



Police Assisted Addiction & Recovery Initiative

Chief Fred Ryan
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The Opioid Epidemic

- Most urgent public health and public safety issue we currently face as law enforcement and as a county
- Leading cause of accidental death
- 174 Americans fatally overdose every day
- Law enforcement officers are on the front lines of the opioid epidemic and in a unique position to offer critical intervention and help people take their first steps on the path towards recovery



Barriers to Treatment

- Only 11% of people who need treatment receive it
- Significant obstacles even when someone wants treatment
 - Lack of a simple entry point
 - Lack of immediate access 24/7 (treatment on demand)
 - Lack of insurance coverage or ability to pay
 - Lack of transportation
 - Shame and stigma when seeking help



Gloucester Angel Program

- Series of overdose deaths in early 2015
- Established GPD as a safe station – Anyone can self-refer to ask for help and will receive a direct referral to treatment
- Goals to prevent overdose deaths and remove barriers to treatment and recovery
 - Create simple 24/7 pathway to treatment on demand
 - Reduce stigma associated with seeking help
 - Reframe addiction as a disease not a crime that needs treatment not jail



Arlington Outreach Initiative

- Launched in July 2015
- Overdose trends showed that some overdose deaths were predictable and therefore preventable
- The Arlington Outreach Initiative involves:
 - Intervention, including overdose follow up visits and widening access to treatment and naloxone
 - Follow-up and case management
 - Training and education, including public events
 - Community partnerships



Police Assisted Addiction & Recovery Initiative

- GPD and APD programs caught national attention and sparked community policing movement – Added a new tool to officers' toolkit to save lives
- PAARI founded to help law enforcement agencies establish pre-arrest programs
- PAARI is free to join
- Membership is open to any law enforcement agency that believes addiction is a disease not a crime that needs treatment not jail



Police Assisted Addiction & Recovery Initiative

- PAARI provides:
 - Technical assistance, coaching, and support
 - Program models, policies, and templates
 - Convenings and trainings
 - Seed grants
 - Connections to over 300 vetted treatment centers
 - A network of like-minded law enforcement agencies
 - A unified voice with media and legislators
 - Capacity building and Recovery Coaching through AmeriCorps grant



