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Looking into the black mirror of the overdose crisis: Assessing the harms of collaborative surveillance technologies in the United States response

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Abstract

Drug overdose is a leading cause of death among adults in the United States, prompting calls for more surveillance data and data sharing across public health and law enforcement to address the crisis. This paper integrates Black feminist science and technology studies (STS) into an anthropological analysis of the collision of public health, policing, and technology as embedded in the US National Overdose Response Strategy and its technological innovation, the Overdose Detection Mapping Application Program (ODMAP). The dystopian Netflix series "Black Mirror," which explores the seemingly useful but quietly destructive potential of technology, offers a lens through which to speculate upon and anticipate the harms of collaborative surveillance projects. Ultimately, I ask: are such technological interventions a benevolent approach to a public health crisis or are we looking into a black mirror of racialized surveillance and criminalization of overdose in the United States?

KEYWORDS
antiblackness, opioids, overdose, police, science and technology studies, surveillance

INTRODUCTION

Surveillance—deriving from the French to "to watch over"—is the systematic observation of a place, person, group, or ongoing activities to gather information for a defined purpose. Observation is a key aspect, but the power of surveillance emerges when faces can be named, and names linked to official

records to be counted, defined, and analyzed for politically generative interventions (Foucault, 1995 [1975]; Wilson & Norris, 2006). Who, how, and why people are surveilled and its resulting potential for harm reflects historical issues of power, social and racial inequalities, and political struggle, while the (un)intended and secondary consequences of surveillance are always unevenly distributed (Browne, 2015; Parenti, 2004).

In the context of public health "crises," surveillance data are assumed to be generated in service of the greater good. However, medical anthropologists can play an important role in evaluating the actual and potential harms of surveillance, extending subversive critiques of biomedical commonsense (Scheper-Hughes, 1990) to the racialized logics undergirding Drug War technologies. In this paper, I integrate Black feminist science and technology studies (STS) into an anthropological analysis of how surveillance that appears to be addressing the drug overdose crisis is actually facilitating law enforcement-centered technologies to monitor people who use drugs under a benevolent guise of preventing deaths. Specifically, I examine the harmful collision of public health, policing, and technology as embedded in the US National Overdose Response Strategy and its technological innovation, the Overdose Detection Mapping Application Program (ODMAP). I consider ODMAP as exemplary of what Ruha Benjamin (2019) calls the "techno-benevolence" of surveillance innovations that appear to address issues of societal importance, yet creatively re-encode racialized harms.

To be certain, overdose surveillance data tell a grim story: more than one million individuals have died from a drug overdose in the United States since 1999, rendering overdose a leading cause of injury-related death among adults (CDC, 2024). Amid an unrelenting death toll, calls for more surveillance data and data sharing in the name of "public safety" have quietly naturalized public health and law enforcement collaborations (Bharat et al., 2021; Latimore et al., 2022); however, scholars and community members have questioned the role of police involvement in overdose response as undermining public health and racial equity (Allen et al., 2021; Doe-Simkins et al., 2022). These critiques are especially important in light of how earlier waves of overdose largely affecting White populations triggered medicalized discourses of "crisis" (Hansen, 2017). Attention to overdose deaths has now shifted to Black, Indigenous, and Latino communities (Friedman & Hansen, 2022; James & Jordan, 2018), and, not unco-incidentally, more punitive policy responses are taking hold (Beletsky, 2019; Carroll et al., 2021). In relation to overdose surveillance systems, who is being watched, who is kept safe, and what is the real threat?

DISRUPTING SURVEILLANCE

The foundations of surveillance emerged during the trans-Atlantic slave trade, when new categorizations of humanity were needed to justify colonial exploitation and establish hierarchies of social control. New categorizations of "Man" defined what it meant to be human in relation to Blackness, marking an epistemic shift toward modernity that anchored White supremacy as the "normal" while foreclosing other possibilities of humanity (Wynter, 2003). Evolving forms of surveillance can be traced through slavery from prison ship manifests to the slave patrols that represent a precursor to the modern American police force (Browne, 2015; Parenti, 2004). Slavery, colonialism, and empire-building also set the sociopolitical conditions for massive disease outbreaks while providing captive populations for physicians to study the factors contributing to negative health outcomes. These conditions helped establish bureaucracies to monitor and collect reports on sickness and death, thus building the foundations of epidemiology and, more broadly, the framework for modern public health surveillance (Downs, 2021).

