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The Legislative Role in Law Enforcement–Led Opioid Abuse Response in West Virginia

Key Points

- West Virginia’s law enforcement agencies are increasingly adopting new strategies to counter the opioid epidemic that favor treatment over traditional criminal justice methods.
- West Virginia’s opioid abuse response now includes Quick Response Teams, Law Enforcement Assisted Diversion, and an Angel Initiative. Collectively, these programs aim to reduce drug overdoses and replace criminal justice involvement with treatment.
- West Virginia’s law enforcement–led opioid abuse response programs fail to reach their full potential, with limited geographic reach and officers lacking legal procedures available to peers in other states.
- Lawmakers could expand program reach by providing greater state support and guidance for local initiatives and by authorizing angel initiatives for local law enforcement.
- Providing law enforcement officers in West Virginia with civil protective custody powers and additional citation authority could help them better respond to opioid-related emergencies without resorting to arrests.

Executive Summary

Largely buried under news relating to the COVID-19 pandemic, the opioid epidemic quietly reached new depths in 2020. The number of deaths due to any kind of drug overdose rose by more than 50% in West Virginia and around 31% nationally in 2020; early figures from 2021 suggest it may turn out to be a better year, though one still marked by thousands of opioid-related deaths ([National Center for Health Statistics, n.d.](#)).¹ Although primarily a public health crisis, the opioid epidemic is inextricably wrapped up with the criminal justice system. In addition to enforcing criminal offenses tied directly or indirectly to opioid abuse, law enforcement officers are frequently the first on scene at a drug overdose and otherwise regularly interact with many of those struggling with addiction. As a result, any comprehensive effort to combat opioid abuse should likely include members of law enforcement and ought to leverage their roles on the frontlines of the opioid epidemic and as leaders in their community.

In West Virginia, law enforcement agencies have already begun shouldering more of this responsibility and adopting new strategies to reduce the harms associated with opioid abuse. In addition to countless acts of individual kindness or unofficial policies to help individuals access treatment, West Virginia law enforcement agencies use three programs to advance their opioid response efforts: Quick Response Teams (QRTs), Law Enforcement Assisted Diversion (LEAD), and an Angel Initiative.² These West Virginian programs build upon, and sometimes inspire, similar efforts in neighboring states and throughout the country to help connect as many individuals as possible with treatment and other services that can effectively reduce the risk of overdose and continued drug abuse. While many of the early returns on these initiatives are promising, their reach and impact in West Virginia remain limited. Almost half of West Virginia’s 55 counties lack either a QRT or LEAD program, the State Police operates its only angel program, and West Virginia’s law enforcement lack some of the legal authorities successfully wield by peers in other states.

1 These overdose death figures, as well as those referenced later in this paper, are only current as of March 29, 2022. The data they are based on are regularly updated by the Centers for Disease Control and Prevention, which continues to update overdose death numbers even years after the fact based on newly submitted reports.

2 Quick Response Teams are multi-disciplinary teams that aim to connect individuals with substance abuse treatment either immediately after a drug overdose or by proactively identifying individuals at high risk of a drug overdose. Law Enforcement Assisted Diversion programs divert individuals with behavioral health issues, including substance abuse issues, to treatment or other services in lieu of traditional criminal justice processing. Angel programs provide limited legal immunity to individuals who voluntarily turn themselves in to law enforcement and seek assistance for substance abuse issues.

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Perhaps counterintuitively given the local nature of many of these initiatives, state legislators hold significant power to help expand the reach of these law enforcement–led responses to the opioid epidemic. For example, state policymakers could create a stronger framework to fund programs, share information between programs, and issue comprehensive guidance on goals, metrics, and successful methods. Similarly, only legislators can provide additional legal tools for law enforcement officers to use to respond to the opioid epidemic, including an expansion of law enforcement officers' authority to issue a citation in lieu of an arrest or the possible creation of a form of civil custody—common in other states—for individuals under the influence of drugs or alcohol.

The Opioid Epidemic and Its Intersection With the Criminal Justice System

The costs of opioid abuse in both human and financial terms are staggering. In the 12 months ending January 2021, there were 94,755 reported deaths due to a drug overdose in the United States, including at least 1,396 reported in West Virginia ([National Center for Health Statistics, n.d.](#)). Although a comprehensive breakdown of those figures is not yet available, in 2019, about 70.6% of all drug overdose deaths involved an opioid ([National Institute on Drug Abuse, n.d.](#)). Meanwhile, one estimate placed the financial impact of opioid use disorder and fatal opioid overdoses in the United States at more than \$1 trillion in 2017 as a result of healthcare costs, criminal justice expenses, lost productivity, and other drags on economic activity ([Florence et al., 2021](#)). Another study calculated that the opioid epidemic costs West Virginia more per person annually than any other state: an estimated \$7,247 per person in 2017 ([Luo et al., 2021](#)).