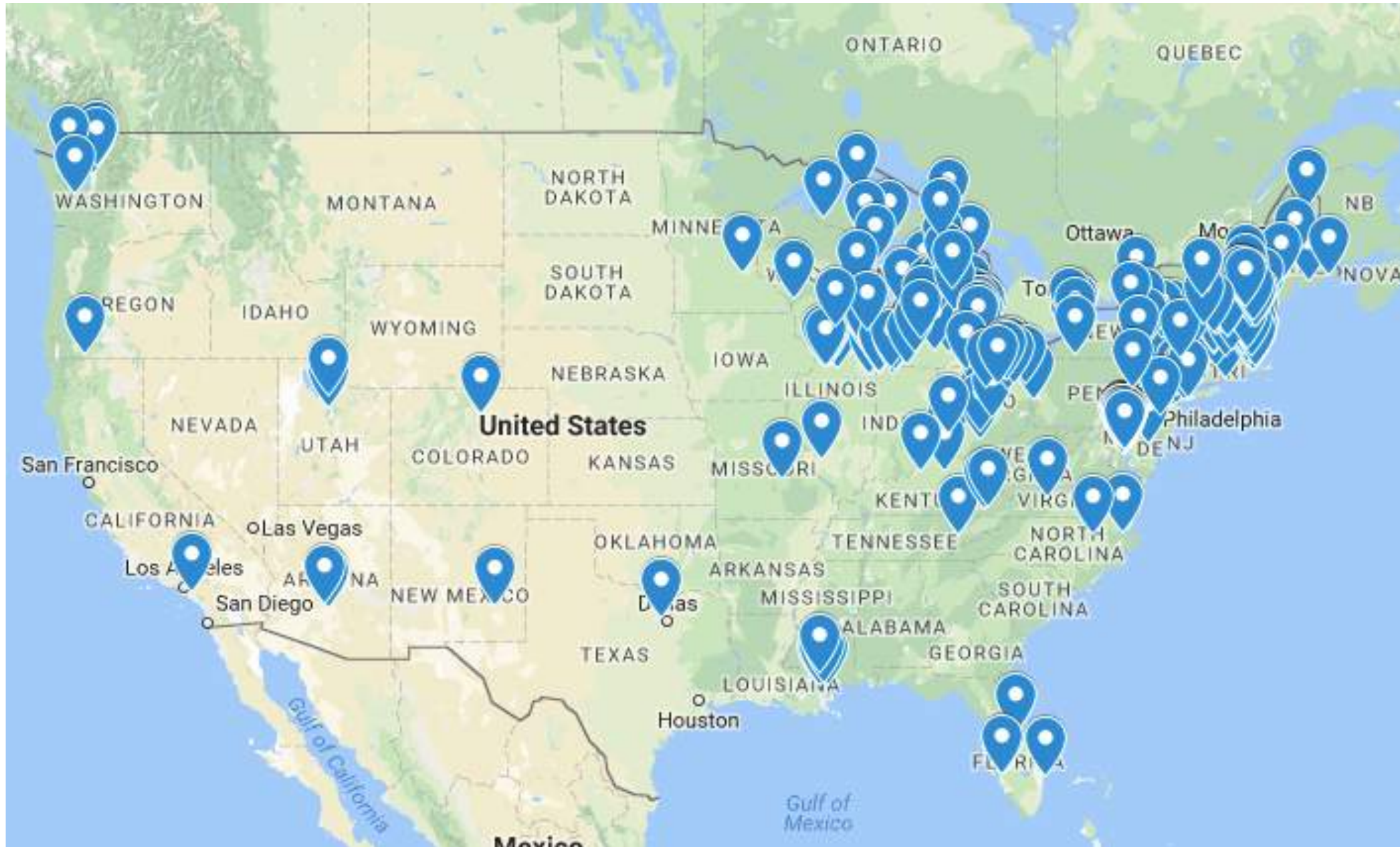
Program Outcomes

- Save lives
- Increase access to treatment
- Reduce crime
- Reduce calls for service
- Build community trust
- Reduce health care and criminal justice costs
- Change national conversation from addiction as a crime to addiction as a chronic disease, i.e. "we cannot arrest our way out of this"
- Fatal overdoses in Arlington dramatically down with only one suspected fatality in 2017



Nationwide Network of PAARI Law Enforcement Partners

PAARI currently has 382 law enforcement partners in 32 states; growing every day



The New England Journal of Medicine

- NEJM piece about the GPD Angel Program
- Participants found the model a feasible way to engage in treatment and that police were effective at securing direct placements
 - 94.5% direct referral rate, compared to 56% direct referral rate by Project ASSERT at Boston Medical Center Emergency Department
- Shows that police can provide effective self-referral entry points to treatment



The NEW ENGLAND
JOURNAL of MEDICINE

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.¹ 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.² Police officers collect demographic information and call treatment centers to identify a facility for placement. The police department ensures that participants have access to immediate transportation to the treatment center, which is provided with an ambulance, if necessary. If the officer judges that the process will take more than a few hours, participants are assigned a volunteer Samaritan for emotional support.

From June 2015 through May 2016 (the first year of the program), 376 different persons presented for assistance a total of 429 times. The demographic characteristics of the participants are shown in Table 1 and are similar to those reported by the Substance Abuse and Mental Health Services Administration for persons who are admitted to treatment programs for an opioid-use disorder in Massachusetts.³ Of the persons who sought treatment through the program, 11.8% resided in Gloucester, 24.8% lived in the surrounding county, 16.8% were homeless, 5.6%

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. The reasons for failed placement were inadequate insurance, out-of-state residency, or lack of a bed at a treatment facility. On the basis of police documentation, in 374 encounters (95% of those in which placement was offered), participants entered their assigned program, and in 20 encounters placement was declined. Follow-up telephone calls reached 57% of participants in the first 9 months of the program; in 85% of responses, participation in the police-reported treatment program was confirmed.

Despite the many barriers, including previous arrests, that may prevent persons with an opioid-use disorder from engaging with police, 376 people sought help in the first year of this program. The high direct-referral rate of 94.5% exceeds those reported for hospital-based initiatives that are designed to provide immediate access to detoxification and treatment.^{4,5} Factors that enabled referrals included the motivation of participants to enter treatment, as evidenced by their coming

Police Executive Research Forum

- PAARI and APD attended conference at the NYPD Headquarters in Manhattan
- Featured in PERF's report titled "The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death, Police, Sheriffs, and Health Agencies Must Step Up Their Response"



