

Improving law enforcement responses to substance use through harm reduction

March 23rd, 2023



WAYNE STATE
UNIVERSITY

School of Social Work
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- Outcomes:

Receive information on the biology of addiction

Understand what harm reduction is

Understand what harm reduction is not

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

DSM-5 Criteria

Use in larger amounts/longer periods than intended

Unsuccessful efforts to cut down

Excessive time spent taking drug

Failure to fulfill major obligations

Continued use despite problems

Important activities given up

Recurrent use in physically hazardous situations

Continued use despite social consequences

Craving

Tolerance*

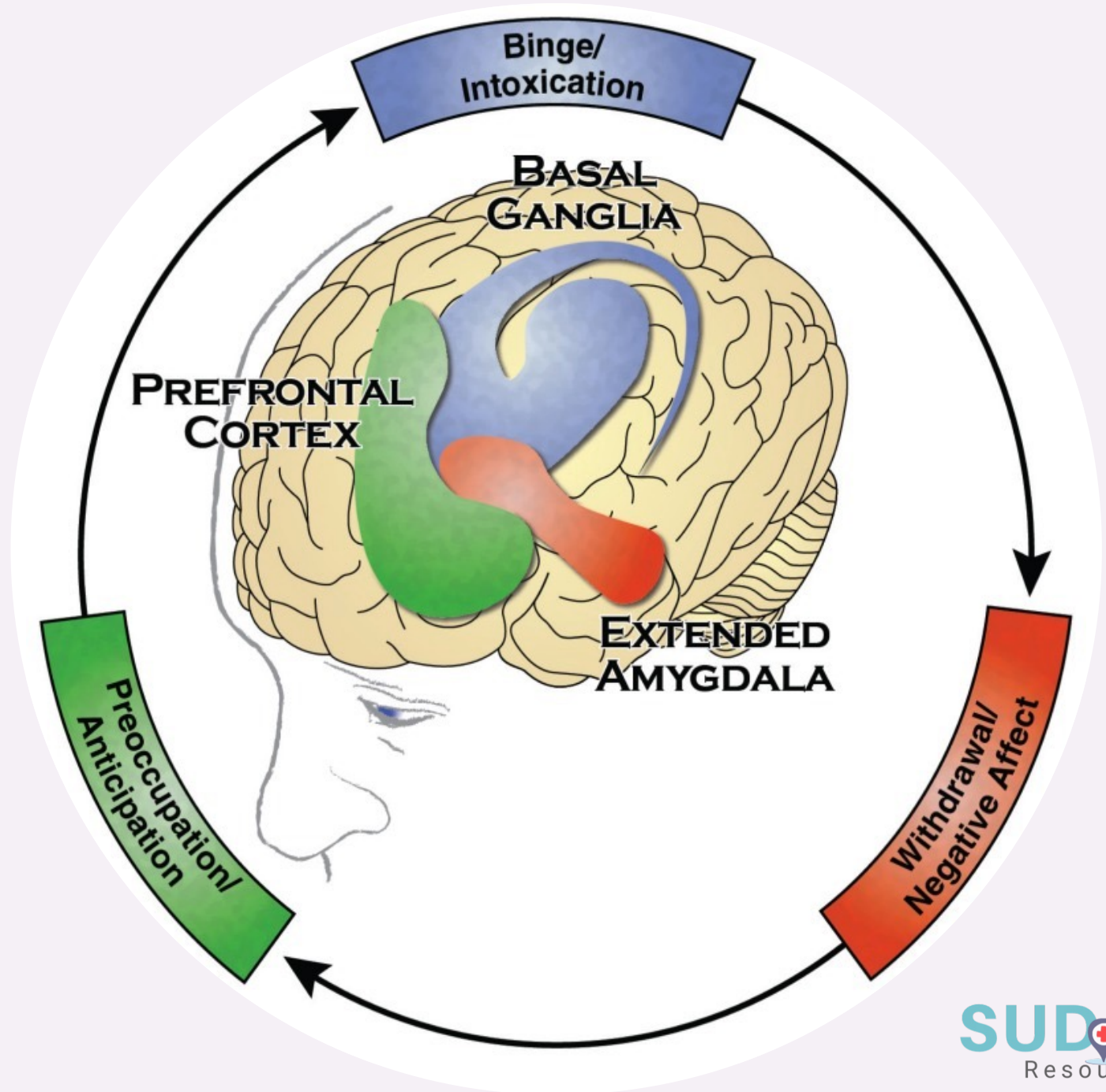
Withdrawal*

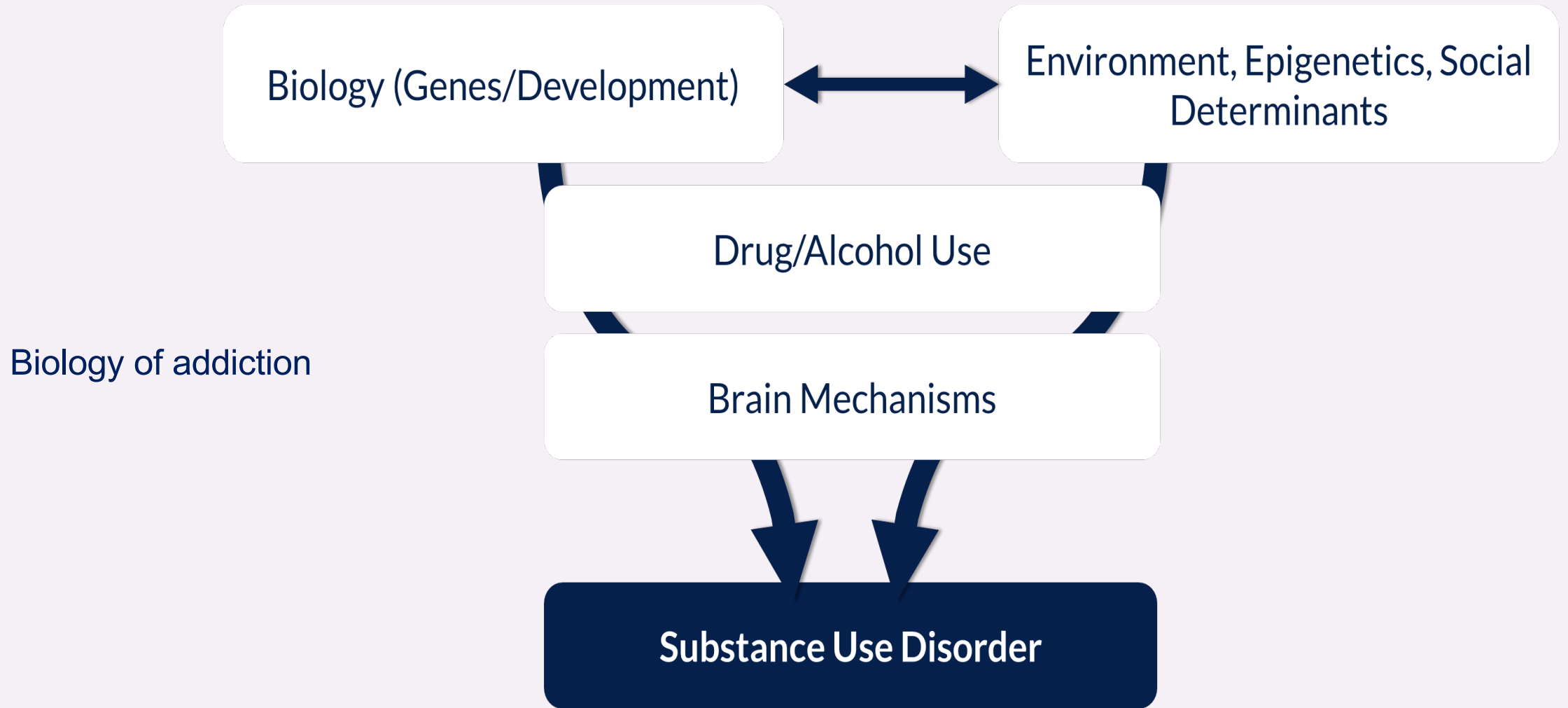
People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