Often, it falls upon the criminal justice system to respond and attempt to mitigate the harms of the opioid epidemic. Criminal laws penalizing drug possession and distribution serve as one of the primary means by which society attempts to reduce the amount of opioids available in the community and deter their abuse. At the end of FY 2020, for example, the West Virginia Division of Corrections and Rehabilitation held 682 individuals whose most serious

conviction was for a drug offense, accounting for around 11% of the total prison population ([West Virginia Division of Corrections and Rehabilitation, 2021](#)). Similarly, drug-related crimes represent some of the most common reasons for admission to West Virginia's jails, with 4,168 admissions based on possession-related offenses alone in FY 2020 ([p. 38](#)). In addition to those cases in which opioids serve as an element of the crime, opioid addiction motivates a series of secondary crimes, such as theft and prostitution, which provide desperate individuals with the means to support their addiction. Overall, the intensity of opioid use is directly associated with greater involvement with the justice system ([Winkelman et al., 2018](#)). Likewise, incarceration often fails to resolve opioid dependency and can actually further fuel opioid abuse. For example, one study found that a fatal overdose was 40 times more likely within two weeks following an individual's release from jail ([Ranapurwala et al., 2018](#)).

Law enforcement officers are at the heart of the public safety apparatus' opioid response. Criminal investigations of illegal opioid possession and distribution, as well as related crimes, are, of course, one aspect. But this involvement does not stop with this set of traditional law enforcement responsibilities. Especially in rural jurisdictions—a designation fairly applied to most of West Virginia—law enforcement officers are frequently the first emergency personnel at the scene of an overdose ([Goodison et al., 2018](#)). Their ability to deliver lifesaving care such as naloxone, which rapidly counteracts an opioid overdose, is critical in opioid response ([White et al., 2021](#)). Similarly, law enforcement officers' general mission to protect public safety and foster community well-being encourages them to develop a unique set of relationships throughout the community, which can facilitate outreach to people in trouble and potentially connect them with organizations that can help them.

West Virginia's Law Enforcement Opioid Response Programs

While the law enforcement response to illegal opioid distribution—aggressive pursuit and punishment of those involved—has been relatively uniform and unchanged, law enforcement agencies in West Virginia and elsewhere in the United States have increasingly taken a more nuanced approach with individuals abusing opioids. A growing recognition that drug addiction is a difficult public health problem for which a criminal justice response alone is insufficient has altered how many law enforcement agencies approach the issue ([Police Executive Research Forum, 2017](#); [Goodison et al., 2018](#)). Instead of the reflexive use of jails and criminal sanctions, more agencies are exploring treatment options and less carceral means of accountability, which promise more

effective responses to underlying issues (Tallon et al., 2018). Although the prospect of law enforcement officers engaging more extensively in the realm of social services has made some skeptics nervous (Fan, 2014), many of these programs prioritize the handoff of distressed individuals to behavioral health specialists outside of law enforcement and thus may actually increase the role played by these other professionals. Further, in many instances, law enforcement officers may be the only ones available to respond; even if they are not the most qualified to deal with a given medical issue, there may be no one else to do so.

In West Virginia, this movement has included three programs operating to varying degrees across the state: Quick Response Teams (QRTs), Law Enforcement Assisted Diversion (LEAD), and an Angel Initiative (West Virginia Office of Drug Control Policy, 2020a, p. 22).

Quick Response Teams

Quick Response Teams, made up of a law enforcement officer and other professionals with significant substance abuse expertise, employ two diversion strategies to aid individuals who have overdosed or are at high risk of overdosing. In the first diversion strategy, sometimes called “naloxone plus,” a team is designated to identify suspected drug overdoses in a given area and then reach out to individuals involved within 72 hours in order to offer a connection to treatment or other relevant services (Cox, 2019; Charlier, 2019). Law enforcement officers are considered important partners in this effort because of their frequent contact with individuals likely to overdose, their presence at many overdose scenes, and their ability to track down an overdose victim after the fact. In the second diversion strategy, sometimes called “active outreach,” the team proactively works to identify individuals in the community who, based on factors such as prior involvement with law enforcement or a history of drug abuse, appear to be at high risk of a drug overdose and then connects those individuals to treatment or services (Cox, 2019; Charlier, 2019). As with naloxone plus, law enforcement participation is important due to their familiarity with the community, particularly the overlap between individuals abusing substances and high users of law enforcement time and resources.

