

Equipping Police with Naloxone Spray and Decriminalizing All Opioid Use in the U.S.: An Ethical Analysis

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Abstract: The number of police departments carrying Narcan keeps increasing at a fast pace throughout the U.S., as it is considered an effective measure to fight the opioid epidemic. However, there have been strong oppositions to the idea of the police Narcan use. Still, in 2018, the nation is debating about it. Though not clearly visible to the public, there are important ethical arguments against the police Narcan use which necessarily involve understanding of the ethical roles and responsibilities of police as the law enforcement agency and apprehension of the moral status of a non-therapeutic opioid use. The authors of the paper investigate, primarily, the existing ethical controversies surrounding the police Narcan use while touching upon the issue of the decriminalizing drug policy in the U.S. The authors conclude that the police can carry and administer Narcan without self-contradiction and that the policymakers' investigation on the drug decriminalization policy should begin with the understanding of the "common morality" of the American public, the ethical view shared and practiced by the greatest number of people.

I. INITIAL INQUIRY: INTRODUCTION

As we all know, the opioid epidemic in the U.S. is becoming an ever-increasing problem. According to the Center for Disease Control (CDC), since 1999 "overdose deaths involving opioids, including prescription opioid pain relievers and heroin, nearly quadrupled, and over the 165,000 people have died from prescription opioid overdoses."¹ To combat the epidemic, the accessibility of naloxone, a lifesaving medication that can reverse an opioid overdose, has increased over the years, and many county police departments as first respondents are currently requesting to carry the naloxone spray called Narcan. As the U.S. Surgeon General recommends,

¹ "Opioid Overdose," The Center for Disease Control and Prevention, July 6, 2017, <https://www.cdc.gov/drug-overdose/index.html>

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there are two FDA-approved naloxone products for community use including the police: Narcan and Evzio. Narcan is the most recent FDA-approved product and costs only \$132.20 for a two-pack, compared with the price of its competitor product, Evzio, \$1,863.25 per one pack.² Evzio is a device that paramedics and emergency medical professionals typically use as it is to be injected into the muscle of upper thigh or upper arm. Meanwhile, Narcan is a nasal spray which anyone can use with virtually no training to use the device.³ Thus, Narcan is the choice if the police are to get equipped with a naloxone product.

Currently, the number of police departments carrying Narcan keeps increasing at a fast pace throughout the nation.⁴ However, there have been strong oppositions to the idea of the police Narcan use. Still, in 2018, the nation is debating about it.⁵ The most visible opposition to the police Narcan use in the recent years may be the announcement made by the sheriff of Butler County, Ohio, Richard K. Jones. In his statement on July 7, 2017, the sheriff said, “[T]here’s no law that says police officers have to carry Naloxone spray. . . . Until there is, we’re not going to use it.”⁶ His response attracted public curiosity because, while many county police in the U.S. are trying to get Narcan,⁷ the funding for Narcan in his county was not an issue at all.

Though not clearly visible to the public, there are important ethical arguments against the police Narcan use which necessarily involve an understanding of the ethical roles and responsibilities of police as the law enforcement agency and apprehension of the moral status of a non-therapeutic opioid use. There has been a consensus among the American public that the police have moral obligations to actively seek and enforce civil and criminal justice instead of being passive gatekeepers of the existing socio-political system. But there is a public opinion whether the police can do the work of justice without contradicting themselves when administering Narcan to the very people the police are supposed to arrest. Given that the current drug addiction almost always involves illegal drug use, it makes the most sense for the police to be in the frontline cracking down on those using the illegal drug. Then, would this dual-role play by police be self-contradiction? Ultimately, the self-contradiction charge seems on the scene because of the existing legal status of non-therapeutic narcotic use in our society. When all drug use is decriminalized, there would be no issues whether the police Narcan use is self-contradiction or not.

A *New York Times* article published in Sep. 2017 includes a detailed report on Portugal’s success at war on opioid addiction compared with America’s war on it. Back in 2001 when both the U.S. and Portugal struggled with the illegal drug use, the U.S. went in the direction of cracking down the illegal activity by spending billions of dollars while Portugal decriminalized the use of all drugs including cocaine and heroin.⁸ Since 2001, the Portuguese government announced to consider drug addiction as a disease to be treated medically rather than as the issue of criminal justice.⁹ Today, a clear winner is Portugal. According to the 2017 report published by Portugal’s Health Ministry, it is estimated that “only about 25,000 Portuguese use heroin, down from 100,000 when the policy began.” Even among the European countries, Portugal’s drug mortality rate is the lowest, “one-tenth the rate of Britain or Denmark.”¹⁰ By contrast, the American opioid problem is getting worse.¹¹

² “Evzio, Naloxone or Naloxone spray – which option is the best?” Lowestmed, Mar. 9, 2017, <https://www.lowestmed.com/evzio-naloxone-naloxone-spray/>

³ Ibid.