KEY POINTS ON THE EMERGING POLICE ROLE IN GETTING ADDICTED PERSONS INTO TREATMENT

- Police agencies increasingly are actively working to get addicted persons into treatment. Police stations have become a place where people can go to seek assistance in obtaining a placement in a treatment program. Police officers go to the homes of persons who experienced a nonfatal overdose the next morning to offer assistance. Police officers are partnering with social workers to conduct outreach. Police often are well positioned to take on this role because they respond to overdose scenes and become familiar with the addicted persons in their community.
- Law Enforcement Assisted Diversion (LEAD) is a program used in many jurisdictions to divert addicted persons from the criminal justice system into drug treatment and other services. LEAD focuses on "meeting each person where they're at"—i.e., recognizing that an addicted person may not be psychologically ready to accept drug treatment, so the best approach is to help people with services they will accept, such as housing or educational services, and allow them to begin drug treatment when they are ready for it.
- Baltimore's systematic approach: The Baltimore Police Department has developed a checklist of actions officers should take in responding to fatal and nonfatal overdose scenes, the role of HIDTA and the Cyber Crimes Unit in accessing information from overdose victims' cell phones, officers' use of naloxone, and the city's LEAD program. The city's Health Department also has demonstrated leadership, as part of a 20-agency Fentanyl Task Force, to educate the community about fentanyl and provide a quick response to overdose spikes.
- East Bridgewater, MA created a "drop-in center" where addicted persons and their family members can obtain a wide range of services. The major treatment facilities in the region are all represented at the drop-in center.
- Plymouth, MA police bring resources to overdose victims' homes. The 12- to 24-hour period after a nonfatal overdose is a critical time, so Plymouth police officers and clinicians go to the home of an overdose victim the next day to offer services. Chief Michael Botteri said he expected that officers sometimes would be turned away, but that has never happened. Overdose victims and family members welcome the officers and clinicians into their homes.
- Vancouver, BC has two "safe-injection" sites. Drug users bring their drugs to these locations because they know they will be under supervision if they overdose. In 2016, Vancouver had approximately 200 overdose deaths, but none of the deaths occurred at a safe injection site. Drug addiction counselors and mental health workers are present at the site to offer treatment opportunities, and the sites also serve as a gateway for other services, such as housing assistance. It is important that safe-injection sites be located in areas where addicted persons live.
- Police should trust drug treatment experts' expertise. Police tend to think about drug treatment as a 30-day residential program. But public health officials think of drug addiction as a long-term chronic condition, such as diabetes, that requires many years of treatment, particularly in the case of opioid addiction. Persons addicted to heroin do not transition out of treatment; they transition to different levels of treatment, which may include using a narcotic antagonist and other medical-assisted types of treatment.
- Keep officers well protected. The opioid epidemic can be stressful for officers, particularly when children witness overdoses by their parents.

The New York Times

- PAARI prominently featured in New York Times editorial
- Second only to saving lives by equipping first responders and the public with naloxone
- The recommendation, “treat, don’t arrest,” highlights PAARI’s growing network of departments that offer treatment referrals to at-risk community members
- Initiative proven to bring about more lasting results and cost less than repeatedly arresting drug offenders

The New York Times

Opinion | EDITORIAL

America’s 8-Step Program for Opioid Addiction

By THE EDITORIAL BOARD SEPT. 30, 2017

SAVE LIVES Active users need to be kept alive long enough to seek treatment. First responders and emergency rooms lack adequate supplies of naloxone, the medication that can save someone who has overdosed on opioids, particularly fentanyl, a drug so toxic it requires multiple doses of naloxone to reverse. Both federal and state health agencies can negotiate lower prices and expand access to naloxone, and provide encouragement to the pharmacies that are already offering it prescription-free in many states. Congress can help by passing legislation to protect the responders who administer naloxone from liability. The government also needs to spend more on [needle exchange and clean syringe programs](#) to combat the infectious diseases that are associated with sharing needles.

TREAT, DON’T ARREST Nearly 300 law enforcement agencies in 31 states now participate in the Police Assisted Addiction and Recovery Initiative, which offers treatment for drug users who ask the authorities for help, an approach inspired [by a program](#) established in Gloucester, Mass. Officers work the phones to get addicts into treatment and recovery networks, in an effort that costs less and promises more lasting results than repeatedly arresting them.

Recent Successes

- Hosted first-of-its-kind National Law Enforcement Summit
- Launched program with AmeriCorps to place Recovery Coaches in police departments
- Supporting Essex County Sheriff's Department with Recovery Coaches; population 56x more likely to fatally overdose
- PAARI has completely altered the dialogue on law enforcement's role in addressing opioid addiction in America



How to join PAARI

- PAARI is free to join and open to any department that believes in treatment over arrest and wants to create bridges to treatment and recovery
- Contact Allie Hunter McDade, Executive Director, to join PAARI and receive free support to create a program or strengthen your department's current program

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Questions?

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