Book Review: Chiarello, Elizabeth. Policing Patients: Treatment and Surveillance on the Frontlines of the Opioid Crisis. **Princeton: Princeton University Press, 2024. xxi + 304 pages. Hardcover. $32.00**

In *Policing Patients: Treatment and Surveillance on the Frontlines of the Opioid Crisis,* Chiarello lays out how the crisis has reshaped both medicine and law enforcement. Medical and pharmaceutical professionals are now trained to be suspicious of their patients' behaviors, and this suspicion bleeds into systemic outcomes—especially for marginalized communities. As she writes, "Drug policy and enforcement have done more to increase rates of incarceration than any other crime" (p.32). The book includes stark racial comparisons that highlight who bears the brunt of these policies. White patients are less likely to be mistrusted by healthcare providers and far less likely to face legal consequences. Yet the opioid crisis is often framed as a "White issue," in sharp contrast to the crack epidemic of the 1980s and 1990s, when Black and Brown communities were harshly penalized, incarcerated, and denied access to rehabilitation services.

Chiarello doesn't just present data: she exposes the contradictions and consequences of a system that continues to punish vulnerability. Her work is a call to rethink how we treat addiction, not just medically, but socially and legally.

The opioid crisis didn't emerge from a single cause—it's layered, and one of those layers includes the hospice movement, which advocated for dying at home with dignity. But dignity doesn't mean pain. For years, opioid prescriptions were tightly restricted in the United States, even for terminally ill patients. It wasn't until the 1990s that federal laws began to relax, finally offering relief to those in chronic pain. Still, even today, patients who genuinely need opioids to function or die comfortably often struggle to access them.

In the rush to fight addiction, we've forgotten that opioids have a legitimate and vital role in medicine: alleviating suffering. Prescription Drug Monitoring Programs (PDMPs) were

created to help providers track controlled substances and intervene when necessary. But what began as a tool for patient care has morphed into a surveillance system—one increasingly used by law enforcement to punish rather than treat. And it's racially skewed. White patients are more likely to be offered support; Black and Hispanic patients are more likely to be arrested. Addiction becomes a criminal act, feeding a multi-billion-dollar prison industry that thrives on the continued oppression of minority communities.

Systems like ARCOS (Automated Reports and Consolidated Orders Systems) track opioids from manufacturer to pharmacy, while PDMPs (Prescription Drug Monitoring Program) let providers see which doctors have prescribed what to whom. Pharmacists are caught in the middle—expected to monitor patients for drug-seeking behavior while also upholding HIPAA (Health Insurance Portability Accountability Act) and ethical standards. It's hard to build trust when suspicion is baked into the system.

Medical schools don't adequately train students on addiction or chronic pain—despite these being two of the most common reasons patients seek care. So, it's no surprise that many providers default to detective work, treating patients like criminals instead of people in pain.

Chiarello doesn't hold back. She calls out law enforcement's lack of training in addiction and the slow recognition that substance use is a disease—not a crime. While some departments now carry naloxone and offer diversion programs, the system still leans heavily on punishment. Law enforcement also targets providers who flood communities with narcotics, yet those same providers often escape consequences thanks to expensive legal teams and public sympathy. Meanwhile, patients—especially those in chronic pain—are left suffering.

Over the past twenty to thirty years, prescription monitoring systems like PDMPs and ARCOS have turned healthcare into a surveillance state. Doctors, pharmacists, and law

enforcement now police patients' pharmacy activity, often overriding privacy protections like HIPAA. Patients are tracked, flagged, and judged—sometimes by providers who lack proper training in addiction and pain management. It's no wonder people distrust the system. Many avoid care altogether, turning to synthetic opioids like fentanyl, which has driven overdose deaths to historic highs.

Physicians often "fire" patients suspected of drug-seeking, knowing few others will take them on. Even when they don't, they may refuse to treat pain, creating a chilling effect. The backlash from law enforcement has widened the gap between doctors and patients, making compassionate care harder to find.

Of the four groups Chiarello examines—physicians, patients, law enforcement, and pharmacists—pharmacists seem most willing to advocate for patients and least likely to involve police. They're already under scrutiny from employers and regulators, and many choose to quietly delay or deny dispensing rather than report suspected misuse.

Chiarello's policy recommendations are clear: expand access to quality care, stop victim-blaming, and invest in harm reduction. Increase availability of buprenorphine and methadone, and manufacture enough to avoid shortages. Most importantly, limit law enforcement's role in healthcare. Yes, monitoring can help identify misuse—but it also punishes those who need relief. Physicians should rely on ethics and bedside manner, not fear of legal consequences. Safe spaces foster honesty; fear breeds silence.

Chiarello breaks down the opioid epidemic from multiple perspectives—patients, providers, law enforcement, and pharmacists—with clarity and compassion. It's accessible, thorough, and clearly written for both professionals and lay readers. The book does have one gap: the absence of voices from case managers, therapists, and social workers. These

professionals are often caught between ethics and institutional demands, especially when drug use intersects with family care or child protection. Their exclusion misses a key layer of the crisis. Still, Chiarello's central message is powerful: government overreach in healthcare—especially through electronic surveillance—has done more harm than good. Systems meant to save lives have pushed people out of care and into dangerous alternatives. We can do better. And that's the point.

I highly recommend this book to anyone working in medicine, pharmacy, law enforcement, or social sciences. It's especially valuable for students in social work, counseling, psychology, and medical fields. It should be a required reading for anyone who wants to understand how the opioid crisis has reshaped healthcare—and how we might begin to fix it.

Kathleen Davis, Ph.D.
Adjunct Faculty
College of Southern Nevada
Las Vegas, Nevada