⁴ North Carolina Harm Reduction Coalition (NCHRC) on its website lists the current police departments carrying Narcan. See <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>

⁵ Kevin Aherne, “Norwich to Offer Free Narcan Kits, Training Monday to Downtown Businesses,” *The Bulletin*, Dec 15, 2018, <http://www.norwichbulletin.com/news/20180721/overdose-deaths-in-norwich-rise-should-all-police-carry-naloxone-spray>

⁶ Corky Siemaszko, “Ohio Sheriff Says His Officers Won’t Carry Naloxone Spray,” *NBC News*, July 7, 2017, <http://www.nbcnews.com/storyline/americas-heroin-epidemic/ohio-sheriff-says-his-overdosing-ohioans-my-guys-have-no-n780666>

⁷ For the list that identifies sheriffs and police carrying naloxone spray by state, see NCHRC website at <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>

⁸ Nicholas Kristof, “How to Win a War on Drugs: Portugal Treats Addiction as a Disease, not a Crime,” *The New York Times*, Sep. 22, 2017, https://www.nytimes.com/2017/09/22/opinion/sunday/portugal-drug-decriminalization.html?mcubz=3&_r=0

⁹ Ibid.

¹⁰ Ibid.

¹¹ We believe it is redundant to cite the statistics. To make a note, however, there are two groups of Americans getting addicted: an older group that is overdosing on pain medicine, and a younger group overdosing on the illegal black market. (Sheila Kaplan, “C.D.C. Reports a Record Jump in Drug Overdose Deaths Last Year,” *The New York Times*, Nov. 3, 2017, <https://www.nytimes.com/2017/11/03/health/deaths-drug->

Whether the U.S. should follow in the footsteps of Portugal is up for further talks because the U.S. is different from Portugal in many ways. In this paper, we will examine, primarily, the existing ethical controversies surrounding the police Narcan use while touching upon the issue of decriminalizing all drug use in the U.S. Our position is that the police can carry and administer Narcan without contradicting themselves and that the policymakers' investigation on the drug decriminalization policy should begin with the understanding of the "common morality" of the American public, the ethical view shared and practiced by the greatest number of people.

II. THE BUTLER COUNTY SHERIFF'S STATEMENT

The Butler County sheriff presents the following reasons for his decision that his police staff will not get equipped with Narcan. First, his county police do not need to carry the naloxone spray because "Middletown [or Butler county] is a small enough city that our paramedics are usually on the scene ahead of or simultaneously with police."¹² Second, assigning the police the duty to administer Narcan on the drug-addicted people places the officers in physical danger. The sheriff says, "The police feel unsafe using this naloxone spray because they have to get down on their knees, squirt it into their nose, and the people they are saving are not happy to see them. They're angry as hell."¹³ Last, Narcan is the wrong approach for a war on opioids. "[W]e're not winning . . . [we need] stronger prevention efforts to prevent people from first using the drug."¹⁴

If the first point the sheriff makes was true, it alone would be a sufficient reason that the police Narcan use is unnecessary. However, this makes the police practically not the first respondent. Our inquiry is into whether the police Narcan use as the first respondent is justifiable. Meanwhile, it is a little doubtful that the sheriff's claim is really the case. But, without probing into truthfulness of his narrative, we bypass and move to his second point – the police are in physical danger administering naloxone spray. It is possible that certain victims at the scene may be unhappy to see the police and become confrontational. But almost all drug-addicted people found at the scene are cognitively unresponsive. Their families or friends or neighbors contact the police as they discover them unresponsive already. With the Narcan sprayed, they may feel the onset of withdrawal symptoms and become violent. However, as the police operate with proper restraining methods like handcuffing, the sheriff's safety concern for his staff is a groundless overstatement. Last, the sheriff remarks that preventing people from the first drug use should be focused on rather than equipping police with Narcan is not a proper counter-reason because the prevention effort and the police Narcan use are mutually exclusive. The former can still be promoted while the latter is allowed.

