

Respondent(s): Glenn Sterner, Steve Forzato
Interviewer(s): Michael Donovan
Date: 12/17/2018

DONOVAN: IN THIS EPISODE OF THE EVIDENCE-TO-IMPACT PODCAST, I'LL BE TALKING WITH DR. GLENN STERNER, ASSISTANT PROFESSOR OF CRIMINAL JUSTICE AT PENN STATE ABINGTON, AS WELL AS MR. STEVE FORZATO, DEPUTY CHIEF OF STATEWIDE DRUG INITIATIVES IN THE PENNSYLVANIA OFFICE OF THE ATTORNEY GENERAL. THANK YOU BOTH SO MUCH FOR JOINING ME TODAY TO TALK ABOUT SOME VERY, VERY IMPORTANT TOPICS. IF I COULD, JUST FOR OUR LISTENING AUDIENCE, HAVE YOU GIVE YOURSELVES A LITTLE INTRODUCTION AND SOME OF YOUR BACKGROUND. GLENN, IF YOU WANNA START OFF?

Sterner: Yeah, not a problem, Michael. Thank you so much for having us here today. I think that the work that you're doing to bring science to policy even out into practice is really important so that we can share these stories in ways that make the most sense so that they have the largest amount of impact. As you mentioned, I'm Glenn Sterner. I'm assistant professor of criminal justice at our Abington campus for Penn State University.

Most of my work and focus is on, essentially, the networks of illicit behavior. What I do is I help to understand things like human sex trafficking, drug trafficking, but also some of the more social science related issues attached to things like stigma, as well as people getting access to illicit substances. My work is really varied around the criminal justice realm, but it really has these huge policy implications around substance use disorders, as well as how people are getting access to these substances

DONOVAN: THAT'S GREAT. THANK YOU, GLENN. STEVE, IF YOU COULD, JUST GIVE US A QUICK RUNDOWN ON YOUR ROLE WITH THE ATTORNEY GENERAL'S OFFICE AND SOME OF YOUR BACKGROUND HERE.

Forzato: Sure. Michael and Glenn, greetings from Harrisburg, my office here in Strawberry Square. I am a member of the executive team for the Pennsylvania Office of Attorney General. The Attorney General, Josh Shapiro, created a position, really, based upon the evidence that the drug overdose issue was becoming an epidemic, and that position is deputy chief of statewide drug initiatives. My role is to try to come up with new initiatives based on research, what we need to do differently in law enforcement. You see, I graduated from Penn State University in 1986, and my dream job after graduating was to become a Montgomery County Detective to work for the district attorney in southeastern Pennsylvania, Montgomery County. I was 21 years old. I wanted to be an undercover detective and have an adventurous career. Eventually, that's exactly what I got. I spent 31 years in Montgomery County, working undercover narcotics, had my hand in some other types of cases as well, but pretty much, my entire career was centered on the drug issues plaguing that county. I expanded my jurisdiction quite a bit. Now, as a statewide deputy chief for the AG's office, I now oversee 67 counties instead of just the one, and I really do get a good idea of the pulse of drug

enforcement and the trends that are occurring within drug overdoses and the drug crisis facing us today.

DONOVAN: EXCELLENT. THANK YOU SO MUCH, AND THANK YOU FOR YOUR SERVICE AS WELL. REMARKABLE CAREER YOU'VE HAD. I WANNA TALK, TODAY, ABOUT—THERE'S SO MANY TOPICS THAT CAN PERMEATE THROUGHOUT THE OPIOID DISCUSSION, BUT PENNSYLVANIA IS REMARKABLY HARD HIT BY THIS RAVAGING EPIDEMIC. I WANNA TALK, TODAY—LIFT UP SOME OF GLENN'S PREVIOUS WORK IN PARTICULAR—AROUND THE ISSUE OF STIGMA AND SUBSTANCE ABUSE AND OPIOID USE DISORDER. GLENN, DO YOU WANNA JUST GIVE US A RUNDOWN on SHARE YOUR OPIOID STORY AND THE GENESIS OF THAT REMARKABLE PROJECT?