Surveillance was fundamental in the emergence of public health and remains a central technique for preventing and mitigating adverse health outcomes. Today, public health surveillance is commonly defined as the "ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control" (Gregg, 2008). In a critical reading of this definition, "data" can now mean increasingly expansive and invasive forms of

information about individuals that can be linked across databases, while "those responsible" for acting on the data increasingly includes law enforcement as part of "public safety" initiatives.

Scholars have cautioned public health against becoming an arm of law enforcement (Galva et al., 2005), and recent work urges us to consider how racialized harms are perpetuated through entanglements of public health, policing, and surveillance. Bita Amani and colleagues (2023) developed an equity-based scoring system evaluating surveillance databases that collect health-related information using two criteria: how data are reported (i.e., both individual and neighborhood-level data) and whether data are shared with law enforcement. They argue that potential for harm is generated when public health surveillance data are provided to law enforcement agencies, who already have far-reaching access to multiple databases, and whose mandate prioritizes the interests of the state in upholding White supremacy (Amani et al., 2023). Also key to consider in assessing potential harms are the forms of "new surveillance" available to police, or the passive and less obvious forms of data that are easily generated and shared through the use of mirrors, cameras, GPS data, and mapping technologies that feed predictive algorithms (Parenti, 2004). The less obvious these mechanisms, the more powerful the disciplinary functions of surveillance (Foucault, 1997 [1975]), especially for racialized communities who have always disproportionately come under the state gaze.

Science and technology studies (STS) scholars critique the assumed public good of surveillance projects through analysis of the political, ethical, and social roles of technology in shaping everyday life (D'ignazio & Klein, 2020), including crisis response. STS approaches attend to the "double bind of technology" that appears helpful but must be analyzed as part of interlocking systems of oppression (Hampton, 2021). In generating new insights into surveillance technologies, Simone Browne centers Blackness as metaphor, lived materiality, and ontological condition, highlighting "the productive disruption that happens when blackness enters the frame" (2015, 164). Browne argues that race is undertheorized in surveillance studies, even as racialization undergirds how practices, systems, and policies of surveillance unevenly materialize in society. Black feminist STS scholarship pushes medical anthropologists to unpack how surveillance technologies both emerge from and perpetuate historical oppressions (Browne, 2015; McKittrick, 2021; Noble, 2018).

In STS scholarship, the "black box" metaphor describes how the social processes underwriting science and technology are obscured from plain view (Mascarenhas, 2018). A revision of this metaphor introduces the "black mirror" to think through new and more insidious surveillance technologies. *Black Mirror* was a popular Netflix series, but even readers unfamiliar with the show could surely appreciate its focus on the destructive underbelly of technological progress to make a statement about the social ills of modernity. The show's title comes from the reflection of an electronic device when it is turned off; an iPhone screen may be black, but it allows us to see a partial reflection of ourselves in the blank screen. Benjamin (2019, 65) draws on this reference to help us recognize systems of inequality and subvert the status quo; holding up a black mirror is a way of actively "challenging us humans to come to grips with our deeply held cultural and institutionalized biases."

The material, political, and ontological conditions of Blackness are thus central in theorizing contemporary surveillance as a technology of social control. Rather than a fixed axis of individual identity, Blackness—and its abject rejection manifesting as antiblackness—represents a global structuring logic configuring who is given human value (Vargas, 2018). By looking into the black mirror of the overdose crisis, I am not only invoking metaphor, but calling attention to the direct harms surveillance technologies can enact on racialized groups, including how Blackness itself anchors a shared symbolic order that naturalizes systems of oppression and early death through projects like the "War on Drugs." Antiblackness has always informed US drug policy, including the War on Drugs, which was secretly premised, in part, on monitoring and controlling Black people. Surveillance technologies and their selective role in policing drug use have only evolved to make this regulation easier, subtler, and seemingly more benign.

However, just as Blackness is revelatory of how societal fears and anxieties around drug use shape our increasingly technological responses to overdose, Blackness also opens up possibilities for resistance and disruption (Browne, 2015; McKittrick, 2021). Benjamin (2016) calls for "speculative methods" that reimagine the taken-for-granted to build alternative futures. Speculative approaches may help us

anticipate harm through a critique of technology and refusal of the inevitability of algorithms. Looking into the black mirror could help us reflect on—and thus refashion—our own roles in the interlocking systems of oppression and privilege that impact us all, including our national response to overdose.

