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Let's Work Together: Police Views on Collaborating with Recovery Coaches

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Fighting on the front lines against the opioid crisis for over three decades now, law enforcement agencies are increasingly shifting away from a strictly enforcement-based approach in favor of a public health model focused on both prevention and intervention. Embracing this new approach, many police departments are collaborating with non-traditional law enforcement partners, such as recovery coaches. Although many police departments across the nation are currently engaging in, or strongly considering, a police-recovery coach collaboration, there is little research regarding police attitudes toward this type of partnership. Therefore, this study examines police views on incorporating recovery coaches into the police station for collaboration as well as what variables predict positive views toward this collaboration. To answer these questions, officers from three New England states were electronically surveyed. Findings showed that approximately half of officers supported recovery coaches working in the police station, with variables related to demographics, addiction exposure, and views on policing predicting officer viewpoints toward collaborating with recovery coaches in this manner. The findings of this study are not only valuable to police leaders as they contemplate partnering with members of the recovery community, but to the larger criminal justice system as successful police-recovery coach partnerships can positively impact the success of individuals who are suffering from substance use disorder in their reentry efforts.

Keywords: Reentry, substance use disorder, police attitudes, recovery coaches

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Let's Work Together: Police Views on Collaborating with Recovery Coaches

With the United States having been in the grips of the opioid crisis for over three decades, approximately 450,000 Americans have lost their lives to opioids (Centers for Disease Control and Prevention [CDC], 2020b) and an additional 20,000,000 individuals are currently suffering from substance use disorder (Substance Abuse and Mental Health Services Administration, 2020). In 2013, the latest phase of the opioid crisis, spurred by the introduction of fentanyl, hit the nation like a tidal wave. From 2013 to 2017, opioid overdose deaths increased by 90% (Gladden et al., 2019; Rubin, 2017; Strang et al., 2020). The year 2017 saw a record-breaking 47,600 deaths at the hands of opioids (CDC, 2019), which led the Department of Health and Human Services to declare the opioid crisis a public health emergency (Johnson & Wagner, 2017).

In terms of responding to the opioid crisis, police have traditionally taken an enforcement-based approach aimed at arresting those found in possession of drugs (Green et al., 2013; Brinkley-Rubenstein et al., 2018). However, as overdoses began to skyrocket in 2013, police realized that their traditional approach to drug enforcement was not working (Gang, 2017). This realization, combined with a public plea for police to “do more” to help those suffering from substance use disorder, has led police to turn away from enforcement in support of a public health model (Brinkley-Rubenstein et al., 2018; Reichert et al., 2017). From prioritizing substance use treatment over arrest, to carrying naloxone, to now collaborating with those outside of law enforcement, the last decade has seen a complete paradigm shift in how police respond to individuals with substance use disorder (Reichert et al., 2017).

One of the first areas of the United States to see this particular shift in police response was the Northeast as this region has endured some of the nation's highest opioid overdose rates (CDC, 2021). From 2015 to 2019, Massachusetts, Rhode Island, and Connecticut ranked in the top 25% of states with the highest fatal overdose rates. During this time, Massachusetts saw fatal overdose rates range from 25.7 in 2015 to 33.9 in 2019, while Rhode Island and Connecticut experienced fatal overdose rates ranging from 28.2 to 29.5 and 22.1 to 34.7, respectively (CDC, 2020a). In response, many police departments began collaborating with recovery coaches to form outreach programs with the aim of offering services and encouraging treatment to those who had recently experienced a non-fatal overdose (Becker, 2021; Botieri et al., 2018; Formica et al., 2018, 2021). While police and individuals from the recovery community working together would have been impossible to imagine as police utilized enforcement approaches stemming from the “War on Drugs,” this shift could not have come at a more crucial time as discussions about how to effectively respond to the opioid crisis, particularly the complicated intersections between substance use disorder, crime, and reentry, have never been more important. With substance use disorder representing one of the most significant barriers to successful reentry, jails and prisons across the United States struggle to develop strategies to effectively address opioid addiction in institutional settings and post-release (Hanna et al., 2020). It is, therefore, critical that “success” in reentry programming be understood through the lens of the continuum of community entities connected to at-risk individuals returning to communities from correctional settings (Brinkley-Rubenstein et al., 2018).

As first responders are more likely to encounter those who are returning from correctional settings while experiencing the pains of addiction, it is necessary that more is understood about how police view their roles in this space. This is particularly important as many police departments across the United States forge partnerships with non-traditional partners, such

as recovery coaches. With research suggesting officer attitudes are integral in impacting officer behavior (Fazio, 1986, 1990; Ajzen, 1991; Ajzen et al., 2019), understanding how officers perceive these organizational approaches to addiction will help to provide a context for illuminating their impact. In other words, the more police support this innovative collaboration, the more likely officers will be to engage the services of recovery coaches when needed. Therefore, this study sheds light on the extent to which police officers support collaborating with those from the recovery community for the purpose of overdose prevention efforts.

