



Ten Standards of Care:

# **Policing and The Opioid Crisis**

# In 2016, **64,000 Americans** died of drug overdose.

> **Overdose is now the leading cause of unintentional injury death in the United States, surpassing motor vehicle deaths.<sup>1</sup>**

About two-thirds of overdose deaths could be linked to opioids. Overdose deaths have risen fivefold since 1999. In the early 2000s, most overdoses were attributable to prescription opioids, but today heroin and illicit fentanyl are present in more than half of all overdose deaths.<sup>2</sup> Notably, synthetic opioids such as fentanyl were involved in 46% of deaths in 2016 up from 14% in 2010.<sup>3</sup>

The causes of the crisis are many and complex, with the medical community's excessive prescriptions of opioids one of the major reasons why so many Americans have become addicted. Police officers are on the front lines, encountering individuals in distress, arriving first on the scenes of overdoses, and responding to numerous other consequences of addiction. Together with partners in public health, health care, corrections, and the private sector, many Police Departments across the country have demonstrated extraordinary leadership in combating this crisis and saving lives.

To build on this work, and drawing on high-quality evidence, a group of public safety and public health experts developed the following recommendations as standards of care for Police Departments. Some of these standards reflect actions Police Departments can take themselves; others represent expectations that Police Departments should have of their partners, including health agencies. Taken together, these 10 steps would have a major impact on the opioid crisis in their communities.

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<sup>1</sup> Case, A., Deaton, A. (2017). Mortality and morbidity in the 21st century. *Brookings papers on economic activity*, 2017, 397.

<sup>2</sup> Hedegaard, H., Warner, M., Miniño, A. M. (2017). *Drug overdose deaths in the United States, 1999-2015*. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

<sup>3</sup> Jones, C.M., Einstein, E.B., Compton, W.M. (2018). Changes in synthetic opioid involvement in drug overdose deaths in the United States. *JAMA*, 319(17):1819-1821.

## 1. Focus on overdose deaths.

Just as homicide is the leading indicator for violence, the standard of care for Departments should be to work with public health agencies toward the goal of reducing overdose deaths, using data-driven approaches and rigorous research to drive our strategies and measure effectiveness.

Data-driven public safety agencies focus on outcomes that matter. For violence, the primary outcome is homicide; for opioids, that outcome is fatal overdose. Tracking overdoses in real time requires data sharing, privacy protections, and partnership between public safety and health agencies. Reducing overdoses depends on collaborative efforts between public safety and public health that incorporate the same performance management techniques that have been effectively used for violence prevention. In addition, there is a need for higher-quality data on the effectiveness and replicability of law enforcement interventions to reduce overdose. Accordingly, public health and public safety should pursue high-quality evaluation designs that include a comparison group and, wherever possible, employ random assignment to address concerns about selection bias. Additionally, evaluation designs should closely monitor how programs are implemented to ensure changes in fatal overdose can be linked to interventions.

For violence, the primary outcome is homicide;  
**for opioids, that outcome is fatal overdose.**

### Promising Models

In New York City, RxStat (developed on the CompStat model) tracks substance use prevalence, overdose, and arrests related to drugs in order to support extensive collaboration between public safety and public health.<sup>4</sup> In Burlington, Vermont, the Police Department works across agencies to address the needs of specific individuals with opioid use disorder and employs an epidemiologist to better understand patterns of overdose and opportunities for intervention. The ODMap tool developed by the Washington/Baltimore HIDTA is an example of a data platform that can be used to improve real-time surveillance of presumed non-fatal and fatal overdoses.

### Metric

Number of fatal overdoses

<sup>4</sup> Paone, D., Hartman-O'Connell, I., & Parker, C. (2013). RxStat Program: Pooling Data to Impact New York City's Prescription Problem. New York City Department of Health and Mental Hygiene. Retrieved from [http://www.pdmpassist.org/pdf/PPTs/National2013/25-1-A\\_B\\_C%20Parker\\_Paone\\_HartmanOConnell.pdf](http://www.pdmpassist.org/pdf/PPTs/National2013/25-1-A_B_C%20Parker_Paone_HartmanOConnell.pdf)

2.

