opioid overdoses and deaths over the last several years. According to researchers at the Centers for Disease Control and Prevention (CDC), the age-adjusted rate of drug overdose deaths in the United States more than tripled from 1999 to 2014 and those numbers continue to rise exponentially (Rudd, Aleshire, Zibbell, & Gladwin, 2016). The State of Michigan has not been exempt from this problem. Heroin and other opioid deaths have increased from a low of 99 deaths in 1999 to 1699 deaths in 2016 (Michigan Department of Health and Human Services [MDHHS], 2018). This is even more alarming when considering the overdose reversal drug Narcan has only recently been introduced as a means to counteract the deadly effects of an opioid overdose. The Michigan Department of Health and Human Services reports that for 2015-2016 there were 24,815 doses of Narcan dispensed by emergency medical workers (2017).

This epidemic has had a far-reaching effect on many individuals, organizations, and communities throughout Michigan and across the United States. Opioid and heroin abuse affect not only those who have overdosed but also their young children, family members, friends, and employers. Almost daily, media outlets report on the social and medical consequences of overdose and addiction. Additionally, police departments, paramedics, and emergency rooms report spending an increasing amount of time and money responding to these types of tragedies. In 2013, 10 percent of the \$78.5 billion-dollar economic burden of the opioid crisis was borne by the criminal justice system (Florence, Zhou, Luo, & Xu, 2016). Worse, for 2015, the U.S. President's Council of Economic Advisers estimates that the total economic cost of the opioid crisis ballooned to \$504 billion, or 2.8 percent of GDP (2017). Across the US, hospital emergency departments continue to see a surge in the number of visits due to opioid overdose. From July 2016 through September 2017, ER visits for opioid overdose increased by 30 percent (Vivolo-Kantor, 2017).

Efforts to combat this epidemic have been made at every level of government. Over the last several years, the federal government has rolled out numerous programs and billions of dollars in funding for a number of initiatives. In 2017, President Trump declared the opioid crisis a National Public Health Emergency and directed several federal agencies to take steps to reduce the number of deaths and minimize the impact of the opioid epidemic (Trump, 2017). In 2016, President Obama authorized the Comprehensive Addiction and Recovery Act, providing \$181 million per year in grant funds for the prevention, treatment, and recovery of addiction (Comprehensive Addiction, 2016). Additionally, in 2014, the Centers for Disease Control and Prevention developed the *Pathways to Prevention Program* to improve research on opioid addiction (Vivolo-Kantor, Seth, Gladden, et al., 2014). Further, the U.S. Department of Health and Human Services has issued a number of new informational reports to educate medical caregivers on the appropriate use of opioid prescriptions (USDHHS, 2017).

The State of Michigan has also been active in the pursuit of solutions to address this problem. In 2015, Governor Snyder convened the Prescription Drug and Opioid Task Force to develop strategic recommendations to address opioid abuse. The task force developed a list of recommendations that focus on prevention, treatment, regulation, policy, and enforcement. To

date, several of these recommendations are implemented, including updating the Michigan Automated Prescription System (MAPS), increasing curriculum requirement for educating students on the dangers of opioid abuse, and improving health care and treatment for individuals recovering from addiction (State of Michigan, 2016). As the state continues to address these issues, there is evidence that these efforts are having an impact on the opioid crisis.

In 2016, the National Safety Council (NSC) examined key indicators of progress addressing the opioid epidemic nationally. Michigan was one of three states that had not met the indicators of progress. In 2018, however, Michigan was one of 13 states in the U.S. to receive the top rating for meeting five of the six success indicators (NCS, 2016; NCS, 2018). Though most of the efforts to tackle the opioid epidemic have focused on education, prevention, and recovery, there has also been some effort to identify and implement strategies to detect and prosecute opioid traffickers.

The 2018 Interdict Act provides additional drug detection devices at national borders and shipping facilities (Interdict, 2017). Additionally, funding from the High Intensity Drug Trafficking Initiative, federal, state and local law enforcement officials have developed processes to link narcotics cases across regions to disrupt opioid trafficking supply lines (HIDTI, 2017). Though these efforts provide a good foundation for attacking opioid distribution, addiction, and abuse in the U.S. and Michigan, more must be done to support law enforcement officers in their efforts.