To illustrate these points, I draw from Benjamin's (2016) speculative methodology to analyze national overdose policies, including ODMAP. My approach holds up a black mirror to ODMAP (its website, reports, literature, and media archives) to consider how all technological innovations are built on biases that become encoded to take on lives of their own (e.g., predictive policing). In the process, I assess the speculative potential of turning other technologies into tools of critical reading, including the "waybackmachine" website that archives iterations of websites over time, and ChatGPT, an artificial intelligence website. I show how STS frameworks can enable medical anthropologists to anticipate the potential harms of seemingly benign public health surveillance collaborations as a step toward re-envisioning harmful policies.

COLLABORATIVE ARCHITECTURES OF OVERDOSE SURVEILLANCE

The US Overdose Response Strategy (ORS) is a collaborative project emerging out of the High-Intensity Drug Trafficking Areas (HIDTAs) program of the Office of National Drug Control Policy. Created by Congress in 1988, the HIDTA program coordinates and assists federal, state, local, and tribal law enforcement agencies to address drug trafficking and drug production. HIDTA priorities concentrate on law enforcement, prevention, and treatment, as well as the investigation and prosecution of drug crimes. Put simply, HIDTA is a militarized arm of US drug policy.

The Overdose Response Strategy emerged from a 2015 initiative in five HIDTAs; in 2017, the program partnered with the Centers for Disease Control and Prevention (CDC), and in 2019 expanded partnership with the non-profit CDC Foundation. The program has continually broadened its scope to now encompass all 33 HIDTAs covering the 50 states, Puerto Rico, and US Virgin Islands. As of this writing, the CDC has supported the public health arm of the project with nearly $33 million of financial assistance, while the Office of National Control Policy has provided nearly $22 million for the HIDTA public safety portion of the program. This funding includes support for hiring public health analysts and drug intelligence officers, respectively, who now work together in every state. Branded as "an unprecedented and unique" collaboration, the mission of the Overdose Response Strategy is to "help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and pertinent intelligence and supporting innovative and evidence-based strategies" (Overdose Response Strategy, 2024).

While the program goals appear benevolent, Benjamin (2019) warns us that that the proliferation of large and coordinated data sharing networks may be one of the most pernicious forms of what she calls a "New Jim Code" of technologically sanctioned racism. She offers the US Department of Homeland Security's "data fusion centers" as an example of a law enforcement initiative engineered to sort and surveille individuals based on their perceived threat to the social order. But these surveillance-generating activities are inspired by the Drug War, and can be traced back to the El Paso Intelligence Center (EPIC), the first multiagency drug enforcement initiative, launched in 1974 (Van Puyvelde, 2016). EPIC was established as technological changes in computing and surveillance capabilities rapidly infiltrated law enforcement practices, pioneering an interagency model enabling local, state, and international agencies to share intelligence (Puyvelde 2016). EPIC laid the groundwork for future collaborative architectures of surveillance, including the current practice of embedding drug intelligence officers with public health analysts into Overdose Response Strategy initiatives (ONDCP & CDC, 2021).

A speculative reading of the Overdose Response Strategy Annual Reports suggests that the underlying logics of such "public safety" collaborations have potential surveillance reach beyond overdose. As an example, drug intelligence officers issue Felony Arrest Notifications. These notifications track individuals across jurisdictions, and data are reported to individuals' new home law enforcement

agencies. In 2021, officers transmitted 17,852 notifications to law enforcement agencies that individuals with felony drug charges lived in their jurisdiction, up from nearly 10,000 such notifications in 2020. In a survey about the uses of Felony Arrest Notifications, 50% of respondents said that they used the data to open or support an existing investigation, 97% reported that the system provided them with new data, and 95% reported that it "added intelligence value" to their agency (ONDCP & CDC 2020). These intelligence officers also support "a range of criminal investigations." The linkages with new surveillance technologies are clearly laid out in the 2020 annual report: "Across law enforcement networks, [officers] can share information and intelligence gathered from investigative tools such as license plate readers, facial recognition programs, phone record databases, or Division of Motor Vehicle photo programs. [Officers] often find that the information they pass along is connected to a larger case and helps to further enhance it."

