

Evaluation of a police-led addiction  
treatment referral program:  
The Gloucester Police Department's Angel Program

**David Schiff, MD, MSc**

PAARI National Law Enforcement Summit

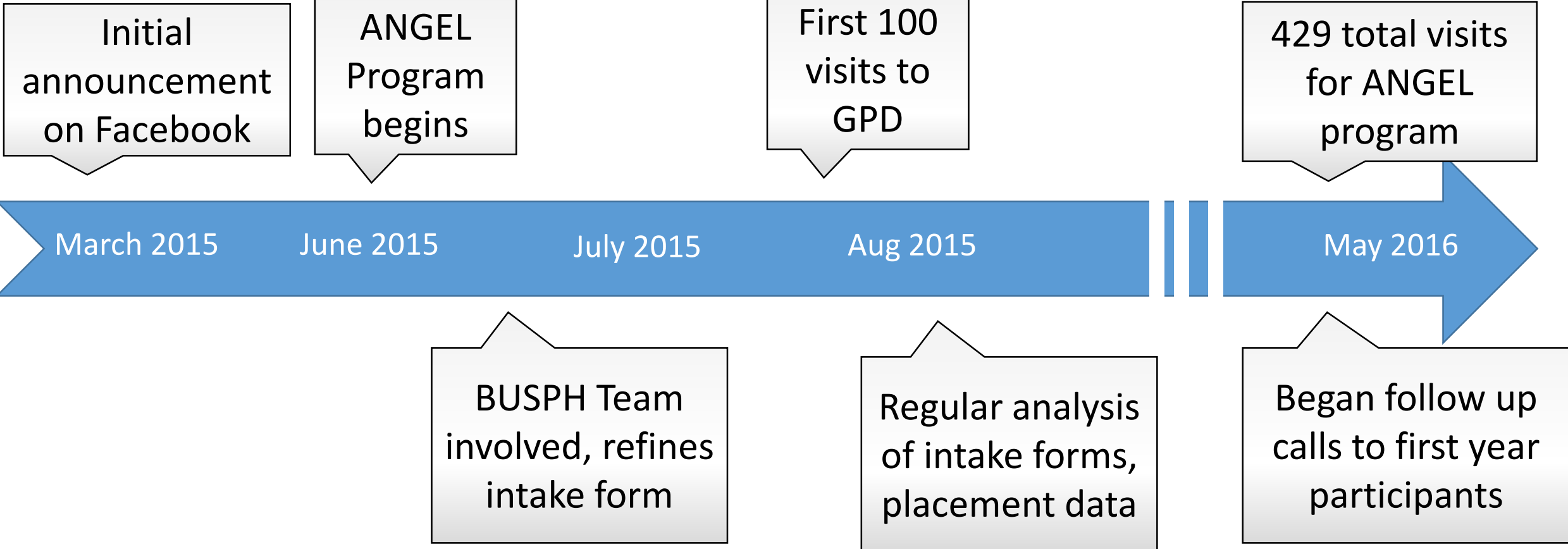
December 5th, 2017

# Aims

- Describe the socio-demographic and substance use characteristics of Angel Program participants in its first year
- Report on police-reported direct referral to addiction services
- Explore why participants came to the AP, describe participation experience, and elucidate facilitators and barriers to successful placement
- Determine current self-reported substance use and treatment engagement



# Gloucester Angel Program's First Year



# Methods: Sociodemographic Intake Data

- Data Sources

- Intake form filled out by officers at Police Department
- Placement Data from Police Department

- Analysis

- Descriptive Statistics

- Frequencies, Means for demographic data and substance use and treatment history



# The NEW ENGLAND JOURNAL of MEDICINE

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## A Police-Led Addiction Treatment Referral Program in Massachusetts

**TO THE EDITOR:** During the period from 2009 through 2013, only 21% of people with an opioid-use disorder in the United States received any type of treatment.<sup>1</sup> In response to increasing rates of overdose deaths in the community, the Gloucester Police Department developed the Angel Program, a voluntary, no-arrest program that offers direct referral for drug detoxification or rehabilitation treatment.<sup>2</sup> Police officers collect data

were from states other than Massachusetts, and the remainder came from elsewhere in Massachusetts. In 12 instances, the person was ineligible for drug detoxification because immediate medical attention was required. In 94.5% of instances in which a person presented for assistance and was eligible (394 of 417), direct placement was offered; in 5.5% (23 of 417), the person was not placed or had missing placement information.