Sterner: Yeah, I'm happy to talk about that. Share Your Opioid Story is an initiative that's led by Penn State out of my office here at Penn State Abington, and the whole point of this is to help us to reduce some of the stigma around substance use disorder more broadly, but really, specifically, opioid use disorder. The whole reason that we started this was because of a conversation that I had with a mom of Penn State alum who is really heavy into his opioid use disorder.

This person got involved in the criminal justice system, I believe is, now, still incarcerated, and this mom really didn't know who to talk about this. She couldn't talk about it with her family because she was feeling discrimination there. She couldn't talk about it with her friends because she still felt a little awkward having these conversations around this issue with people in her community because she didn't want them to think poorly of her son and their family.

From that conversation, I realized that, if we really wanna tackle this issue and be able to open up this conversation about what the opioid crisis is, we really had to go to the center of it. We had to talk about how this epidemic was affecting people right on the ground, from those people who were in their active use, so people who were currently struggling with a substance use disorder—specifically, opioid use disorder—or if they were dealing with multiple use issues, to the family member who might be supporting them, to the people who are affected by this out in the community, whether that's people who are losing loved ones or supporting loved ones or people like Steve who are actually working on this issue. It might be dealing with individuals on the whole spectrum of this.

In order for us to really think about how it is that we can address the issue of stigma, we really have to, first of all, just sit down and talk about what's really going on. That's what we did here. Over the course of the past year, I've sat down with over, I think, nearly 50 people. Sat down, chatted with them, from people who, like I said before, have lost a loved one, all the way to people who are, thankfully, now in recovery. It's been a really life changing experience for me. Luckily, we've had the ability to capture all of these stories. If you go to shareyouropioidstory.com, you can see there all of these stories that we've collected.

Thankfully, we have really great partners in the department of drug and alcohol programs and the Independence Blue Cross Foundation who have both supported this initiative and signed on as people who believe in the necessity of addressing the concept of stigma more broadly. Through our efforts, we've also taken this out into community conversations this past summer over by the Philadelphia region. What's really great is that the Wolf Administration has signed on to this, and we are now working on this across the Commonwealth, taking these conversations into communities all across the entire state starting in February.

Our locations are to be announced. We're trying to finally settle on a couple of these, but for the most part, we're taking this statewide. The goal here is to help us to really think about what we mean when we say the word stigma, what it is that we think about when we hear about people are struggling from opioid use disorders and addiction, more broadly, and then thinking about how it is that we can address those in our communities but also personally. How do we take those first steps?

DONOVAN: THAT'S GREAT. THAT'S SO GREAT, GLENN. I WAS HAPPY TO BE IN ATTENDANCE AT THE SHARE YOUR OPIOID STORY CONFERENCE IN PHILADELPHIA, AND IT'S REALLY PRETTY REMARKABLE WORK, VERY POWERFUL. I ALSO HAVE BEEN REALLY IMPRESSED BY THE INTERSECTION OF ALL THE RESOURCES AND OPTIONS AT THE TABLE TO SUPPORT THIS, SO THE INTEGRATION OF EFFORTS FROM THE ACADEMIC CIRCLE, WITH GOVERNMENT, AS WELL AS FROM DDAP AND THE AG'S OFFICE, AS WELL AS THE CORPORATE INFLUX OF SUPPORT AS WELL. IT'S BEEN A REMARKABLE ROLLER COASTER, I THINK, FOR YOU, PROBABLY. QUITE A BIT OF EFFORT HAS GONE INTO IT. I'M REALLY HAPPY FOR A SUCCESS.

I THINK ONE THING, GETTING TO STEVE'S MANDATE FROM AG SHAPIRO TO BE CREATIVE ABOUT EFFORTS ACROSS THE STATE IN MITIGATING THIS REMARKABLE PROBLEM, NOT JUST IN OPIOIDS BUT IN SUBSTANCE USE AND DISORDER. IT'S INTERESTING TO THINK ABOUT HOW IS A NEW APPROACH. IT'S A UNIQUE QUALITATIVE PERSPECTIVE AS WELL THAT, I THINK, REALLY CHARACTERIZES AND HUMANIZES THE PROBLEM. HAVE YOU FOUND SUCCESS IN GOVERNMENT, STEVE, FROM THIS? THIS HAS BEEN WELCOMED WITH OPEN ARMS, AS I UNDERSTAND IT, PRETTY WELL.

