



If we build it will they come? Police deflection programs; Gloucester Ma and PAARI

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Thanks to

- SPH colleagues
 - Davida Schiff, MD
 - Mari Lynn Drainoni, PhD
 - Howard Cabral, PhD
- Gloucester Police Department
 - Former Chief Leonard Campanello
 - Chief John McCarthy
 - Lt. David Quinn
 - Officers on the desk

Deflection: a new term in policing

Key elements

- Avoid arrest
- Prevent overdose deaths
- Facilitate access to treatment

Types

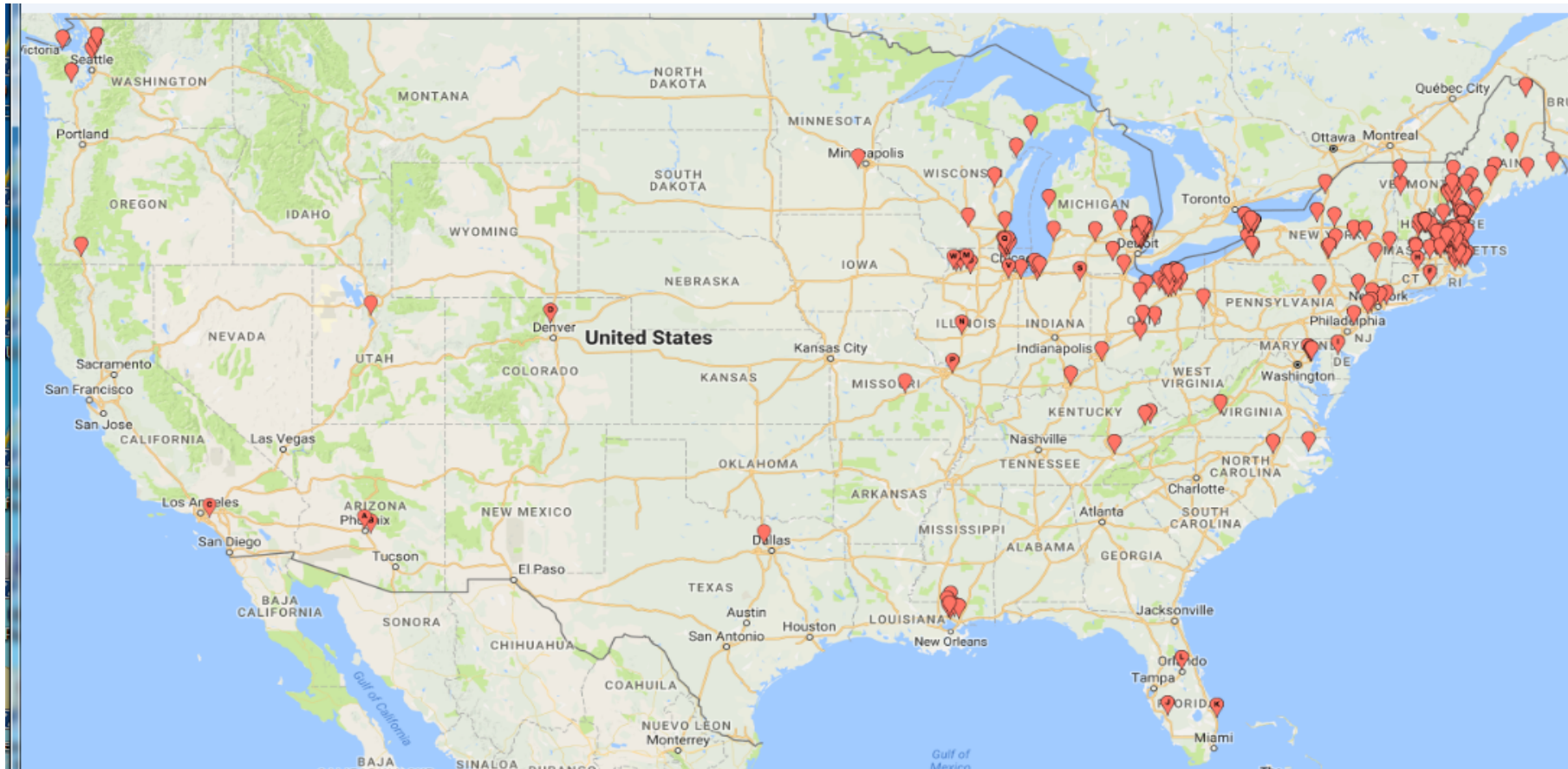
- Naloxone Plus: opiate response teams, STEER (MD) 🎬
- Active Outreach: Arlington Model (MA)
- Self-Referral: Angel (MA)
- Officer Prevention Referral: LEAD (WA), STEER (MD)
- Officer Intervention Referral: Civil Citation (FL), STEER (MD)