MAPPR RESEARCH PROJECT

There has been little research to identify investigative strategies, resources, and procedures necessary to affect opioid trafficking. Policy makers interested in implementing effective enforcement tactics have only past practice and anecdotal information to guide their decision-making. To address this knowledge gap, Michigan narcotics investigators were asked to share their experiences and advice on this important topic. A total of 252 narcotics investigators from all geographic regions of the state were surveyed regarding what strategies have been effective and ineffective in identifying and prosecuting opioid dealers. Investigators were also asked what resources, technologies, and investigative tools would be helpful to improve investigative and prosecutorial success. Additionally, they were asked what policy and law changes would help to diminish current levels of opioid trafficking or preventing future illegal distribution.

The survey consisted of both Likert scale, a survey research tool, and open-ended questions. To start, investigators answered a series of questions designed to examine their current investigative techniques as well as opportunities for growth in the use of alternative tactics. Officers were given a list of nine commonly recognized investigative strategies and asked to comment on several factors, including; frequency of use, likelihood of a successful outcome, ease of use, level of effort required versus value of information obtained, and perceived level of skill. Investigators were then asked three open-ended questions that sought advice on other strategies or resources that have potential to impact opioid trafficking, recommendations for law or policy changes related to opioid trafficking, and any additional information or ideas they

would like to share (See Appendix A). The over-arching goal of this research was to inform law enforcement officials and state-level policymakers on ways to improve resources and legislative tools necessary to reduce the harm, expense, and consumption of limited resources caused by the illegal sale of these destructive drugs.

INVESTIGATIVE STRATEGIES

The results indicate that most officers rely on two primary traditional investigative methods to pursue opioid traffickers; the use of confidential informants (third-party purchase of narcotics on behalf of police), and undercover operations (a police officer covertly purchased narcotics from a dealer). Undercover operations are preferred; however, confidential informants are often engaged because narcotics traffickers typically will not sell drugs to people they do not know. Thus, 98% report using confidential sources either a*lways* or o*ften*. These two strategies rank highest in all factors that officers reported (See Figures 1-5).

Figure 1

9. MAPS

8. Electronic surveillance

How often do you use each of the following resources to either identify or pursue individuals involved in opioid trafficking?			
Method	Mean Frequency (1 = "Never" 5 = "Always")	% "Always" or "Often"	
1. Confidential sources	4.23	98%	
2. Undercover operations	4.20	89%	
3. Social Media	3.84	72%	
4. Patrol arrest information	3.83	71%	
5. Patrol tips	3.71	63%	
6. Obtaining cell phone records	3.69	65%	
7. Anonymous tips	3.64	58%	

Though traditional investigative strategies appear to be effective and efficient, these survey results suggest the use of MAPS. MAPS is a state-wide computerized narcotics reporting system whereby doctors who prescribe opioids must enter their prescriptions into the system and also check to ensure that the patient has not received the same or similar prescriptions from other doctors. Pharmacists and other medical care professionals have similar reporting requirements. Police officers and regulatory agencies can access the data to determine which doctors are prescribing high levels of opioids and further investigate these cases. Only 43% of investigators report that they use it consistently, yet 68% report that when this method is used, there is a high likelihood of a successful outcome. Providing additional training to law enforcement would improve the level of skill, and perhaps make the results worth the effort. Of the officers that indicated they rarely or never use MAPS, 66% report the reason for not doing so is a lack of training (See Figures 1, 2 and 6). The State of Michigan recently invested 2.5-million-dollars to upgrade the MAPS system, adding several user-friendly features and real-time data reporting (MAPS, 2017). This upgrade combined with additional training has the potential to improve the outcome of opioid investigations.

3.55

3.22

57%

43%

Figure 2

Among those who used, how likely or unlikely is it that information from this resource will lead to a successful outcome (e.g. arrest, identification of other traffickers, prosecution)?			
Method	Mean Likelihood % "Very" ((1 = "Very Unlikely" 5 = "Very Likely") "Somewhat Li		
1. Undercover operations	4.66	98%	
2. Confidential sources	4.34	95%	
3. Electronic surveillance	4.26	89%	
4. Obtaining cell phone records	4.13	83%	
5. Patrol arrest information	3.89	74%	
6. Patrol tips	3.86	75%	
7. MAPS	3.83	68%	
8. Social Media	3.69	64%	
9. Anonymous tips	3.34	47%	