Forzato: It has. When the attorney general took office in January of '17, we took the pulse of law enforcement, statewide. Was your average policeman—were they looking at drug addiction as a disease, or were they stuck in that mindset that these people are addicts and—forgive the word, junkies, but that's exactly what I heard as I traveled the state. People that were overdosing, there were some police officers and, certainly, some police chiefs that were not really interested in looking at how someone fatally overdosed from a drug, and, essentially, the idea that somebody sticks a needle in their arm, it's their own fault that they die.

Clearly, that's something. We need to change that stigma about people that suffer from substance use disorder, opioid use disorder. We took the pulse. I'll keep private our private feelings about it, but we knew that there was work that had to be done, Glenn and Michael, to convince law enforcement that, by not looking at addiction as a disease, we've—collectively, we're not gonna get to where we wanna be. The number that all law enforcement and all public health, all government will be looked at and judged on is the number of fatal drug overdoses. Clearly, those statistics show what great danger our loved ones, our families, our neighbors are in with the numbers of deaths.

For example, the latest stats from 2017 are more than 5,400 people died from drug overdoses. Michael, as far as research and the great work that Penn State is doing in that regard, law enforcement really has to look at good research in order to decide what initiatives to take on. For example, of the 5,400 drug overdoses last year in Pennsylvania, more than two-thirds of them are from opioids, in one fashion or another. In other words, the synthetic fentanyl from China and from Mexico, the heroin, which is mainly sourced out of Mexico, and then the prescription opioids, the pills. Any law enforcement initiative, for example, in the AG's office, they have become our priorities. That's a big deal.

Intelligence led investigations is something that's new. Looking at research and then decided what our priorities are is something sort of new in a lot of law enforcement circles. In the past—and I've done drug work, as I said, since the 1980s—we were led around by our informants. Our informants were our bosses. Those people that wanted help on the legal side of things or that were paid informants, they took us to drug dealers that they knew. Well, that's not acceptable anymore because, if we arrest someone for a small amount of cocaine, and they wanna give up their cocaine source, we need to ask them, "Okay, thank you very much for your promise to assist us on this cocaine case, but can you please tell me, where do we get fentanyl in this town?" It's just something new. Does that make sense? In other words, we need to target the dealers whose drugs are really killing people.

DONOVAN: THAT'S RIGHT.

Forzato: We don't overlook any complaint we get. We don't overlook other drugs because, sometimes, the neighborhood pot dealer, the one that's confronting people's children and saying, "Come on, let me sell you a bag of pot—," we have to address that because it's quality of life in that community, however, our priority cases are the dealers whose drugs are killing.

DONOVAN: SURE, SURE, ABSOLUTELY, AND THAT'S THE INTERSECTION OF THE CRIMINAL JUSTICE SYSTEM AND A PUBLIC HEALTH DISASTER, REALLY, TRYING TO BE RESPONSIVE TO THE NEEDS OF THE POPULATION.

GOIN' BACK TO GLENN'S WORK WITH THE SHARE YOUR OPIOID STORY PIECE, NO MATTER WHAT REMARKABLE PREVENTION, INTERVENTION PROGRAMS THAT THE STATE AND THE FEDERAL SYSTEM AND A VARIETY OF PRIVATE

SYSTEMS COULD DREAM UP, IF WE'RE NOT HAVING THOSE WHO ARE SUFFERING OF THESE DISORDERS ACTUALLY TAKING PART IN THEM BECAUSE OF SHAME AND A VARIETY OF OTHER COMPLICATED EMOTIONS THAT BRING INTO THIS, THEN THIS RESOURCE IS GOING TO WASTE. HAVE YOU SEEN, GLENN, FROM YOUR EXPERIENCE, A REAL OPENING UP OF BREAKING DOWN SOME OF THESE WALLS BETWEEN PEOPLE?