III. ARGUMENT AGAINST THE POLICE NARCAN USE

Sheriff Jones is not a scholar, so he cannot be charged for not setting forth an erudite argument to back his position. Thus, on his behalf, we lay out the following three objections which we deem argumentatively strong. The first objection is that the police are not medical personnel. Thus, the police Narcan administration may cause greater harm to the victims alongside a possible issue of legal liability. The police chief of the city of Hamilton, Ontario, Canada, holds this view as he refuses to equip his police with Narcan. In his rather detailed elaboration, the chief, Eric Girt, says, that "police are not healthcare providers. . . [so, he] prefers to leave the life-saving to paramedics."¹⁵ The police officers may use Narcan to the victims as they arrive at the scene without careful medical evaluation of the unresponsive victims. The symptoms of an opioid overdose include nausea or vomiting, extreme sleepiness,

verdosecdc.html?rref=collection%2Fsectioncollection%2Fhealth&action=click&contentCollection=health®ion=rank&module=package&version=highlights&contentPlacement=2&pgtype=sectionfront&_r=0)

¹² Siemaszko, "Ohio Sheriff Says His Officers Won't Carry Naloxone Spray."

¹³ Ibid.

¹⁴ Cleve Wootson, "Why This Ohio Sheriff Refuses to Let His Deputies Carry Naloxone Spray to Reverse Overdoses," *The Washington Post*, July 8, 2017, https://www.washingtonpost.com/news/to-your-health/wp/2017/07/08/an-ohio-countys-deputies-could-reverse-heroin-overdoses-the-sheriff-wont-let-them/?utm_term=.b04d848de515

¹⁵ Molly Hayes, "Hamilton Police Not Looking to Equip Officers with Naloxone," *The Hamilton Spectator*, March 12, 2017, <https://www.thespec.com/news-story/7186477-hamilton-police-not-looking-to-equip-officers-with-naloxone/>

confusion, and clammy skin among others. However, these symptoms are shared by those suffering from extreme hyperglycemia, hypotension, or some other type of trauma. What the patients appear to be at the scene could be completely misinterpreted by the medically untrained police, which may result in further harm or even death of the victims. Chief Gert, implying a legal liability, asserts, "If I dispense Narcan and it's not an overdose, I could be into problems. I know Narcan doesn't have [adverse] effects . . . but my point is... what if it's a stroke or something else?"¹⁶

In the same vein, the critics may add that, though Narcan restores the overdose of opioids, which blocks the signal from the brain to the lungs, its life-saving effect are only temporary. Depending on the strength of the opioids taken and the amount of Narcan administered, the overdose symptoms may return. Thus, regardless of the positive effects of Narcan, a proper medical care is required. As a result, it is best for the police not to carry the medical spray.

The second objection is that the police administering Narcan run into self-contradiction. Given that drug addiction almost always involves illegal drug use, the police as the agency of enforcing anti-narcotic law should be at the scene to disrupt the criminal activity of the illegal drug use and arrest the criminal suspects. If the police provide a medical care for them, the act is confirming that illegal drug use is not a criminal activity, which is self-contradiction regarding police activity. Also, a self-contradiction regarding role/identity can be thought of. Since our society defines the non-therapeutic drug use as ethically nefarious and thus legally enjoined, the police as the "guardian of justice" should discourage the opioid use by executing penal and criminal process. When the police assume the duties of the medical professional whose role is practicing the act of medical beneficence, the switched role-play is self-contraction in role/identity.

Last, the police Narcan use worsens the addiction problem by giving a false message to the community. The fact that the police carry and administer Narcan signals the community that drug use is legally tolerable, if not acceptable, and that the addiction is medically manageable. Due to this false sense of social acceptance about drug use and addiction created in the community, the opioid epidemic will get worsened. Therefore, police should not carry Narcan.

IV. ANALYSIS AND SUGGESTION

A. A Preliminary Statement

Before engaging in a fuller analysis of the argument above, we undertake a preliminary investigation to make the investigation intelligible. First of all, it is difficult here to invoke "informed consent for the patient" to which the police administer Narcan. In the case of overdoses, the patients facing a life-threatening situation are generally unresponsive. Siding with Thygerson, Gulli, and Krohmer who are physicians and ethicists, we argue that it should be "assumed or implied that an unresponsive victim would consent to lifesaving interventions."¹⁷ To further strengthen Thygerson and his colleagues' view, the consents discussed here cannot mean that the unresponsive patients at the scene implicitly showed informed consent to the naloxone injection because a legitimate ground or proof for the implicit consent is difficult to locate. The assumed or implied consent should be interpreted as a *consent that obtains by ethical default*. In the absence of opposition or a better alternative in the emergent situation, providing such a lifesaving treatment is ethically justifiable. Note that the consent by ethical default is a philosophical undertone for the legal immunity of healthcare workers who provide emergency care for the patients. The laws of almost all U.S. states warrant that in emergent situations clinicians are exempted from being sued or prosecuted for providing life-sustaining treatment (LST) for incompetent patients without documented advanced directives at hand. Accordingly, even if the informed-consent issue can be invoked in the case of police Narcan use, its ethical and legal significance, at best, is merely conceptual.