In West Virginia, QRTs were authorized by the West Virginia Drug Control Policy Act of 2018, which outlined the establishment of “[q]uick response teams comprised of law enforcement, emergency medical personnel, and a case manager trained in substance use disorder to conduct an in-home visit within one week of an overdose” (West Virginia Code §16-5T-6). Although this statutory pilot program is set to expire July 1, 2022, there does not appear

to be any law that would prohibit the continued operation of county-led QRTs after this date. As of 2021, QRTs were operating in 30 of 55 counties in West Virginia, with seven of these QRTs beginning operations in 2021 (West Virginia Office of Drug Control Policy, 2021, p. 12). The Huntington QRT—which was deemed a national model program by the Bureau of Justice Assistance—has been one of the most prominent in the state and consists of a law enforcement professional, paramedic, counselor or recovery coach, and a faith-based community member (Cox, 2019). Additionally, while the statute dictates outreach within one week of an overdose, the Huntington QRT seeks to do so within 24–72 hours, and the West Virginia Office of Drug Control Policy likewise has adopted that goal for QRTs throughout the state (West Virginia Office of Drug Control Policy, 2020a, p. 15).

To date, support for QRTs relies primarily on strong theoretical arguments since there is a lack of available data on their efficacy in practice. Research indicates that an individual is especially vulnerable post-overdose, suggesting that it is a particularly critical time to pursue an intervention (Bagley et al., 2019). Given the high mortality risks of a drug overdose, successful prevention is likewise a priority for public health authorities. As a result, interventions such as QRTs designed to increase the chances that an individual will enter treatment appear well-positioned to reduce the overdose rate. At present, however, the available data simply show that QRTs can achieve their immediate goals (reaching overdose victims and connecting them to treatment), with the effect of these efforts on overdose rates still unknown (Cox, 2019).

Law Enforcement Assisted Diversion

Created in King County, Washington, in 2011, the LEAD program has since been adopted in dozens of jurisdictions across the United States (LEAD National Support Bureau, n.d.). LEAD targets individuals with substance abuse or other behavioral health issues who are typically high users of law enforcement time and frequent entrants in the criminal justice system. The program empowers law enforcement officers to connect these individuals with treatment or other appropriate services that are more qualified to deal with the root cause of their problems. As a pre-booking diversion program, these referrals typically involve the law enforcement officer offering participation in LEAD’s services as an alternative to prosecution and traditional criminal justice pathways, though some programs may also refer individuals in need of treatment prior to any potentially criminal conduct (International Association of Chiefs of Police & University of Cincinnati Center for Police Research and Policy, 2020, p. 2).

As of June 2021, West Virginia's LEAD programs included five comprehensive behavioral health facilities and operated across 27 of 55 counties, with another four comprehensive behavioral health facilities and eight additional counties joining these LEAD efforts by the end of 2021 ([West Virginia Office of Drug Control Policy, 2021, p. 12](#)). The growth and operation of these programs have benefited from substantial federal funding ([\\$6 Million Awarded to Fight Drug Crisis, 2020](#); [Tierney, 2019](#)), with some positions funded exclusively by federal or state administered grants ([Saunders, 2020](#); [West Virginia Department of Health and Human Resources, 2018](#)). In line with their counterparts elsewhere in the United States, these programs have five stated goals: reduce crimes related to drug use, decrease recidivism, lower county incarceration costs, improve community-police relations, and reduce opioid overdose deaths ([West Virginia Office of Drug Control Policy, n.d.](#)). However, despite this limited state-level guidance and partnerships, LEAD programs remain locally driven with no explicit statewide regulations or rules on how they ought to operate.