Police Assisted Addiction Recovery Initiative



- NFP to support PD programs
- Founded May, 2015
- Volunteer Board
- TA for Departments
- Treatment Center linkage
- Policy advocacy

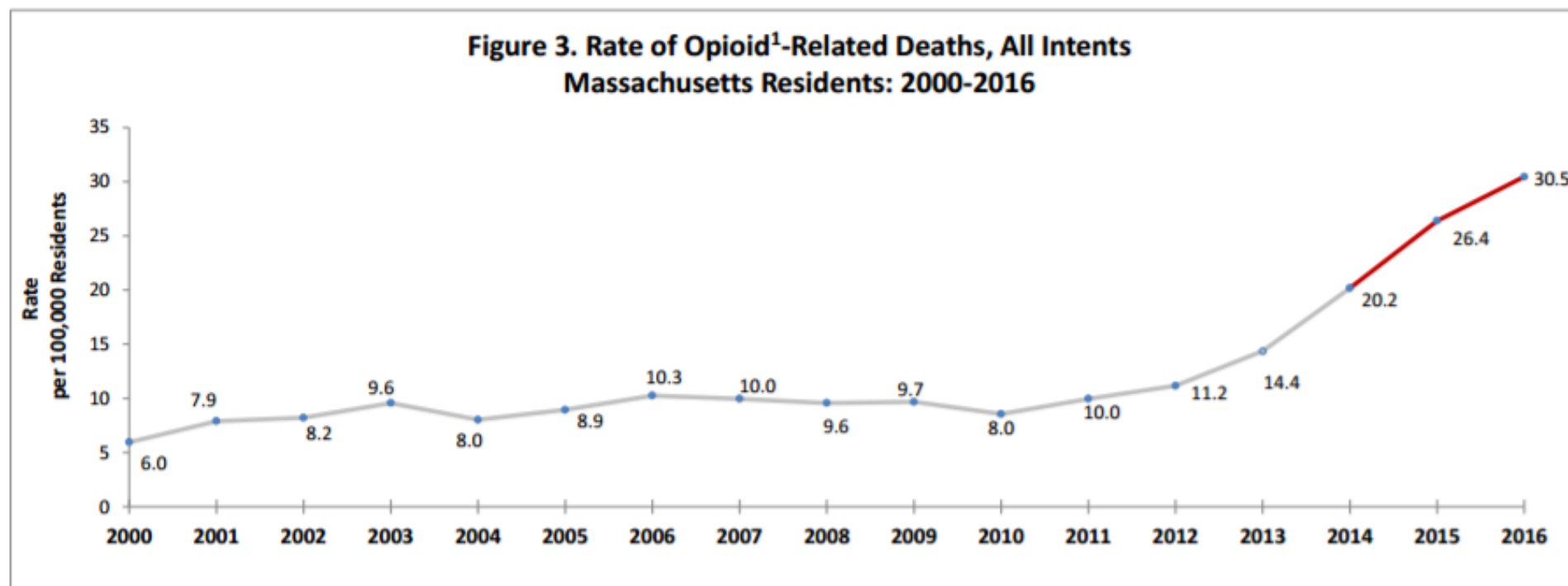
Deflection growing Rapidly; Gloucester two years old; now more than 250 PAARI PD's