Literature Review

The Shift: Policing Through a Public Health Lens

The opioid crisis undoubtedly represents one of the most significant public safety challenges for police in decades as overdoses skyrocketed post 2012. In Massachusetts, for example, the fatal opioid overdose rate increased by 127% between 2012 and 2015 (RIZE Massachusetts, 2018). As first responders, often experiencing painful realities of addiction and overdoses, police have long been confronted with a need to more effectively respond to sharp increases in overdoses across the United States (Varano et al., 2019). From policing and public policy perspectives, the opioid crisis has become an ongoing case study. The sharp increases in both fatal and non-fatal opioid overdoses have been occurring during a time period when police have begun to internalize the understanding that when faced with problems such as addiction, they cannot “arrest their way out” (Police Executive Research Forum, 2017; Botieri et al., 2018). Seeing the limits of arrest-based policies, the criminal justice system and police, in particular, have been encouraged to move beyond suppression toward more prevention- and intervention-focused orientations (Engel et al., 2018).

Yet, knowing what not to do is not the same as having an idea of what to do. Developing community-based interventions that positively impact chronic and co-occurring problems such as substance use and addiction is among the most complicated types of public policy, which can be fraught with unintended consequences. An approach focused on addressing one aspect of a problem may very well exacerbate another aspect or cause other collateral problems. This, in many ways, is the story of the “War on Drugs” fought on the streets of many cities. In the effort to curb drug-related street crime, laws and policies were created that sent scores of relatively low-level drug users to prison (Robinson & Scherlen, 2007), increased the stigma associated with addiction, and alienated many individuals suffering from addiction from accessing the necessary support they need (Fandanelli et al., 2020). However, as overdoses increased exponentially across the United States post 2012 and few viable solutions were offered by other experts, many across policing were left scrambling for solutions alternative to arrest but effective at addressing the immediate problems associated with the rising number of deaths. The scramble for solutions led innovators in policing to consider strategies more typically aligned with public health approaches (Botieri et al., 2018).

The Arrival of Naloxone

One of the first public approaches adopted by a number of police departments involved the carrying of naloxone, an opioid antagonist that blocks the central effects of opioids, in an effort to bring solutions to the table (Dahlem et al., 2017). Far outnumbering both emergency medical technicians and paramedics (United States Department of Transportation, 2012), police often found themselves being the first to respond to an overdose scene (Davis et al., 2014;

Lurigio et al., 2018). As such, police are uniquely positioned to administer this naloxone “save shot” as a means of reversing overdoses (Beletsky, 2014). In 2010, the Quincy, Massachusetts police department, was among the first police departments in the United States to outfit officers with naloxone (Ronan, 2014). Despite controversy when this policy was drafted (Green et al., 2013), evidence soon suggested that police officers carrying naloxone led to significant reductions in opioid-related deaths (Wagner et al., 2016). Now, for an estimated 2,500 law enforcement agencies across the nation, but especially in the Northeast (Davis et al., 2014), officers carrying naloxone is business as usual (Quinn, 2019).

The integration of naloxone into policing represented a watershed moment where police began to realize they have a role in providing direct help/support to individuals with substance use disorder and access treatment (Brinkley-Rubenstein et al., 2018; Charlier, 2019). Taking direct action that can result in someone surviving what would have been a fatal overdose allowed police to put the prevention/intervention *rhetoric* into *reality*. The expanded use of naloxone created pathways for the further adoption of non-traditional (to policing) approaches to addressing substance use problems (White et al., 2021).

Collaborating with Non-Traditional Partners: Recovery Coaches

Because addiction is a multi-faceted problem, it requires a multi-faceted response (White et al., 2021). According to the Centers for Disease Control and Prevention, in order to successfully fight addiction, it is critical for police departments to partner with individuals outside of sworn law enforcement (CDC, 2020b), such as those from the recovery community. Recovery coaches are often referred to as individuals with “lived experience” (London et al., 2018), meaning these individuals have personally battled addiction, engaged in services and/or treatment, and began the recovery process (Borkman, 1999; Reif et al., 2014). From this lived experience, recovery coaches have a first-hand understanding of what individuals are experiencing as they begin their journey toward recovery. With this understanding, the coaches are able to be a support system for the individuals they come into contact with encouraging them to obtain services and/or enter treatment as well as supporting them through treatment and throughout their recovery journey post-treatment (Reif et al., 2014). Additionally, having taken advantage of many of the services offered in their own community, recovery coaches have an in-depth understanding of the services and treatment options available to individuals who are currently using. Equipped with this knowledge, recovery coaches can inform individuals of the services and treatment options that are available to them and link them to those from which the individual would most benefit (Satinsky et al., 2020).