# Results - Participant Characteristics

Between June 1, 2015 – May 31, 2016:

- 429 total visits
- 376 unique individuals
  - 11% (n=40) returned for two or more visits

Residence:

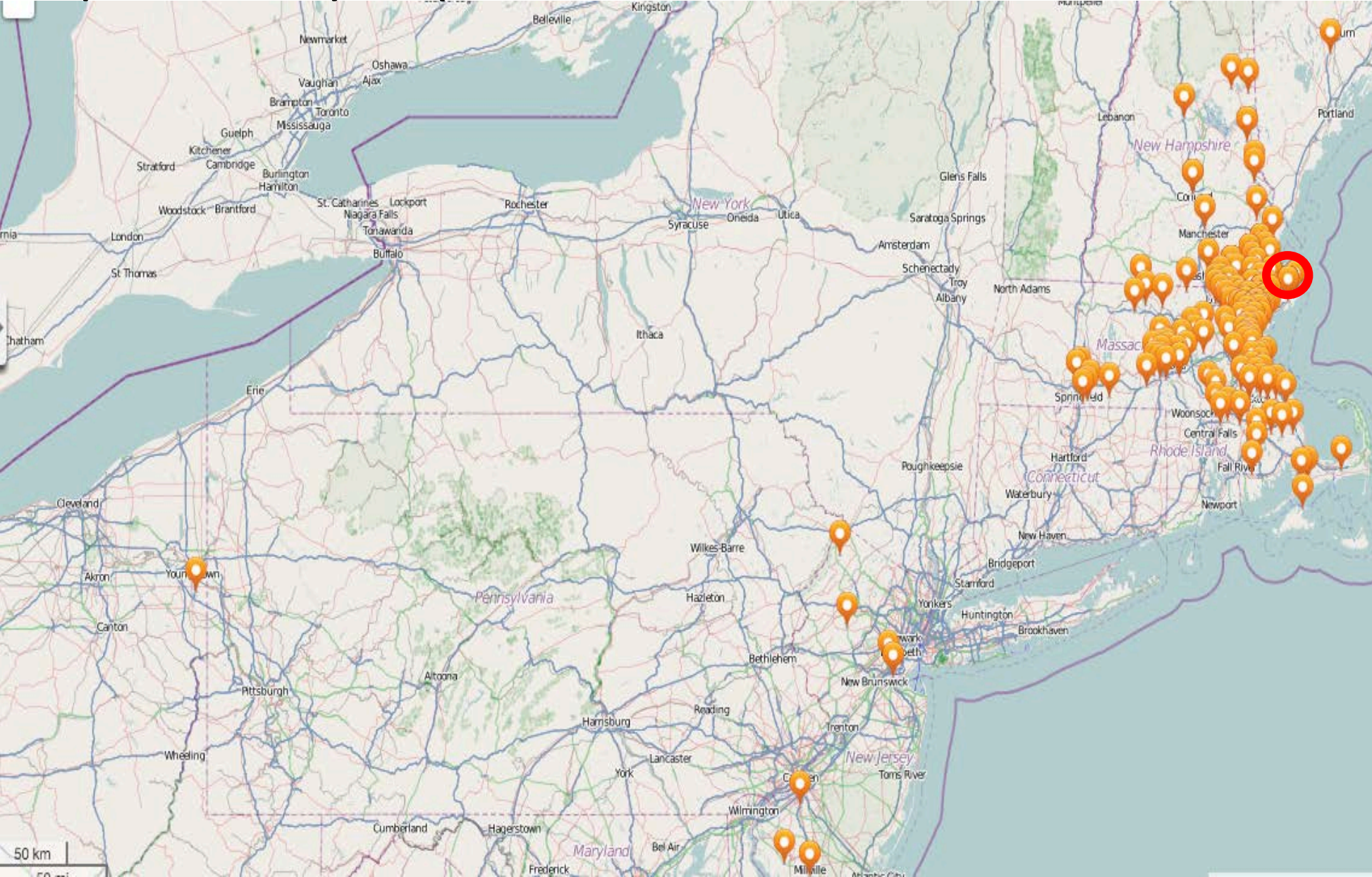
- 12% resided in Gloucester
- 25% Essex County (surrounding Gloucester)
- 41% Elsewhere in MA
- 17% were homeless
- 6% from other states