**–American Society for Addiction
Medicine**

Biology of addiction





Biology of addiction: interesting facts

Biology of addiction

1:24

1:12

1:10

1:4

Diabetes vs. Addiction

What if you had a patient with diabetes who:

- Didn't take their medications or adhere to diet
- Didn't get labs done
- Didn't go to nutritionist or diabetes education classes



What if we:

- Told them it's "your fault" you have uncontrolled diabetes because of your "choices"
- Denied them medication or medical visits till they went to the nutritionist
- Withheld their medication if they ran out early
- Kicked them out of our offices if they had episodes of hyperglycemia

What is harm reduction?

Nicotine Specific



Caffeine Specific



SUD Specific



SUD Specific



SUD Specific



Why is harm reduction good for a community?

Why would we want to improve our attitudes about harm reduction?

How to use harm reduction in your work and life

Thank you!

Diversion and deflection in police settings: A harm reduction approach to opioid use disorder

Brandon del Pozo, PhD, MPA, MA





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Conflicts of Interest: None to declare





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The Premise:

As a form of harm reduction, deflection of people whose police encounters are driven by the consequences of drug use and addiction improves both individual and public health, advances public safety, and is a core role of the police.

NEW YORK CITY CHARTER

Adopted at the General Election Held
November 7, 1961

EFFECTIVE JANUARY 1, 1963

As Amended to January 1, 1965

Chapter 18: Police Department

Section 435. Department; duties.



a. The police department and force shall have the power and it shall be their duty to preserve the public peace, prevent crime, detect and arrest offenders, suppress riots, mobs and insurrections, disperse unlawful or dangerous assemblages and assemblages which obstruct the free passage of public streets, sidewalks, parks and places; protect the rights of persons and property, **guard the public health**, preserve order at elections and all public meetings and assemblages; subject to the provisions of law and the rules and regulations of the commissioner of traffic,* regulate, direct, control and restrict the movement of vehicular and pedestrian traffic for the facilitation of traffic and the convenience of the public as well as the proper protection of human life and health; remove all nuisances in the public streets, parks and places; arrest all street mendicants and beggars; provide proper police attendance at fires; inspect and observe all places of public amusement, all places of business having excise or other licenses to carry on any business; enforce and prevent the violation of all laws and ordinances in force in the city; and for these purposes to arrest all persons guilty of violating any law or ordinance for the suppression or punishment of crimes or offenses.

US drug overdose deaths reach another record high as deaths from fentanyl surge

By Deidre McPhillips, CNN

🕒 Updated 3:11 PM ET, Wed March 16, 2022

105,752 people died

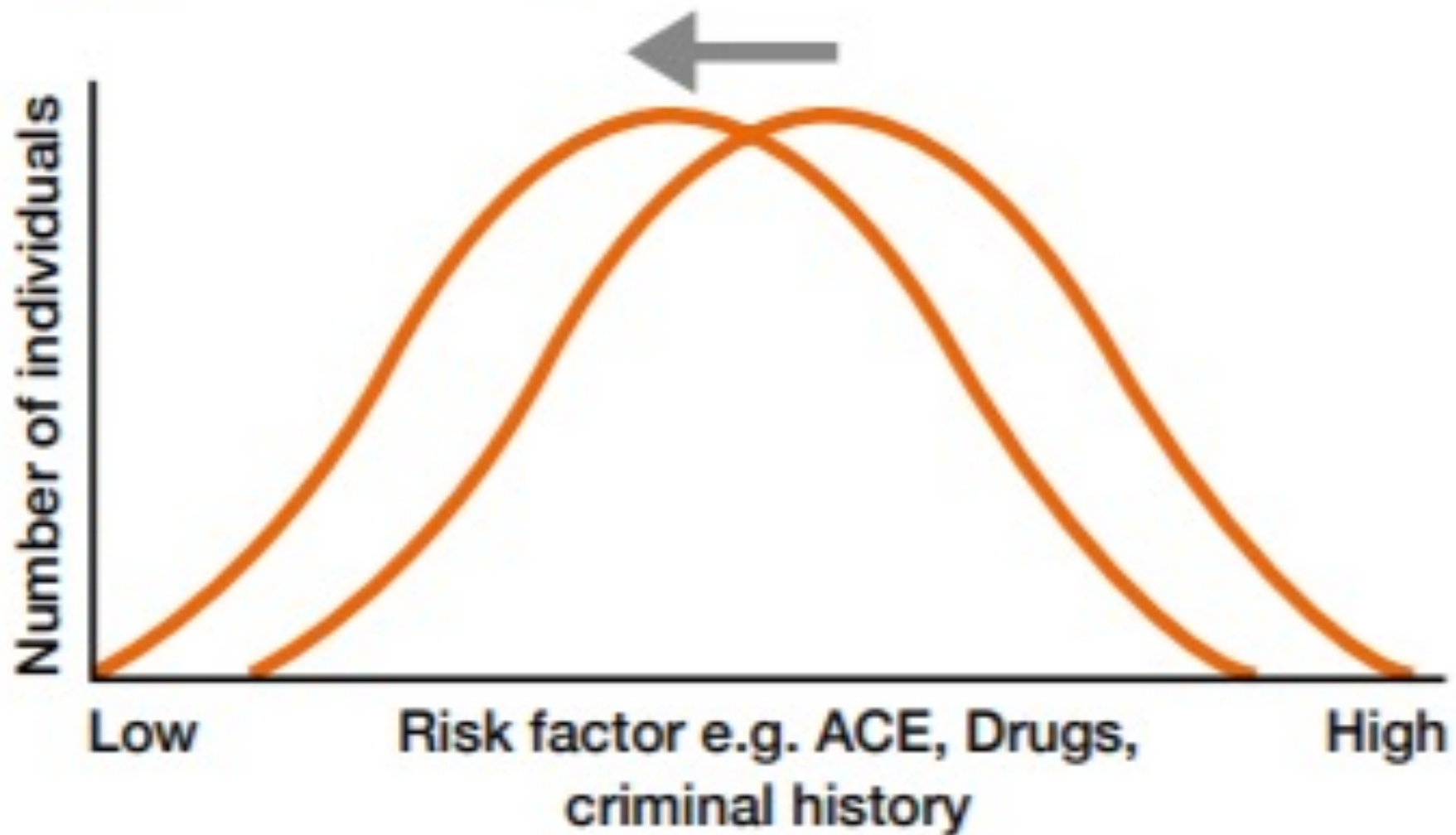
Car Fatalities Rose in 2021 at Fastest Clip in Nearly Half a Century

The number of deaths for 2021 are estimated to be 46,020.