With many police departments exhibiting a greater willingness to create relationships with recovery coaches for their overdose prevention efforts (Becker, 2021; Botieri et al., 2018; Formica et al., 2018, 2021; Moynihan et al., 2021; White et al., 2021), research shows that integrating those with lived experience to engage at-risk individuals is effective in facilitating access to treatment (Kleinman et al., 2021; Satinsky et al., 2020). Specifically, individuals report feeling a unique comfort discussing their situation with recovery coaches as the coaches have “been there and done that” rather than simply studied addiction without any lived experience (Fallin-Bennett et al., 2019; Kleinman et al., 2021). With these conversations comes an increased likelihood of accepting services (Englander et al., 2019; Fallin-Bennett et al., 2019) and ceasing drug use (Cos et al., 2019; Satinsky et al., 2020). Even after completing treatment, individuals suggest that recovery coaches continue to help them with their reintegration into the community (Kleinman et al., 2021; Reingle et al., 2019). However, little is known about how police officers

themselves perceive the integration of recovery coaches, many of whom might have previous antagonistic relationships with police connected to their previous drug use.

The Current Study

As police departments across the United States are rapidly partnering with recovery coaches to aid in serving those in their population suffering from substance use disorder, it is imperative that research begins to look at police attitudes toward these partnerships. Representing one of the first looks into how police officers view collaborating with recovery coaches, this study set out to explore three research questions. First, what are officers' attitudes toward collaborating with recovery coaches? Second, to what extent does the officer's comfort level working with recovery coaches explain officer attitudes toward police-coach collaboration? Third, to what extent does the officer's beliefs regarding recovery coach effectiveness explain officer attitudes toward police-coach collaboration? By answering these questions, this study will provide a preliminary understanding of how supportive officers are of partnering with recovery coaches as well as how their views on recovery coaches color their perspective.

Research Design

To explore these research questions, primary data collection was needed. Following Institutional Review Board approval to survey municipal police officers on their attitudes toward post-overdose police response, a two-step process was undertaken to recruit participants. First, a letter was emailed to the chief and highest-ranking member of command staff of each department in Massachusetts, Rhode Island, and Connecticut asking for their department's participation in a study examining officer attitudes toward a variety of post-overdose responses. Embedded in this electronic letter was a link to a Qualtrics form in which the department member could consent to their department's participation. Once the consent form was received, a department-wide email was sent out to officers requesting the officers' participation in this study and providing them with the electronic survey via Qualtrics. While the majority of departments opted to provide the researcher with officer email addresses for the researcher to distribute the survey link, departments were given the option to internally distribute the request for participation and survey link. No matter the method of survey distribution, officers were informed that their participation was both anonymous and voluntary. Specifically, neither the officer's name, department name, nor IP address was collected to ensure anonymity for officers. It is also important to note that, in line with survey participation being voluntary, officers were neither presented with risks nor rewards depending on the participation status.

Sample

Surveys were collected, between February and September 2020, from Massachusetts, Rhode Island, and Connecticut municipal police officers. While the Northeast has been known for its innovative policing approaches to the opioid crisis, these three states were chosen, in particular, as they are contiguous states with similar fatal opioid overdose rates. Letters requesting departmental participation were electronically sent to 428 departments. Of these, 90 consent forms were received, signaling a 21% response rate. Following receipt of departmental consent forms, surveys were sent to all officers employed by the 90 consenting departments – approximately 4,500 officers. To increase the response rate, 3 emails were sent one week apart from one another reminding officers to complete the survey. Nine hundred twenty-seven surveys

were returned, indicating a 21% response rate, which is in line with recent studies electronically surveying police officers, such as Campbell et al. (2017) and Murphy & Russell (2020). Examining the returned surveys, it was decided that any surveys in which the respondent did not view all survey questions and any surveys in which the respondent did not answer all of the demographic questions would be excluded. While this resulted in 253 surveys being excluded, in over 80% of the excluded surveys, respondents completed half or less than half of the questions. To make up the final sample, 674 surveys were included, which accounts for approximately 15% of the surveys that were sent.