With each community able to tailor its LEAD program based on its unique needs and challenges, the contours of these programs vary tremendously including in important areas such as participant eligibility, hours of operation, nature of the response, and training of law enforcement officers ([International Association of Chiefs of Police & University of Cincinnati Center for Police Research and Policy, 2020, p. 7](#)). Although these variations mean that not all results are translatable across jurisdictions, the data emerging from many of these programs are encouraging. Several studies have found LEAD programs to increase connections to relevant services, especially for harder-to-reach individuals, as well as decrease substance use among participants ([pp. 9–10](#)). Further, there is evidence that LEAD programs accomplish their secondary goal of freeing up law enforcement and other public safety resources by reducing the number of arrests and rates of incarceration for participants, though studies of a few programs found these improvements most heavily accruing in the first six to twelve months of an individual's program participation ([pp. 13–15](#)). Notably, multiple evaluations have found significant cost reductions related to LEAD programs, with the average cost per participant frequently thousands of dollars less on average than those outside of the LEAD program ([p. 15](#)). Although comprehensive information on West Virginia's programs is sparse, one of its earliest programs operating out of Charleston boasted helping 250 people into treatment in its first three years and a rearrest rate of 34% ([Tierney, 2019](#)). More recently, the West Virginia Office of Drug Control Policy noted that in the second half of 2020,

even with the pandemic interrupting normal operations, West Virginia's LEAD programs diverted 108 individuals at an estimated savings of \$36,600 ([West Virginia Office of Drug Control Policy, 2020a, p. 15](#)), and that in the first quarter of 2021, it diverted over 157 individuals ([West Virginia Office of Drug Control Policy, 2021, p. 12](#)).

State Police Angel Initiative

In an angel program, individuals are promised immunity from criminal arrest and prosecution for a limited set of drug-related offenses if they enter a designated law enforcement agency and request treatment ([Gloucester Police Department, 2015](#)). As part of this bargain, they are also permitted to bring drugs and paraphernalia for confiscation at this location. The law enforcement agency then sets the individual up with a volunteer, the so-called angel, who works with the person to find appropriate treatment. Launched in 2015 as a project of the police department of Gloucester, Massachusetts, this program has since been adopted by law enforcement agencies throughout the United States ([The Police Assisted Addiction and Recovery Initiative, n.d.](#)).

In 2020, West Virginia created its own State Police Angel Initiative through the enactment of Senate Bill 838, which was modeled after neighboring Kentucky's program ([West Virginia Office of Drug Control Policy, 2020a, p. 22](#)). The resulting statute requires the West Virginia State Police to create "a program ... to refer persons to treatment for substance use who voluntarily seek assistance from the State Police" ([West Virginia Code §15-2-55](#)). It grants the individual who seeks assistance immunity from arrest and states that the person shall not be prosecuted based on drug possession or paraphernalia offenses, while also providing a liability shield for the law enforcement officers involved. The statute bars participation by three categories of individuals: anyone with an outstanding warrant, anyone who places law enforcement at risk of physical injury, and minors who lack parental consent and are not a danger to themselves ([West Virginia Code §15-2-55](#)). The program is exclusive to the State Police, which operates a 24-hour helpline to connect individuals with relevant professionals at one of the 20 State Police detachments located throughout the state ([West Virginia Office of Drug Control Policy, 2020b](#)). In theory, local law enforcement could operate similar programs, relying upon the indirect authority contained in West Virginia Code §15-9-7, which could be seen to have implicitly authorized such local efforts by directing the Governor's Committee on Crime, Delinquency and Correction to draft policies and protocols to support law enforcement and medical professionals seeking to create treatment referral programs ([West Virginia Code §15-9-7](#)).

However, while healthcare providers followed suit with a “HALO Initiative” that operates as the healthcare provider analogue to angel programs, no local law enforcement agencies appear to have similarly leveraged this authority for their own locally based angel programs.

As with QRTs and related programs, the limited publicly available data on angel programs are promising, though additional analysis is required to more thoroughly support their efficacy. An initial review of the original angel program’s performance in Gloucester, Massachusetts, found that around 70% of participants successfully completed treatment, though 40% of those willing to answer researchers’ questions indicated they had later returned to substance use ([Hasan, 2016](#)). Another review of a program in Longmont, Colorado, found that the first 45 participants in its angel program, who accounted for around 1,000 police contacts prior to entry in the program, saw their contact with police drop 73% following participation in the angel program, significantly freeing up law enforcement officer time for other public safety related matters ([Fuentes & Khalaf, 2018, p. 4](#)). In Kentucky, as of February 2021, the State Police Angel Initiative had placed 198 individuals into treatment since the program’s creation in 2016 (“[Kentucky State Police Angel Initiative Responds](#),” 2021).

