

Law Enforcement Track

Case Studies in Collaboration: Public Safety, Public Health and Community Leaders

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Disclosures

- Neely Carlton, JD; Alex Harocopos, MS, Mphil; Denise Paone, EdD; and Connie Payne, JD, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.

Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.
- The following planners/managers have the following to disclose:
 - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
 - John J. Dreyzehner, MD, MPH, FACOEM – Salary: Amerigroup Healthcare Insurance (spouse)

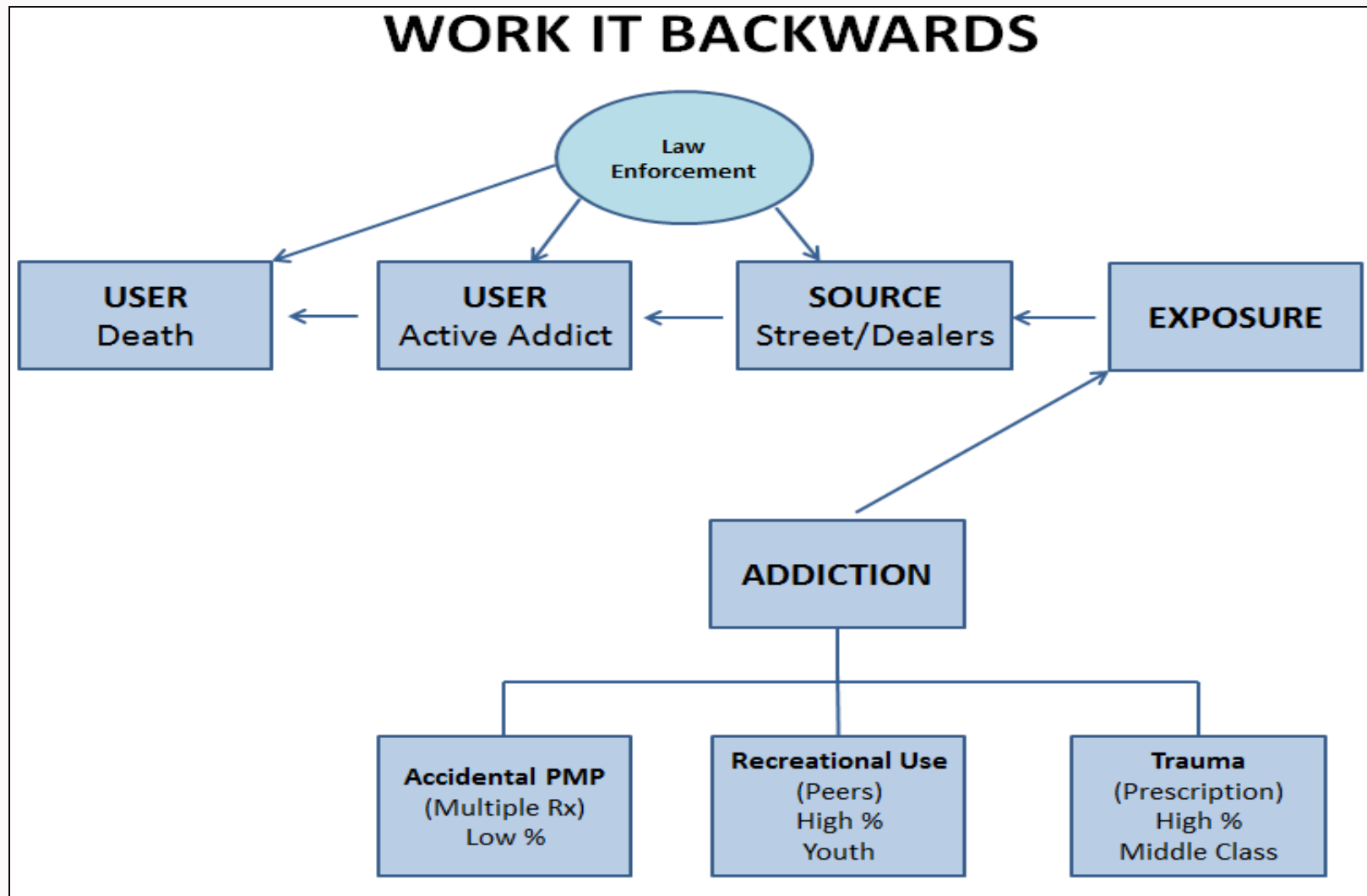
Learning Objectives

- Describe state and national recovery advocacy movement trends that promote community-based peer support recovery resources and the innovative ways law enforcement and corrections officials are partnering with recovery community organizations to reduce recidivism.
- Identify community coalition partners for the purpose of raising awareness of addiction as a chronic brain disease in order to build recovery resources.
- Outline strategies to gain support from the public and local, state and federal policymakers for law enforcement and reentry policies.
- Express differences and tensions that exist between public health and public safety partner agencies.
- Explain how data sharing can be used to identify mutual policy goals
- Define strategies to build and strengthen health/safety partnerships within participants' jurisdictions.

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Neely C. Carlton, JD, Butler Snow, LLP

Addiction may affect everyone differently, but it typically ends up involving Law Enforcement.



Law Enforcement - Natural Public Policy Advocates

LAW ENFORCEMENT	PUBLIC POLICY
Arrest (Problem)	Constituent (Problem)
Dealer/CI	Advocate/POC Problem
INVESTIGATION	ISSUE/BILL
TARGETS/Research - Dealers (Where, Who) - Community Info	Research/TARGETS - What is district - What is Back issue - Who dinner/committee
Relationships	Relationships
"Trust"	Trust
ASK	ASK / VOTE

Public Policy Strategic Planning Sample

<p>GOAL TO BECOME A TRUSTED ADVISOR.</p> <p>Strategy: Coalition needs "to own" drug control policy with public officials.</p>		
