



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

How Law Enforcement Agencies and Officers Can Work Proactively With Health-Adjacent Programming

December 2022

Part 2: Community Partnerships

Introduction

As highlighted in part one of this two-part series, the opioid overdose epidemic is a public health crisis that requires a holistic response. Health-adjacent programming helps mitigate this public health crisis by enabling multiple community entities to work together to provide evidence-based services in a responsive and flexible manner. Across the country, many community-led efforts are working to connect people to substance use treatment services and to resources for overdose prevention, or both. Law enforcement agencies (LEAs) can play a critical role in improving outcomes for people affected by the opioid epidemic through partnerships with existing community-led efforts. This article will discuss partnerships between LEAs and community organizations as key elements of the broader public health approach to overdose prevention and will offer Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grantees steps for implementing or supporting similar programs.

Partnerships

Local Treatment Providers

Law enforcement officers (LEOs) often respond to situations involving people who use drugs, including instances in which a person might be experiencing an overdose or other drug-related crisis. These situations present an opportunity for LEOs to connect individuals to local treatment programs and potentially practice diversion in lieu of arrest. Such programs might include residential treatment, individual therapy, or medications for opioid use disorder (MOUD).

A wide body of evidence demonstrates the importance of opioid use disorder (OUD) treatment, particularly MOUD.¹⁻³ Because of MOUD's widely recognized effectiveness, access to it has been identified by many as a high-priority need.⁴⁻⁶ However, people who are involved in the criminal justice system often experience barriers to effective evidence-based substance use disorder (SUD) treatment. For instance, while research shows that large proportions of people in jails and prisons qualify as having a SUD, only a fraction are able to receive evidence-based treatment (such as MOUD) while incarcerated.^{7;8} Furthermore, people with OUDs who do not receive treatment while

incarcerated face higher risks of overdose upon reentry into the community.⁹

By partnering with local treatment providers, LEAs can help remove the barriers or disruptions to treatment that many people experience when involved with the criminal justice system. For example, LEAs and treatment providers can work together to develop referral processes so that LEOs are able to directly connect people with treatment providers who are prepared to receive them as patients. These referral processes can even include same-day access to treatment so that individuals with OUDs are able to immediately enroll in evidence-based substance use treatment. When LEOs facilitate the connection of individuals using substances with relevant treatment providers, future criminal justice interaction may be averted. Ultimately, these practices serve to create better outcomes for people, their families, and the communities in which they reside by increasing access to substance use treatment services.

Local Harm Reduction Organizations

Harm reduction refers to practical strategies that aim to reduce the negative consequences associated with drug use, such as an overdose or accidental needle sticks. Harm reduction strategies include promoting the use of naloxone and access to proper syringe disposal. Local organizations that provide harm reduction services are often referred to as syringe service programs (SSPs), needle exchange programs, or syringe access programs. Many people raise concerns that SSPs enable drug use behavior or create unsafe spaces in the community. In fact, research on the impacts of SSPs shows that they benefit the health and safety of people who use drugs and the communities in which they reside.¹⁰ For instance, people who use SSPs are five times more likely to enter evidence-based substance use treatment than people who do not use SSPs.^{11–13} Furthermore, areas that have SSPs have not only seen

no increases in criminal activity^{14; 15} but also have reported less harmful waste in the community (e.g., used syringes) as a result of increased access to safe disposal methods.^{16; 17} Thus, despite criticisms or concerns, research has consistently demonstrated the effectiveness of SSPs in improving positive outcomes for both individuals and communities.

Many LEAs have begun partnering with SSPs and other local harm reduction efforts in their approach to combatting the overdose epidemic. These partnerships result in tangible benefits to the LEAs, SSPs, and the communities they serve. LEOs often help provide security for SSPs and refer people to their services, while SSPs aid in providing education and training to LEOs and community members about harm reduction approaches to substance use. Furthermore, partnerships between LEAs and SSPs may increase police legitimacy and trust among members of these communities. As people who use drugs are often hesitant to call 911 or work with LEOs for a variety of reasons, including fear of retaliation,¹⁸ this increased trust may be critical for improving outcomes in drug-related emergencies.

Examples From the Field

Angel Program, Gloucester, Massachusetts

The Gloucester Police Department (GPD) in



Massachusetts has been working to connect people to SUD since June 2015, when it launched the Angel Program. Through this program, Gloucester LEOs collaborate with treatment providers and community volunteers to directly connect people with treatment

services. Upon encountering a scene with suspected or apparent problematic drug use, LEOs inform community members that officers are not there to make arrests for drug-related offenses but instead to provide information about the program. If the impacted person is interested, the GPD then conducts an intake session to facilitate connections with services. During intake, a volunteer from the community (an “angel”) will sit with the impacted person to provide comfort and other assistance. As part of this intake process, the GPD will address barriers to treatment that the person may be experiencing, including lack of transportation services to the treatment site. Within its first year of operation, the Angel Program served 20 to 30 people a week.^{19; 20} In discussing the importance of the program, John Rosenthal, co-founder and chairman of the Gloucester Angel Program, stated:

“The fact that law enforcement took the lead on this was a game-changer. When a police department says, ‘We are here to help you, not to arrest you,’ it legitimizes the idea that people who are struggling with addiction need treatment, not jail. It has helped change the national conversation around addiction and the need for long-term treatment, just like any chronic disease.”

Law Enforcement Assisted Diversion, Seattle, Washington



In 2011, Seattle implemented a community-based, pre-arrest diversion program called Law Enforcement Assisted Diversion (LEAD). LEAD works to connect

people with community-based services, such as treatment programs or harm-reduction efforts, as an alternative to legal sanctions like arrest or jail. Key elements of the LEAD model include providing services as long as they are needed (rather than for a fixed amount of time), not requiring that participants remain abstinent in order to receive services, providing holistic and harm reduction-oriented case management services, and meeting participants where they are with street outreach efforts and low barriers to services. In recent evaluations of the impacts of LEAD in Seattle, evaluators found that people were much less likely to be arrested for new crimes after participating in the program, even up to 2 years later.²⁰ In addition, evaluators found that people who participate in LEAD experience positive improvements in their housing, employment, income, and benefits.²¹ As a result of Seattle’s success, LEAD has been replicated in over 35 jurisdictions across the United States, including by recipients of COSSAP grants.

Next Steps for COSSAP Grantees

- ◀ **Train LEOs about the importance of treatment and harm reduction services for people who use opioids or other drugs.** Ask community members and other LEOs with experience in taking a treatment or harm reduction approach to share their experiences. Include explanations of LEOs’ roles in providing this kind of care (e.g., referring takes the burden off the criminal justice system and has better success rates).
- ◀ **Create a network of local treatment providers.** Highlight providers that are best suited for certain populations (e.g., women, youth, opioid users). Invite providers to join the multidisciplinary team (MDT). Establish a straightforward way for LEOs to know which treatment providers have availability and which can make referrals.

- ◀ **Identify local SSPs.** Bring them into the MDT if they are not already members. Consider having them host training for law enforcement officers. Provide LEOs with materials on SSPs that they can distribute to community members who may benefit.

More information about COSSAP's ongoing support for law enforcement/first responder diversion and deflection programs may be found at <https://www.cossapresources.org/DeflectionLibrary>.

Endnotes

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This project is supported by Grant No. 15PBJA-21-GK-01074-MUMU awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.