Recognizing that the response rate is low, it is important to note the high level of heterogeneity that exists in this sample. For example, in terms of the participating departments, 79% identify as serving towns while 21% serve cities. These departments are comprised of between 5 and 298 officers and serve populations of between 3,000 and 108,000 residents. In terms of the police officers themselves, ranks from officer to chief were represented with years served ranging from less than 1 year to over 40 years. Additionally, slightly over one third of officers identify as command staff and one third currently have, or have previously had, detective status. Finally, in terms of the geographic distribution of respondents, 6 out of 6 counties in Rhode Island are represented in this sample as well as 13 out of 14 counties in Massachusetts and 6 out of 8 counties in Connecticut. Further descriptive statistics are presented in Table 1.

Table 1. Descriptive Statistics (N=674)

	Mean	SD
Dependent Variable		
Police-Coach Collaboration	0.52	0.500
Independent Variables		
Years Served	14.59	9.696
Command Staff (<i>I=yes</i>)	0.35	0.477
Department Size	137.88	113.324
Highest Education (<i>I=Bachelor's</i>)	0.64	0.480
Gender (<i>I=male</i>)	0.90	0.295
Race (<i>I=white</i>)	0.87	0.332
Personally Know Someone (<i>I=yes</i>)	0.61	0.489
Overdose Response Likelihood (<i>I=somewhat likely; 2=likely</i>)	1.06	0.767
Enforcement View	0.00	1.000
Encouraging Treatment Responsibility (<i>I=yes</i>)	0.82	0.383
Individual Responsibility	0.00	1.000
Coach Effectiveness (<i>I=yes</i>)	0.66	0.474
Comfort with Coaches (<i>I=yes</i>)	0.54	0.499

The low response rate raises concerns about the representativeness of the sample, and by extension, the generalizability of the findings. Since police departments do not publish the demographic breakdown of their sworn officers, as a matter of practice, it is not possible to determine the representativeness of the sample.

Variables

The dependent variable, *police-coach collaboration*, was a binary measure of whether police believe that recovery coaches should be able to work in the police station. Guided by prior research, this study also included five groups of independent variables. The first group were work-related, including *years served*, *command staff*, and *department size*. Modeled after Murphy & Russell (2020) and Saucier et al. (2016), *years served* was designed as a continuous variable measuring the number of years that an individual has worked as a police officer. *Command staff* was measured binarily with officers identifying as a “command staff” or “non-command staff.” For the purpose of this study, *command staff* referred to an individual holding a rank higher than “officer.” *Department size*, measured as a continuous variable, referred to the number of full-time sworn officers in the department. Modeled after the two previously named studies, the second group of independent variables were related to demographics. First, *highest education* was included as a binary measure with response categories of “bachelor’s” and “non-bachelor’s.” Also measured binarily were *gender* and *race* with categories of “male” and “non-male” as well as “white” and “non-white,” respectively. Guided by Murphy & Russell (2020), the third group of independent variables referred to an officer’s exposure to addiction. *Personally know someone* binarily measured whether an officer knows someone personally who is suffering from addiction. Additionally, *overdose response likelihood* measured how likely an officer felt he or she was to respond to an overdose on a typical shift. This variable was coded as follows: 1 = “unlikely,” 2 = “somewhat likely,” and 3 = “likely.”

Unique to this study, an officer’s views on policing as it relates to drug enforcement were captured using three independent variables. First, *enforcement view* consisted of a three-item factor score designed to measure the extent to which officers hold an enforcement-focused view of policing the opioid crisis. The indicators used to form this variable are listed in Table 2. For each of the indicators in this scale, respondents could choose from 1 = “strongly disagree,” 2 = “disagree,” 3 = “agree,” and 4 = “strongly agree.” This scale was computed using confirmatory factor analysis, and in doing so, Varimax rotation was used to find the best fit for the data. Results of the reliability test and the factor analysis can be found in Table 2. Second, *encouraging treatment responsibility*, included as a binary variable, measured whether officers believe it is the responsibility of police officers to encourage those who have overdosed to enter treatment. Third, *individual responsibility* was crafted as a five-item factor score measuring the level to which the officer views individuals as being responsible for their drug use. This scale was crafted in the same manner as the above presented scale and the results of this variable’s reliability test and factor analysis can be found in Table 2 as well.