5. Patrol arrest information3.8974%6. Patrol tips3.8675%7. MAPS3.8368%8. Social Media3.6964%9. Anonymous tips3.3447%The current research suggests that another prospect for improving investigative success is the increased use of electronic surveillance devices (GPS and cell phone). These types of devices assist in tracking suspected dealer movements to ascertain where they are storing their drugs, where their supplier is located, and other suspicious activity. Electronic surveillance is reported as one of the least used investigative methods (8th of 9 options), yet officers convey that it has one of the highest likelihoods of a successful outcome. Eighty-nine percent of respondents rated it *very* or *somewhat* likely to lead to a successful outcome. It also ranked third in terms of

effort required justifying the value of information obtained. Limited use of this method can be attributed to its complexity, as 70% of the officers reported. (See Figures 1-4) Another likely reason is that recent court rulings have made it more challenging to access this type of data, i.e. case law restricting when/where it can be used, new search warrant requirements, and lack of cooperation from cell phone carriers.

Figure 3

Among those who used, how often does the amount of <u>effort and/or time</u> required to obtain information from this resource justify the value of the information obtained?

Method	Mean Frequency (1 = "Never" 5 = "Always")	% "Always" or "Often"		
1. Undercover operations	4.20	85%		
2. Confidential sources	3.89	71%		
3. Electronic surveillance	3.83	63%		
4. Obtaining cell phone record	3.66	58%		
5. Patrol arrest information	3.58	50%		
6. MAPS	3.57	51%		
7. Social Media	3.53	45%		
8. Patrol tips	3.50	44%		
9. Anonymous tips	3.03	23%		

Additionally, investigators might consider increasing the use of social media as an investigative tool. People post various types of incriminating information on social media platforms and as a result, police have utilized social media to solve many different types of crimes. One study found that 81% of law enforcement officers have used social media platforms to solve crime (Lexis Nexis, 2014). For this survey, officers report using social media platforms frequently

during their investigations, yet it gets mixed reviews in terms of likelihood of a successful outcome, ease of use, effort vs. value of results, and officer level of skill (See Figures 1-5).

The use of social media platforms has become ubiquitous across the U.S. In 2005, just 5% of the adult population was using some form of social media. In 2018, that number has increased to 69%. Improving knowledge and training and/or hiring more crime analysts to help investigate crimes may improve the success rate for this method (Pew Research, 2018).

Figure 4

Among those who used, how easy or difficult is it for you to <u>use</u> this resource to get the information you are seeking?				
Method	Mean Easiness % "Very" o (1 = "Very Difficult" 5 = "Very Easy") "Somewhat Ea			
1. Undercover operations	4.12	82%		
2. Confidential sources	4.02	77%		
3. Patrol arrest information	3.99	74%		
4. MAPS	3.93	73%		
5. Social Media	3.87	70%		
6. Patrol tips	3.86	70%		
7. Electronic surveillance	3.79	70%		
8. Obtaining cell phone records	3.54	61%		
9. Anonymous tips	3.46	51%		

Finally, utilizing cell phone records may improve investigative success. Only 65% of officers report using this strategy always or often, yet 83% convey that it is *very* or *somewhat* likely to lead to a successful outcome. Part of the problem may be the difficulty of use (ranked 8th of 9), and only about half of those surveyed rate themselves as *expert* or *highly skilled*. Further, 25% do not use this resource because they lack the proper training (See figures 1-6). Cell phones are a key tool for narcotics traffickers. Cell phones provide easy access to their customers and their suppliers. They are portable, disposable, inexpensive and can track a plethora of information, including contacts, location, pictures, and often, a detailed insight into a person's life.