MA overdose deaths increasing but rate is moderating

Rate of All Intent Opioid Deaths

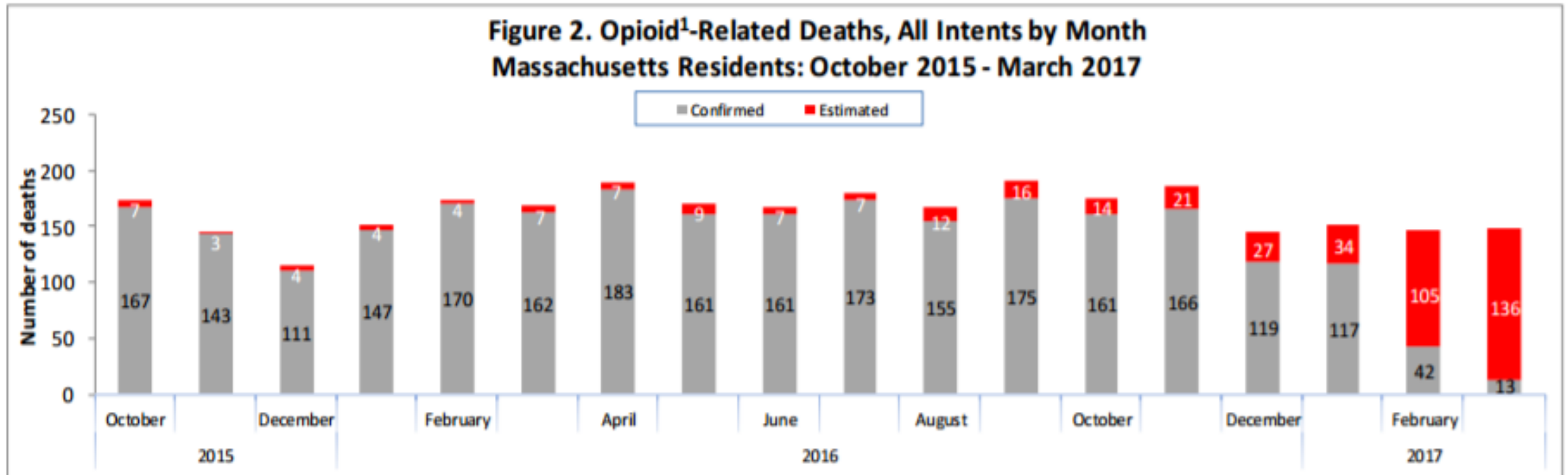
The increase in estimated death rates is slowing year over year: in 2014, there was a 40% increase from the prior year; in 2015, there was a 31% increase from the prior year; and in 2016, there was a 16% from the prior year.