Table 2. Scale Reliability and Factor Analysis

Scale	Indicators	Mean	SD	Cronbach's Alpha	Eigen-value	% of Variance
Enforcement View		0.00	1.00	0.737	1.952	65.1%
	Individuals with SUD should be punished for the crime of possession.	2.72	0.72			
	All drug laws should be enforced at all times.	2.49	0.78			
	Drug possession should be mainly punished through the criminal justice system.	2.71	0.73			
Responsibility		0.00	1.00	0.752	2.573	51.5%

Individuals with SUD are responsible for their behavior, when on drugs.	2.90	0.71
Addiction is a disease. (<i>Reverse Coded</i>)	2.16	0.88
Relapse is a failure.	2.19	0.75
Continued drug use after becoming addicted is a choice.	2.35	0.78
Using drugs after undergoing treatment is a choice.	2.75	0.73

The final group of independent variables measure officer attitudes toward recovery coaches. First, and unique to this study, *coach effectiveness*, measured binarily, examines whether an officer believes that a pair of police officers going on outreach visits without a recovery coach would be as effective. This variable is coded as 0 = “not as effective” and 1 = “just as effective or more effective.” Additionally, *comfort with coaches*, also included as a binary variable, measures whether an officer feels comfortable working with recovery coaches for overdose prevention purposes.

It is important to mention that the included variables exhibited varying levels of missing data, ranging from 0.3% or 2 cases to 4.6% or 31 cases. Although Bennett (2001) explained analyses are not likely to be biased until upwards of 10% of data is missing, all missing data were estimated using mode replacement. Additionally, it should be noted that no multicollinearity was found among the included variables. Specifically, each of the variable’s returned tolerance levels above 0.4 and variance inflation factors well below 10 (Allison, 1999).

Hypotheses

Based on the literature, the following hypothesized relationships are proposed:

1. There will be a significant positive relationship between *comfort with coaches* and *police-coach collaboration*. Officers who are comfortable working with recovery coaches will be more likely to support the addition of recovery coaches to the police station.
2. There will be a significant positive relationship between *coach effectiveness* and *police-coach collaboration*. Officers who believe that the inclusion of recovery coaches will make overdose prevention efforts more successful will be more likely to believe recovery coaches should be able to work in the police station.

Findings

Binary Logistic Regression

Due to the nature of the dependent variable, binary logistic regression was conducted to examine the effects of multiple independent variables on the dependent variable, *police-coach collaboration*. As such, each of the independent variables were regressed on the dependent variable as a means of determining which independent variables serve as significant predictors of *police-coach collaboration*, while controlling for all other independent variables in the model (Murray, 2016). Findings from the regression model, as shown in Table 3, indicate that there are six significant ($p \leq 0.05$) predictors of *police-coach collaboration*. As hypothesized, *comfort with coaches* significantly ($p \leq 0.001$) predicts *police-coach collaboration* in the positive direction. Officers who are comfortable working with recovery coaches for the purpose of overdose prevention are 2.17 times more likely to support the coaches working in the police station. Additionally, as hypothesized, there is a positive relationship between *coach effectiveness* and *police-coach collaboration*. However, this relationship does not reach significance ($p > 0.05$).

Related to officer views on policing as it relates to drug enforcement, *enforcement view*, *individual responsibility*, and *encouraging treatment responsibility* emerged as significant predictors of *police-coach collaboration*. The significance in *enforcement view* lies in its ability to negatively predict *police-coach collaboration*. Officers who hold a crime control view of drug enforcement are 20.1% less likely to support recovery coaches working in the police station. Similarly, *individual responsibility* proved to be a significant negative predictor of *police-coach collaboration*. In other words, officers who view individuals as being personally responsible for their drug use are 1.404 times less likely to believe recovery coaches should work in the police station. *Encouraging treatment responsibility*, on the other hand, emerged as a positive predictor with officers who believe it is the responsibility of police to encourage treatment to those who have overdosed being 1.949 times more likely to support the addition of recovery coaches to the police station.

In terms of addiction exposure variables, *personally know someone* showed significance in the positive direction. Officers who personally know someone who is suffering from addiction are 1.625 times more likely to believe recovery coaches should work in the police station. Finally, of the included demographic variables, the only variable that proved significant was *race*. Specifically, officers who identify as white are 2.016 times more likely to support the addition of recovery coaches to the police station.

Table 3. Stepwise Approach to Binary Logistic Regression

	Model 1		Model 2		Model 3	
	b (Std. Error)	Exp(B)	b (Std. Error)	Exp(B)	b (Std. Error)	Exp(B)
(Constant)	-0.675 (0.439)	0.509	-1.754 (0.526)	0.173	-2.360 (0.560)	0.094
Years Served	0.001 (0.009)	1.001	-0.001 (0.010)	0.999	0.001 (0.010)	1.001
Command Staff	-0.011 (0.193)	0.989	-0.089 (0.200)	0.884	-0.174 (0.207)	0.840
Department Size	0.000 (0.001)	1.000	0.001 (0.001)	1.001	0.001 (0.001)	1.001
Highest Education	0.187 (0.172)	1.205	0.211 (0.178)	1.224	0.239 (0.184)	1.270
Gender	-0.016 (0.268)	0.984	0.110 (0.277)	1.255	0.308 (0.292)	1.361
Race	0.452 (0.250)	1.571	0.615 (0.258)	1.886 *	0.701 (0.265)	2.016**
Personally Know Someone	0.593 (0.163)	1.809***	0.491 (0.169)	1.625**	0.485 (0.174)	1.625**
Response Likelihood: Somewhat	-0.147 (0.200)	0.864	-0.088 (0.206)	0.894	-0.100 (0.212)	0.905
Response Likelihood: Likely	-0.289 (0.216)	0.749	-0.230 (0.223)	0.826	-0.194 (0.229)	0.824
Enforcement View			-0.389 (0.086)	0.788**	-0.224 (0.097)	0.799*
Encouraging Treatment Responsibility			0.823 (0.226)	2.194***	0.667 (0.233)	1.949**