B. The Police as Law Enforcers, Not Medical Professionals.

Taking up the first objection above that police Narcan use causes greater harm to the victims because the police are not medical personnel, we reply as follows. Narcan is easy to use; anyone can use it by following the simple instruction, the fact of which partly

¹⁶ Ibid.

¹⁷ Alton Thygerson, Benjamin Gulli, and Jon Krohmer, *First Aid, CPR, and AED* (Sudbury, MA: Jones and Bartlett, 2007), 20-25.

prompted the U.S. Surgeon General to make the Dec. 2018 statement that Narcan use should be available to all community members including police.¹⁸ Besides, the police Narcan use is the most effective life-saving measure to the extent that it can earn the time just long enough for paramedics to arrive before it is too late. The patients at the scene get temporarily revived by the first respondent, the police, and the paramedics which typically arrive later than the police provide proper medical care for them.

Nevertheless, general medical training for the police may be needed. But given that almost all U.S. county police are already trained to perform certain basic medical procedures like CPR, it cannot be difficult for them to be trained on treating the addicted people in an emergent situation. Besides, as many police are now equipped with Narcan and more and more county police are joining in,¹⁹ the certification requirement is being in place.²⁰ In the end, the medically certified police officers will administer Narcan.

With regards to the possibility that the certified police staff may mistake the unresponsive patients suffering from other diseases for those with drug addiction, this case should be considered an occupational error that the paramedics can also make. However, due to the unique position of police officers (i.e., the police can access personal history and data as well as ask those at the scene inquisitive questions), they can better figure out the circumstances in which the unresponsive people are situated than the paramedics, thereby making the police less susceptible to the error.²¹

C. The Self-Contradiction.

Move to the second objection, we begin with an inquiry how non-therapeutic narcotic use has been viewed ethically and legally in our society. First of all, if all drug use was decriminalized in the U.S. leaving its use to the discretion of an individual citizen, the police Narcan use would not be considered a contradictory activity by the critics. Then, would it be possible for the U.S. to decriminalize all drug use? As shown above, in Portugal, the legalization of all drugs has led to successfully fight the country's opioid epidemic.²²

However, the U.S. is different from Portugal on many levels. Portugal is a country whose population is ethnobiologically and culturally homogenous. Its citizenry consists of a similar genetic makeup and shares the same cultural preferences which dictates the population's health behavior. As a result, it is relatively easy for the Portuguese government to predict the outcome of the policy designed to control the health behavior of the population. Besides, Portugal's population size is only 10.31 million (by 2017) with its relatively simple economic scale, the fact of which reduces chances for the drug decriminalization policy to be abused. However, the U.S. is an immigrant country with the population of 325.7 million (by 2017). It is heterogeneous in cultural and ethnobiological makeup and increasingly so, let alone its massive financial structure. Thus, the epidemiological and economic variables to consider are too many when it comes to the decriminalization policy, and the expected policy-impact is too great. It is possible that the policy implementation turns out to resolve America's opioid crisis. But it is also possible for the policy to result in a public-health crisis as well as economic disaster. Thus, it requires cautious, exhaustive investigations if we consider to go in the direction that legalizes all drug use.

To suggest, the initial policy-discussion must include a common-morality investigation. "Common morality" refers to the moral opinion of the citizenry as it is the ethical view shared and practiced by the greatest number of people.²³ From a cultural standpoint,

¹⁸ "Surgeon General's Advisory on Naloxone and Opioid Overdose," The U.S. Department of Health and Human Services, Dec 26, 2018, <https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>

¹⁹ See NCHRC website. <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>

¹⁹ "Lobbying on Pharmaceuticals/Health Products," Center for Responsive Politics, January 25, 2017, <https://www.opensecrets.org/lobby/indusclnt.php?id=h04&year=2016>

²⁰ Joe Pincho, "Police Departments Carrying Naloxone Spray to Save Both the Public and Police," *EMS World*, Mar. 22, 2017, <http://www.emsworld.com/news/12318404/police-departments-carrying-naloxone-spray-to-save-both-the-public-and-police>