<p>Action 1: Identify issues.</p>	<p>Research trending state public policy (past legislation, current initiatives, agency agenda)</p> <p>White paper on lead issues.</p>	<p>See list attached of issues. MBN Liaisons should finish the list and prioritize it.</p> <p>Due Date: _____</p>
<p>Action 2: Identify influential public officials for the issues.</p>	<ul style="list-style-type: none"> - Governor, Lt. Governor, Speaker and leadership - Key House and Senate Committee members - Other thought leaders (State Chamber of Commerce, Manufacturing, Education and IHL/CCs) - Consider who else holds an interest like corrections, licensure boards, prosecutors, drug court advocates, Dept of Human Services, Division of Medicaid, and Dept of Health 	<p>See list attached of House and Senate Committee members.</p> <p>Set meeting with Governor's staff post-election to review agenda.</p> <p>Need to determine who else among the other leaders will be a priority.</p>
<p>Action 3: Identify ways to receive warm introductions</p>	<ul style="list-style-type: none"> -Set a calendar for meetings, starting with grass tops* -Prepare a relationship matrix for key officials to support the presentation -Plan a drug enforcement summit 	<p>Use Constant Contact Survey to create a relationship matrix. Search for other free software.</p> <p>Use the Plan Outline to create strategy with inputs. This is an ongoing activity. Create a "notebook"</p> <p>Summit planning post session should be finalized by April 1 so that Notices can be delivered before the end of the session</p>
<p>GOAL 2: INCREASE PUBLIC AWARENESS</p> <p>Strategy: Coalition needs "to own" drug control policy with the public</p>		
<p>Action 1: Use identified issues from Goal 1.</p>	<ul style="list-style-type: none"> - Work drug enforcement success and multi-agency collaborations into identified issues. 	
<p>Action 2: Earned Media Plan</p>	<ul style="list-style-type: none"> - Newsletters to Legislature -Routinely engage a media plan that promotes the mission of MBN -Work with Addiction T&R community to advance information in public forums 	<p>Coalition to designate a position as VP of Public Relations. Review process can be assigned to the Liaison Committee.</p> <p>NCADD event coming up. Sponsor? Send delegates? Other opportunities to support LE and A&D?</p>

Law Enforcement can be a Champion for Community-Based Recovery Systems of Care...