What remains unclear is how far these intelligence officers can go in providing support for cases. Their capabilities reflect concerns about mission creep, wherein systems to monitor, track, identify, and analyze data slide into "secondary" uses beyond their original purpose to "tenuously related" or even unrelated objectives (Monahan & Palmer, 2009, 625). Mission creep reflects and further shapes interagency collaborations, as the underlying argument that data must be shared across agencies for the public good reinforces a circular logic that data should be shared for increasingly broad purposes (Monahan & Palmer, 2009).

However, enhancing surveillance of individuals with drug felonies can amplify racial and gender disparities in the criminal legal system. As of 2021, more than 1.2 million individuals were held in state and federal prisons, with nearly half (47%) of all federal prisoners incarcerated for drug offenses. Although Black people comprise 14% of the U.S. population, they account for 32% of those federally incarcerated on drug charges; similarly, Latinos account for 19% of the population, but 39% of those incarcerated (Carson, 2022).

Most drug-related felonies are minor infractions. Of the nearly 1.6 million arrests for drug violations in 2019, most (87%) were for simple possession (FBI, 2019). Research has found that possession arrests typically target small amounts of drugs: about 40% of drug arrests are for possessing or selling a quarter of a gram or less, with cannabis dominating arrests (Kennedy et al., 2018), even as it is now available for medical use in 38 states and territories and adult use in 24 of these areas. Felony charges carry possible prison sentences for first-time offenders in some states and for repeat offenders in others. Because possession with intent to sell is largely established through circumstantial evidence, including simply being in an "area of high narcotic trafficking" (which could be identified through targeted surveillance mapping), many charges are subject to bias (Kennedy et al., 2018).

Moreover, drug felonies follow individuals, corralling them into high-risk categories to be flagged in databases, guaranteeing further surveilling of those already under watch and increasing their likelihood of continued involvement in the criminal legal system. Having a felony drug record also impedes opportunities to thrive by interfering with voting rights, access to housing, food assistance, educational benefits, employment, and even parental rights. For example, a significant number of foster system cases involve allegations of caretaker drug use. The disproportionate targeting of families of color has prompted Dorothy Roberts to label the foster system a "family policing system" that primarily subjects poor and racialized families to further surveillance rather than addressing actual harms (Roberts, 2022). The current overdose crisis has allegedly driven recent increases in the number of children entering the foster system, echoing earlier racist panic surrounding "crack babies" who needed "good" homes (Siegel, 2021).

The Overdose Response Strategy thus lays the groundwork for a collaborative architecture of surveillance that could disproportionately punish racialized groups under a benevolent banner of "public safety." As Benjamin (2019, 150) notes, subjugation of racialized groups is rarely an explicit goal of policy innovation, but rather "noble aims such as 'health' and 'safety' serve as a kind of moral prophylaxis for newfangled forms of classification and control." Indeed, the first stated goal of this strategy is "sharing data systems to inform rapid and effective community overdose prevention efforts" (ONDCP & CDC, 2020). A key technology developed for these ends is ODMAP: a tool designed to provide near

real-time overdose surveillance data across geographic jurisdictions. But are black mirror technologies embedded within this techno-collaboration?

THE "TECHNO-BENEVOLENCE" OF ODMAP

I first heard about ODMAP through an individual whose agency was recruited to provide data; they dismissed ODMAP's methods as "squirrely" and declined to participate. I heard about it again from someone in another organization who spoke highly of its potential. When I asked a trusted colleague what they thought, they called ODMAP "evil." These different frames of interpretation suggest the need for critical analysis.

ODMAP was developed by the Washington/Baltimore HIDTA, which promotes the technology as a way to "enable communities to develop tailored interventions targeting specific geographic areas or high-risk individuals" (Bureau of Justice Assistance, n.d.).[1] As of 2022, almost 4000 agencies in all 50 states, the District of Columbia, and Puerto Rico have entered more than 850,000 overdose events into ODMAP. At least 17 states have a state-wide ODMAP implementation strategy, including legislation in several that mandate reporting (National HIDTA Assistance Center, 2023). Police departments are the primary users, accounting for at least 65% of subscribers (Beeson, 2018). In short, ODMAP is an expansive source of geographic surveillance data primarily used by law enforcement that increasingly requires jurisdictions to report data to the system to expand its reach.