²¹ **Many counties offer legal protection for police officers who are likely to face liability issues when administering Narcan. When a medical mistake occurs, the officers are legally protected by a legal provision similar to the Good Samaritan law.** See Chris Fleming, Tod W. Burke, and Stephen S. Owen, "Police Use of Naloxone" *Police and Security News (P&SN)*, May 15, 2018, <https://policeandsecuritynews.com/2018/05/15/2215/>

²² Kristof, "How to Win a War on Drugs"

²³ "Common morality" here can be understood either in a prescriptive or descriptive sense. See Marvin J. H. Lee, "Two Cautions for a Common Morality Debate: Investigating the Argument from Empirical Evidence through the Comparative Cultural Study Between Western Liberal Individualist Culture and East Asian Neo-Confucian Culture" in *Contemporary Issues in Bioethics*, ed. Peter A. Clark. (Rijeka, Croatia: InTech Scientific Publishers, 2012), 1.

common morality is what mirrors the ethical side of the greater society's culture.²⁴ Politically, the common-morality analysis is important because it gives the political leaders a deeper knowledge about the issue to better prepare for further discussions and because the outcome of the analysis can serve as the fundamental ethical justification for the policy.

A brief common-morality analysis we have conducted is as follows. Two competing moral views exist in the greater American culture as the nation has a polarized socio-ethical landscape alongside the political party-line. According to America's progressive morality, the drug use itself may not be immoral but how to use the drug has an ethical implication in terms of consequences, both on personal and social levels. The primary concern by the progressive-minded people is mostly about the quality-of-life aspect of the drug use. Thus, the question to ask is how we should use and control opioid to enhance our quality of life. For them, the police Narcan use is an effective way of controlling the drug use which is conducive to the quality-of-life promotion. However, they would feel uncomfortable with the drug decriminalization policy largely because of the consequentialist fear, the potentially disastrous impacts of the policy on society, as we have addressed it above.

On the other hand, conservative-minded citizens tend to focus on the deontological moral status of the non-therapeutic opioid use. For them, the opioid use is a moral evil in and of itself. Accordingly, legalizing all drugs is equivalent to a public endorsement of demoralizing the society. Thus, they are likely to be in opposition to the decriminalization policy. However, many conservatives are swinging to endorse the police Narcan use as more and more counties are currently joining to equip their police with Narcan. It is suspected that the conservatives are beginning to think that a greater evil should be avoided – the greater evil of opioid death should be avoided by condoning the lesser evil of equipping the police with Narcan.

The analysis above roughly conforms to the current statistical findings. There are no extensive surveys yet on how many Americans are in favor of the drug decriminalization law. However, media surveys say that the only drug Americans wish to legalize is marijuana.²⁵ Meanwhile, the reputable Pew Research Center 2018 report shows that about 62% of Americans are in favor of the non-therapeutic marijuana legalization.²⁶ Besides, counties and townships throughout the nation are increasingly equipping their police staff with Narcan and planning to do so, regardless of their socio-political penchants.²⁷

In short, both progressive and conservative moralities deny the possibility of the decriminalization policy. Thus, the police will continue to enforce the existing anti-narcotic law. And both tend to go in the direction of endorsing to equip the police with Narcan, which the critics may view as the demand that the police should assume the role which contradicts their self-identity as the law enforcement agency. Are Americans, then, demanding the police live with self-contradiction? Our answer is no.

First, the claimed self-contradiction in police activity is found not present when we carefully examine the actual police activities. It is true that drug addiction almost always involves illegal drug use and that the police are commissioned to crack down on those using illegal drugs. However, they can still conduct drug busts to disrupt the criminal activity of the illegal drug use and arrest the criminal suspects. With the naloxone spray, the officers can respond to the emergent medical situations to save lives while still performing the criminal investigation and collecting evidence.²⁸

However, the critics can argue that self-contradiction lies in role/identity, not specific activities, because the police cannot be viewed as the governmental agency making arrests for the drug law violation and, at the same time, officially charged with a function to provide medical care for illegal drug users. They may add that the established police duty includes performing certain medical care like CPR. But it differs from the proposed Narcan injection. Both are emergent cares, but the former is for everyone

²⁴ For how different cultures play the game of the survival of the fittest for their survival and thriving, see Marvin J. H. Lee, "Why Naming Disease Differs from Naming Illness," *AMA Journal of Ethics* 20 no. 12 (Dec. 2018): E1196-1201, doi: 10.1001/amajethics.2018.1195.