Legislative Role in Law Enforcement–Led Opioid Responses

Although the local nature of most law enforcement will likely ensure that the center of gravity for law enforcement–led opioid abuse responses will rest at the local level, policy changes at the state level can accelerate and incentivize expansion of these programs and may also be necessary in some instances to increase their reach. Local leaders may rely on state-guided federal funding or state-based funding earmarked for substance abuse response generally or particular programs to launch or sustain these opioid abuse responses. Similarly, state law dictates many of the procedural options available to local law enforcement when facing an opioid-related emergency, such as whether a citation in lieu of an arrest is available; only state lawmakers are positioned to improve the availability and usefulness of these legal authorities.

Expanding the Footprint of QRTs, LEAD, and Angel Programs in West Virginia

Despite expansions in recent years, all three law enforcement–led programs have significant room to expand in West Virginia. Of West Virginia’s 55 counties, 25 still lack a QRT, and 20 do not have a LEAD program,

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while angel programs are limited to the State Police. One of the limiting factors for program expansion is the cost of starting and maintaining such a program. Although a program may save a jurisdiction money in the long run through more effective care and lower criminal justice expenditures, there remain immediate costs associated with its creation. For example, law enforcement officers must be trained and dedicate time to the initiative. Moreover, behavioral health partners must be identified and similarly dedicated to the program. A related difficulty can be a lack of capacity among behavioral health providers in a county—there can be no diversion if there is not an appropriate facility or program with space available to receive individuals ([Charlier & Reichert, 2020](#)). With greater resources at their disposal and an ability to coordinate funding across county lines, legislators can support these local initiatives through redirecting state-level appropriations or federal funds to them.³

Outside of direct financial support to local programs, legislators could bolster the Office of Drug Control Policy, which is currently tasked with coordinating efforts. An expansion of its organizational charge and authority to lead broader coordinating activities could allow it to provide greater support in terms of training, guidance, and outreach to local actors. Likewise, legislators could direct the Office of Drug Control Policy to establish key metrics for these programs and work with each one to collect the necessary data points to evaluate the program’s operations. Further, West Virginia may be able to at least reduce the costs of the analysis half of the data and analysis equation by centralizing this role within the Office of Drug Control Policy—potentially building off its current plan to build a QRT data dashboard—so that every local agency does not need to expend resources to attempt it on its own.

Similarly, legislators could explicitly authorize and potentially provide guidance for local angel programs, since their earlier mandate to the Governor’s Committee

³ One existing example of this kind of support is the Comprehensive, Opioid, Stimulant, and Substance Abuse Program (COSSAP), which is a state-directed federal grant program that West Virginia uses to help fund QRTs, LEAD programs, and the Angel Initiative ([West Virginia Department of Homeland Security, n.d.](#)).

Law enforcement officers are considered important partners in this effort because of their frequent contact with individuals likely to overdose, their presence at many overdose scenes, and their ability to track down an overdose victim after the fact.

on Crime, Delinquency and Correction regarding guidance for law enforcement and medical professionals to create treatment referral programs appears to have only led to the healthcare provider driven HALO Initiative rather than any law enforcement led programs ([West Virginia Code §15-9-7](#)). Fostering new local angel programs could be especially valuable because the State Police are much fewer in number than their local counterparts, and these local officers also tend to have the connections to and potentially trust of community members that is essential for angel programs ([Lockwood & Wyant, 2014](#)). Ultimately, this state guidance–based approach could relieve local agencies of some of these costs and potentially provide overall cost savings through economies of scale since every local agency would no longer have to reinvent all the same trainings or strategies for themselves.

Providing Law Enforcement With Additional Alternatives to Arrest

The reach of West Virginia’s LEAD programs as well as any related, more informal efforts to connect individuals with treatment is influenced heavily by the procedural options available to law enforcement officers. Of particular importance is a law enforcement officer’s authority to issue a citation in lieu of an arrest in certain circumstances, thereby facilitating the diversion process in those instances. In West Virginia, this citation authority is limited to misdemeanors committed in an officer’s presence that do not involve an injury to a person ([West Virginia Code §62-1-5A](#)). While this captures a large portion of offenses typically associated with substance abuse—drug possession, for example—it does not include others for which diversion may nevertheless be appropriate such as some thefts. By revising this citation authority provision to include nonviolent or other less serious felony offenses, legislators could thus increase the number of cases eligible for programs like LEAD and otherwise free law enforcement officers to use their discretion in support of effective opioid abuse response. Similarly, writing a presumption in favor of citations in certain

situations—or even a requirement, as some states have done—could nudge law enforcement officers to consider diversionary options in additional cases for which they already have, but possibly fail to use, citation authority ([Trautman & Haggerty, 2019](#)).