Homicides in major American cities increased in 2021, new study finds

19,400 in 2020
58,281 KIA

Figure 1: shifting the curve





Public Health
England

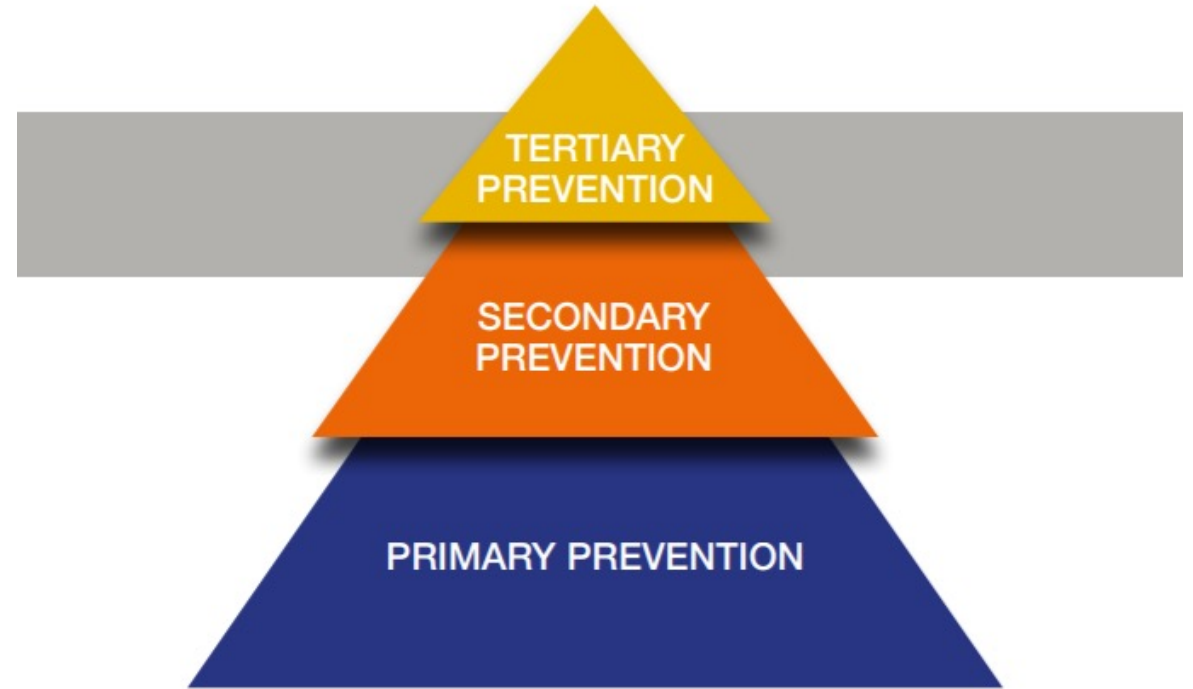


College of
Policing

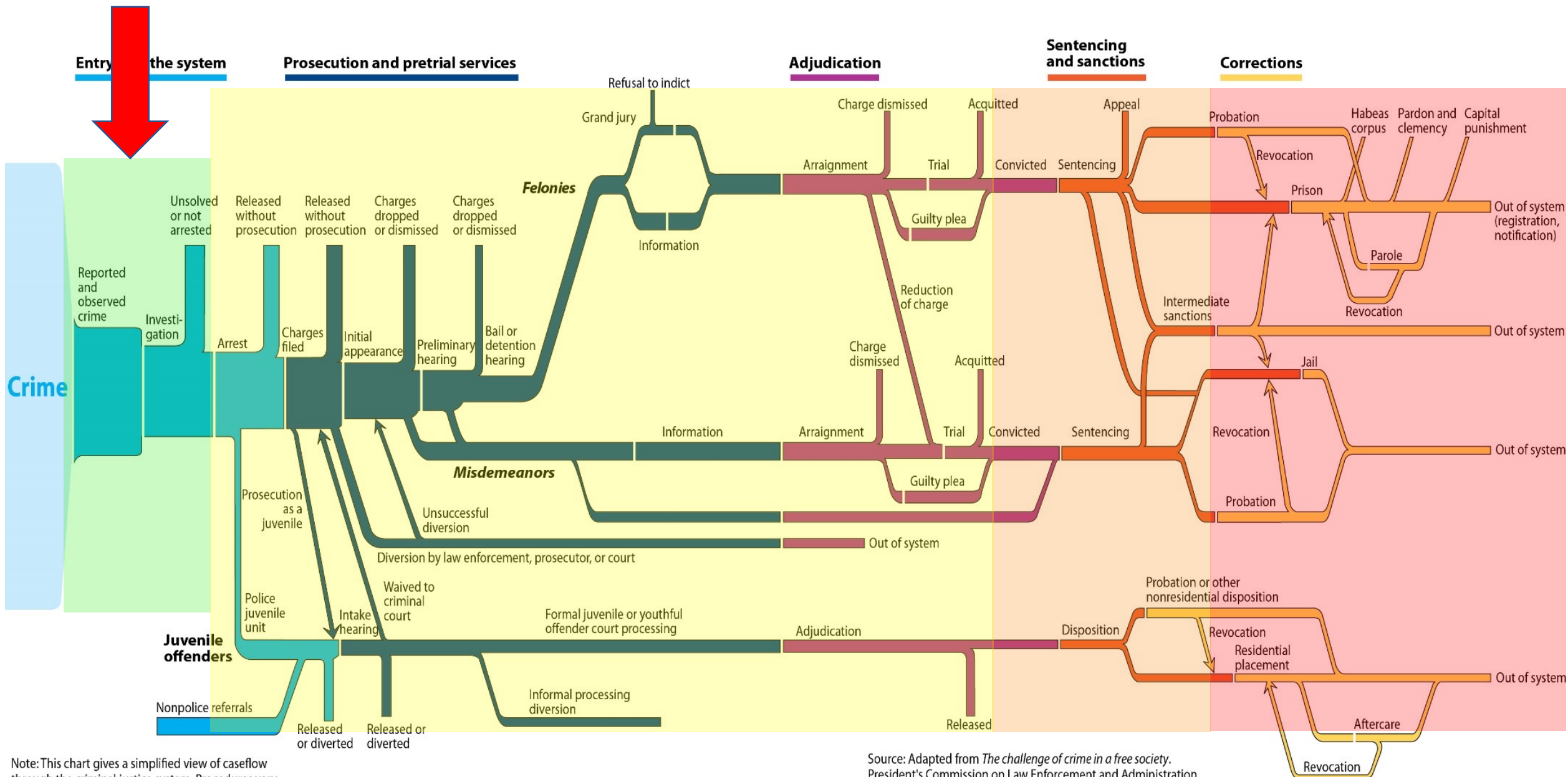
Public health approaches in policing

A discussion paper

Helen Christmas and Justin Srivastava



- primary prevention is preventing the problem occurring in the first place;
- secondary prevention is intervening early when the problem starts to emerge to prevent it becoming established; and
- tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences.



Note: This chart gives a simplified view of caseload through the criminal justice system. Procedures vary among jurisdictions. The weights of the lines are not intended to show actual size of caseloads.

Source: Adapted from *The challenge of crime in a free society*. President's Commission on Law Enforcement and Administration of Justice, 1967. This revision, a result of the Symposium on the 30th Anniversary of the President's Commission, was prepared by the Bureau of Justice Statistics in 1997.