ODMAP purports to inform "effective community overdose prevention efforts," yet communities themselves do not have access to the data. Access is restricted to "authorized" government personnel who "must have a need and right to know the information in the performance of their criminal justice and public health functions." While there is research guidance posted on ODMAP's website, and a handful of academic publications analyzing ODMAP overdose data (Canning et al., 2021; Piza et al., 2023), its role in research is unclear. In 2023, my university librarian inquired about accessing the data for research purposes,[2] but we were denied and provided only a generic email explanation in bold font: **"Policy: ODMAP is only available to government (federal, state, local, or tribal) agencies serving the interests of public safety and public health."**

The majority of literature about ODMAP consists of media coverage and quasi-academic publications that highlight its benefits to law enforcement (Adaniya, 2018; Ali et al., 2020). One law enforcement publication positions ODMAP as a way to better understand overdose in local as well as neighboring jurisdictions. The author suggests that ODMAP can be leveraged by police to "identify hotspots and assign undercover cops or other responses based on map data" (Beeson, 2018). The ODMAP website features an online archive of national news stories of police involvement in overdose response thanks to the technology, including "hot spot" mapping and arrests (e.g., Patel, 2020; Rizzo, 2018; Shah, 2018). "Hot spot" mapping has been criticized for reifying categories of individuals as "risky" and further concentrating surveillance in already heavily policed geographies (Benjamin, 2019). But more broadly, ODMAP raises critical questions about the role of law enforcement in overdose response.

The ODMAP agency participation agreement gives permission to HIDTA to use ODMAP data as they deem fit. The uses include but, they note, *are not limited to*, aggregating multiple datasets from participating agencies, combining agency information with data from other databases that HIDTA manages, analyzing the information to create law enforcement and public health analysis, conducting academic research, and "sharing actionable information" with law enforcement and public health agencies (ODMAP, 2020).

One example of the "other databases" under HIDTA management is Case Explorer, whose website's ominous catch phrase is *"They'll wonder how you found them."* Concretely, one way "they" can be found is through ODMAP: once an overdose is entered into the mapping system, participating law enforcement agencies can enter additional data into an ODFORM that transmits the data to the Case Explorer system. This form does not keep any personally identifiable information or protected

health information in ODMAP itself, but submits the data onward to other law enforcement agencies. The ODFORM collects a trove of data, including the type of overdose (fatal or nonfatal), time, if a motor vehicle is involved, address or geospatial coordinates, type of address, information about drugs and paraphernalia found at the scene, and information about the "victim" and "suspect" (exactly what these categories represent is unclear), including name, date of birth, gender, address, and contact information.

The resources and training materials available on the ODMAP website have shifted over time from clearly targeting resources to law enforcement to its currently more sanitized version. Confirmed by the "waybackmachine" website tool, a reorganization of the site's materials away from its law enforcement focus occurred in late 2022, including scrubbing a PowerPoint training for law enforcement featuring a "success story" in which information sharing spanning multiple states and agencies led to the prosecution of a 24-year-old Black man for selling heroin that led to several overdoses (ODMAP, n.d.). Yet this "success" is firmly grounded in punitive narratives of Black blame (Netherland & Hansen, 2016), and gestures to broader shifts in overdose policies.

As fentanyl has increasingly contributed to opioid overdoses—and disproportionately shifted to affect racialized communities—"drug-induced homicide" laws charging individuals with homicide for selling drugs leading to an overdose have become increasingly popular (Beletsky, 2019). These laws first emerged amid 1980s "War on Drugs" legislation after the highly publicized overdose death of basketball player Len Bias. While multiple jurisdictions enacted these laws, they were rarely used in practice. The overdose crisis has reinvigorated interest, and currently at least 25 jurisdictions have such laws, the majority of which impose sentences of at least 10 years. In at least six jurisdictions, the minimum penalty is life in prison, and two jurisdictions set the maximum penalty as death (Phillips, 2020). Arrests under these laws do not fundamentally disrupt the drug market, as friends and family who share drugs and other low-level subsistence user-dealers are often charged with these crimes (LaSalle, 2017; McLean, 2018). Reports also suggest that up to three-quarters of those prosecuted under these laws are people of color (Collins & Vakharia, 2020). Despite the legal threat, new individuals take the place of incarcerated street-level dealers, and markets continue to operate (Peterson et al., 2019).