- Family and Friends
- Community Support
- Compassion and Faith
- Helping Others
- Housing
- Healthcare
- Meaningful Work/Career
- Time
- **Community-based Recovery Systems of Care**

Case Study: Law Enforcement-Lead Coalitions



Case Study: Law Enforcement-Lead Coalitions

PAARI

The Police Assisted Addiction and Recovery Initiative

The Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) was started to support local police departments as they work with opioid addicts. Rather than arrest our way out of the problem of drug addiction, P.A.A.R.I. committed police departments:

Encourage opioid drug users to seek recovery

Help distribute life saving opioid blocking drugs to prevent and treat overdoses

Connect addicts with treatment programs and facilities

Provide resources to other police departments and communities that want to do more to fight the opioid addiction epidemic

Case Study: Law Enforcement-Lead Coalitions

Richmond police captain on a mission to 're-write the book' on drug addiction

m.nbc12.com
February 27th, 2017

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RICHMOND, VA (WWBT) - Twenty-eight years ago, Michael Zohab left

Case Study: Law Enforcement-Lead Coalitions

Instead Of Arresting Drug Addicts, These Massachusetts Cops Are Offering Free Treatment

By Spencer Platt, www.huffingtonpost.com

May 12th, 2015

[View Original](#)



Case Study: Law Enforcement-Lead Coalitions

In Costa's death, Keene loses a leader in the fight against the opioid crisis

By Callie Ginter, Xander Landen Sentinel,
m.sentinelsource.com

March 10th, 2017



You can't arrest your way out of a drug crisis.

Case Study: Prosecutors and Hospitals Coalitions

Union prosecutor, hospitals form alliance to help drug overdose victims

By Tom Haydon, www.nj.com
February 28th, 2017

[View Original](#)

ELIZABETH -- Union County has started a program to offer counseling for people when they are brought to hospitals for treatment of drug overdoses.



Case Study: Hospitals and First Responders partnering with Communities

Recovering addict helps resurrect hospital recovery unit

By Douglas Imbrogno, www.wvgazettemail.com

[View Original](#)

March 4th, 2017



**Case Study: Community-Based Resources
Beyond Intervention and Diversion, the next step is
long-term recovery support.**

Why Community Paramedicine is an Option for the Opioid Crisis

By Ems, efficientgov.com

[View Orig](#)

February 27th, 2017



Case Study: Local, State and National Recovery Advocacy Coalitions

THE ANONYMOUS



MANY FACES 1 VOICE

A Faces & Voices of Recovery Campaign



MY RECOVERY IS
E.P.I.C.

GENERATION
FOUND



Facing Addiction



Case Study: Recovery Community Organizations - Community-Based Solutions

A New PATH, Advocates for Recovery Colorado, Alano Club of Portland, Alcohol/Drug Council of North Carolina, Association of Persons Affected by Addiction (APAA), Bangor Area Recovery Network, Inc., Capital Area Project Vox - Lansing's Voice of Recovery, Center for Recovery and Wellness Resources, Chicago Recovering Communities Coalition (CRCC), Communities for Recovery, Connecticut Community for Addiction Recovery (CCAR), DarJune Recovery Support Services & Café, Davis Direction Foundation - The Zone, DC Recovery Community Alliance, Detroit Recovery Project, Inc., Dorchester Recovery Initiative, Easy Does It, Inc., El Paso Alliance, Engaged Recovery Community Services, FAVOR Community Services, FAVOR Pee Dee, FAVOR Tri-County, Fellowship Foundation, Granite Path, Juneau Recovery Community, Lotus Awaken Center, Inc., Lotus Connecting Communities (M-R HOPE - Michigan Heroin & Opioid Network, Navigate Recovery, National Association (OCARTA), P.E.E. Community Together - (PRO-Addiction Multisport Boston, PLR Athens Recover Wyoming Recovery - Recovery Café, Recovery Communities, Inc., Recovery is Happening, Recovery Efforts (RICARE's), Recovery Foundation, Soldiers Recovery, Inc., Springs Recovery Connection, T.O.R.C.H Inc., The Bridge Foundation, The DOOR - DeKalb Open Opportunity for Recovery, The McShin Foundation, The RASE Project, The Solano Project, Tia Hart Community Recovery Program, Trilogy Recovery Community, Utah Support Advocates for Recovery Awareness (USARA), Vermont Recovery Network, Virginia Association of Recovery Residences, Voices of Hope for Cecil County, Voices of Recovery San Mateo County, WAI-IAM, Inc. and RISE Recovery Community, Washenaw Recovery Advocacy Project (WRAP), WholeLife Recovery Community/Arizona Recovery Coalition/, Wisconsin Recovery Community Organization (WIRCO), Wisconsin Voices for Recovery



Case Study: Universities and Colleges Supporting Collegiate Recovery

Collegiate recovery programs provide vital resources

By Morgan Nicodemus, www.cw.ua.edu

[View Original](#)