Individual Responsibility	-0.365 (0.097)	0.694***	-0.339 (0.099)	1.404**
Coach Effectiveness			0.153 (0.177)	1.165
Comfort with Coaches			0.775 (0.170)	2.170***
Chi Square	23.591	77.453		99.062
-2 Log Likelihood	910.178	856.316		834.707
Sig	0.005	0.000		0.000
Nagelkerke R-Square	0.046	0.145		0.182

* $p \leq 0.05$. ** $p \leq 0.01$. *** $p \leq 0.001$.

Stepwise Approach to Binary Logistic Regression

Seeing that both variables related to officer attitudes toward drug enforcement as well as variables related to officer attitudes toward recovery coaches emerged as significant, this raised a question of whether an officer's views on drug enforcement impacts their views on recovery coaches or whether an officer's views on recovery coaches impacts their attitudes toward drug enforcement. In order to explore this question, a stepwise approach to binary logistic regression was taken to examine the effects of the independent variables after being placed in groups (Fox, 1991). As such, the thirteen independent variables were placed into three groups. The first group was comprised of variables related to work, demographics, and exposure to addiction. The second group contained variables relating to officer views on drug enforcement. The third group was made up of variables relating to officer perceptions of recovery coaches. In order to specifically assess whether policing views impact attitudes toward recovery coaches or vice versa, two stepwise regression models were run: Model A stepping in group 1, group 2, and group 3 and Model B stepping in group 1, group 3, and group 2. To assess the amount of explained variance accounted for by each variable group, the Nagelkerke R square was examined. In both models, the group 1 variables, taken together, had a Nagelkerke R square of 0.046 thereby explaining 4.6% of the variance.

Focusing first on Model A, the group 2 variables related to officer attitudes toward drug enforcement explained an additional 9.9% of variance in the dependent variable beyond that explained by the first group of variables. Additionally, the group 3 variables regarding officer attitudes toward recovery coaches raised the percentage of variance explained by 3.7%. Therefore, after controlling for officer attitudes toward policing those who use drugs, variables relating to officer attitudes specific to recovery coaches did not add a great deal of explanatory power. Shifting focus to Model B, following the group 1 variables, the stepping in of the group 3 variables increased the level of explained variance by 6.3%. In addition, stepping in the group 2 variables accounted for an additional 7.3% of explained variance. As such, after controlling for officer attitudes toward recovery coaches, over one-third of the model's explained variance still remained to be explained by the officers' overall attitudes toward drug enforcement. Thus, it is believed, with nearly half of the model's explanatory power being accounted for through variables related to officer attitudes toward drug enforcement, that the attitudes an officer holds toward the ideal methods of policing those who use drugs help color their view of recovery coaches as opposed to officer experiences with recovery coaches shaping their views on drug enforcement overall.

Moving forward with the stepwise regression, the first model was determined to be the ideal model for this data. After stepping in variables related to work, demographics, and exposure to addiction, Model 1 showed one significant predictor of *police-coach collaboration: personally know someone*, which is significant in the positive direction. While not reaching statistical significance, *race* approaches significance ($p=0.071$) in the positive direction as well. It is important to note that no work-related variables emerged as significant in this model. Similarly, neither *highest education*, *gender*, nor *overdose response likelihood* reached significance ($p>0.05$). In terms of explained variance, Model 1 accounts for 4.6% of explained variance.

Model 2 stepped in additional variables relating to officer views on policing the opioid crisis, including *enforcement view*, *encouraging treatment responsibility*, and *individual responsibility*. All three of these variables showed significance. *Enforcement view* and *individual responsibility* are significant negative predictors, while the significance of *encouraging treatment responsibility* lies in its ability to positively predict police-coach collaboration. Looking at the significance of previously included variables, *personally know someone* remains significant in Model 2. Additionally, *race* reaches statistical significance as a positive predictor. Combined, Models 1 and 2 account for a total of 14.5% of explained variance.