While the ODMAP training manual specifies that information from the ODFORM is not to be used to prosecute "overdose victims," the blurry lines between people who use and "deal" drugs, and between those who experience overdose and those who respond to it, raises questions about how the data are used. ODMAP's promotional materials admit criminal prosecution of "traffickers," and its archive of news stories featuring hot spot mapping and arrests suggest "mission creep" in opioid policing. Integrated into ODMAP's "Overdose Spike Response Framework" is the recommendation for law enforcement to contact HIDTA and/or the regional Fusion Center to promote data sharing and "identify connections to criminal networks contributing to the spike" (ODMAP, 2018, 13). ODMAP's social media templates, framed as helping agencies craft messages about "spike alerts" of clusters of overdoses, feature racist cartoon characters of law enforcement figures, including one armed and dressed in riot gear (ODMAP & ADAPT, 2022).

However, research suggests a harmful association between law enforcement supply-side interventions and overdose (Lowder et al., 2022, Zibbell et al., 2019). Recent work has shown that police drug seizures are significantly associated with increased spatiotemporal clustering of overdoses in the immediate geographic area of arrests (Ray et al., 2023a). Ray et al. (2023a) argue that individuals who use opioids and lose their supply experience anticipated and actual withdrawal that forces them to seek new and potentially risky markets, thereby increasing their odds of overdose. These findings also reinforce the importance of the "drug dealer," often called a "connect" because there is a connection, not just materially in drugs, but socially in trust (Carroll et al., 2020). Taken together, this research undermines a core argument advanced by ODMAP of its utility in addressing overdose through prosecuting "traffickers."

Like the original multiagency drug surveillance conglomerate EPIC and the Data Fusion Centers it inspired, ODMAP offers limited access to government agencies, shares intelligence, and operates largely

in opacity, as "disparate data are drawn together as needed, invested with meaning, communicated to others, and then discarded such that no records exist of such surveillance activities" (Monahan & Regan, 2012). Put another way, ODMAP itself is not a "system of record," and thus in its black mirror design, it is difficult to draw direct connections between the map and arrests and prosecutions. Concerned agencies can create an MOU or enact a state or local statute to limit law enforcement uses of ODMAP data (ODMAP, n.d.). At least two states with overdose reporting legislation include a specific provision prohibiting the use of reported information for criminal investigation or prosecution of overdose survivors.

Considering the validity of these concerns and following my colleague who called ODMAP evil, my speculative approach urged me to look into another kind of black mirror technology and ask ChatGPT:

> Me: Is ODMAP evil?
>
> ChatGPT: ODMAP itself is not inherently "evil." … The ethical implications of tools like ODMAP may arise from how the data is collected, stored, and used. Issues related to privacy, consent, and the responsible use of data are important considerations. *The ethical stance of ODMAP depends on factors such as the transparency of its use, adherence to privacy laws, and the intentions of the agencies using the tool* (my emphasis).

The points ChatGPT raises should give us pause: ODMAP data sharing and use are opaque and communities are excluded. While there may be well-intentioned individuals contributing to this project, the application as such is intended to feed into surveillance systems built on drug war logics that pull resources away from prevention while perpetuating a narrative of police relevance in overdose response.

Not all responses emerging from ODMAP are outwardly punitive, however, and herein lies its techno-benevolence: while on the surface appearing to address a public health issue, it also "blurs the line between niche tailoring and unwanted targeting" (Benjamin, 2019, 155). For example, ODMAP can be used to facilitate postoverdose outreach responses, which are also highlighted in the website's online media archive. These increasingly popular interventions engage overdose survivors and their social networks after an overdose to provide resources and support. Programs often rely on contact information from overdose calls to locate survivors. Teams typically employ some combination of law enforcement, first responders, public health or behavioral health workers, or harm reductionists to follow-up and offer linkages to care, including naloxone, overdose education, and treatment referrals. Caring for individuals who have experienced an overdose is clearly important. Research suggests that communities where these programs operate are significantly associated with lower fatality rates compared to communities where they do not (Xuan et al., 2023). But postoverdose outreach programs rarely operate without police involvement (Ray et al., 2023b), even though police presence can induce harms. Police often check warrants prior to postoverdose outreach visits, which can result in arrest, delayed outreach, and barriers to obtaining services for overdose survivors, ultimately undermining the supportive intentions of programs (Formica et al., 2021; Tori et al., 2022).