February 28th, 2017

Case Study: Local Responses

Philadelphia heroin camp: Readers respond

cdn.ampproject.org
February 20th, 2017

[View Original](#)



Sample Resolution addressing Community Based Recovery Support

- **PREAMBLE**, The public health and safety issues confronting America today are complicated and linked together. The very nature of these problems both suggests and requires that the public policies designed to deal with these issues take balanced and holistic approaches. We, the member of the Hometown, USA Coalition strongly support this holistic approach and support efforts that take this approach in the development of policies to address the problem.
- **WHEREAS**, The Hometown, USA Coalition was organized to assist our community with the adoption of best practices in order to best serve their citizens; and
- **WHEREAS**, A core function of local government is to protect its citizenry including coordination of limited resources – financial and otherwise – with law enforcement and first responders; and
- **WHEREAS**, The state and local drug enforcement agencies have identified use and abuse of prescription drugs and heroin as a drug threat; Centers for Disease Control have declared that America is experiencing a prescription drug abuse epidemic; and
- **WHEREAS**, Government at all levels is impacted by the public health epidemic of drug abuse and substance use disorders; and
- **WHEREAS**, The hallmarks of a compassionate community include policies supporting employment, housing, health, and education, all of which are keys to living a life in recovery; and
- **WHEREAS**, Leaders know that addiction is a chronic brain disease and they encourage the establishment of addiction, treatment and recovery-oriented systems of care; and
- **WHEREAS**, Employers, chambers of commerce, educators, and economic developers expect local and state leaders to anticipate the needs of the community; and
- **WHEREAS**, This Coalition will improve the economy, make communities safer, decrease recidivism, and diminish stigma associated with substance use and mental health disorders;
- **NOW THEREFORE, BE IT RESOLVED**, that the Hometown USA Coalition adopt the following simple creed as a guiding principle when considering any and all policies which impact the recovery-oriented systems of care within a community:
 - We believe substance use and mental health disorders are treatable illnesses best treated by rapid access to authentic recovery support services to include sober housing, employment opportunities, medication assisted, pain-reduced detoxification, social support settings, and safe community-based recovery housing.

Case Study: Public Policy Makers listen to Coalitions

Legislation to assist recovering addicts named for West Virginia youth who succumbed to drugs

By Lexi Browning For The West Virginia Press
Association, www.fayetttribune.com

[View Original](#)

February 20th, 2017

Panelists support recovery versus jail time in mental health and addiction cases

Panelists included Jeff Fladen, executive director of NAMI Tennessee; Ron Hanaver, Knox County Drug Court director; Elaine Blanton, service coordinator for criminal justice programming with the Helen Ross McNabb Center; Jamie Ogle, crisis services coordinator with the Helen Ross McNabb Center; Frank Vollmer, veteran mentor coordinator for Knox County Drug Court; and Captain Don Jones, patrol division captain with the Knoxville Police Department.

All across American, communities are Facing Addiction...

'Stop the Opidemic' Utahns Share Stories of Loss, Recovery from Opioid Addiction

By Military News, www.military-times.com
March 12th, 2017

As a recovering addict herself, ND's first lady hopes to tackle addiction issues

By Archie Ingersoll on Feb 11, 2017 at 1:52 p.m.



**THANK YOU
FOR YOUR
SERVICE!**

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Public health/public safety collaborations to reduce drug-related harms: Challenges and lessons learned in New York City

Denise Paone EdD. and Alex Harocopos MS., MPhil.

Bureau of Alcohol and Drug Use Prevention, Care and Treatment (BADUPCT)
New York City Department of Health and Mental Hygiene (DOHMH)

National Rx Drug Abuse and Heroin Summit
18 April 2017

Disclosures

Denise Paone has disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services

Alex Harocopos has disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services

Learning objectives

- 1. Express differences and tensions that exist between public health and public safety partner agencies**
- 2. Explain how data sharing can be used to identify mutual policy goals**
- 3. Define strategies to build and strengthen health/safety partnerships within participants' jurisdictions**