Journal of

COMMUNITY SAFETY & WELL-BEING


SOCIAL INNOVATION NARRATIVES

From public safety to public health: Re-envisioning the goals and methods of policing

Jeremiah Goulka,^{*} Brandon del Pozo,^{†,‡} and Leo Beletsky^{*}

This article is related directly to the 6th International Law Enforcement & Public Health (LEPH) Virtual Conference in March 2021.

Table 1 The reform effects of a paradigm shift from public safety to public health with key concepts of medicine

	Policing/Public Safety Paradigm	Public Health/Medicine Paradigm Shift	Reform Effect
Objectaive 	Lowering community violent crime	Population-level morbidity and mortality reduction aggregated from individual interventions	Provides a common language with implications for goals, methods and metrics
Primary focus	Deterrence and identifying offenders	Prevention	Shifts from tertiary prevention through policing to primary and secondary means that address structural determinants
Measures	Productivity measures: arrests, tickets, contraband seized	Surrogate vs. true endpoints	Holds interventionists accountable for their stated goals
Authority	Law enforcement as an end in itself	Law as empowering an agent to pursue an end	Focuses on discrete outcomes rather than assuming the means can achieve them
Negative effects	Collateral consequences	Iatrogenesis	Explicitly calls for reduction; acknowledges self-perception of police as interventionists
Specialization	Generalist response by officers to calls for service	Preliminary diagnosis and referral to specialists in behavioural health as needed	Promotes evidence-based outcomes; realigns municipal budgets as necessary
Minimizing impact	Reduce overpolicing	Compute Number Needed to Treat	Asks prospective question rather than making post-hoc observation; nests with iatrogenesis



February 5, 2020

Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder

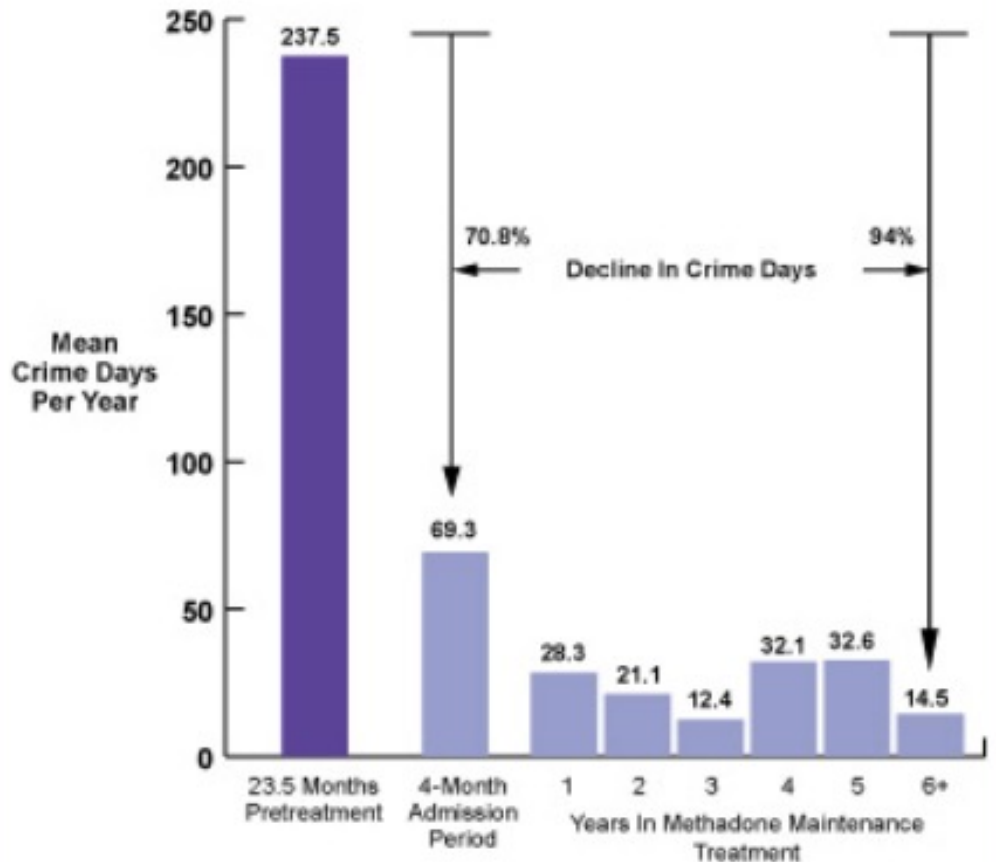
Sarah E. Wakeman, MD^{1,2}; Marc R. Larochelle, MD, MPH^{3,4}; Omid Ameli, MD, MPH⁵; Christine E. Chaisson, MPH⁵; Jeffrey Thomas McPheeters, BA⁶; William H. Crown, PhD⁷; Francisca Azocar, PhD⁸; Darshak M. Sanghavi, MD⁹

» [Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

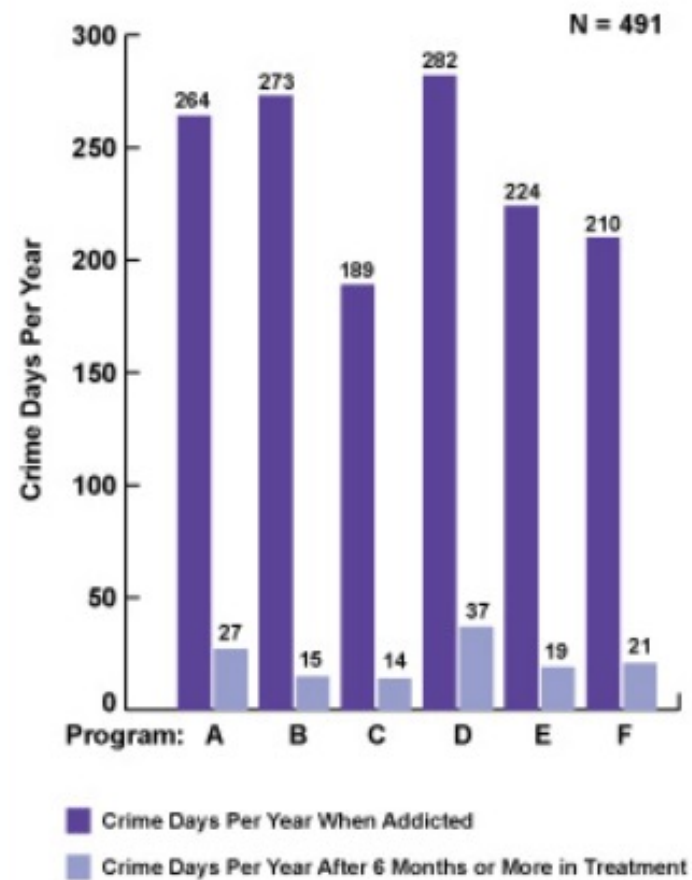
Conclusions and Relevance Treatment with buprenorphine or methadone was associated with reductions in overdose and serious opioid-related acute care use compared with other treatments. Strategies to address the underuse of MOUD are needed.