Sterner: I think that we have a long way to go, in this regard. Unfortunately, I do see that people still feel this shame, but over the past year where I have had the chance to talk with people from across the state, I will say this: There has been an understanding that we do need to talk about this more broadly, perhaps more than we have before. Think about the conversation that we're having right here with Steve and the work that you're doing out there in communities with law enforcement officials. When we were in—roughly two, three years ago, when we were thinking about deploying Narcan as an option just to save people who are overdosing, Steve, you know that this was a hard sell for some of these law enforcement officials, right?

Forzato: Yeah, it's correct, yeah.

Sterner: Through your efforts and through the work of the AG, as well as through some of our other colleagues—the state police—and other areas, we've been able to open up conversations even within criminal justice agencies that might've been more hesitant to see this as a public health issue, and they have started—essentially, all of our jurisdictions across the Commonwealth now carry Narcan. That's a big deal, right?

Forzato: Yeah.

DONOVAN: ABSOLUTELY.

Sterner: To be able to say that we have this group of people that really do care about saving people's lives. Now, we can start to have that conversation about, what happens when they have to save the person over and over attached to some of the stigma that might be posing around that concept. For the most part, what we are seeing is that people are recognizing that we do wanna see less people dying and that this is an all-hands on deck. Whatever it is that it's going to take, we're going to work on this together, and I think that that's really evident in some of the work that you're doing, Steve, but also in some of the conversations that I'm having with folks, from those who are serving people who are with an active use disorder all the way to the people who are moving into recovery, thankfully.

DONOVAN: SURE. I'M ALWAYS STRUCK BY, ESPECIALLY, IN SUCH A REMARKABLY PERVASIVE AND COMPLEX PROBLEM SUCH AS THIS EPIDEMIC AND SUBSTANCE USE, IN GENERAL, HOW THESE ARE ALL INTERCONNECTING SYSTEMS. YOU GUYS ARE REFERENCING, HERE, THE EVOLUTION OF PERSPECTIVES TOWARDS THE USE OF NARCAN. NOW, WE HAVE THE

SECRETARY OF HEALTH WITH A STANDING ORDER FOR NARCAN TO ANY PENNSYLVANIAN IN PHARMACIES ACROSS THE STATE.

THERE'S CLEARLY EFFORTS THAT STEP OUT OF CRIMINAL JUSTICE SPACE. THEY STEP INTO HUMAN SERVICES AND HEALTH DEPARTMENTS. THE ALL-HANDS ON DECK APPROACH IS VERY INTERESTING. STEVE, HAVE YOU SEEN—I KNOW THAT GOVERNOR WOLF HAS REALLY EMBRACED A COMMONWEALTH-WIDE APPROACH. CAN YOU SPEAK TO SOME OF YOUR INTERSECTIONS WITH OTHER STATE AGENCIES AND DEPARTMENTS?

Forzato: Absolutely. The attorney general's office and me, in particular—I meet with our public health counterparts quite often, at least once a month. In fact, I spent three days out in Cleveland with a group of people from our public health side in Pennsylvania, joined with both public health and law enforcement officials from around the nation for an opioid conference. It is a complete collaboration between the attorney general's office and the governor here in Pennsylvania. We represent the law enforcement side of things, but we sit at the table with public health people. We talk about naloxone. We talk about medication assisted treatment—all of these things that are designed to, certainly, reduce the fatal drug overdoses but also get people into treatment and recovery. Yeah, Pennsylvania is fortunate in that regard.

Nobody's fighting Glenn. Everybody's getting along. We encourage one another to go out and try new initiatives to—we talk about things like the cause of this entire crisis, the opioid addiction, and that would be the pharmaceutical medicines, the opioids that people were prescribed for chronic pain. When we talk about those things, we decided to really put an emphasis on diversion. We just felt like there was a huge amount of over-prescribing nationally and, certainly, in Pennsylvania. We put greater law enforcement on diversion because, again, it made sense.

The research showed people were getting addicted, using heroin and fentanyl, for example, because of their exposure to opioid prescription drugs. Penn State should be very happy. Everything in law enforcement that's progressive is really based on research and studies. Certainly, we could talk about evidence-based initiatives. We want to make sure we study what we do to make sure it's reaching the goals that we want. It's very important.