Model 3 further stepped in variables relating to officer views on recovery coaches, including *coach effectiveness* and *comfort with coaches*. Findings from Model 3 indicated one additional significant predictor of *police-coach collaboration*. *Comfort with coaches* proved to be significant in the positive direction. With regard to explained variance, Model 3 accounts for an additional 3.7% of explained variance. Combined, these three models explain 18.2% of the variance.

Discussion

There is a well-known linkage between substance use disorder, involvement in crime, and likelihood of spending time in correctional environments (Tsai & Gu, 2019; National Institute on Drug Abuse, 2020). More importantly, a significant number of those experiencing addiction will pass through correctional settings in any given year (Boutwell et al., 2007; Bureau of Justice Statistics, 2017), and in many cases, return to correctional settings after being released into the community without sufficient access to treatment and support. More must be learned about continuum of support efforts that exist within communities to facilitate successful reentry. Specifically, as creative partnerships between police and non-traditional partners such as recovery coaches can be central to these successes, it is critical for both police leaders and policymakers to understand the extent to which officers find recovery coaches a useful addition to police as well as how comfortable officers feel working alongside recovery coaches. Recognizing that officers who hold more positive attitudes toward an innovation are more likely to carry out this innovation (Fazio, 1986, 1990; Ajzen, 1991; Ajzen et al., 2019), this study sought to explain the attitudes police hold toward collaborating with recovery coaches as well as the predictors of these attitudes.

Findings show there was a high level of agreement around police perceptions of recovery coach effectiveness. Consonant with aforementioned research, police officers view recovery coaches as role models to individuals currently using drugs as well as those beginning their recovery journey. These coaches were once in a similar situation to those they are mentoring. At this time in their life, they made the choice to enter treatment, stop using drugs, and work toward

recovery. As such, officers perceive the coaches as being quite successful in encouraging individuals to enter substance use treatment. Furthermore, because of their lived experience, officers see recovery coaches as an extension of the police. Integrating recovery coaches into their overdose prevention efforts brings something new to the table that law enforcement is unable to bring on its own.

In terms of comfort working alongside recovery coaches, the overwhelming majority of officers reported feeling comfortable collaborating with these individuals. However, there was less consensus surrounding the idea of recovery coaches working in the police station. This suggests that while officers may be willing to collaborate with this population to reduce overdoses and increase treatment placements, they may not be ready for embedding non-law enforcement individuals into their stations.

Looking at the results of the regression, *encouraging treatment responsibility*, *enforcement view*, and *individual responsibility* emerged as significant predictors of police-coach collaboration. Officers who do not believe that encouraging individuals who are suffering from substance use disorder to enter treatment was a duty of the police were significantly less likely to support a collaboration between police and members of the recovery community. In addition, officers who believe that the suppression approach is the ideal response to the opioid crisis were slow to view this police-coach collaboration as acceptable. Relatedly, officers who believe individuals are responsible for their own drug use or blame these individuals for their addiction were significantly less likely to believe in collaborating with recovery coaches.

Additionally, *comfort with coaches* showed significance, while *coach effectiveness* did not emerge as a significant predictor of *police-coach collaboration*. This shows that police willingness to collaborate with recovery coaches is more driven by their comfort in working with individuals who are non-law enforcement than by the effectiveness of the coaches. Relatedly, *personally know someone* emerging as significant underscores the impact that officers feeling comfortable engaging with this population has on their willingness to collaborate with recovery coaches for overdose prevention. It is worth mentioning that *overdose response likelihood* did not emerge as significant, potentially indicating that the more of a connection the officer has with the individual suffering with substance use disorder, the more the officer is impacted in their views of this *police-coach collaboration*.

The findings of this study have clear implications for the successful reentry of those with substance use disorder as 40 to 60% of individuals relapse after completing treatment for substance use disorder (McLellan et al., 2000). This is not to say that relapsing signals ineffectiveness of the treatment, rather that relapse is a part of recovery for many. Given that police are responding to calls regarding drug possession, use, and overdose, police are more likely to come into contact with these individuals than other members of the criminal justice system. Therefore, the police uniquely have the ability to impact the recovery trajectory for these individuals by connecting them with a recovery coach who can assist them on their path to recovery.