## Use Naloxone.

**Naloxone saves thousands of lives each year. To reverse otherwise fatal overdoses, the standard of care for Departments should be to equip and train officers in the use of naloxone.**

Because police officers are often the first responders to the scene of an overdose in many jurisdictions, they often have opportunities to save lives by administering the reversal medication naloxone. Intranasal administration of naloxone by non-medical bystanders has been found to be effective and safe.<sup>5</sup> The implementation of naloxone programs in communities has been associated with a reduction in opioid overdose deaths.<sup>6</sup>

### Promising Models

In Massachusetts, state troopers and 52 agencies within the state carry naloxone. Among the first Massachusetts' agencies to participate was the Quincy Police Department. The Massachusetts Department of Public Health trains all Quincy officers during new hire and annual continuing education trainings on overdose recognition and naloxone administration with the support of a standing order. The Department also provides intranasal naloxone kits, which are stored in the glove compartment of in-use patrol vehicles and kept at a steady temperature.<sup>7</sup>

### Metric

Number of overdose reversals by police officers

3.

## Educate on addiction and stigma.

**As respected and influential voices in their communities, Police Departments and Health Departments should work together to support training and public education on addiction to dispel the stigma on people with substance use disorders. Within Police Departments, the standard of care should be for this training to be part of the naloxone program.**

The stigma on substance use interferes with the ability of individuals with addiction to seek and receive treatment and reduces public support for effective policies, including the use of naloxone. Research in the field of communication sciences has found that including personal narratives about people who use drugs can reduce negative attitudes and increase support for these individuals.<sup>8</sup> A key learning opportunity for officers is training with naloxone, where police can learn not only about the appropriate methods to use naloxone but also to gain greater awareness of the underlying substance use disorders that causes overdose and the ways in which law enforcement can positively influence outcomes.

### Promising Models

In Baltimore, the Police Department implemented a training as part of naloxone education that included themes and quotes from a study in which people who use drugs were interviewed about their fears of calling 911.

### Metric

Percentage of officers successfully completing an evidence-based training

5 Lewis, C. R., Vo, H. T., & Fishman, M. (2017). Intranasal naloxone and related strategies for opioid overdose intervention by nonmedical personnel: a review. *Substance Abuse and Rehabilitation*, 8, 79.

6 Walley, A. Y., Xuan, Z., Hackman, H. H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., ... & Ozonoff, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*, 346, f174.

7 Davis, C. S., Ruiz, S., Glynn, P., Picariello, G., & Walley, A. Y. (2014). Expanded access to naloxone among firefighters, police officers, and emergency medical technicians in Massachusetts. *AJPH*, 104(8), e7-e9.

8 McGinty, E., Pescosolido, B., Kennedy-Hendricks, A., & Barry, C. L. (2017). Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy. *Psychiatric Services*, appi-ps.

## 4. Refer to treatment.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to equip, train, and recognize officers for helping people in need to access effective treatment that offers all three FDA-approved medications, including as alternatives to arrest.

Treatment for opioid addiction with effective medications is a vital tool to reduce overdose deaths and criminal recidivism. There is strong evidence of a reduction in overdoses associated with treatment that includes methadone and buprenorphine.<sup>9</sup> There is also evidence that treatment reduces criminal offending and re-arrest, by as much as two-thirds in some studies.<sup>10, 11, 12, 13, 14</sup> In addition, reimbursement policies that expand access to drug treatment programs are associated with reductions in crimes.<sup>15</sup> This evidence explains why addiction medicine experts recommend that individuals have access to treatment that offers, directly or through referral, all three FDA-approved medications.

Some police departments now offer their services as an intake point for people who want to self-refer into treatment. Other police departments have developed protocols for officers to conduct street-level outreach and to implement intensive follow-up with individuals after an overdose, especially as police are often on the scene to administer naloxone. Programs such as Law Enforcement Assisted Diversion (LEAD) engage with individuals at points when they might be arrested and offer services as an alternative. In these models, charges are often held in abeyance or citations are issued to offenders. If individuals do not meet the conditions placed on them, charges can be restored.