DONOVAN: ONE THING THAT VERY MUCH EXCITES ME—I KNOW IT EXCITES GLENN AS WELL—IS HOW WE CAN BETTER UTILIZE THE ACADEMIC COMMUNITY, SOCIAL SCIENCE, AND DATA-DRIVEN APPROACHES TO REALLY SUPPORT PRACTITIONERS LIKE YOURSELF AND GOVERNMENT AT LARGE. IT'S REALLY REMARKABLE TO SEE PARTNERS WITH THIS EXPERIMENTAL MINDSET, WHERE THEY'RE WILLING TO TAKE SOME RISKS ON APPROACHES THAT MAY BE NOT THE STANDARD IN THEIR FIELD.

I THINK THAT SEEING THIS EVOLUTION OF MINDSETS HAS BEEN REALLY, REALLY IMPRESSIVE, AND I THINK THE CRIMINAL JUSTICE SYSTEM HAS BEEN

DOING A VERY GOOD JOB WITH THAT. OF COURSE, THE CRIMINAL JUSTICE SYSTEM IN PENNSYLVANIA, JUST LIKE IN MANY STATES, IS QUITE FRACTURED, AND WE HAVE LOTS OF PLAYERS. AGAIN, AS YOU MENTIONED, HOPEFULLY EVERYBODY'S PLAYING NICE IN THE SANDBOX.

I WANTED TO TALK ABOUT THAT, HOW TO LIFT UP—BETTER UTILIZE SOCIAL SCIENCE AND SOME OF THE SOCIAL SCIENCE METRICS AND DATA THAT GLENN USES IN MUCH OF HIS WORK IN CRIMINOLOGY AND SOCIOLOGY TO BETTER SUPPORT GOVERNMENT MISSIONS. THE SHARE YOUR OPIOID STORY IS A UNIQUE APPROACH HERE IN THAT IT'S EFFECTIVELY HUMANIZING QUALITATIVE CASE STUDIES. I DON'T KNOW, GLENN, IF YOU WANNA TALK A LITTLE BIT MORE ABOUT WHAT INTERESTING DATA SETS THERE ARE ACROSS THE STATE THAT HAS SOME POTENTIAL FOR OPENING UP SOME DOORS HERE.

Sterner: Yeah, well, so I think that there's lots of different opportunities here, and Steve's been really incredible as a partner in all of this because he, essentially, has an open-door policy for the work that we're tryin' to conduct with him. It's been really nice to see that the AG's office is so willing to say, "Hey, look, come in here. Let's work on these innovative projects, but also, let's make sure that we are evaluating them so that we're not just doing things to do things." They've taken a really excellent approach to that aspect as well. There's lots of different data from the researcher perspective that has the potential for influencing policy and decision-making policies.

One of the key data sets that I think is really important is—I've mentioned this before—where naloxone is being administered, the Pennsylvania State Police has just now pulled together a more comprehensive system for allowing us to understand where this is being deployed. We now have—I believe it's through the Pennsylvania Department of Drug and Alcohol Program and Department of Health. They have dashboards, now, that are available for us to get us better access, I should say, to key data sets that will allow us to combine some of the law enforcement data all the way to some of the public health data. When we start to be able to understand the confluence of these data sets and where it is that we are seeing, whether that is a arrest patterns or distribution of naloxone patterns or a whole host of different patterning, we can then start to understand where we need to deploy resources more appropriately, and that's a lot of what we're tryin' to do. Let's evaluate some of the practice that we're doing, making sure that the programs that we're developing as well as implementing in our communities are actually having an impact, utilizing some of these administrative data sets, but also, let's take a look at just the data itself and find ways that we could potentially develop more programs that might be more effective at addressing some of these key conceptual issues of both public health, as well as crime and issues of criminology.

