**Jeff Kazel**

**Narrator**

**Sara Ludewig**

**Sam Aamot**

**Interviewers**

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**Duluth, Minnesota**

Jeff Kazel -**JK**

Sara Ludewig -**SL**

Sam Aamot -**SA**

**SA**: First we'll have you state your name and tell us you give us permission to record this.

**JK**: My name is Jeff Kazel, and you have permission to record the interview.

**SL**: We're at the Duluth Building for Public Safety. Today is May 19th, 2017.

**SA**: Would you like to tell us a little bit about your childhood, or your background, before we get into the work you do here?

**JK**: Okay. I was born in New York and came out to Duluth when I was in Kindergarten. I grew up in Duluth. I ended up going to college here in Duluth. I joined the army—served in the army for a couple of years and then came back. I eventually got into law enforcement here.

**SA**: Did you go to college?

**JK**: Yeah. I went to College of St. Scholastica.

**SA**: Do you want to talk about starting off in the Building of Public Safety? What you were doing right away when you got here?

**JK**: Well, we haven't always been here. This is the new building. We moved up here in 2012. We were downtown before.

**SL**: Can you tell us about the OARS program? What it does, how it got started?

**JK**: I wasn't one of the founders, but I joined the OARS group in 2014 when I became the commander of the Lake Superior Drug and Violent Crime Task Force. The group was put together to look at ways of combating the issues we were experiencing with the opioid epidemic in this area.

**SA**: Is the Lake Superior Task Force for a bigger area?

**JK**: Yeah. Our task force is now—we just merged with another task force in January of this year. Our area of operation is from all of St. Louis County, Carleton County, Lake County, and Douglas County in Superior [Wisconsin].

**SA**: Did you merge with that task force because you felt like that would better serve your mission?

**JK**: There were many different reasons. Some of it was grant funding and the criteria that task forces needed to continue to get funding. They were our northern partners and it was the right thing to do. Now that we're finding that our contacts with north and south St. Louis County are a lot--the fact that we did the merger was probably a really good thing.

**SA**: What do you do on a typical day? What are you doing with OARS?

**JK**: With OARS we normally meet once a month. I'm part of the law enforcement and more of the proactive side of the OARS group. We deal with the enforcement side and trying to reduce the amount of drugs that are coming up to this area. We realize that just enforcement alone wasn't going to be enough. That was part of our reasoning to going to the OARS group and trying to look outside of the box, and more than just enforcement action. It comes down to economics. You guys have taken economics in college, I'm sure, and it's supply and demand. We deal with the supply and people that are sending the supply, but we never really looked at the other side of the equation—the demand. By going to OARS we brought in lots of partners that deal with the demand side. We talk about reducing—we have a pool of addiction here in this area, specifically this area. That's why we had so many people coming here to sell because they know that there're people that are going to buy. We talk about reducing the pool of addiction. Turning off the tap of people going into that pool. Getting into the schools and talking to young kids and say, "Hey, do you really know what that pill does? And what could happen if you become addicted to it?" The fact that a prescription for Oxycontin is no different than a [unclear] of heroin down the street. It's the same stuff. Getting that message out to reduce the tap—turning off the tap—of people going into the pool of addiction.

But also taking people out of it. The people that are addicts that are overdosing continually throughout the year—looking for a way of getting those people out of the pool of addiction. If we reduce it at that end we are going to make it a less attractive area for people.

**SL**: What year was OARS started in Duluth.

**JK**: I'm not the person to ask. Like I said I didn't found it. I think it was like 2013, but I'm not sure.

**SL**: When did you get involved with it?

**JK**: I got there in 2014.

**SL**: Is there anything that has changed since you started in 2014 until now?

**JK**: I think we've morphed into—it used to be more informational, and partners getting together and saying, "Hey, this is what we're seeing. This is what's happening." When I got there that was great, good to have that information, but we realized that we needed more than just information. We needed to start moving on the demand side and reducing the demand.

Myself and a few other members that joined the group really started working on getting the word out about what's going on. I started digging into the statistics specifically for this county. I think it was the 2015 report from the Minnesota Department of Health. That came out and I looked through it and I was like, "Wow, this is—we know we have a problem, but I've never really been able to quantify what it is." When that came it was like, okay, this is our issue. We are number one in mortality rate of opioid related mortality in the state. We've been number one or number two for the past five years. That right there says a lot.

**SA**: Do you find that opioid addiction and the drugs coming in here—is that the largest problem in the area? I know you said the mortality rate is the highest, but does that influence a lot of issues?