# Participants by Zip Code – Northeast US





<b>Characteristic</b>	<b>ANGEL PROGRAM (6/2015- 5/2016)</b>	<b>MA Sub Abuse Tx Adm (BSAS FY 2014)</b>	<b>NSDUH, OUD (2009-2013)</b>
<b><u>Total # participants</u></b>	<b>376</b>	<b>85,823</b>	<b>6770</b>
<b><u>Gender, % male</u></b>	<b>70%</b>	<b>68.4%</b>	<b>59.2%</b>
<b><u>Age (Mean)</u></b>	<b>29.4 yrs</b>		
% < 18	<b>1%</b>	<b>2%</b>	<b>9%</b>
% 18-25	<b>30%</b>	<b>21%</b>	<b>30%</b>
% >26	<b>69%</b>	<b>77%</b>	<b>61%</b>
<b><u>% Insured</u></b>	<b>85%</b>		<b>70%</b>
<b><u>% Past needle/heroin use</u></b>	<b>84%</b>	<b>59%</b>	<b>35%</b>
<b><u>Education</u></b>			
< High School	<b>14%</b>	<b>24%</b>	
Completed HS	<b>50%</b>	<b>46%</b>	
> High School	<b>36%</b>	<b>29%</b>	
<b><u>Marital Status</u></b>			
Married/In a committed rel.	<b>14%</b>	<b>11%</b>	
Single, never married	<b>80%</b>	<b>73%</b>	
Separated/Divorced	<b>6%</b>	<b>15%</b>	
<b><u>% Unemployed</u></b>	<b>59%</b>	<b>76%</b>	
<b><u>% Homeless</u></b>	<b>14.7</b>	<b>18%</b>	

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# Prior Drug Use and Treatment history

Question	# of Responses	Frequency (n)
Prior drug arrests (% yes)	295	54.6% (161/295)
Last Opioid Use:		
Same day (130, 53.9%)		55% (178/326)
Yesterday (76, 31.5%)		29% (94)
2-4 days (21, 8.7%)		10% (33)
5 days or more (14, 5.8%)		6% (21)
Age started using drugs	281	15.3 yrs (sd 3.6)
Age started using opioids	287	20.4 yrs (sd 5.6)
Prior detox visits (% yes)	285	82% (234/285)
Others types of Tx for opioids:	202	
Methadone		29%
Buprenorphine		47%
Self-Help Group		82%
Counseling		28%
Long term outpatient		7%
Residential Treatment		9%
Sober house		7%

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- Describe the socio-demographic and substance use characteristics of Angel Program participants in its first year
- Report on police-reported direct referral to addiction services
- Explore why participants came to the AP, describe participation experience, and elucidate facilitators and barriers to successful placement
- Determine current self-reported substance use and treatment engagement



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Contents lists available at ScienceDirect

## Journal of Substance Abuse Treatment



### A police-led addiction treatment referral program in Gloucester, MA: Implementation and participants' experiences

David M. Schiff<sup>a,b,\*</sup>, Mari-Lynn Drainoni<sup>c,d,e</sup>, Zoe M. Weinstein<sup>f</sup>, Lisa Chan<sup>g</sup>,  
Megan Bair-Merritt<sup>a</sup>, David Rosenbloom<sup>c</sup>

