In the United States, law enforcement officers serve as first responders to most health crises. This unique position allows officers to connect many more individuals with treatment and recovery than other government actors, a fact that has come into increasing focus due to the proliferation of the opioid epidemic. As a result, hundreds of police departments across the country have signed up to divert individuals that possess narcotics away from arrest and towards treatment and recovery. However, evidence on whether these programs are able to engender meaningful change - initially by increasing enrollment and participation in substance use programs, and eventually by reducing the likelihood of continued drug use and criminal justice involvement - remains limited.

This paper aims to shed light on the potential of these programs using a difference-in-differences framework; our empirical approach exploits the precise eligibility criteria for and staggered rollout of narcotics arrest diversion across Chicago since 2018. Descriptive statistics indicate that among those who are diverted, 90% are diagnosed with a substance use disorder, over a third have lived through an overdose, and a substantial proportion are experiencing homelessness. Given the overlap of gun crime, illegal drug markets, and overdoses observed in Chicago, this project aims to test whether an intervention directed at reducing the demand for drugs is capable of making a meaningful increase in both individual and public safety.