Finally, while ODMAP should raise concern for researchers and communities alike, it is hardly the only tool of its kind linking police to public health overdose data. For example, the Critical Incident Management System (CIMS) is an application enabling participating agencies to document overdose and behavioral health events and track referrals and follow-up home visits in real time. This proprietary system was developed in collaboration with law enforcement agencies, who primarily comprise its users. Its vague data sharing policy is "only the right data with the right people to do great work." As it turns out, CIMS shares its data with ODMAP (Kelly, n.d.). ODMAP, CIMS, and similar technological innovations thus naturalize public safety collaborations as benevolent intervention, or the "right" kind of crisis response.

BEYOND THE BLACK MIRROR OF OVERDOSE SURVEILLANCE

Looking into the black mirror of ODMAP reveals how surveillance that appears to be addressing a national crisis is actually a law enforcement-centered tool that exploits the tragedy of overdose deaths to justify increased surveillance of people who use drugs, neatly rationalized as a public health good. ODMAP can thus be read as a form of "techno-benevolence" that glosses its potential harms under a guise of technological innovation and "public safety" (Benjamin, 2019). While there are examples of mapping and data-driven solutions that have helpfully informed community responses to overdose (Davidson et al., 2003; Easterling et al., 2016; Patel et al., 2023), such efforts must be pursued with humanity and care. Beyond critique, I want to imagine new ways to shift overdose response from a policing issue to a community-driven one.

As a starting point, it is important to be wary of "public safety" collaborations. Increasingly, law enforcement and public health are partnering to expand overdose surveillance efforts, even as local communities and people who use drugs are largely excluded from, and at risk of being harmed by, these collaborations (Alexandridis et al., 2020; Doe-Simkins et al., 2022; Gertner et al., 2022). We must recognize the ideological work that is accomplished through collaborative surveillance projects: generating data and sharing it across agencies becomes self-reinforcing while underwriting our passive consent to link drugs, crime, racialized disparities, and the commonsense of law enforcement's expansion into overdose response.

Missing in the reformist language of "public safety" is the disproportionate amount of power ceded to law enforcement agencies, which already have far more access to databases and resources than public health institutions. When overdose data are cross-referenced with prior drug arrests and converge with new surveillance technologies such as facial recognition software, license plate readers, and other passive systems embedded in our national Overdose Response Strategy (ONDCP & CDC, 2020), the potential for harm multiples. This data mining and cross-referencing is far from an evidence-based public health intervention. Rather, ODMAP reflects the same kind of "techno-benevolence" that vulnerable communities experience through "hot spot" mapping and predictive policing that selectively concentrate surveillance and intervention in racialized communities (Brayne, 2020; Community Justice Exchange, 2022). ODMAP receives a score of "highest risk" in Amani et al.'s (2023) system for evaluating potential surveillance-related harm, even though its access restrictions render it difficult to quantify actual harms produced in communities. Such opacity is the whole point of black mirror technologies.

It is essential to inventory not only what is "captured" in surveillance systems, but what is missing. Platforms like ODMAP are always partial and biased. If individuals do not call 911, overdoses are missed in official records, yet many overdoses are reversed by family, friends, and community members, including other people who use drugs (Wheeler et al., 2015). When such reversals go unreported, the critical role of community in overdose response gets erased. In its place, "official" data reinforce the image that police need priority access to naloxone and must remain relevant in overdose response, even as studies demonstrate multiple forms of police-related harm (Fedders, 2019; van der Meulen et al., 2021). Many community members and grassroots harm reductionists do not want police to have a central role in overdose response, but this is exactly what technologies like ODMAP enable.

This raises a further question: can ODMAP be meaningfully reformed? As long as police remain central in this and other initiatives in which they co-opt otherwise useful public health data, reform itself is a black mirror: a shiny, surface-level "public safety" response that demands a deeper reflection on how historical conditions of slavery, colonialism, and White supremacy built the material and ideological foundations of our current systems (Browne, 2015; Downs, 2021; Parenti, 2004). The overdose crisis represents but the latest iteration of how antiblackness operates through policies that value certain lives (medicalized compassion for White people) while surveilling and punishing others (criminalization for Black people and, by extension, non-White "Others"). Scholars of antiblackness argue that "racialized health disparities" cannot be addressed through the very institutions that created these inequities in the first place (Vargas, 2018). There is also no technological "quick fix" because all interlocking systems are

built upon subjugation; new technologies of surveillance only amplify pre-existing forms of oppression (Benjamin, 2019).