DONOVAN: THAT'S GREAT TO HEAR. YEAH, THERE REALLY IS REMARKABLE WEALTH OF DATA OUT THERE, AND IT'S REALLY TRYIN' TO CONNECT THE DOTS TO SHOWCASE WHAT IS VALUABLE AND WHAT'S USEABLE, REALLY, FOR

GOVERNMENT APPROACHES. GLENN, I KNOW THAT WE'VE TALKED ABOUT THIS BEFORE, BUT ONE THING THAT'S REALLY CRUCIAL ABOUT THE INTERSECTION OF GOVERNMENT AND ACADEMIC EFFORTS IN A LOT OF DIFFERENT ISSUE AREAS AND DOMAINS IS A DISCUSSION OF THE TIMELINE. I'M SURE STEVE CAN ACCOUNT TO THIS.

IN MY ALMOST DECADE IN FEDERAL GOVERNMENT SERVICE, WE NEED INFORMATION YESTERDAY, AND THE TIMELINE IS OFTEN VERY, VERY SHORT AND COMPRESSED AND REACTIVE. IT'S NOT ALWAYS THE OPPORTUNITY TO CRAFT RESEARCH QUESTIONS AND PLAN IN ADVANCE. GLENN AND STEVE, YOUR OPINIONS ON THAT—I WANNA SEE HOW WE CAN BRAINSTORM EFFORTS TO REALLY BRING OURSELVES CLOSER TO THE SAME TIMELINE, RIGHT?

Forzato: I agree, I agree. We need to be very nimble in law enforcement, and we need to know what the trends are, what the best policies, best practices are because, as you know, Michael, from your time in the federal government, steering that big ship, it takes time and effort to turn it in a new direction. It's the data, the research that gives us the power to change the way we're doing things. In the old days, we just tackled every drug problem by increasing the numbers of arrest. We know we can't arrest our way outta this crisis. We realize that by looking at the data, looking at the research, just the fact that we make more drug arrests does not mean less Pennsylvanians will die from this epidemic.

Steering that large ship of law enforcement requires a lotta thought and a lotta research because, when you take the steps to move it in a different direction, you have to have the data to back it up or at least to prove that you've reached your goal. I remember the days with DEA, for example, being a large ship. It was very difficult for them when they saw cocaine on the rise, and then it peaked out, and then, all of a sudden, methamphetamine started infecting the country back in the late '80s, early '90s. They had to steer that big DEA ship, those thousands of agents and administrators, and get them refocused, in most regions, to fight the meth epidemic. Police commanders that are progressive, they go back to school like I did. I got my master's degree in 2016. You at Penn State, the academic field will have great influence on future police commanders, through their master's programs, to introduce law enforcement commanders to research, to statistics. Really, that's how we need to make decisions. When it comes to the investment of time and effort and money in making changes to our efforts in law enforcement, there's not an unlimited supply of money. We need to really think through and, hopefully, back it up with statistics on what we're doing.

DONOVAN: THAT'S RIGHT. THEN THE OTHER SIDE OF THE COIN THERE—AND I'LL ASK GLENN TO RESPOND TO THIS—YOUR RESPONSIBILITY IS TO BALANCE ACADEMIC RIGOR AND SOME OF THE CRUCIAL FOUNDATIONS OF THE ACADEMY, LIKE PEER REVIEW AND HOW WE MOVE FORWARD SCIENCE. I'M NOT SAYIN' WE HAVE A SOLUTION FOR IT. I JUST WANNA MAKE SURE WE'RE

CRITICALLY THINKING ABOUT HOW TO MAKE THIS TIMELINE TIGHTER SO WE'RE MORE RESPONSIVE TO THE NEEDS, AS STEVE KNOWS.

Sternner: Yeah, and I think that a lotta this is from the very ground up. When we start developing these new initiatives that we think that could be effective in our communities, from the practitioner side of things, one way to make that happen quicker is to involve an academic partner from the very beginning. Here's a really great example: Steve and I have been working with our colleagues, Janet Welsh and Derek Creager, to evaluate some of the effectiveness around drug take-back boxes. Are these actually having an impact on our communities, reducing supplies? What are people actually putting in these boxes? Through some of the work that we're tryin' to do, we've been able to pull some pilot data around this and get some indications that, likely, what we are seeing is, yeah, we are pulling prescription opioid pain killers from the market and reducing the availability for diversion through these types of initiatives.