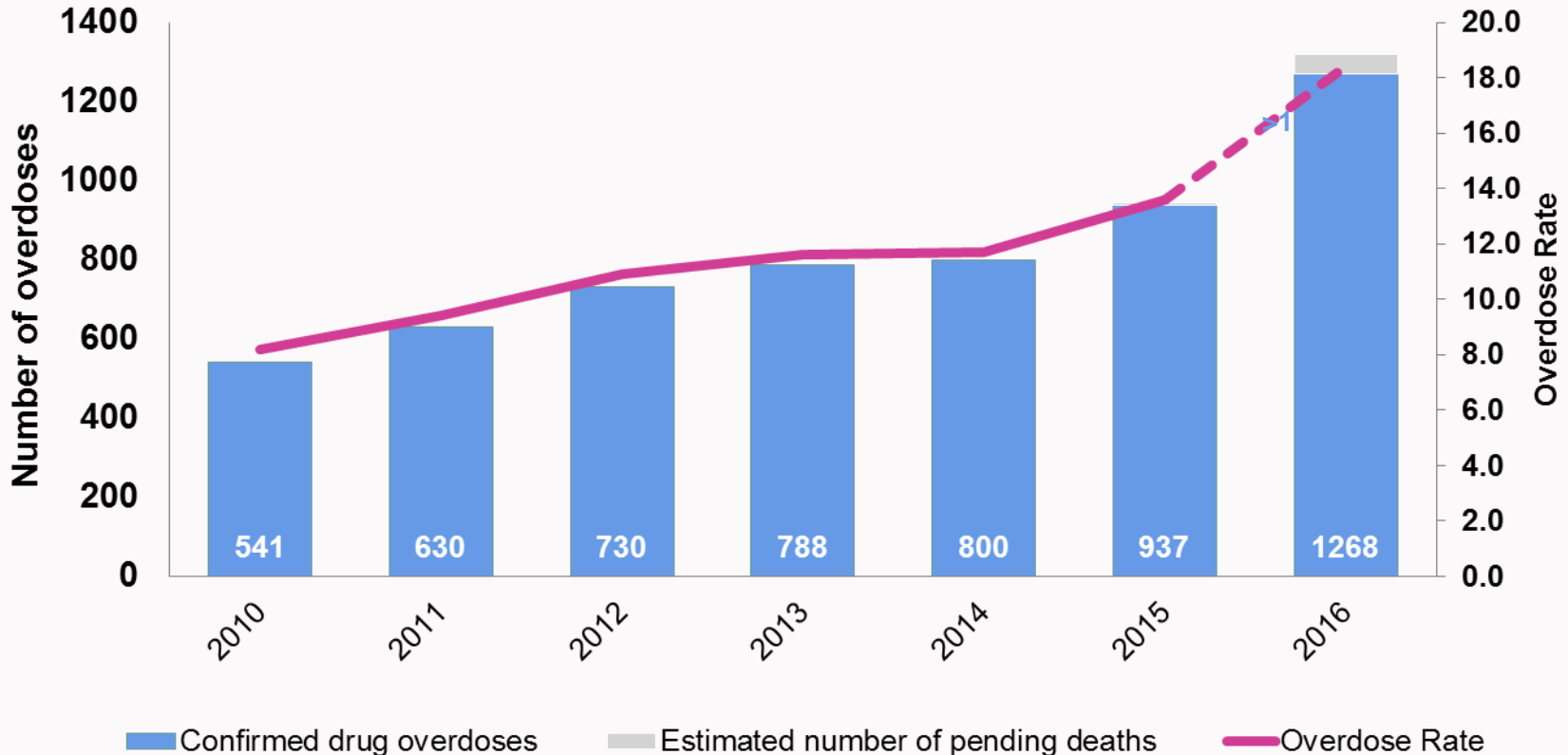
Outline

- **New York City (NYC) overdose mortality overview**
- **NYC RxStat initiative**
 - **Background**
 - **Challenges and lessons learned**
 - **Data**
 - **Responses**
- **Discussion**

OVERDOSE MORTALITY IN NEW YORK CITY

Overdose deaths have increased for six consecutive years in NYC

Number of unintentional drug poisoning deaths (overdoses),
New York City, 2010 – 2016**