Figure 5

Among those who used, how would you rate your level of skill in using each of the following resources?				
Method	Mean Level% "Expert" of(1 = "Little / No" 5 = "Expert")"Highly Skille"			
1. Undercover operations	3.97	78%		
2. Confidential sources	3.94	76%		
3. Patrol arrest information	3.89	73%		
4. Patrol tips	3.82	72%		
5. Anonymous tips	3.73	62%		
6. Electronic surveillance	3.69	56%		
7. Obtaining cell phone records	3.53	52%		
8. Social Media	3.33	43%		
9. MAPS	3.30	43%		

Figure 6

Among those who rarely or never used, which of the following, if any, are some of the reasons why you do not use the following investigative resources on a regular basis? (Select all that apply)					
Method	n	Successful Outcome Unlikely	Too Difficult to Use / Access	Info Doesn't Justify Cost	Lack of Training
MAPS	24	4%	4%	25%	79%
Electronic surveillance	13	0%	62%	31%	23%
Social Media	8	13%	13%	63%	25%
Obtaining cell phone records	6	17%	33%	50%	33%
Anonymous tips	5	20%	100%	0%	20%
Patrol tips	2	0%	50%	50%	0%
Patrol arrest information	1	0%	0%	100%	0%
Undercover operations	0	-	-	-	-
Confidential sources	0	-	-	-	-

INVESTIGATOR RECOMMENDATIONS

In the second part of the survey, officers shared their thoughts on other strategies and resources that have the potential to help identify opioid traffickers. The most prolific suggestion was to focus more resources and investigations toward doctors that intentionally over-prescribe or have a high rate of prescribing these medications. Respondents suggest providing more training for doctors regarding the pitfalls of overprescribing opioid pain medication. Fortunately, several laws related to this issue have recently taken effect in Michigan. These laws require physicians to:

- provide educational material to those receiving opioid prescriptions
- establish a bona-fide doctor-patient relationship
- obtain a MAPS report of patient activity prior to prescribing more than a 3-day supply
- limit the supply of opioid medication to no more than seven days for a person suffering from acute pain (Michigan Department of Health and Human Services, 2018).

Many of these laws took effect shortly after the survey, so it will be interesting to see the extent to which they stem prescription abuse. These new laws should reduce the number of prescriptions available for abuse and neglect; however, it is likely that unscrupulous physicians and pharmacies will continue to overprescribe these types of medications as reported in other states.

Additionally, investigators recommend making more of an effort to incentivize cooperation with police among related audiences so that investigators can gain access to larger-scale dealers. Specifically, officers proposed:

- offering stiffer sentences,
- structuring plea agreements more effectively, and
- providing monetary rewards for those that have information but are not directly involved in trafficking, i.e. hotel/motel owners, medical care workers that suspect or observe suspicious prescribing practices by their employer, and pharmacists that identify individuals of receiving multiple prescriptions from different doctors.

Several officers also suggested providing rehabilitation services in exchange for cooperation for those that are suffering from addiction. They recommended that officers should have the ability to provide direct referral to get addicts immediate help before they disappear in search of their next high. Officer comments convey that arrested addicts will typically provide officers with the name of their supplier at the time of contact with police. Attempts to re-contact them as a potential informant for further cooperation beyond the initial incident, however, are virtually impossible due to the strength of the grip of the opioid addiction and the strong desire to obtain more drugs. Respondents feel that getting addicts connected with immediate care will not only assist with investigative efforts, but also help save lives.

Investigators expressed frustration with the unintended consequences of the availability of Naloxone for overdose victims. Officers feel that the ubiquitous accessibility to this antidote is further enabling addicts because they have less fear of overdose death, which causes them to use these drugs more freely. A recent study suggests that this may be the case. Researchers concluded that expanding access to this drug led to more opioid related emergency room visits and no decrease in opioid related deaths. Interestingly, the Midwest experienced the highest increase in opioid and fentanyl mortality (14% and 84%, respectively) during the reporting period of 2010 to 2015 (Doleac & Mukherjee, 2018).

A final recommendation made by narcotics investigators is to invest more resources into addressing opioid related crime. They specifically recommended increasing the number of investigators assigned to narcotics task forces. Many of these teams have lost members over the last several years due to the impact of the Great Recession combined with the dramatic increase in opioid crimes, which has limited their ability to pursue opioid traffickers. Narcotics teams report that they would like to spend more time investigating doctors who overprescribe opioid medication, however, they do not have adequate staffing or the requisite level of training to deal with this issue. Another recommendation regarding resources is to increase the amount of buyfunds available for covertly purchasing opioid narcotics. Officers cannot gain access to major dealers without having buy funds to make purchases of large quantities of narcotics. Investigations have been cut short because they lacked money to make deals happen or let a purchase "ride" to continue the investigation to the point where they could get a search warrant for the supply house.