Effect of Methadone Treatment on Crime Days



Source: Ball & Ross (1991)

Average Number of Crime Days Reported



Source: Ball & Ross (1991)

By treating addiction and enabling recovery, MAT reduces crime more effectively than arrest or incarceration

Reduces burden on police

Improves community satisfaction



Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder

Elizabeth A. Evans^{a,1,2}, Donna Wilson^{b,3}, Peter D. Friedmann^{b,*}

Results: Fewer FCSO than HCHC individuals recidivated (48.2% vs. 62.5%; $p = 0.001$); fewer FCSO individuals were re-arraigned (36.0% vs. 47.1%; $p = 0.046$) or re-incarcerated (21.3% vs. 39.0%; $p < 0.0001$). Recidivism risk was lower in the FCSO group (hazard ratio 0.71, 95% confidence interval 0.56, 0.89; $p = 0.003$), net of covariates (adjusted hazard ratio 0.68, 95% confidence interval 0.53, 0.86; $p = 0.001$). At each site, 3% of participants died.

Conclusions: Among incarcerated adults with opioid use disorder, risk of recidivism after jail exit is lower among those who were offered buprenorphine during incarceration. Findings support the growing movement in jails nationwide to offer buprenorphine and other agonist medications for opioid use disorder.

REASSESSING ARREST

Exploring Pre-Arrest Diversion
as an Alternative to Arrest
for Vulnerable Populations



CENTER FOR POLICE
RESEARCH AND POLICY

Defining Pre-Arrest Diversion

What is Arrest?

This document defines *arrest* as having occurred when an officer

1) TAKES a suspect into custody,



2) TRANSPORTS a suspect to a police facility,



3) TAKES a suspect's identifying information,



4) CREATES a permanent record of the arrest, and



5) DETAINS the suspect until release or judicial review.⁹

What is Diversion?

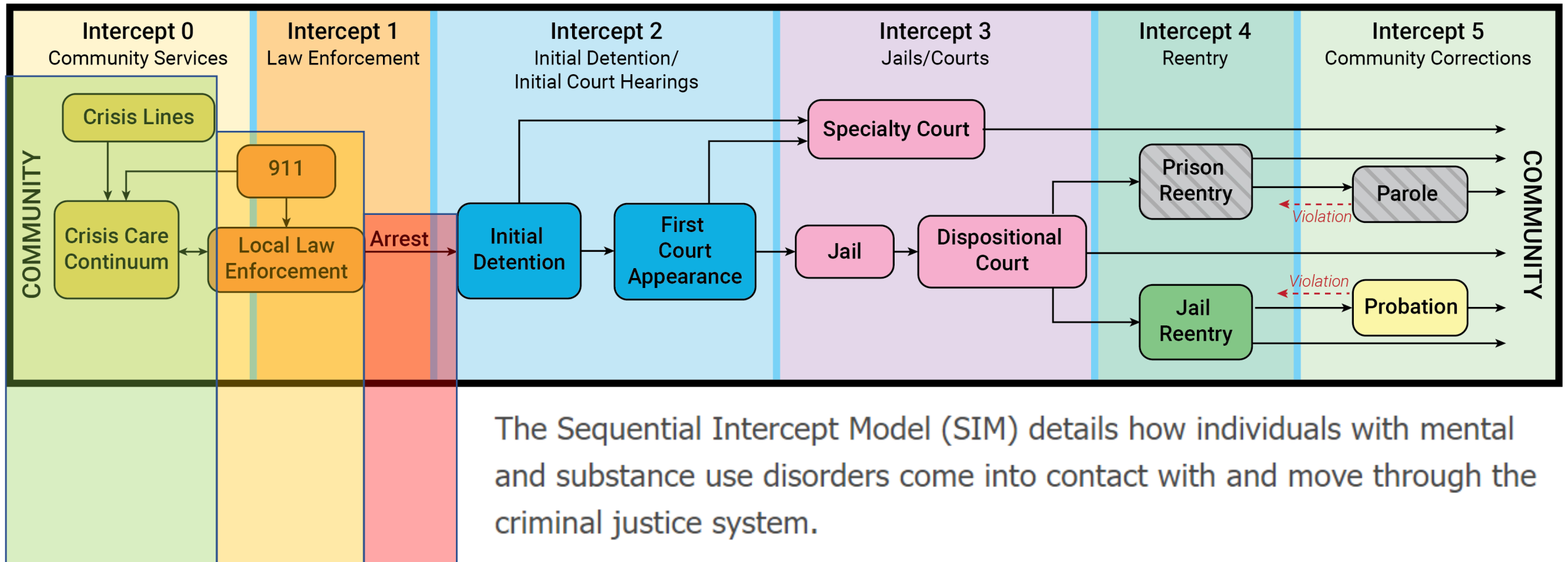
Diversion occurs when a suspect who could be taken into the criminal justice system through arrest is instead entered into alternative services and/or supervision, typically by either a police officer or a prosecutor.

What About Deflection?

Because they're similar, pre-arrest diversion and deflection are often confused. However, there is a key difference between them:

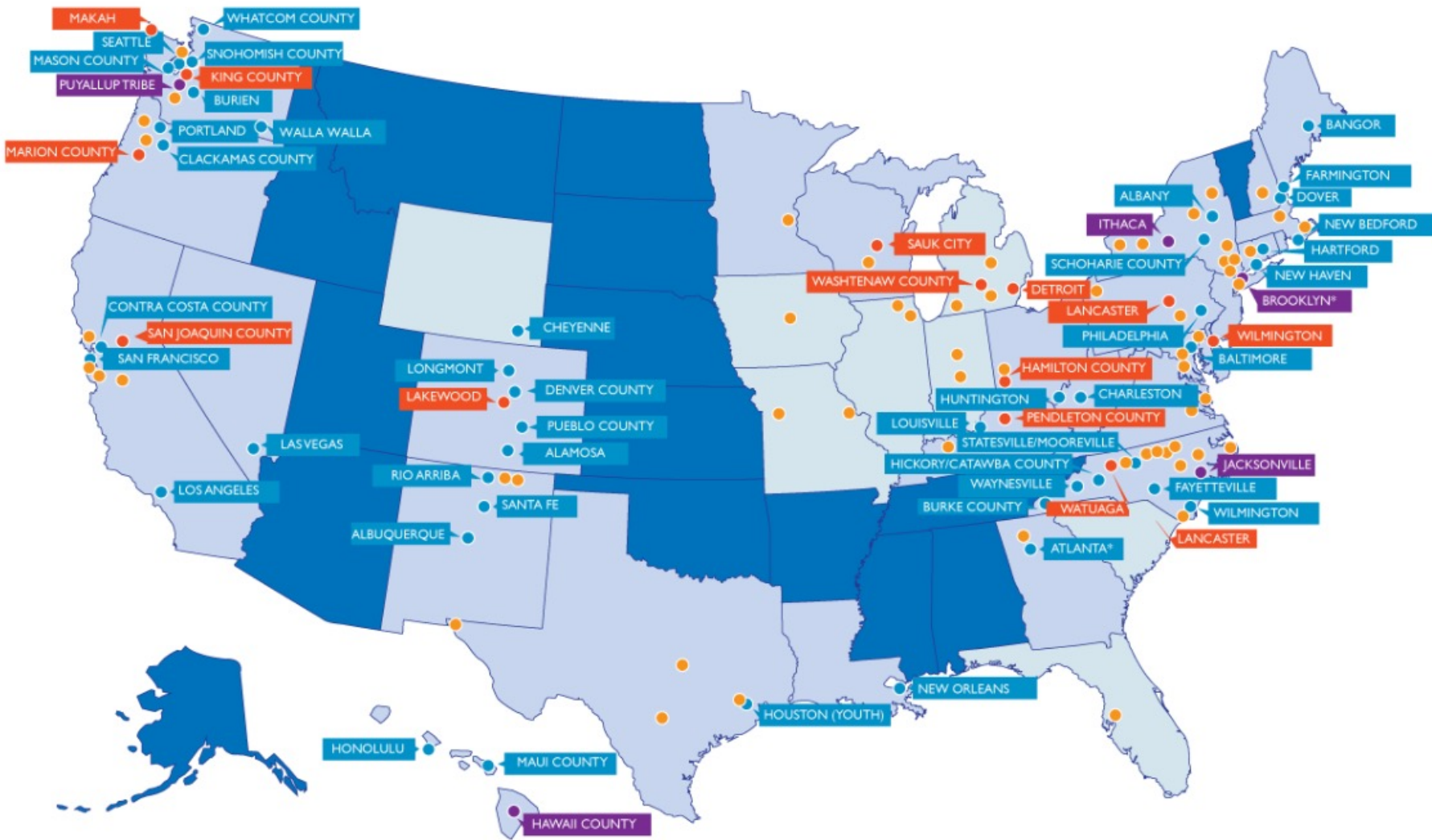
While pre-arrest diversion programs target individuals who have committed a crime and are therefore subject to charges, deflection programs target at-risk individuals who have not yet committed a crime and therefore are not eligible for charges.