### Promising Models

In Arlington, Massachusetts, through the Opiate Outreach Initiative, police officers work with public health clinicians to help affected individuals reach effective treatment.<sup>16</sup> LEAD was started in King County, Washington, in 2011. LEAD is a resource-intensive and effective model for working with individuals who often come into contact with police in public areas. LEAD involves the partnership of law enforcement trained in mental health and addiction working closely with social workers and community agencies. The LEAD model is being replicated in several other jurisdictions.<sup>17, 18</sup> The Police Assisted Addiction and Recovery Initiative is another promising model, which commits police departments to “encourage opioid drug users to seek recovery” and connect people with addiction “with treatment programs and facilities.” Started in Gloucester, Massachusetts, this model has been adopted by hundreds of Police Departments nationwide.<sup>19</sup>

### Metric

Number of police referrals to treatment

- 9 Sordo L, Barrio G, Bravo MJ, Indave BI, Degenhardt L, Wiessing L, Ferri M, Pastor-Barriuso R. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017 Apr 26;357:j1550.
- 10 Farrell-MacDonald S, MacSwain MA, Cheverie M, Tiesmaki M, Fischer B. (2014) Impact of methadone maintenance treatment on women offenders' post-release recidivism. *Eur Addict Res*. 20(4):192-9.
- 11 Baltimore Substance Abuse Systems. Steps to success: Baltimore drug and alcohol treatment outcomes study. 2002. Accessed April 30, 2018 at [http://www.soros.org/initiatives/baltimore/articles\\_publications/publications/steps](http://www.soros.org/initiatives/baltimore/articles_publications/publications/steps).
- 12 Marsch, L. A. (1998). The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior and criminality: a meta-analysis. *Addiction*, 93(4), 515-532.
- 13 Vorma, H., Sokero, P., Aaltonen, M., Turtiainen, S., Hughes, L. A., & Savolainen, J. (2013). Participation in opioid substitution treatment reduces the rate of criminal convictions: Evidence from a community study. *Addictive Behaviors*, 38(7), 2313-2316.
- 14 Perry AE, Neilson M, Martyn-St James M, Glanville JM, McCool R, Duffy S, Godfrey C, Hewitt C (2013). Pharmacological interventions for drug-using offenders. *Cochrane Database Syst Rev*. Dec 19;(12):CD010862.
- 15 Wen, H., Hockenberry, J. M., & Cummings, J. R. (2017). The effect of Medicaid expansion on crime reduction: Evidence from HIFA-waiver expansions. *Journal of Public Economics*, 154, 67-94.
- 16 Arlington Police Department. Arlington Opiate Outreach Initiative. 2015. <https://www.arlingtonma.gov/departments/police/opiate-outreach-initiative>.
- 17 Clifasefi, S. L., Lonczak, H. S., & Collins, S. E. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations With Recidivism. *Crime & Delinquency*, 63(4), 429-445.
- 18 Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes. *Evaluation and program planning*, 64, 49-56.
- 19 PAARI: The Police Assisted Addiction and Recovery Initiative. Accessed May 17, 2018 at [www.paari.org](http://www.paari.org).

## 5. Advocate for “on demand” treatment access.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to advocate for “on-demand” access, in the community, to addiction treatment that offers all three FDA-approved medications.

Police Departments have a vital role to play in advocating for sufficient and prompt access to effective treatment in their communities. Without such access, diversion programs will have limited success, and recidivism will remain high. It is the primary responsibility of public health agencies, the medical community, and addiction treatment providers to assure access to treatment that offers, directly or indirectly, all three FDA-approved medications.

The **most promising strategies** focus on integrating specialty care and outpatient providers.

### Promising Models

Several states and local areas have found strategies to expand treatment for opioid use disorder, with the most promising strategies focusing on integrating specialty care and outpatient providers (e.g., primary care physicians who prescribe buprenorphine). Since 2013, Vermont has had a “hub-and-spoke” system organized around five geographic regions each with a “hub” provider that can handle intake and community “spoke” providers who can prescribe buprenorphine. Physicians can transition patients from the hub to the spoke once they are stabilized on buprenorphine. The program has substantially boosted the state workforce to treat opioid use disorder.<sup>20</sup>

### Metric

Extent of delay in access to treatment for individuals referred by police

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<sup>20</sup> Brooklyn, J. R., & Sigmon, S. C. (2017). Vermont hub-and-spoke model of care for opioid use disorder: development, implementation, and impact. *Journal of Addiction Medicine*, 11(4), 286.