PROSECUTOR SURVEY RESULTS

Michigan prosecutors were asked a series of open-ended questions that were designed to supplement and further explore the issues mentioned by narcotics officers as well as identify additional recommendations for addressing opioid trafficking (See Appendix A). Much like the investigators, prosecutors overwhelmingly indicated that the strength of the hold of opioid addiction on individuals creates the biggest challenges for them. Prosecutors suggest that because most of the witnesses are addicts and customers of traffickers, they are difficult to locate at the time of trial, often reluctant to testify against their suppliers, and jurors view the witnesses as unbelievable. Another major concern among respondents is the ease with which individuals are able to obtain prescriptions for opioid-based medications. One prosecutor stated that she received a letter from a methadone clinic indicating that a defendant/patient was in fact entitled to possess 35 bottles of methadone. Several others suggested that doctors need to be more careful with the quantity and duration of prescriptions. Hopefully, recent law changes will address these issues.

Prosecutors also conveyed that there is a significant delay in receiving lab testing results due to a significant back log at the State Police crime lab. Many recommended increasing funding for drug testing so that results are received in a timely fashion.

A final recommendation expressed by many respondents was the need for a more holistic approach to addressing the opioid crisis. This approach would call for more cooperation and communication among all facets of the system, including medical providers, police, prosecutors, courts, and correction professionals. Several mentioned expanding treatment options such as increasing the number of drug courts, implementing alternative programs, and providing job training and educational opportunities for addicts.

LAW AND POLICY RECOMMENDATIONS

Investigators were asked what policy changes or law revisions are needed to increase the likelihood of successfully prosecuting individuals involved in opioid trafficking. Respondents had several recommendations. *The recommendation repeated most often was to modify language in Michigan's 2016 "Good Samaritan" law that exempts those seeking medical assistance for a drug overdose from prosecution for possession of illegal narcotics.* Respondents indicated that it further enables addicts because they have less fear of overdose and therefore engage in more risky behavior. Additionally, this law provides no incentive for addicts to cooperate with law enforcement officers. As was stated earlier, officers need the help of these individuals to get to major dealers. Furthermore, officers report occasions where users may have feigned overdose when caught with the drugs to avoid prosecution. While this law intends to support those suffering from incapacitation due to overdose, it has made investigating suppliers more difficult. Investigators recommend that rather than complete immunity from prosecution, alternative outcomes such as mandatory rehabilitation or educational classes be provided for those who cooperate with police.

Another often-mentioned suggestion was to create state level wiretap laws allowing monitoring of drug trafficking communication in real-time. Michigan is one of only four states in the U.S. that does not permit state and local officers to use wiretaps, which can be an effective tool for narcotics investigators. In 2017, U.S. local and state courts authorized 1,800 requests for wiretaps. Of those, 61% were used during narcotics investigations. Out of the 61%, a high 94% were used for wire transmissions such as cell phones, text messages and landline phones. The use of wiretaps resulted in 7,806 arrests in 2017.

The final recommended law change is regarding the Health Insurance Portability and Accountability Act (HIPPA). Officers suggest some exceptions to HIPPA confidentiality mandates.

Specifically, investigators state that mandatory reporting of drug overdose cases would help track the drug sources and in some cases, identify lethal batches of synthetic opioids or heroin before more users are harmed. Further recommended change to the law requested an exception for medical personnel to report suspected opioid abuse without concern for violating HIPPA regulations. Again, this would assist identification of large-scale dealers and reduce the harm this drug is causing. Because HIPPA is a federal law, change would be challenging. It is important to note, however, the likeliness of narcotics investigators across the U.S. facing these same hurdles. Given the seriousness of the national opioid problem, state leaders are encouraged to connect with the federal policy community to note these observations and this final recommendation.

CONCLUSION

Narcotics investigators in the State of Michigan have a firm grasp on the challenges they face in the battle with opioid trafficking. The recommendations and ideas shared in this survey are for consideration by policy makers who are searching for new approaches to addressing the opioid addiction epidemic and preventing related deaths. It will be helpful to those who are simply interested in learning more about opioid investigations, what works, and what opportunities exist. As such, the following is a summary of recommendations and findings:

- 1. Insist on more training for newer and more technical investigative methods.
- 2. Reduce bureaucratic inefficiencies that slow or stop investigative processes.
- 3. Better educate and monitor doctors that prescribe opioid medications.
- 4. Offer alternative incentives for those who cooperate with investigators.

