Understanding Law Enforcement's Response to the Opioid Crisis

Opioid Crisis

Since 1999, the death rate from opioid drug overdoses has increased more than five times in the United States.¹ Opioids killed more people in 2016 than motor vehicle and gun-related deaths respectively.²

Opioids are a group of drugs that interact with opioid receptors on nerve cells in a person's body and brain and reduce the feeling of pain.³ Opioids include common pain relievers such as oxycodone, hydrocodone, codeine, morphine, and synthetic opioids such as fentanyl and heroin.

Understanding Opioid Misuse

An opioid use disorder (OUD), like other forms of substance use disorders (SUD), is a medical condition that affects a person's body and brain. Some signs of an OUD are:

- Decline in work or school performance
- Loss of interest in favorite activities
- Strained relationships with family members and friends
- Inability to control emotions
- Withdrawal symptoms and high tolerance that leads to increased use
- Inability, despite desire, to reduce usage⁵⁻⁶

Police-Community Partnerships

Many police departments understand the need to partner with public and behavioral health agencies, as well as local organizations. In many communities, these partnerships have taken new approaches to support each other, respond to people affected by opioids, and share relevant data. This collaboration allows officials to see patterns and use this information to tailor their law enforcement strategies and outreach services.

Data Sharing

Having relevant data can help jurisdictions understand the problem. Data sharing among public health, healthcare, treatment, recovery organizations, and law enforcement agencies can help create a more informed response to the opioid crisis and evaluate how that response is working. This kind of data sharing can help both agencies and communities document overdose events in real time; manage police visits to better help people with a SUD access services; share information across agencies while safeguarding confidential information; and provide access to real-time reporting by area and neighborhood.



130+ people die every day on average from opioid-related drug overdoses.

47,000+ people died from an opioid overdose in 2017.





11.4 million people misuse prescription opioids.⁴

Overdose Response

Police officers are often the first to respond to opioid-related incidents. In many communities, officers are now trained and equipped to use naloxone (also known as Narcan®). Naloxone, commonly administered in a nasal spray form, reverses the effects of an opioid overdose, allowing the person to breathe again and regain consciousness. With increased access to this life-saving drug, police departments are helping decrease the rate of overdose fatalities. More than 26,500 opioid overdoses were reversed using naloxone between 1996 and 2014.⁷

The list below is a sample of what may be included in a law enforcement training on naloxone:

- Basic overview of drug misuse and use disorders
- Recognizing the symptoms of overdose
- How and when to administer naloxone
- Proper dosage of naloxone
- Understanding the withdrawal symptoms after an overdose
- Steps after the survivor is stabilized



Treatment and Recovery

Law enforcement can play an important role in connecting overdose survivors to treatment. The first 12 to 24 hours after an overdose occurs are crucial to help a person get into treatment. Various police agencies are implementing programs that assist people who misuse opioids by offering an alternative to arrest. They are doing this by becoming an access point to treatment within their communities.

Police Assisted Addiction and Recovery Initiative (PAARI)



This organization helps law enforcement agencies create ways for people to receive treatment for their drug use. Based on models of pre-arrest diversion started in the Gloucester, MA, Police Department, PAARI programs are a partnership between law enforcement

and public/behavioral health that makes law enforcement the primary pathway to get people with a SUD into treatment. People who walk into the police department requesting treatment and surrender their drugs are immediately eligible for the program. The individual is not charged for the drugs and is transported to treatment, where they can start the recovery process. PAARI now has a network of more than 400 police departments in over 32 states implementing services for people with SUD.8

Quick Response Team (QRT) National



This program helps communities implement a "Quick Response Team (QRT)" model to address the opioid epidemic. QRT is a partnership with law

enforcement, emergency medical personnel, social work professionals, and peer support working at the "street" level with a "Naloxone Plus" approach. This approach combines immediate naloxone treatment when responding to an overdose followed by integrating treatment and pre-arrest diversion. During the follow-up, the QRT team provides in-home assessment of overdose survivors, with the intent to link the survivor/client to appropriate treatment services.9

Law Enforcement Assisted Diversion (LEAD) Program



LEAD is a pre-booking diversion program

that directs lower-level drug offenders into treatment. Individuals are referred to a trauma-informed case management program where they receive support services. Officers and prosecutors follow up with support services to ensure that the individual is completing and benefiting from the action plan.¹⁰

The opioid crisis affects each community differently, requiring a unique, tailored, and collaborative response from local stakeholders. Law enforcement agencies play a crucial role in mitigating this epidemic. Police can work with health organizations, community members, and social service agencies to help develop comprehensive solutions to addressing the opioid epidemic.

Endnotes

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