## 6. Advocate for treatment for those who are incarcerated or under community supervision.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to advocate for access to effective treatment that offers all three FDA-approved medications for individuals in jail, in prison, and under community supervision with the appropriate transition to continuing care.

After a few days in detention, individuals with opioid use disorder lose tolerance to opioids, placing them at very high risk for overdose upon release. Breaking this cycle requires offering effective treatment behind the walls. In Rhode Island, after the state jail and prison started offering treatment with all three FDA-approved medications, fatal overdose declined by 60% among people leaving detention from 2016 to 2017. This improvement led to an overall decrease in overdose deaths in the state.<sup>21</sup> Evidence from multiple countries demonstrates that treatment with medications in detention is also associated with substantial drops in recidivism.<sup>22</sup>

### Promising Models

In addition to offering effective treatment, the Rhode Island program also includes linkages to community-based treatment for continuation of medication for individuals following their release. New York City offers methadone to all inmates who screen positive for opioid use disorder at Rikers Island and provides for continued access to treatment services after release.

### Metric

Number of individuals initiated in treatment with medication in detention and community supervision

Breaking this cycle  
requires **offering  
effective treatment  
behind the walls.**

21 Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*, 75(4), 405-407.

22 Marsch, L. A. (1998). The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior and criminality: a meta-analysis. *Addiction*. Apr;93(4):515-32.

7.

## Prevent Outbreaks.

To reduce HIV and hepatitis outbreaks, protect officer health, and help individuals reach treatment, the standard of care should be for Departments to collaborate with public health and community-based agencies to support well-managed syringe service programs.

The opioid epidemic has greatly increased the risk of hepatitis C and HIV outbreaks, such as the major HIV outbreak in Scott County, Indiana. More than three decades of research finds that syringe services programs prevent the transmission of HIV, hepatitis C, skin and soft tissue infections, and other blood-borne infections.<sup>23</sup> For police, one of the benefits of syringe service programs is that individuals will be more likely to dispose of their used needles, reducing risks of needle stick injuries.<sup>24</sup> Additionally, syringe service programs have a prominent role in distributing naloxone, educating people about safer drug use practices, providing wound care, testing for infections, and providing low-threshold access to treatment.<sup>25</sup> Indeed, some programs exist as partnerships with drug treatment providers allowing individuals to begin medication treatment on site at the syringe service program.

### Model Programs

The Burlington, Vermont, Police Department works closely with syringe service programs to support effective outreach to high risk populations.

### Metric

Number of used syringes recovered by police

8.

## Consider fentanyl detection.

To prevent death due to fentanyl and its analogues, the standard of care should be for Departments to explore efforts with public health and community partners to help individuals detect the presence of fentanyl in their drugs.

Evidence indicates that people who use drugs would like to know about the presence of fentanyl in order to take steps to protect themselves. A recent study from the Johns Hopkins Bloomberg School of Public Health found that a thin strip costing about \$1 each that can detect the presence of fentanyl is of interest to people who use drugs and can help engage them in services and treatment.<sup>26</sup> The availability of fentanyl test strips also increases accountability for sellers, who cannot claim that they unknowingly sell fentanyl adulterated product.

### Model Programs

Fentanyl checking is occurring in programs in California, New York City, Massachusetts, Texas, Kentucky, Maine, Florida, North Carolina, Iowa, and Ohio. The Johns Hopkins study made several recommendations for drug checking programs, including the inclusion of education and access to a comprehensive set of services.

23 Abdul-Quader, A. S., Feelemyer, J., Modi, S., Stein, E. S., Briceno, A., Semaan, S., ... & Des Jarlais, D. C. (2013). Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review. *AIDS and Behavior*, 17(9), 2878-2892.

24 Groseclose, S. L., Weinstein, B., Jones, T. S., Valleroy, L. A., Fehrs, L. J., & Kessler, W. J. (1995). Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology: Official Publication of the International Retrovirology Association*, 10(1), 82-89.

25 Centers for Disease Control and Prevention. (2018). HIV/AIDS: Syringe Services Programs. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/hiv/risk/ssps.html>.