Through that pilot data, we are now able to expand this and do a much more scientific study that would allow us to comprehensively evaluate this practice. By having Steve there, by have the Department of Drug and Alcohol Programs invite us in as partners and increasing our availability to get out into the communities to do this work, we're able to turn these research questions into actual answers that will be both for the academy—so, how it is that we can advance science—but also making sure that we're developing them in conjunction with practitioners to reach conclusions that will actually impact their practices and policies.

Another really good example is the relationship that I've been able to forge with the Pennsylvania State Police on this topic of drug trafficking. We are now working with them, thankfully, through some support from the federal government, through the National Institute of Justice, on examining this very key issue of how substances are being moved in and around the geography of parts of our Commonwealth. From that initial conversation, we've now been able to develop something that is more practitioner-oriented. It's not just for science, not just for answering a question, but how is it that we can take what we're learning from that project and turn it into something that is going to actually impact Pennsylvanians? We've been able to successfully pull together a grant from the Department of Justice—the Bureau of Justice Assistance, where we've been successful in developing a grant to do exactly that through what is being called the Triad Program. Now, this is just in its infancy, but we'll be there from the very ground-up. We can help them evaluate, along with the way that they are developing this project so that we can make sure that we have rapid response to some of the questions that they have, but also making sure that we are answering questions that will hopefully advance science and our understanding of crime and crime patterns across not just our Commonwealth but, hopefully, across the nation.

DONOVAN: THAT'S GREAT. YEAH, I THINK IT REALLY SHOWCASES THE—WITH CLOSE COOPERATION FROM GROUND FLOOR ENTRANCE TO SOME OF THESE DISCUSSIONS, THERE IS A WAY TO INCENTIVIZE PRACTITIONERS AND ACADEMICS IN A WAY THAT THEIR GOALS ALIGN. SCIENCE IS BEING MOVED

FORWARD. AT THE SAME TIME, BEIN' RESPONSIVE TO THE NEEDS OF PRACTITIONERS AND GOVERNMENT—ANOTHER POINT THAT I THINK— ESPECIALLY IN REFERENCE TO THE DDAP WORK AND THE TAKE-BACK PROGRAMS, THERE'S REALLY GREAT POTENTIAL JUST FOR INFORMING INSTITUTIONAL PROCESSES, STREAMLINING THINGS TO ENSURE THESE PROGRAMS EVEN ARE MORE EFFECTIVE, RIGHT?

Sterner: Agreed.

DONOVAN: THERE'S A REMARKABLE AMOUNT OF VALUE TO HAVING AN EXTERNAL EVALUATOR.

Forzato: Correct.

Forzato: Yeah. If I might add, in Pennsylvania, there are, as of today, 811 drug take-back boxes located within police departments throughout Pennsylvania. Then, of course, there's additional ones that pharmacies are beginning to install. The big question that Glenn and I had is, well, what are people putting in those boxes? Is it aspirin that's expired? Is it non-opioid medications? Other than anecdotally, law enforcement—we collect the stuff outta the boxes, so we kinda get an idea what's in there, but no one has ever researched, before, what exactly is being put in there.

Forzato: Exactly, exactly. Also, the effect upon the public, raising the awareness of the issue, and I think there's some impact in that. When a local police department that had very little contact with its community, other than making arrests or traffic violations— when they have a box installed in their police department and the public comes in because they keep putting it out on their Facebook and letting the local media know, “Hey, we have this box. We care about the problem,” there's a positive effect within the community. It raises the participant's awareness of drugs as an issue, of opioids as an issue. It would be interesting to study. Where did that go? Did they learn more about drug addiction because police have put these boxes in their police departments? To me, it's a fascinating new initiative. It's taken years to get these boxes in, but somebody needed to study it because it's a great effort. To get policies for this, to make sure the boxes are secure, the cleaning the boxes out and getting those drugs destroyed, that's a whole labor-intensive process. Glenn's research is very, very important. Police chiefs across our state will look at this research and determine themselves, is this a valuable program?

DONOVAN: RIGHT, AND TO ENSURE THAT THE YEARS OF EFFORT PUT INTO DEPLOYING SUCH A PROGRAM OR REALLY MAXIMIZING THE UTILIZATION, RIGHT?