The Sequential Intercept Model (SIM)



The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

LEAD: Advancing Criminal Justice Reform In 2021



Exploring

CA Galt
CA San Francisco
FL Tampa Bay
IA Polk County
IL Wasco
IN Bloomington
IN Indianapolis
KY Elizabethtown
MD Baltimore
MN Minneapolis
NC Brunswick County
NC Dare County
NC Durham County
NC Harnett County
NC Lexington
NC Orange County
NC Washington
NC Winston-Salem
NH Concord
NM Raton
NY Buffalo
OR Salem
RI Pawtucket
TX Austin
VA Richmond
WA Pierce County
WA Redmond

Developing

DE Wilmington
MN Red Lake Tribe
MO St. Louis City
NC Watuaga County
NM Taos County
NY Erie County
NY Essex County
NY Rochester
NY Rockland County
NY Schenectady

Launching

CO Lakewood
HI Hawaii County
MI Detroit
MI Washtenaw County
NC Jacksonville
NY Ithaca
PA Allegheny County

Operating

CA Los Angeles
CA East L.A.
CA Hollywood
CO Alamosa
CO Denver County
CO Longmont
CO Pueblo County
CT Hartford
GA Atlanta*
HI Honolulu
HI Maui County
KY Louisville
LA New Orleans
MA New Bedford
MD Baltimore
ME Bangor
NC Burke County
NC Fayetteville
NC Hickory/Catawba County
NC Statesville/Mooreville
NC Waynesville
NC Wilmington
NH Dover
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NM Albuquerque
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TX Houston (Youth)
WA Buriem
WA King County
WA Kitsap County
WA Makah Tribe (Neah Bay)
WA Mason County
WA Puyallup Tribe
WA Seattle
WA Snohomish County
WA Thurston County
WA Walla Walla
WA Whatcom County
WV Charleston
WV Huntington
WY Cheyenne

International

UK United Kingdom
ZA South Africa

The Challenges of Integrating Drug Treatment into the Criminal Justice Process



Author: Steven Belenko
Date: Spring 2000




From: Albany Law Review (Vol. 63, Issue 3)
Publisher: Albany Law School

Pre-arrest diversion “offers the earliest intervention opportunity and thus the greatest potential for minimizing unnecessary costs to the criminal justice system, and helps the offender avoid the stigma associated with arrest and prosecution.”

The challenge is “relying on a law enforcement officer to make a quick judgment about a suspect’s suitability for treatment, and the potential for discriminatory behavior or abuse of authority stemming from broad police discretion.”

Research | [Open Access](#) | [Published: 16 December 2021](#)

Police discretion in encounters with people who use drugs: operationalizing the theory of planned behavior

[Brandon del Pozo](#) , [Emily Sights](#), [Jeremiah Goulka](#), [Brad Ray](#), [Claire A. Wood](#), [Saad Siddiqui](#) & [Leo A. Beletsky](#)

Harm Reduction Journal **18**, Article number: 132 (2021) | [Cite this article](#)

1219 Accesses | **16** Altmetric | [Metrics](#)

Abstract

Background

Policing shapes the health risks of people who use drugs (PWUD), but little is understood about interventions that can align officer practices with PWUD health. This study deploys the Theory of Planned Behavior (TPB) to understand what influences police intentions to make discretionary referrals to treatment and harm reduction resources rather than arrest on less serious charges.

Findings

Across the sites, 259 respondents perceived control over their decision to arrest for misdemeanors (69%) and confiscate items such as syringes (56%). Beliefs about others' approval of referrals to treatment, its ability to reduce future arrests, and to increase trust in police were associated with stated practices of nonarrest for drug and possession and making referrals ($p \leq .001$), and nonarrest for syringe possession ($p \leq .05$). Stigma towards PWUD was negatively associated with stated practices of nonarrest ($p \leq .05$). Respondents identified supervisors as having the most influence over use of discretion, seriousness of the offense as the most influential value, and attitude of the suspect as the most important situational factor. The 17 Likert scale items analyzed had a Cronbach's alpha of 0.81.

Police discretion in encounters with people who use drugs

Table 1. Officers' perceived control over decisions to arrest and confiscate in drug-related encounters (1-6 Likert scale) (N=259)

Enforcement type	Mean (SD)	No control (1)	Lack of control (1-3)	Some control (4-6)	Total Control (6)
Control over arrest	4.42 (1.56)	16 (6%)	79 (30%)	179 (69%)	90 (35%)
Control over confiscation	3.96 (1.79)	38 (13%)	114 (44%)	145 (56%)	79 (31%)

Reported discretionary behaviors concerning drug-related arrests and confiscation (1-6 Likert scale) (N=173)