26 Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., & Green, T.C. (2018). FORECAST Study Summary Report. *Johns Hopkins Bloomberg School of Public Health*. Retrieved from [https://americanhealth.jhu.edu/sites/default/files/inline-files/Fentanyl\\_Executive\\_Summary\\_032018.pdf](https://americanhealth.jhu.edu/sites/default/files/inline-files/Fentanyl_Executive_Summary_032018.pdf).

**9.**

## Explore innovation.

The standard of care should be for Departments to explore with their public health, law enforcement and community partners the evidence on the efficacy of supervised consumption spaces to connect people to treatment and reduce overdoses.

Supervised consumption spaces, also known as overdose prevention sites, are locations where individuals can use illicit drugs under the supervision of trained staff, in order to reduce the health and public order effects of drug use. A number of studies on supervised consumption spaces have found that these spaces are associated with: reductions in infectious disease (e.g., HIV, HCV) transmission; fewer overdoses within and in the immediate vicinity of the space; reductions in crime in the immediate area surrounding the space; more admissions to drug treatment; and a significant cost savings.<sup>27</sup> There has never been a fatal overdose death in any of the supervised consumption spaces over the 30 years that they have been in operation.<sup>28</sup>

### Promising Models

Insite, the supervised consumption facility in Vancouver, Canada, is one of the most evaluated sites in the world. In its first decade, Insite has referred 3,416 people into residential treatment programs, housed over 2 million injections during the first 10 years, averted 2,047 HIV infections, and prevented 2,667 overdoses. It saves an estimated 1.8 million dollars per year from averted HIV infections alone.<sup>29</sup>

**10.**

## Support Good Samaritan laws.

To facilitate an effective and broad response to the opioid epidemic, the standard of care should be for Departments to work to make sure that Good Samaritan laws are understood and implemented consistent with the spirit and intent of the legislation.

Good Samaritan Laws provide legal protection to individuals who call for help during an overdose. However, many people who use drugs may fear arrest,<sup>30</sup> and knowledge of these laws is uneven. Among people who use non-prescription opioids, those who are older, white, and have a history of incarceration or intravenous drug use are more likely to be knowledgeable on a Good Samaritan Law than the rest of the population.<sup>31</sup> States have historically not allocated funding for implementation of Good Samaritan Laws, which could explain the lower levels of awareness among those who have not been involved in the criminal justice system.<sup>32</sup>

### Promising Models

In 2017, the New York Police Department launched a campaign to increase the public's awareness of the states Good Samaritan Law. This campaign focused most heavily in the 30 precincts that had the highest fatal and non-fatal overdose rates. Their messaging has appeared on public transit and social media.<sup>33</sup>

### Potential Metric

Ratio of non-fatal to fatal 911 calls related to overdose.

27 Pinkerton, S. D. (2010). Is Vancouver Canada's supervised injection facility cost-saving?. *Addiction*, 105(8), 1429-1436.

28 Sherman, S. G., Hunter, K., & Rouhani, S. (2017). Safe drug consumption spaces: a strategy for Baltimore City. *Abell Report*, 29(7).

29 Kerr, T., Mitra, S., Kennedy, M. C., & McNeil, R. (2017). Supervised injection facilities in Canada: past, present, and future. *Harm Reduction Journal*, 14(1), 28.

30 Latimore, A. D., & Bergstein, R. S. (2017). "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *International Journal of Drug Policy*, 50, 82-89.

31 Evans, T. I., Hadland, S. E., Clark, M. A., Green, T. C., & Marshall, B. D. (2016). Factors associated with knowledge of a Good Samaritan Law among young adults who use prescription opioids non-medically. *Harm Reduction Journal*, 13(1), 24.

32 Banta-Green, C. J., Beletsky, L., Schoeppe, J. A., Coffin, P. O., & Kuszler, P. C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, 90(6), 1102-1111.

33 New York Police Department. (2017). NYPD Launches Public Service Announcement to Increase 'Good Samaritan Law' Awareness. New York Police Department. Retrieved from <https://www1.nyc.gov/site/nypd/news/article.page?id=pr0623&permalinkName=nypd-launches-public-service-announcement-increase-good-samaritan-law-awareness>.

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