**JK**: Yeah. When you're dealing with drugs—earlier I said it's economic—when there's big money involved and it's underground or black market you're going to have people willing to commit crimes to get money for this type of [unclear]. Yeah, it drives other forms of criminal elements in the area.

**SL**: Is there anything that you wish people knew about OARS, or the opioid epidemic in the Duluth area?

**JK**: I think we are doing a good job of getting the information out. We have an awesome core of people that are willing to do presentations and talk with the media. We are working on a forum for the legislation to come to Duluth to talk about some of our problems. Looking on the legislative side some changes in the laws would help us out. The OARS group is more proactive.

**SA**: What does it look like when you are dealing with the demand side and getting people out of the pool?

**JK**: We're right in the middle of a grant process. We've applied for state grants and federal grants that are coming up later in the year. We're hoping to get it. The program that we proposed—let's say we've had an individual that's overdosed on the street and they call 911. We get a police response that shows up, and we have Narcan on our officers now. A lot of that was credited to OARS and the work that they did. But they give the person Narcan, and part of our protocol is that person goes to the hospital. So as it stands right now that person will be treated, stabilized, and most likely will just be released. And nothing really happens. What we're finding is that people are overdosing again. Sometimes it's the police that are giving them Narcan and it's multiple times. They're overdosing and [unclear] unresponsive. We looked at that and said, "Yeah, that's just a loop that needs to be changed."

In 2014 they came up with the Good Samaritan Law, and it made it easier for people to call 911 and they can ask for help for someone who is overdosing, which is really—what they problem and the cost is it left a loophole in the law. We are no longer prosecuting people for a fifth degree amount of illegal substance like we were in the past. But, the good thing is that more people are calling. The bad thing is in the past we were prosecuting those people and they were getting into the system and the system was saying, "Hey, you need to get into treatment." Those people aren't getting that referral anymore. They're not getting that step into treatment, pushing them to get out of that pool of addiction.

So we said, "What can we do to go after that?" We proposed a project coordinator where a patrol goes to an overdose and if they distribute Narcan to somebody who is an OD if not that same day then the next day we track down that person and say, "Okay, we know you overdosed. Here are some of your options." The sooner we can do it the better. Once that person is stabilized we say, "Hey, we know that you're having issues. There are some things that you can do to get out of this state." Having that person, having that direct contact with resources we've found has been very important.

The other issue that we have is the wait. Say you have somebody that says, "Yeah, I've got a problem and I want treatment." You get a Rule 25 Assessment on the person. Well, you're looking at two to three weeks before they can get into treatment. What does that person do in two to three weeks?

**SA**: Change their mind.

**JK**: They change their mind. Right, so the other part of the project with our chemical treatment plan is they want to have some extra beds for individuals that say, "I want to go to treatment and I need help." It's a safe place to get somebody that's ready to go away from the other ailments that are making them go back to the pool of addiction. So, you've got the two week, three week waiting period for the person [unclear] and get them to treatment. That's kind of the progression of that. That's between the police department, the county, the treatment facilities. They all come together at OARS and put this plan into play.

**SA**: What would you say is the hardest part of your job in terms of working with these populations or this issue?

**JK**: I would say the hardest part is dealing with the individual on the street as far as for officers. And if we have a death. We've done many forums and we talk about the issues. And more and more of these forums we have family members of people who've passed show up and they'll hold signs up. We've brought several of them up to speak and to talk about what's been going on. It's really hard to look at a mom in the eyes and say, "I'm sorry." It's not an easy thing to say, "I'm sorry that you lost you're kid because he wasn't aware that this was the risk he was taking when he did this." For me that's the hardest part.

**SL**: Would you talk more about the educational programs you're doing in schools and at these public fourms you've talked about? What do they look like?

**JK**: Yeah. We just sent some of our school resource officers to the new D.A.R.E. program. There was a lot of controversy about the old D.A.R.E. program, and there were some details that didn't work. This is the new program. They do have statistics that show that this is much better. We're doing a good job of getting the information to the kids.

We do forums for just about anybody who asks for them. We do find that there are high school kids that will show up. They want to know. I guarantee you that you go to the high schools and junior high schools and you ask them about the pills in their mom and dad's medicine cabinents and getting them to understand that the pain pill that mom got for her knee surgery and the heroin that's being sold down on the street are the same thing--that's huge for a kid to [unclear].