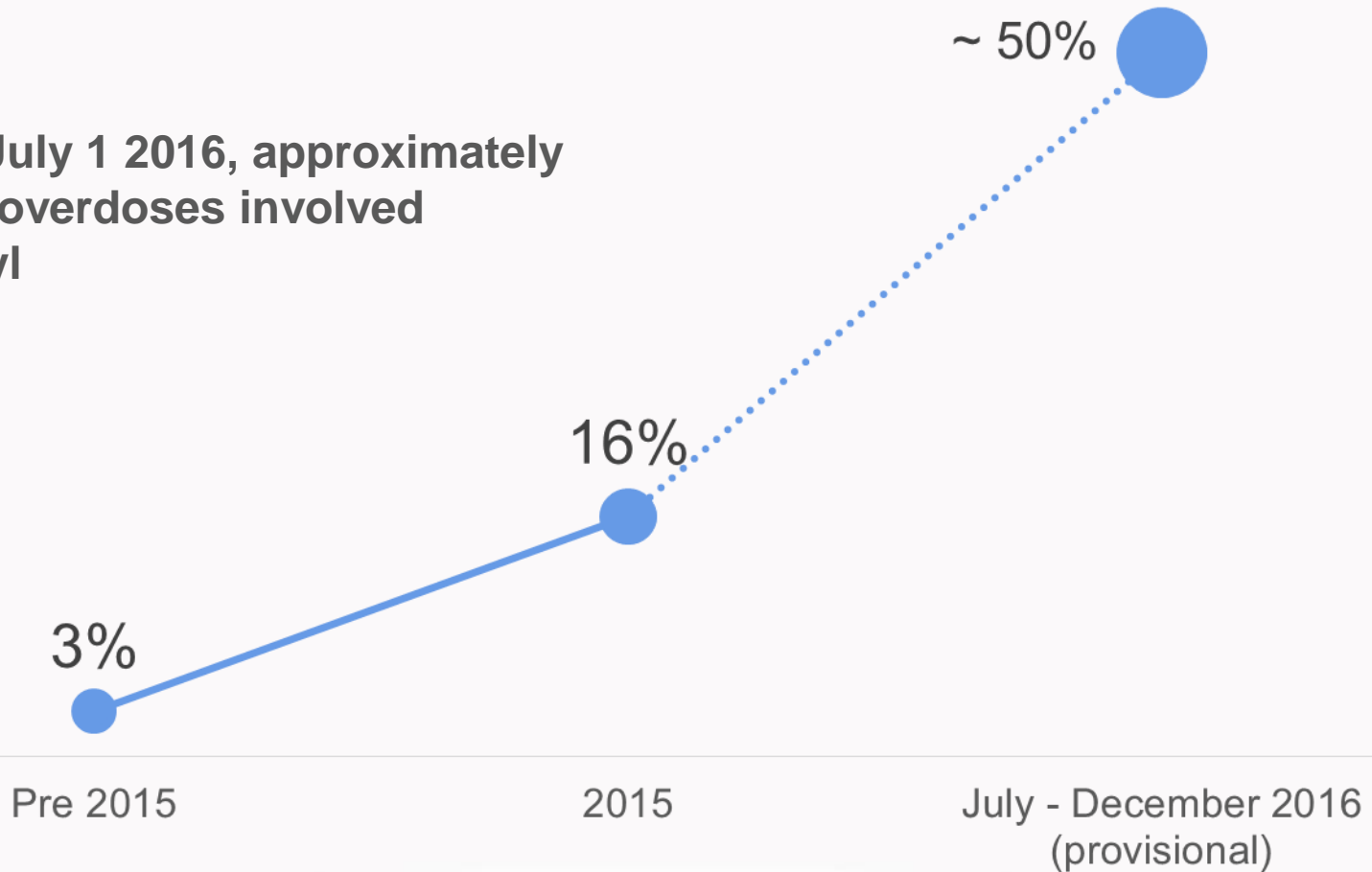
Source: New York City Office of the Chief Medical Examiner &
New York City Department of Health and Mental Hygiene 2000-2016*

*Data for 2015 are preliminary and subject to change.

**2016 data is provisional and a combination of confirmed and projected overdose cases

Increased presence of fentanyl in overdose deaths

Since July 1 2016, approximately half of overdoses involved fentanyl



Source: NYC Office of the Chief Medical Examiner & NYC DOHMH Bureau of Vital Statistics
Data from 2016 is provisional

Overdose mortality

- There are now ~3 deaths a day in NYC
- More New Yorkers die from overdose than homicides and motor vehicle crashes combined
- More than 80% of deaths involved opioids
- Heroin and/or fentanyl were involved in 75% of overdose deaths
- Opioid overdose are preventable
- Data show:
 - Most drug users are not seeking fentanyl
 - Most not aware that they might be using fentanyl