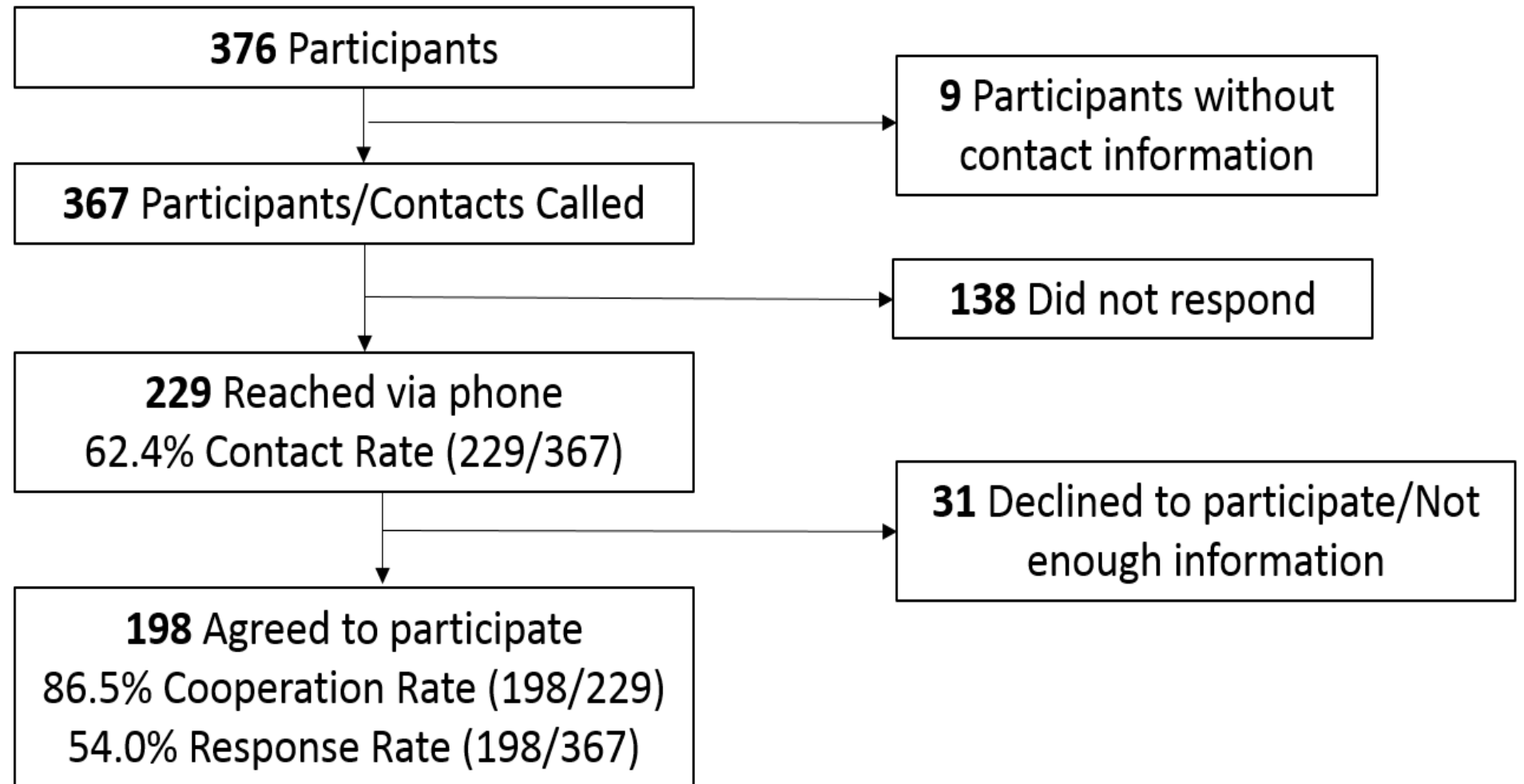


# Methods: Interview Data

- Collection
  - Follow-up calls to all participants 3-6 months after participation to assess experience using the program
  - Trained medical students, semi-structured questionnaire, transcribed verbatim
- Survey tool created de novo, structured and open-ended questions
- Analysis
  - Coded in Excel by three members of the study team coding 75% of the interviews, met to review data, establish consensus



# Follow-up telephone call response rate:



# Results

## Police Reported Placement

**429** Unique Encounters

**12** Referred to medical clearance

**394/417** Placement identified (**94%**)

**374/417** Direct Detoxification or Treatment Referral (**90%**)

## Follow-up Calls Placement Confirmation

**220** Unique Encounters

**6** Referred to medical clearance

**185/214** Placement identified (**86%**)

**160/214** Went to Direct Detoxification or Treatment Referral (**75%**)

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# Follow-up Telephone Call Results



Reasons for participation

Participation Experiences

Treatment Engagement

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**Theme**

**Quote**

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Positive program publicity offered hope for help

“I saw [the program] on the news in the morning, it put an idea in my head. I had been unable to get placement on my own so I gave it a try” (Participant 196)

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Belief that the GPD would be open and could obtain placement

“I knew if placement took too long [participant] would change mind and not want to go” (Contact of 131)

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Current treatment system failing

“Hospitals just give you a list of detox places, won't even commit you if you say you're going to kill yourself and they find out you're detoxing. Hospitals have no sympathy or empathy” (Participant 34)

---

External pressure with no other alternative

“My mom read about it and gave me an ultimatum: ‘go or get out of house’” (Participant 159).