**SA**: Do you find you travel around the area more or are you staying in Duluth?

**JK**: Well, with the new task force we're going all the way up to the Canadian border. We're traveling a lot.

**SA**: Do you find you have a most vulnerable population? Maybe in the rural areas?

**JK**: I haven't really dug into that yet, but I'm sure there're probably some correlations with who's being [unclear]. But what I've seen is the movement is more of a younger crowd, which is really scary. A good example: we conducted a drug [unclear] operation where we arrested some people. A nineteen-year-old kid we ended up arresting for buying heroin. He talked to us and told us a little about what was going on, and what he said is that when he was seventeen he played high school football and got hurt—hurt his leg—and ended up having surgery. He was prescribed painkillers to get through the incident, and two years later after the pills dried up and he couldn't get them on the street he came over to this area and bought heroin to feed his addiction. Last winter, or last fall, a fifteen-year-old girl, high school cheerleader, we ended up arresting buying heroin. We actually stopped her right before she shot up. It's scary.

**SA**: Any other stories you're comfortable sharing that have made an impact on you?

**JK**: Our task force has done an incredible job. Statistically we've doubled the number of search warrants than we've done in the years past. We're well above the numbers that we've had the past few years. They're really stepping up their game and handling the law enforcement side [unclear]. We're trying to make this the most hospitable place to conduct business. I think we've done a good job of doing that. That's kind of what [unclear] out there.

**SA**: Are the arrests mostly people buying or selling?

**JK**: Selling. And that's the big thing. People get confused that, oh, we're just arresting people that are users. Sometimes they get caught in the mix when we do a search warrant on a house because there are people selling [unclear]. But our main focus are the people who are taking advantage of our pool of addiction. And that's what it is is pure greed. It's sickening because the people who are doing it are not—the majority of them are not using the product that they're selling. They're here to make money and take advantage of people. Here they double or triple the amount they would make anywhere else.

**SL**: What sort of community organizations does OARS pair with? How does the police department work with other organizations in Duluth?

**JK**: We work with everybody. That's part of our mantra, I know. We're always looking to work with the community. When you have problems and you can bring more people to the table that have skin in the game it makes things a lot easier. This organization recognized that a long time ago. Bring partners to the table to go after the big problems. OARS—you've got an awesome relationship with St. Louis County Public Health and Human Services and the treatment facilities in these areas, the doctors—we've even got a dentist. The school pharmacy—I forget [unclear]. Anybody who really has skin in the game. When we find new people it's like, "Hey, this is what we're working on. These are the proactive things we've done so far." If we see something that's in that vein we invite them to the group and say, "Hey, you'd be a perfect fit to bring what you bring to the table."

**SA**: Because it does require everyone coming together and pooling those resources.

**JK**: Yeah. When you're dealing with a problem as complex as this one is you really need to get as many people as you can on deck.

**SA**: What does a typical day look like for you?

**JK**: Like I said I'm a commander of a task force, so pretty much business for me is dealing with the arrests that we make, [unclear] the reports, evidence that's brought in, paying bills for all the different expenses that we incur to go out and enforce the laws, purchasing Narcan. We're running out of Narcan, so we actually solicited to a group that purchased Narcan for us in the past--there was a church that stepped up last year that donated fifteen hundred dollars for Narcan kits. They stepped up and did that so hopefully we can get through this summer until the grant comes in. I do a lot of presentations. Getting the word out to the public about what's going on [unclear]. Grant writing—that was, you know, as a police officer [laughs]. I do a little bit of everything.

**SA**: Any other instances like the church giving those funds? Have you connected with churches? That's pretty incredible.

**JK**: We haven't really. And that's an area probably we need to look in more. They came forward to us originally. They said, "Hey, we'd like to do something for you." I said, "Hey, this is a need where you can definitely make a big impact." They stepped up last November [unclear] and then again just recently [unclear]. It's incredible.

**SL**: How would you say the opioid epidemic in the Duluth area compares to what is happening in the Twin Cities or southern, rural Minnesota?

**JK**: Like I've said, the mortality rate here is high. We only have three percent of the whole population in the state and I think we account for eight or nine percent of all opioid deaths. Obviously there's an issue here. I haven't quite wrapped my finger around what that is. The community here is—we've got a large pool of addicted people. People that are out there that are selling the poison—it's spread through the different avenues of [unclear]. Once that's out there, once they know that I can sell the exact same thing in a big city and get four times the amount that's what they're doing. My whole goal is to look at it as an economical problem and do what we can and double down on what we can do for [unclear] but if we can slowly start moving people away from the pool of addiction the demand is not going to be there anymore. The risk of coming out here and getting arrested is just not going to be worth it for people. That's kind of how we look at it.

**SA**: Anything else you'd like to add?

**JK**: We're really hopeful for the grant. A lot of good work has happened so far with OARS and our task force and other departments that we've met along the way, but there's still a lot of work to do. It's a work in progress.

**SL**: I think that's all we have. Thank you so much.