In West Virginia, law enforcement efforts in response to substance abuse could further benefit from the creation of a civil custody alternative to arrest for individuals intoxicated by illicit substances. At present, if an individual under the influence of an opioid or other drug is unwilling to voluntarily accompany a law enforcement officer, ambulance personnel, or another responsible person—or such a response is either inappropriate due to circumstances or simply unavailable—the only remaining options are to arrest or simply leave the individual at the scene. This is especially problematic because charges to support an arrest may not be available—only public intoxication by alcohol is criminalized ([West Virginia Code §60-6-9](#)), requiring officers to identify another offense to support an arrest. Further, even if charges are available, the imposition of a traditional criminal process may be disproportionate or ineffective at addressing the problem at hand.

This legal regime makes West Virginia a distinct outlier. In most states, law enforcement officers, and sometimes other behavioral health professionals, have the authority to place an inebriated or intoxicated individual into a form of civil protective custody ([Trautman & Haggerty, 2019](#)). This process allows an officer to intervene and take the individual to a variety of locations that can more productively handle the situation than a jail—all without creating a criminal record. Although this authority was originally conceived to deal with public intoxication, in recent years states have modified it to include other substance abuses ([Trautman & Haggerty, 2019](#)). As a result, law enforcement officers in these jurisdictions are able to use this form of civil custody in lieu of criminal custody in response to opioid abuse, reducing the number of individuals entering the criminal justice system unnecessarily and encouraging more productive responses to these individuals in need of assistance.

Conclusion

In the face of the unrelenting opioid epidemic in West Virginia, law enforcement officers have begun exploring new ways to modify their roles and leverage their discretion to generate more productive outcomes for individuals suffering from opioid addiction in their communities. Increasingly, the role of West Virginia’s law enforcement agencies in the fight against opioid abuse is no longer limited to enforcing criminal laws or otherwise attempting to stem the supply of drugs into the state. The Angel Initiative

now permits West Virginians to independently seek help from State Police detachments, QRTs scan their community for individuals in need of assistance after an overdose, and LEAD programs are diverting individuals away from traditional, heavy-handed criminal justice processes.

Each of these programs has significant untapped potential. None are truly available to all West Virginians, with both LEAD and QRTs entirely absent from almost half of the counties in the state, and the Angel Initiative limited in its implementation as a State Police program with few, if any, local counterparts. Similarly, law enforcement officers in West Virginia lack some of the legal tools available to their peers in other states to engage in more effective opioid

response, such as civil protective custody or expanded citation authority.

These statewide shortcomings point to the benefits of a statewide policy response. Legislation could accelerate the expansion of these efforts and ensure that law enforcement officers have every legal tool necessary to more effectively address the opioid issues they face every day during the course of their duties. With the incredible disruptions of 2020 and 2021 appearing to only exacerbate an already debilitating opioid epidemic, such legislative action could prove an invaluable tool to reduce the ongoing harms caused by the opioid epidemic in West Virginia. ★

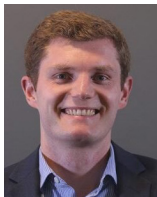
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ABOUT THE AUTHOR



Lars Trautman is the national director and West Virginia state director for Right on Crime. He brings a decade of experience as a prosecutor, Capitol Hill staffer, and public policy expert to his work shaping and advancing smart criminal justice policies and practices. He has particular expertise relating to prosecution, diversion and crisis response strategies, and pretrial justice.

Previously, Trautman worked for over three years as a resident senior fellow of criminal justice and civil liberties policy at the R Street Institute. In this role, he researched and wrote on a variety of criminal justice issues and provided expert advice and consultation to legislators, prosecuting attorneys, and other criminal justice stakeholders. Prior to his work at R Street, Trautman served as counsel for the Homeland Security Committee in the U.S. House of Representatives. Lars began his legal career as an assistant district attorney in Essex County, Massachusetts. In two and a half years as a prosecutor, he handled hundreds of misdemeanor and felony cases, including conducting dozens of trials.

Trautman earned his B.A. in political science from Johns Hopkins University, his M.A. in politics and international studies from Uppsala University in Sweden, and his J.D. from the University of Virginia School of Law. He lives in Austin, TX, with his wife and two children.

About Right On Crime

Right On Crime is a national initiative of the Texas Public Policy Foundation supporting conservative solutions for reducing crime, restoring victims, reforming offenders, and lowering taxpayer costs.

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