Reasons for  
participation

Participation  
Experiences

Treatment  
Engagement

---

Theme

Quote

---

Police displayed willingness to  
work hard to identify placement

“They worked really hard, as if it was one of their  
kids” (Participant 147)

---

Chief of Police Leadership

“Chief was in constant contact with [the participant]  
who, was more comfortable texting the Chief about  
relapse than his mom” (Contact of 33)

---

Non-judgmental services

“Gloucester looks at you differently, no judgment...  
hospitals just put you in a corner” (Participant 142)

---

Connection over shared  
experiences with addiction

“One officer admitted that he was also in a treatment  
program and struggled, respected his honesty”  
(Participant 107)

---

Negative Experiences

“first time through was great, found a place quickly.  
Second time through no one followed up and no one  
helped” (Participant 68)

---



Reasons for participation

Participation Experiences

Treatment Engagement

---

Theme

Quote

---

Hope that recovery was possible “Although I didn’t go the placement they offered, they really kick-started my recovery process, I felt like there was hope” (Participant 113)

---

Barriers to treatment entry and engagement “It’s a catch-22 where you need to be dirty to get in [to detox], but can’t get into aftercare from detox” (Participant 210)

---

Post placement treatment availability limited “The burden of finding aftercare fell to my mom – had to drive into Boston five straight days to find aftercare” (Participant 186)

---

Mismatch between treatment availability and participant needs/preferences One participant exclaimed that he “needed a job [to keep his] health insurance, [but] was unable to find aftercare that would not jeopardize his job” (Participant 45)

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# Substance Use and Treatment Outcomes

<b>Substance Use and Recovery Services Engagement</b>	<b>Not Placed/ Declined Placement (n=50)</b>	<b>Entered Placement (n=142)</b>	<b>p-value</b>
<b>Treatment Type</b>			
Inpatient/Residential	4 (8.0%)	44 (31.0%)	0.001
Intensive Outpatient/Partial Hospitalization	2 (4.0%)	10 (7.0%)	0.44
Outpatient Counseling	7 (14.0%)	34 (23.9%)	0.14
<b>Medication Tx</b>	13 (26.0%)	41 (28.9%)	0.70
<b>12-Step/AA/NA</b>	14 (28.0%)	69 (48.6%)	0.01
<b>Has participant abstained from use of substances since participation in AP?</b>	13 (26.0%)	58 (40.9%)	0.06

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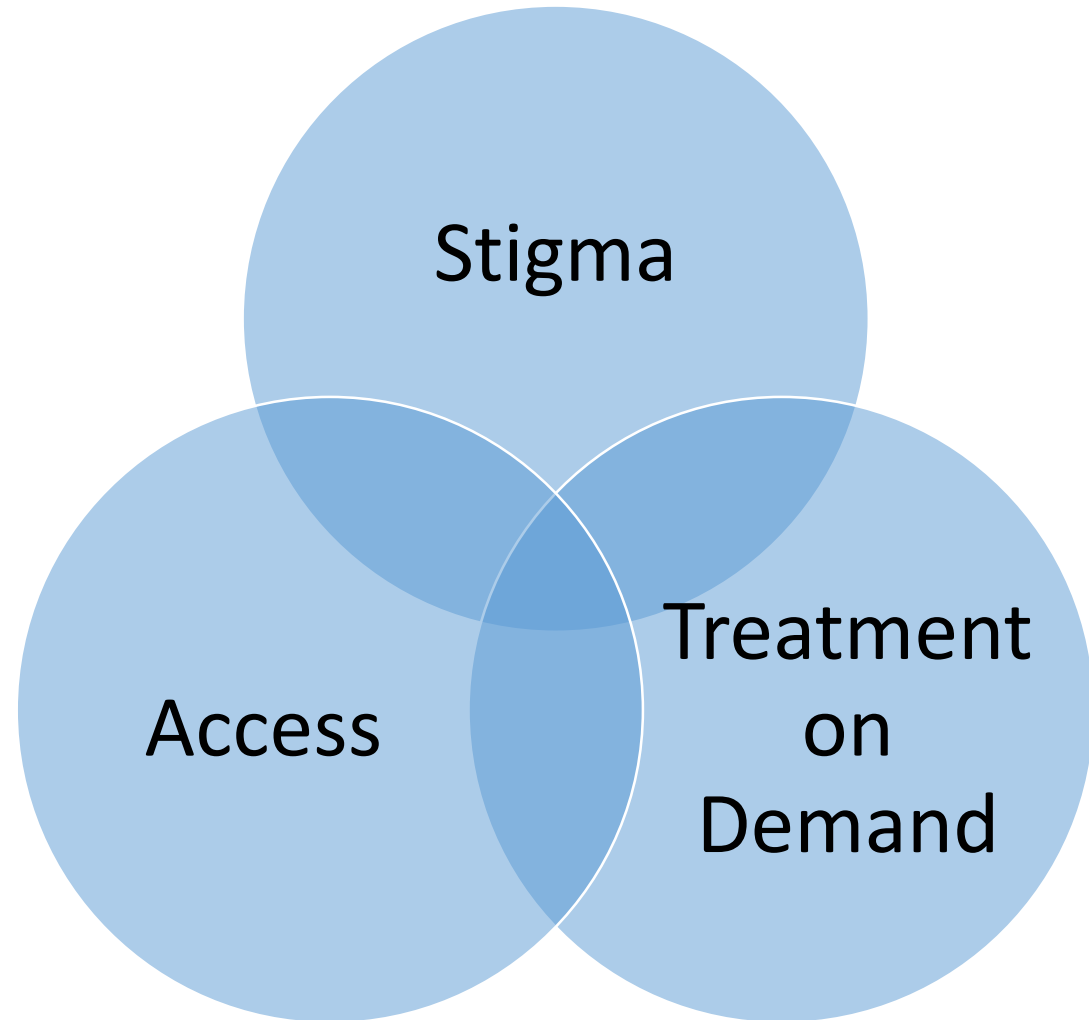
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# Discussion