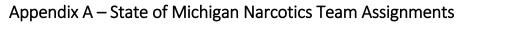
5. Revise Michigan's Naloxone distribution policy and Good Samaritan Law to address their existing, unintended consequences.

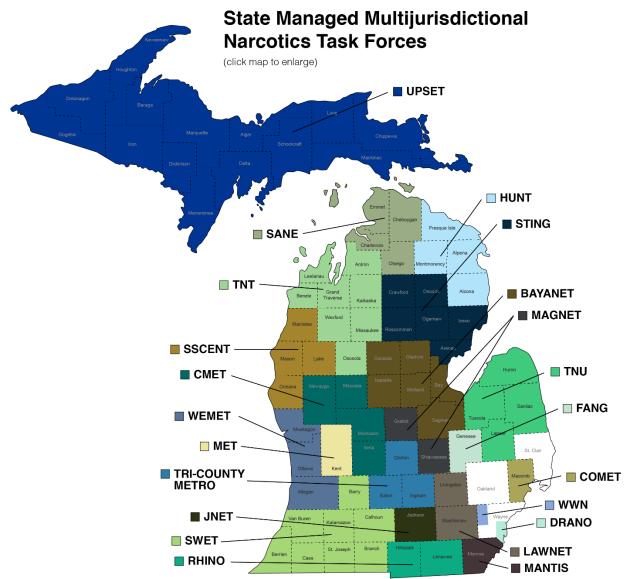
- 6. Increase resources for staffing to track opioid sources and exchanges.
- 7. Adopt wiretap legislation as an efficient tool in the fight against the opioid crisis.
- 8. Consider a more holistic approach to working with opioid addicts who assist investigations and want help.

9. Work with other states to consider advocating for HIPPA law changes relative to opioid interventions.

FINAL NOTE

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Other City Teams:

Lansing Police Department Kalamazoo Public Safety Grand Rapids Police Department Oakland County Sheriff's Department Detroit Police Department St. Clair County Sheriff's Department

Appendix B - Definitions

Undercover Operations

Police officers portray themselves as narcotics users/small time dealers and attempt to purchase quantities of narcotics from suppliers. This method is ideal because officers are dealing directly with suspects (as opposed to through informants), their interactions can be recorded and transmitted to officers who are listening in the area, and serve as credible witnesses in court proceedings.

Confidential Sources

Larger quantity dealers typically do not sell drugs to people that they do not know so it is difficult for investigators to conduct undercover operations. Officers therefore use confidential sources to purchase narcotics from the dealers. Confidential sources are procured in a few different ways. The most common is when they are arrested for a drug crime, investigators ask them if they are willing to make a controlled purchase of narcotics from their source or other larger dealer in exchange for a reduction or dismissal of their charges.

A controlled buy is set up where officers meet with the confidential source/informant, have them contact the dealer and arrange a purchase. Officers search the informant to ensure that they do not have any drugs in their possession and take the informant to the location of the purchase. Marked "buy money" is given to the informant for the purchase. Officers then send the informant to the location or meet spot, where the narcotics are purchased and immediately given to police. The informant and location of the buy is under surveillance during the entire transaction.

Informants are sometimes fitted with covert radio transmitters (wearing a wire) so that surveillance officers can hear the conversation that takes place during the transactions. Officers can request a search warrant for the residence, and if approved by a judge, the team enters the house in search of additional narcotics, drug proceeds (money or other goods purchased with drug money) and the original buy money. Another option is to take no action or "let the deal ride" and attempt to purchase progressively larger quantities on future occasions. The major disadvantage to this tactic is that most informants have had several previous negative contacts with law enforcement and therefore their credibility can come into question during court proceedings. Most informants agree to participate in a controlled buy because they are facing criminal charges and cooperation with police can result in a reduction of those charges, or they may participate in the controlled buy in exchange for money. Typically, the larger the deal they procure, the more money they can make.