To increase the likelihood that police will positively impact an individual's recovery trajectory by connecting them to a recovery coach, police leaders must first increase officer support of concepts shown to predict positive views toward *police-coach collaboration*. Specifically, as an officer's views on the ideal approach to drug enforcement impacts their likelihood of supporting various methods of reducing drug use, there is a need for police to have greater exposure to prevention- and intervention-focused measures that have been successfully used to curb drug use and overdose. Seeing that these methods are available, and work, can

motivate officers to move beyond a strictly enforcement-focused approach to working with those experiencing addiction. Additionally, as comfort is a main driver of willingness to collaborate with recovery coaches, officers should increasingly work with those in recovery out in the community. The more officers become comfortable working alongside recovery coaches, the more likely they will support the addition of recovery coaches into the police station. Finally, through greater trainings and exposure to recovery coaches, the coaches should be encouraged to share their recovery stories with officers. Hearing these stories can help officers recognize that these individuals are not responsible for their addiction and are making every effort to not use. Again, the more officers view addiction as a disease, the more willing they will be to collaborate with the coaches.

With the support of these predictors increased, it is expected that a greater number of officers will also be more likely to support police-coach collaboration. As such, these officers will be more likely to link individuals with recovery coaches who can assist them in their recovery without involving the justice system. Instead of spending more time in a correctional setting, these individuals will be able to work with coaches to take advantage of services and treatment in the community. This will give them a greater likelihood of being successful in their reentry.

While this study specifically focused on the use of recovery coaches for the purpose of overdose prevention, once a recovery coach has been introduced to an individual, the coach is there to help them not only through their recovery journey but beyond. For example, recovery coaches are able to assist with finding community-based services (Reingle et al., 2019), employment opportunities (Cos et al., 2019), and housing (Kleinman et al., 2021; Satinsky et al., 2020). This is especially meaningful for those reentering society from correctional settings as these individuals may not have a support system to guide them through reentry.

Limitations

When evaluating this study's findings, the following limitations should be considered. First, the low response rate raises concerns about the generalizability of these findings, and possible issues with selection bias. Since there is no data available at the organizational or regional level about the demographic composition of police officers, it is not possible to compare sample demographics to a wider population of interest. There may also be issues with selection bias where officers with an interest in multi-disciplinary, prevention-oriented policing would be willing to take the time to participate in this study. Prospective participants were sent three reminder emails in an effort to boost response rates, but in the end, participation in the study was ultimately on a voluntary basis. The surveys were also only sent to officers working in the Northeast as this region is known for being one of the first areas of the United States to experience this shift from a strictly enforcement model to a more public health-focused model. Therefore, this study's findings may not be generalizable to officers outside of the Northeast. After acknowledging these limitations, it is important to note the sample size was relatively large and represent respondents from many different police departments across several states.

The cross-sectional nature of this study also presents another limitation to the study. Cross-sectional studies, due to having only one data collection point, provide a first look into relationships between variables as well as an estimate of time order. Longitudinal studies, on the other hand, are able to provide a more in-depth view at the time order between variables due to their data collection at multiple time points. For this study, it would be valuable to understand how respondent attitudes toward drug enforcement and attitudes toward recovery coaches

intersect. Based on the authors' direct experiences working in community-based co-responder policing models, the field of policing is currently undergoing a culture shift which is increasingly supporting these collaborative approaches involving non-sworn law enforcement. Since police culture is something stubbornly difficult to change (Schafer & Varano, 2017), a more nuanced research design that allows one to better understand the causal pathways to change would be valuable.

Conclusion

In conclusion, the current opioid crisis is one significant factor that has forced police across the United States to rethink more traditional approaches to policing in favor of collaborative partnerships with non-traditional law enforcement partners. As both a profession and a culture, policing has a tendency to be inwardly facing and slow to adapt to organizational change (Schafer & Varano, 2017), particularly those that bring "outsiders" into policing. Yet emerging evidence indicates police are increasingly willing to open their doors to recovery and treatment experts better capable of connecting at-risk individuals to the help they need (Botieri et al., 2018; Formica et al., 2018; Varano & Manzi, 2021).

The purpose of this study was to understand officer attitudes toward police collaborating with recovery coaches. From the findings, at this time, officers are far more supportive of collaborating with recovery coaches for the purpose of overdose prevention in the community than they are of a collaboration that involves embedding recovery coaches in the police station. This study is of value to both researchers and practitioners as it is one of the first studies to examine police-recovery coach collaboration, in general, and officer attitudes toward collaborating with recovery coaches, more specifically. As the field of policing becomes more open to collaborating with non-law enforcement partners, this preliminary study serves as a basis from which to develop future research on this culture shift in law enforcement as well as these collaborative models of policing. In terms of future research, researchers are tasked with examining the ways in which police departments are designing police-coach collaborations, how officers view specific models of collaboration, which models maximize the benefits of the police-coach collaboration, and the impact of policy decisions on this type of collaboration. Finally, with this study's potential lack of generalizability in mind, scholars are urged to replicate this study in another region of the United States to examine the extent to which these findings remain consistent.

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