Browne's invocation of "dark sousveillance" may be one useful strategy for replacing current systems with community-driven solutions. As "an imaginative place from which to mobilize a critique of racializing surveillance," dark sousveillance is a practice of countersurveillance and reflection open to new possibilities (Browne, 2015, 21). Such projects emerge from communities themselves to not only monitor those in power but mobilize against harmful practices. Countermapping is one example, including the Mapping Police Violence project, created in response to the lack of transparent documentation of police killings in the United States. Mapping Police Violence collects, maps, and disseminates data online to assemble the most comprehensive database of its kind (https://mappingpoliceviolence.org). Years ago, community-based epidemiological work groups, composed of networks of researchers, local officials, academics, and other community members, used to track emerging drug trends and regularly share information; this approach not only valued surveillance data but the lived experience of local communities (Kozel et al., 2002). A version of these efforts could be revived, such as tracking community overdose reversals (i.e., non-first responder reversals), which could inform appropriate prevention efforts and postoverdose response teams that preclude law enforcement. There is excellent work already underway by organizations including Remedy Alliance/For the People (https://remedyallianceftp.org), who provide sustainable and equitable naloxone to harm reduction organizations, and NEXT Distro (https://nextdistro.org/), an online, mail-based harm reduction service that expands access to safe supplies. There is also the research and policy advocacy work of Drug User Unions, including efforts by the Coalition to Liberate Methadone to decouple methadone surveillance through regulatory reforms (https://www.liberatemethadone.org/). Collectively, such grassroots efforts reject an ever-expanding police encroachment into public health initiatives.

These and other examples can shatter the black mirror and push back against the criminalization of overdose. Black feminist scholars insist on remaking the world, noting that this work is not just for oppressed communities; it is incumbent upon all of us (Benjamin, 2019; Gilmore, 2022; McKittrick, 2006). Communities need to be able to generate, safeguard, access, and act upon their own data to tell their own stories and implement appropriate solutions. Centering people who use drugs through capacity building and peer-driven harm reduction programming is key (Baker et al., 2015; Balian & White, 2010). Drug use and overdose are shaped by sociopolitical inequities in which resources are often diverted to law enforcement initiatives that disproportionately enact violence in racialized communities (APHA, 2018). A harm reduction approach compels us to use data to optimize resource allocation, leverage existing community resources, and identify needs to be addressed from a holistic perspective.

As a final point, the story of ODMAP should compel us to look into the black mirror of our own research politics, collaborative alliances, and ethical practices as a reflexive assessment of how our work can shape policy. Much could be gained by integrating Black feminist STS scholarship into a more capacious and daring practice of medical anthropology. The black mirror operates not only as a metaphor when applied to the overdose crisis; it reveals the structuring logics underpinning how historical racialized harms are encoded in technologies that advance the War on Drugs. US drug policy has always been built on racialized othering to exert social control, but technology now advances this agenda, disguising it as benevolent intervention. The black mirror invites us to reflect on our own complicity in perpetuating harmful systems. It is time to imagine community-driven and harm reduction-centered ways to prevent overdose. Or, as one drug policy advocate recently put it, "we don't need a computer to tell us how to care for each other" (Frederique, 2022).

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Notes

[1] ODMAP was internally developed by HIDTA, but based on their 2022 annual report, the agency collaborates with Esri, a leading GIS software company with annual revenue of $1.5 billion, and Semantic AI, a privately-held software firm. According to a Semantic AI press release, their collaboration with HIDTA "enables rapid collaboration among all agencies involved in tracking and apprehending those suspected of high intensity drug trafficking," while their newest platform includes "machine learning, artificial intelligence, text analysis, face recognition and much more." However, I am unable to concretely link these companies to HIDTA's project of ODMAP. ChatGPT agreed: "Without direct confirmation or public announcements, it's challenging to definitively state whether Semantic AI or any specific company is involved in developing or working on ODMAP." Although industry collaborations remain unclear, this tracks with the obfuscation that is ODMAP and it is likely that companies are profiteering from racial capitalism under the guise of addressing overdose.

[2] We had no intention of analyzing of ODMAP data, we just wanted to see their response.

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