RxSTAT: A CITY COLLABORATION TO REDUCE OVERDOSE

What is RxStat

- **Partnership between Public Health and Public Safety government agencies**
 - Housed at NYC Department of Health & Mental Hygiene (DOHMH)
 - Leverages expertise and infrastructure
 - 37 municipal, state, and federal agencies represented
- **Comprehensive surveillance system**
 - “Real-time” monitoring of opioid (opioid analgesics and heroin) and other drug misuse and associated health consequences
- **First convened in 2012; monthly meetings with stakeholders**

RxStat: Central focus and unifying goal

**Reduce
Overdose
Deaths**

RxStat: Four core principles

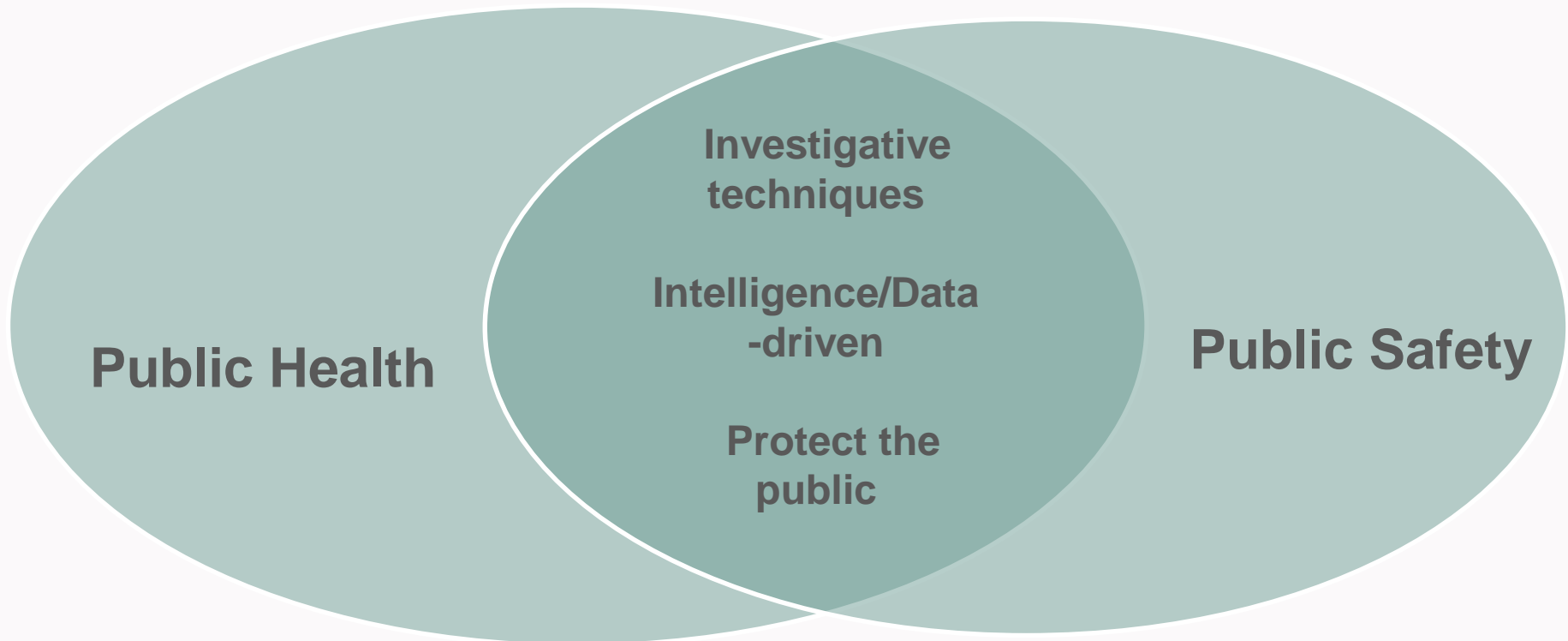
- 1. Use of timely, accurate drug misuse indicators from multiple data sources**
- 2. Development of strategies based on analysis of existing and newly available data**
- 3. Rapid deployment of public health and public safety resources to high priority areas**
- 4. Rigorous follow-up to ensure strategies are effective**