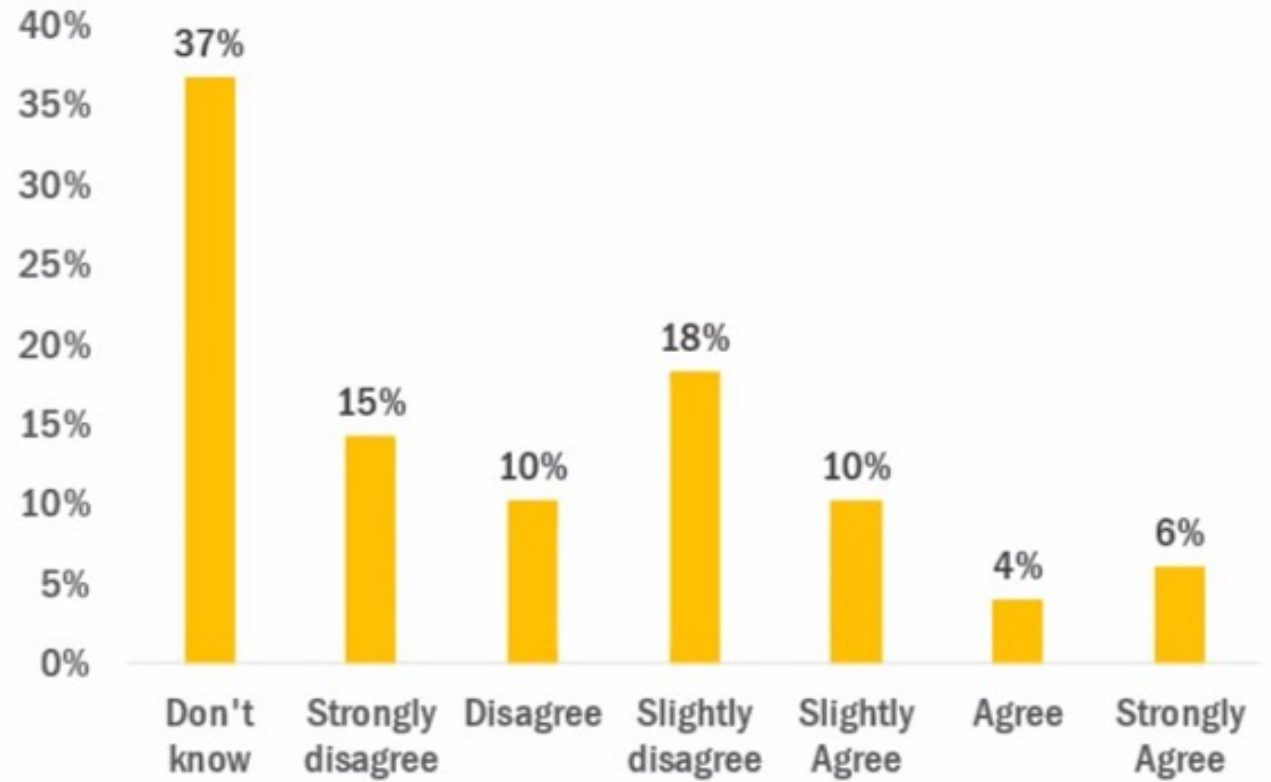
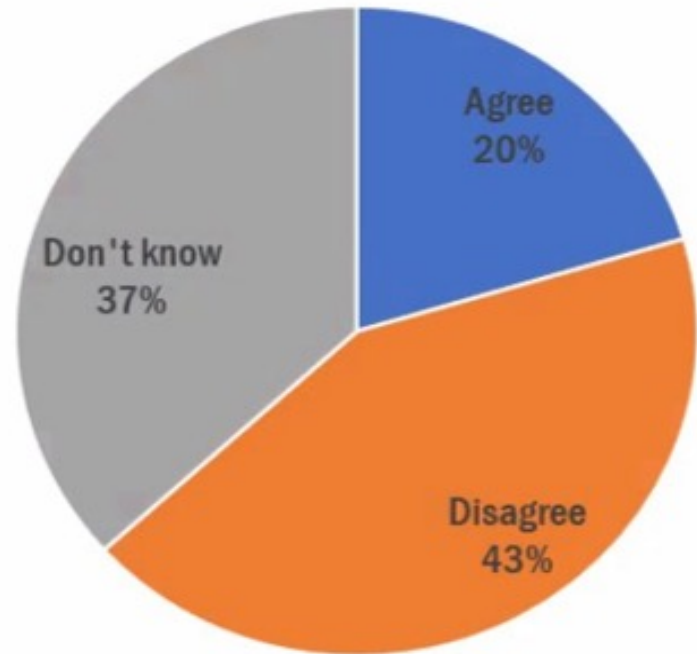
Discretionary behavior	Mean (SD)	Always (1)	Inclined toward (1-3)	Inclined against (4-6)	Never (6)
Confiscate naloxone	5.50 (1.22)	6 (3%)	16 (9%)	157 (91%)	140 (81%)
Confiscate syringes	2.35 (1.72)	81 (47%)	139 (80%)	34 (20%)	22 (13%)
Not arrest for syringe poss.	3.20 (1.75)	44 (25%)	108 (62%)	65 (38%)	27 (16%)
Not arrest for drug poss.	3.87 (1.68)	21 (12%)	78 (45%)	95 (55%)	40 (23%)
Refer to treatment/ <u>nalox.</u>	2.94 (1.76)	44 (25%)	123 (71%)	50 (29%)	29 (17%)

Table 3. Approval of treatment as an alternative to arrest and beliefs about addiction and treatment (1-6 Likert scale) (N=173)

	Mean (SD)	Very likely (1)	Likely (1-3)	Unlikely (4-6)	Not at all likely (6)
Supervisors would approve of referrals	2.64 (1.65)	60 (35%)	130 (75%)	43 (25%)	18 (10%)
Coworkers would approve of referrals	2.67 (1.58)	50 (29%)	131 (76%)	42 (24%)	17 (10%)
Friends/neighbors would approve	2.67 (1.53)	49 (28%)	128 (74%)	45 (26%)	12 (7%)
Referrals reduce future arrests	2.83 (1.30)	29 (17%)	134 (77%)	39 (23%)	10 (6%)
Referrals increase trust in police	2.69 (1.32)	36 (21%)	139 (80%)	34 (20%)	8 (5%)

Results: Attitudes

Addiction treatment with buprenorphine or methadone reduces a patient's criminal activity.