REFERENCES

- Council of Economic Advisers (2017). *The underestimated cost of the opioid crisis.* Retrieved from: <u>https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf</u>
- Doleac, Jennifer L. and Mukherjee, Anita (2018). The Moral Hazard of Lifesaving Innovations: Naloxone Access, Opioid Abuse, and Crime. IZA Discussion Paper No. 11489. Available at SSRN: <u>https://ssrn.com/abstract=3170278</u>
- Florence, C., Luo, F., Xu, L., & Zhou, C. (2016). *The economic burden of prescription opioid overdose, abuse and dependence in the United States, 2013. Medical care,* 54(10), 901.
- HIDTI (2017) *Public Law 114-198* (Original Bills as Introduced in 114th Congress: S.524/H.R.953)
 https://obamawhitehouse.archives.gov/the-press-office/2016/08/17/ obamaadministration-funds-new-projects-disrupt-prescription-opioidHIDTA

Interdict Act (2017). https://www.congress.gov/bill/115th-congress/house-bill/2142/text

- LARA (2018). MICHIGAN OPIOID LAWS Frequently Asked Questions. Retrieved from. <u>https://www.michigan.gov/documents/lara/LARA DHHS Opioid Laws FAQ 05-02-</u> <u>2018 622175 7.pdf.</u>)
- LexisNexis® Risk Solutions. (2014). [Survey of Law Enforcement Personnel and Their Use of Social Media].
- MAPS (2017). *Michigan Launches New Prescription Drug Monitoring Program to Help Prevent Opioid Abuse.* Retrieved from: <u>https://www.michigan.gov/som/0,4669,7-192-29943-</u> <u>409144--,00.html</u>
- Michigan Department of Health and Human Services (2017). *MDHHSMI public health stats Narcan.* Retrieved from: <u>https://www.michigan.gov/mdhhs/0,5885,7-339-</u> 71550 2941 4871 79584 79585 79587 79591---,00.html
- Michigan Department of Health and Human Services (2018). *Prescription Drugs and Opioids in Michigan*. Retrieved from: <u>https://www.michigan.gov/mdhhs/0,5885,7-339-</u> <u>71550 2941 4871 79584---,00.html</u>

- NCS (2016) National Safety Council, *PN. Addressing America's Drug Epidemic. 2016*; Retrieved from: <u>http://www.nsc.org/RxDrugOverdoseDocuments/Prescription-Nation-2016-Amer</u>ican-Drug-Epidemic.pdf.
- NCS (2018) National Safety Council *PN. Facing America's Opioid Epidemic*. Retrieved from: <u>http://safety.nsc.org/prescription-nation-facing-americas-opioid-epidemic</u>
- Pew Research (2018) *Social Media Fact Sheet*. Retrieved from: http://www.pewinternet.org/fact-sheet/social-media.
- Rudd, Aleshire, Zibbell, and Gladden, (2016) *Increases in Drug and Opioid Overdose Deaths United States, 2000–2014* MMWR Weekly Report 2016 / 64(50);1378-82.
- State of Michigan. (2016). *Good Progress in efforts to reverse Michigan's addiction epidemic*. Retrieved from: <u>http://www.michigan.gov/snyder/0,4668,7-277--396496--,00.html</u>
- The Comprehensive Addiction and Recovery Act of 2016 (2016). Retrieved from: https://www.congress.gov/bill/114th-congress/senate-bill/524/
- Trump, D.J. (2017). Presidential Memorandum for the Heads of Executive Departments and Agencies Retrieved from: https://www.whitehouse.gov/presidentialactions/presidential-memorandum-heads-executive-departments-agencies/)
- U.S. Department of Health and Human Services. (2017). *Health Professionals Resources*. Retrieved from: <u>https://www.hhs.gov/opioids/health-professionals-resources/index.html</u>
- Vivolo-Kantor AM, Seth P, Gladden RM, and et al Centers for Disease Control. (2014). *The role of opioids in the treatment of chronic pain.* Pathways to Prevention. Retrieved from: https://prevention.nih.gov/docs/programs/p2p/ODPPainPanelStatementFinal 10-02-14.pdf
- Vivolo-Kantor AM, Seth P, Gladden RM, et al. (2017) Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017. MMWR Morb Mortal Wkly Rep 2018;67:279–285. DOI: http://dx.doi.org/10.15585/mmwr.mm6709e1 www.lexisnexis.com/investigations.
- Wiretap Report (2017). Retrieved from: http://www.uscourts.gov/statistics-reports/wiretapreport-2017

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