Data sources



CHALLENGES AND LESSONS LEARNED

Intersection between Public Health and Public Safety



Unified goal, different approaches

Public health	Public safety
Population level	Case level
Focus on risk factors	Focus on individual
Demand-side approach	Supply-side approach
Reduce drug-related harm	Reduce drug-related crime

Using the same tool to achieve different results: the prescription drug monitoring program (PMP)

PMP as a public health tool

- Prevention of problem drug use
- Address population-level factors that increase risk of overdose



Policy Responses

- Opioid analgesic judicious prescribing guidelines
- Public health detailing campaign to prescribers across the city

PMP as a law enforcement tool

- Prevention of drug-related crime
- Address individuals who facilitate or participate in illegal drug distribution



Policy Responses

- Focus on high-volume prescribers and street distributors

BUILDING A COLLABORATION

Lay the ground work

- **Agree on a common goal**
 - Reducing overdose deaths may seem obvious, but attitudes toward people who use drugs (PWUD) are not always aligned with this goal
- **Respect different orientations**
 - Acknowledge that law enforcement is “on the front line” and often see people at their worst
- **Utilize neutral and/or de-stigmatizing language**
 - “Person who uses drugs” instead of “junkie”

Shifts may be incremental

- **Attitudes and positions shift in response to ongoing conversations**
 - **Acceptance of MAT as valid treatment for opioid use disorder**
 - **Recognition that naloxone expansion is crucial, despite not “treating” substance use**
- **May not always find common ground**
 - **Mandatory vs. voluntary treatment**

DATA

Data: Unified goal

**Timely collection of
relevant data sources**

Public health and public safety perspectives on overdose data

- **Differences in how to use data**
 - Population level vs. individual cases
 - Protecting privacy vs. presenting granular details
- **Need to ensure concordance when reporting data out**
 - Presenting the public with inconsistent numbers is confusing and may undermine efforts

Public health and public safety perspectives on overdose data

- **Challenges with real-time data collection**
 - Currently, mortality data received on a monthly basis with ~3 month time lag
- **Push to receive cases in a more timely manner**
 - But, timeliness compromises accuracy (confirmed toxicology and cause of death determination)

Data frames the issue and facilitates buy-in

- Strong support from HIDTA from outset
- NYPD initially slow to commit
- Timely data defines specific issue
 - Numbers are difficult to ignore
 - Borough with high mortality rates first to engage
- Initiative to use mortality data as CompStat indicator

RxStat “Operations” convened

- Quarterly meetings with NYPD, Health, and other city agencies
- Individual case review to identify systemic gaps for effective intervention
- Circumstances of overdose collected with cross-agency collaboration
- Action-oriented

Recognizing value of different approaches

- **Overdose risk factors already well-documented**
- **However:**
 - **Process of meeting is important to foster relations**
 - **Case-based approach humanizes decedents and makes risk factors more salient**
 - **Focus on individual cases can hone attention on specific problems**

RESPONSE

Response: Unified goal

**Effective action and
sensible policy decisions**

Public health and public safety often have diverse approaches

- Recognition that different entities have different tools available
- Public health focus is demand-side
 - Intervene with people who have experienced a non-fatal overdose
- Public safety focus is supply-side
 - Recent launch of “Overdose Response Squads”

Public health and public safety responses to overdose data

- **Public health use aggregate data to identify high-need neighborhoods and/or populations**
 - Rapid assessment and response (RAR) used to target affected communities
 - Community education and naloxone distribution
- **Public safety uses individual incidents to build cases**
 - Focus on individual overdose deaths to launch criminal investigations: overdose as potential homicide

Ongoing assessment of actions

- Are responses working as intended?
- Could there be unintended negative consequences?
 - Constricting opioid analgesic market through implementation of PMP and judicious prescribing guidelines likely stimulated transitions to heroin
 - Implementation of NYPD Overdose Response Squads may discourage calls for aid in response to 911
- Revisit responses to assess efficacy

Strategies to build and strengthen

- **Experienced data people needed to interpret findings**
 - **Public health analysts provide epidemiological expertise**
 - **e.g., overdose data are more complex than may initially appear**
- **Public health/public safety partnership could lead to new funding opportunities**

Strategies to build and strengthen

- Limiting to government partners allows for more open discussion and dissemination of findings
 - Need to establish ground rules for data confidentiality
- Important to have people in the room who have decision-making authority

DISCUSSION



THANK YOU

#RxSummit

www.NationalRxDrugAbuseSummit.org