- Participants found program a feasible and acceptable model for engaging in addiction treatment, with over 400 encounters in the first year
  - Over 50% participants with prior arrests
- Police were effective in securing direct placements, predominately to detoxification services

# Discussion - Contributors to high direct referral rates

- Volunteer ANGEL
- Transportation to treatment centers provided
- Motivated individuals
- Relationship with local treatment center
- State-mandated detox coverage





# Discussion

- Following initial program placement, fractured treatment system still structured around episodic, acute care episodes left participants struggling to find individualized long term treatment options




# Limitations

- Real world data collection
  - Partially filled out forms
  - Missing data
- Follow up calls relied on self-report, subject to recall bias
- Qualitative comments from transcribed notes, not audio-recorded




# Questions?

Many thanks:

 School of Public Health

- Mari-Lynn Drainoni, PhD
- David Rosenbloom, PhD
- Howard Cabral, PhD

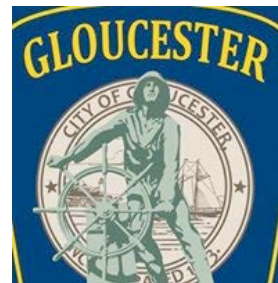
 School of Medicine

 BOSTON MEDICAL CENTER

- Megan Bair-Merritt, MD, MSCE
- Zoe Weinstein, MD, MSc
- Med Students - Nina Gummadi, Lucero Paredes, Nivedita Poola, Kevin Stirling, Nirmita Doshi, and Anubhav Nangia

 BOSTON UNIVERSITY

- Undergraduate Students: Lisa Chan, Ben Maxner, and Daniela Rebellon



- Leonard Campanello, MS
- Lt. David Quinn
- Gloucester Police Department Officers



- Police Assisted Addiction Recovery Initiative (PAARI)

**Contact:** [Davida.schiff@mgh.harvard.edu](mailto:Davida.schiff@mgh.harvard.edu)

# References

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# Discussion – Comparison to Other Treatment Referral Programs

- Project ASSERT – Screening and Referral in Emergency Department by health promotion advocates
  - Yale New Haven -57% Direct Referral Rate
  - Boston Medical Center – 56% Direct Referral Rate
- LEAD Program – Law Enforcement Assisted Diversion in Seattle, WA
  - Predominately focused on recidivism rates and criminal justice system utilization, no referral/treatment outcomes

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# Results – Police-reported placement

**429** Unique Encounters to Angel Program

**12** Referred to medical clearance

**394/417** Placement identified ( 94%)

**23/417** Unable to Place/Unknown (6%)

**374/417** Direct Detoxification or Treatment Referral (90%)

**20/417** Declined/Refused Option Identified (5%)