Forzato: Correct. That's right.

DONOVAN: WITH THAT, I'D LIKE TO BRING THIS EPISODE TO A CLOSE. THANK YOU BOTH SO MUCH FOR YOUR REMARKABLE INSIGHTS. I WANTED TO GIVE

YOU BOTH THE OPPORTUNITY TO PROVIDE ANY CLOSING THOUGHTS AND ANY PERSPECTIVES ON LEVERAGING SOCIAL SCIENCE TO SUPPORT CRIMINAL JUSTICE MISSION.

Sterner: Yeah, I'm happy to start this off. We've talked a lot about these different projects that we're all engaged in, whether that's the Share Your Opioid Story Initiative around addressing stigma to looking at some of the research around drug take-back box initiatives. All of these are—we see these as separate initiatives, but really, they're incredibly interrelated. Stigma has an effect on if people are actually going to drop these substances off at these events. You don't wanna be seen as somebody who might be a pill pusher or somebody who's even taking opioids at this point because there's a negative stigma around people who are even prescribed these substances. How is it that we can utilize these various projects to ensure that we are maximizing our impact?

I think that, thankfully, we have incredible partners in the attorney general's office but also in the state police, across other areas in our criminal justice realm that we have the ability to take what's going on in these individual projects, think about how it is that it can actually impact policy and programmatic development, as well as implementation, and then taking that and making sure that we are evaluating and researching so that we can address it and start that cycle over again either to implement change, implement something different, or develop an opportunity to expand. The more that we connect from the research side of things to the practical application to the policy side of things, we can actually make a huge difference in our communities across the Commonwealth, but also making sure that we're going right down to the actual individual who's affected by this epidemic currently, but also any emerging threats that might occur in the future.

DONOVAN: THAT'S GREAT. THANK YOU. STEVEN, ANY CLOSING THOUGHTS HERE?

Forzato: Sure. I like to share some of my insights, perhaps, where our academic friends and colleagues want to know, what is law enforcement thinking about doing? What are we thinking about investing our time and efforts in? Because I think that will help you and your colleagues, your students learn about what research we want and we need. As stigma gets reduced around the United States, and certainly Pennsylvania, not only among those that are suffering from addiction but also their family members, the public, and law enforcement, law enforcement has a greater interest in getting people into treatment. It's a lot better if somebody can get in recovery and not be using illegal drugs. It's a lot better for public safety. Our burglaries will be reduced. Our car thefts or thefts outta vehicles, retail thefts—all those crimes attributed to drug addiction, the need for the opioids, we can reduce them.

As far as research, law enforcement assisted diversion is a very important model that we are trying, in the attorney general's office, to support throughout all of our police agencies. Having police introduce people into treatment is something that we think is a positive thing, and we want that studied. We want to see how treatment is going and see, what are the best treatment models? Because, when we refer someone to

treatment, we wanna make sure it works, that it has a good payback for all the time and effort that we take in putting people and getting people into treatment. I really enjoy the research surrounding drug courts and the other alternative diversionary courts. Those are important things that we study at the command level to make sure things are working as we hoped. Additionally, there's some great stuff going on out there with taking a look at each and every unfortunate fatal drug overdose and finding out, were there opportunities missed? Not only just by the person himself or herself but, perhaps, by family, by local government, by police, by the courts, by jails and prisons? Were there opportunities? Were there intersections between that person who eventually overdosed fatally and public health or government?

These fatal overdose reviews is something that we find very interesting because the places that do this, they learn which services could've been rendered a little bit better. Those are things that, as someone who really appreciates research, we hope that people dig into these type of initiatives that law enforcement is thinking about.

DONOVAN: WELL, GENTLEMEN, THANK YOU SO MUCH. I WANNA, AGAIN, THANK MY GUESTS, DR. GLENN STERNER, ASSISTANT PROFESSOR OF CRIMINAL JUSTICE AT THE PENN STATE ABINGTON CAMPUS AND STEVE FORZATO, DEPUTY CHIEF OF STATEWIDE DRUG INITIATIVES, PENNSYLVANIA OFFICE OF THE ATTORNEY GENERAL.