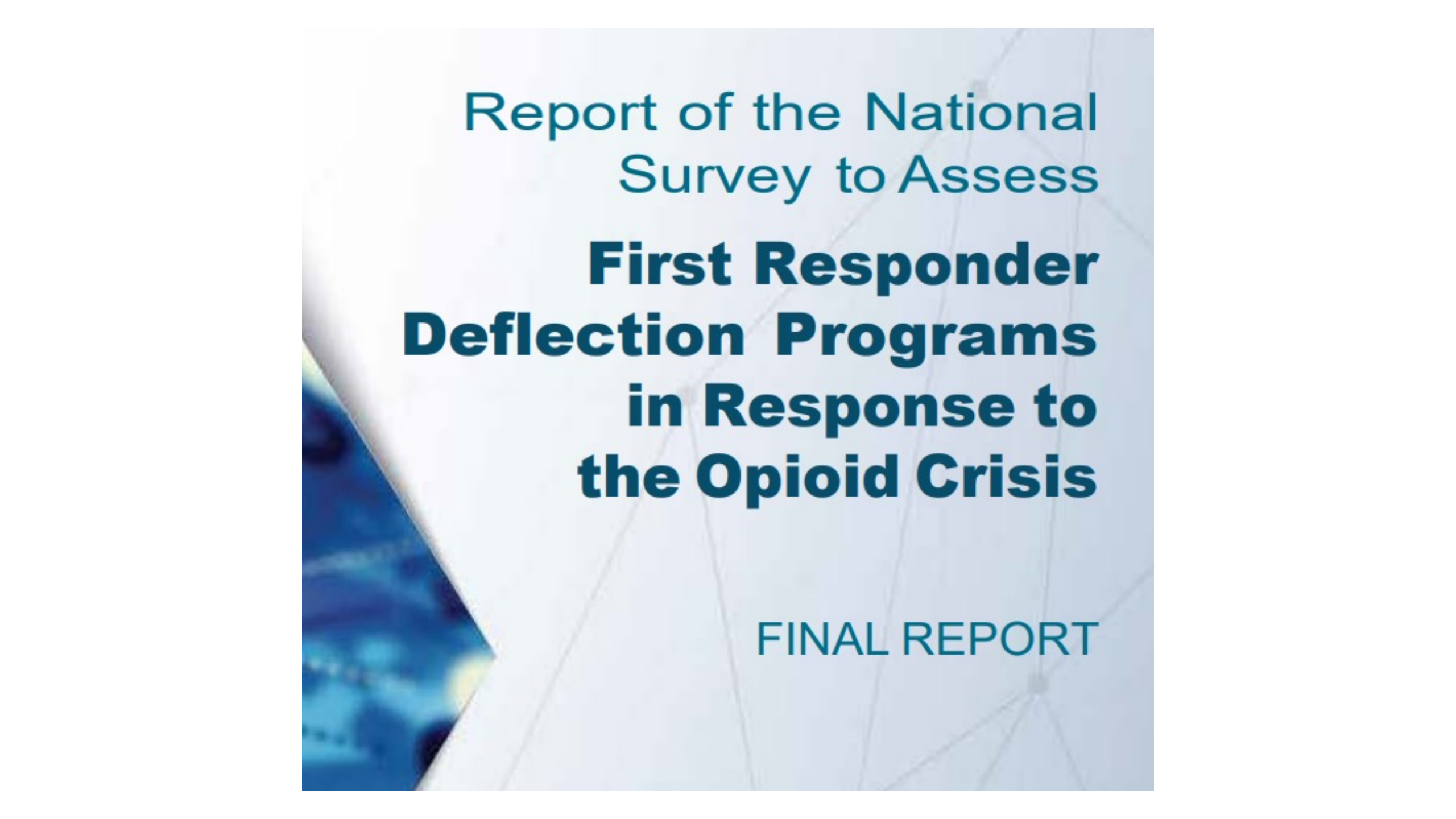
When Arrest is Best

Before contemplating pre-arrest diversion, law enforcement agencies should continue to recognize that there remain many situations in which arrest is appropriate, necessary, and effective, and where alternatives, therefore, would not be effective.

- The United States Sentencing Commission concludes that individuals who engage in violent criminal activity generally recidivate at a higher rate, more quickly, and for more serious crimes than do individuals who commit nonviolent offenses.¹²
- Many jurisdictions are bound by state mandatory arrest laws that require police officers to arrest individuals who are suspected of committing certain crimes.¹³
- Individuals who commit violent and/or felony offenses may be less likely to satisfy the requirements of pre-arrest diversion programs and, therefore, less likely to realize their rehabilitative benefits. For example, a 2017 study analyzed participants in Leon County, Florida's Pre-Arrest Diversion/Adult Civil Citation (PAD/ACC) program and concluded that participants with greater propensity for crime or violence were less likely to complete it successfully.¹⁴
- Those who sell illicit substances for profit are often ineligible for substance use treatment programs, as drug distribution exploits others and is less amenable to clinical intervention, compared to drug users who do not distribute for profit.¹⁵

Guidelines for Program Implementation

- **Establish clear objectives.** Just as law enforcement officers cannot make arrests without probable cause, they should not engage in pre-arrest diversion without clarity of purpose. Such clarity is necessary not only for defining programs' parameters, but also for establishing benchmarks against which law enforcement agencies can measure programs' impact and assess programs' efficacy.
- **Advocate outcomes instead of outputs.** What makes pre-arrest diversion conceptually powerful is that it drives impacts instead of activities. In order to realize their full potential, programs must therefore seek outcomes (e.g., reduced recidivism) instead of outputs (e.g., increased civil citations).
- **Co-create with community partners.** Pre-arrest diversion programs draw their power from police-community partnerships. A critical step in establishing a pre-arrest diversion program is, therefore, organizing community stakeholders with whom law enforcement agencies can collaborate in order to deliver community-based services offered to offenders in lieu of arrest.
- **Facilitate collaborative case management.** Because it's tailored to individuals instead of their crimes, pre-arrest diversion at its best helps citizens overcome the mental, social, and economic circumstances on which their criminal behavior is predicated. With that in mind, coordination among agencies and stakeholders through collaborative case management is a defining feature of many pre-arrest diversion programs.
- **Promote officer-clinician teaming.** A multi-disciplinary approach is key to pre-arrest diversion. A favored approach in the co-responder model of officer-clinician teaming—wherein law enforcement officers work side-by-side with social workers, behavioral health professionals, or other community-based practitioners in order to identify and triage strong candidates for pre-arrest diversion at the tip of the spear.
- **Empower officers.** Front-line law enforcement officers have the power to arrest—or not. Their education and engagement are critical to the success of pre-arrest diversion. To earn the buy-in of front-line police officers, agencies must focus equally on training (i.e., teaching officers what the benefits of pre-arrest diversion are and what makes individuals good candidates to be diverted), trust (i.e., giving officers the autonomy and discretion to decide when arrest is and is not appropriate), and time (i.e., setting expectations that results may take months or even years to manifest).
- **Leverage Community Support.** Community members aren't just the objects of pre-arrest diversion programs. When law enforcement agencies leverage offenders' peers and/or neighbors as stakeholders, those stakeholder can also become important actors within pre-arrest diversion programs.
- **Emphasize evidence.** Grounding pre-arrest diversion programs in evidence-based practices is an important way that law enforcement agencies can ensure quality, win over stakeholders, and drive results. Where empirical evidence does not yet exist, it's incumbent on law enforcement agencies to create it by way of documenting practices and analyzing outcomes.



Report of the National
Survey to Assess

**First Responder
Deflection Programs
in Response to
the Opioid Crisis**

FINAL REPORT

- **Most deflection programs were created and led by law enforcement agencies.** These programs typically were initiated at the local level for particular public health and public safety reasons. While most deflection programs are law enforcement-initiated, the localized nature of these programs is not yet aligned under a standardized model of protocols and common procedures by which they operate.
- **A wide variety of deflection programs—many based on early-adopter models like Quick Response Teams (QRT), Law Enforcement Assisted Diversion (LEAD), Civil Citation Network (CCN), and Angel—exist and generally are driven by local needs and priorities.** The different pathways for building and managing these programs generally focus on similar goals, such as linkage to treatment and services for substance use disorders (SUD).
- **Deflection programs operate through networks of collaboration and partnerships with a host of providers and agencies. Most respondents report that a dedicated program coordinator is responsible for managing day-to-day operations. Further, deflection programs rely on stakeholder-partners for broad governance and decision-making.** The partners who deliver the core deflection services include case managers, mental health and SUD treatment providers, peers, and a range of social services entities, as well as newly emerging jobs in the field such as deflection specialists. These partnerships—across the justice system, the treatment/recovery system, and the broader community itself—are critical to program sustainability and rely on stakeholder-partners for effective program management.

- **Substance use disorder treatment, including medication-assisted treatment (MAT), is the leading service to which deflection programs link.** Virtually all programs that responded to this survey provide linkage to SUD treatment, a critical element given the primacy of opioid use and overdose in driving development of FRD programs. Programs also increasingly collaborate to provide linkage to a range of outpatient and inpatient services (treatment- and non-treatment-related) consistent with community needs.
- **Recovery support services are involved in about 80 percent of deflection programs.** Roughly four of five programs that responded to the survey provide links or access to recovery support specialists, peer recovery coaches, or similar professionals including the newly emerging job title “deflection specialist”—an important element in encouraging program participation by clients.
- **Deflection programs—nearly 90 percent of those participating in the survey—proliferate in states that have expanded Medicaid through the Affordable Care Act, though funding for services tied to FRD programs is approximately equal between public and private sources.** Funding can be a limiting factor in accessing treatment and services. The significant presence of programs located in Medicaid expansion states illustrates the importance of having access to public as well as private resources.

Thank you



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