²⁵ German Lopez, "Poll: the Only Drug Americans Want to Legalize is Marijuana," *Vox*, Mar 15, 2016, <https://www.vox.com/2016/3/15/11224500/marijuana-legalization-war-on-drugs-poll>

²⁶ Hanna Hartig and Abigail Geiger, "Six in Ten Americans Support Marijuana Legalization," Pew Research Center, Oct. 8, 2018, <http://www.pewresearch.org/fact-tank/2018/10/08/americans-support-marijuana-legalization/>

²⁷ See the current list of the police departments carrying Narcan. The NCHRC website <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>

²⁸ In logic, the contrary is distinct from the contradictory. The police are contradicting themselves if they arrest Illegal Drug User/Group A but not doing so for Illegal Drug User/Group B given all conditions being the same or highly similar. But if the police are arresting A but injecting Narcan on B, thinking that they should arrest B later when B is not in a dire medical condition, the police are performing two contrary acts (i.e., enforcing the drug law and providing care) without contradicting themselves.

while the latter is the care specifically offered to the criminal suspects, namely, illegal drug users. It should be noted that the care provider's role is to offer medical care to anyone regardless of criminal suspicion. Thus, the role/identity of the police, the critics say, is contradicted when the police are officially commissioned to arrest and, at the same time, provide the care for the illegal drug users.

In reply, the problem of the alleged contradiction in police role/identity is nominal if it exists only conceptually. In other words, most people would not mind if the police contradicted themselves by betraying the ideal role that the police are supposed to play because we are not living in an ideal world. The alleged contradiction becomes a serious matter only if associated with some nefarious consequences. The possible dreadful ramification might be that the contradictory role-play by the police will confuse the local community in the way of signaling that the law enforcers do not take the violation of the anti-drug law as a serious offense. In other words, the police are sending the false message to the community that illegal drug use is legally tolerable, if not acceptable, and that drug addiction is medically manageable. In the end, this view overlaps the last objection, which makes us turn to our reply to the last objection below.

D. The Projection of a False Message that Promotes Drug Addiction.

The last objection is that the police Narcan use is sending to the community a false message of social acceptance about drug use which will eventually worsen the current opioid epidemic. As addressed above, the contended cause for the nefarious consequence can be the perceived confusion by the community that the police are committing self-contradiction in role/identity, i.e., acting simultaneously as law enforcers and care providers for illegal drug users.

Whether this projection is true or false is empirically hard to figure because it is difficult to obtain accurate data about it and to verify its validity even when the data obtains. Thus, any robust surveys are unlikely to happen. However, it is strange to believe that ordinary people in our society would consider the police Narcan administration as a green light to the illegal narcotic use which leads to addiction. We all know that drug addiction is virtually impossible to overcome without professional help and that the success rate for drug rehabilitation is not high. E.g., 60% of those who enter the rehab relapse with increased amounts of opioid overdoses.²⁹ Thus, it is reasonable to conclude that there is no causal association between the alleged self-contradiction in police role/identity and the changed perception of the community about opioid use and addiction. If true, the contradiction in the police role/identity is merely conceptual.

But the question remains if the conceptual contradiction exists. We argue that it does not. There is no doubt that the prescribed role of police is to enforce laws. However, how the police can best serve the society as law enforcers is determined by a particular context in which the society is situated. The drug abuse in the U.S. is so heinous that it is lowering America's average life expectancy.³⁰ In the midst of the unprecedented opioid epidemic, the assumption of the paramedics' duty by police, will be an exceptional, complementary role. When an exception is made, the principle is intact. Therefore, the police are not contradicting themselves both in conceptual and consequentialist manners. Therefore, the police Narcan use should be taken as an emergent complementary role that our society prescribes to the police.

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²⁹ "Preventing Drug and Alcohol Relapse Through Healthy Living for You and Your Loved Ones," Recovery.org, May 23, 2016, <http://www.recovery.org/topics/preventing-drug-and-alcohol-relapse-through-healthy-living-for-you-and-your-loved-ones/>

³⁰ Amanda Erickson, "Opioid Abuse in the U.S. Is So Bad It's Lowering Life Expectancy. Why?" *Washington Post*, December 28, 2017, https://www.washingtonpost.com/news/worldviews/wp/2017/12/28/opioid-abuse-in-america-is-so-bad-its-lowering-our-life-expectancy-why-hasnt-the-epidemic-hit-other-countries/?noredirect=on&utm_term=.b4eb12ebc0a1

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