¹ Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

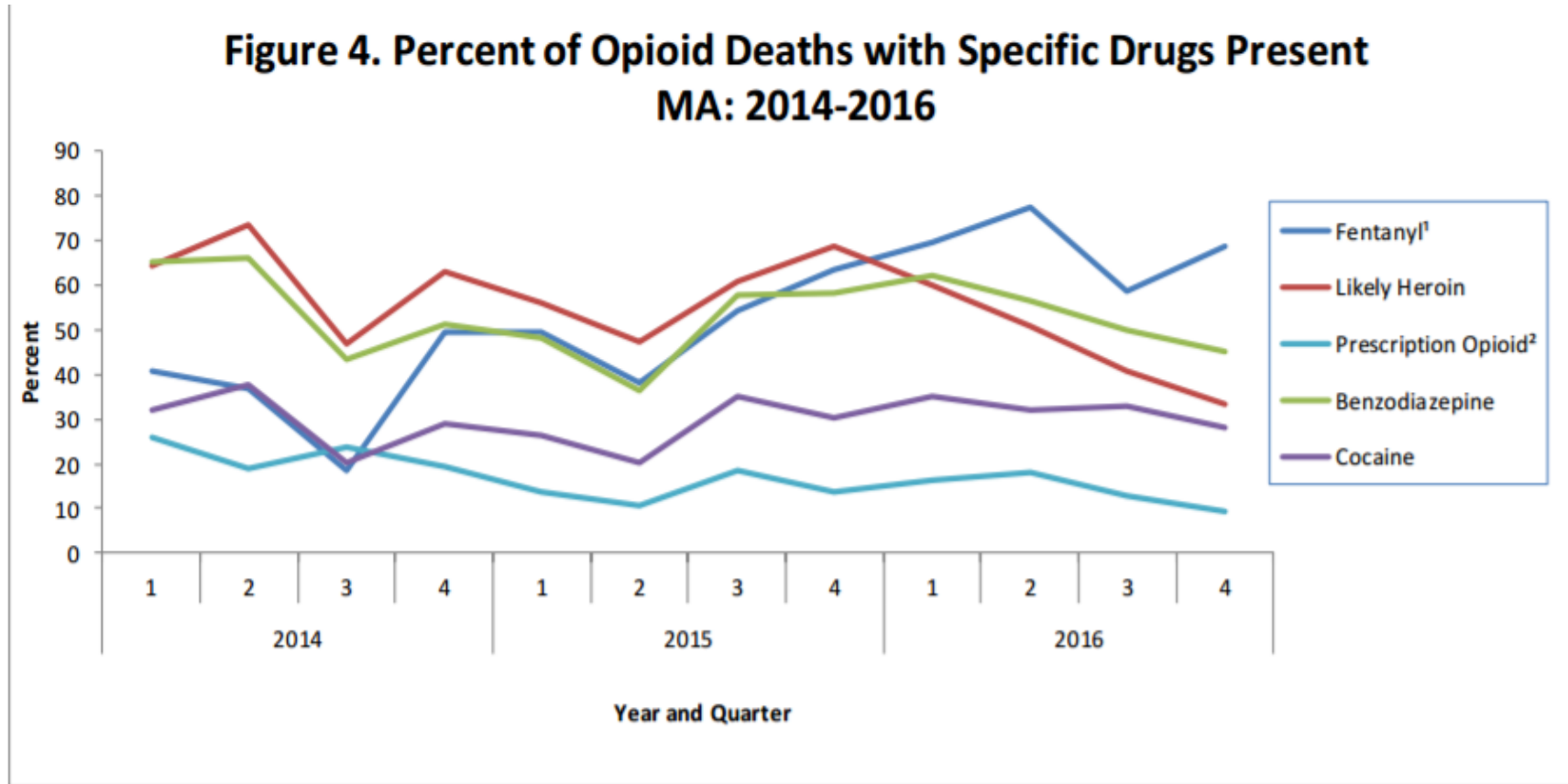
Please note that there is rounding of counts for 2015-2016.

MA Deaths may have peaked



The chart above shows month-by-month estimates for all intents from October 2015 through March 2017. For 2017 Q1, there are 172 confirmed cases of all intents opioid-related overdose deaths and DPH estimates that there will be an additional 242 to 307 deaths.

Fentanyl growing; Fentanyl laced cocaine coming to a street near you soon

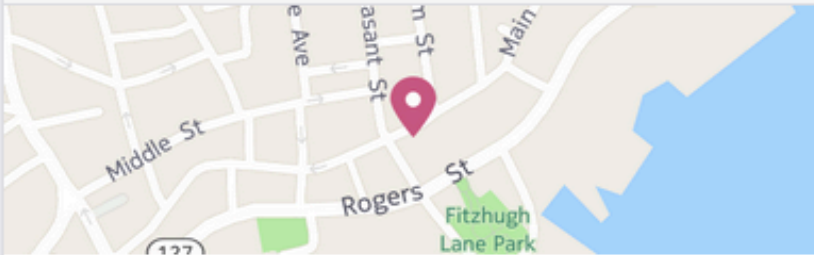


1. This is most likely illicitly produced and sold, **not** prescription fentanyl

2. Prescription opioids include: hydrocodone, hydromorphone, oxycodone, oxymorphone, and tramadol



ABOUT



197 Main St
Gloucester, Massachusetts



(978) 283-1212

<http://gloucesterpd.com/>

PHOTOS



Gloucester Police Department (Official)

March 6, 2015 · 🌐

Since January of this year, we have responded to dozens of opiate related overdoses and, unfortunately, the City has seen 4 deaths in this time that are heroin related. While we have been successful in our use of nasal Narcan and have saved lives, 4 deaths is 4 too many. The dangers of heroin and opiate use are notorious. We do a lot to collaborate in awareness, prevention, and treatment and will continue to look for new ways to rid our streets of this poison.

As a police department, let me again make our policy clear:

- If you are not involved in opiates or heroin, help us. Inform yourself, call us when you see activity, volunteer. You can make a difference.
- If you are a user of opiates or heroin, let us help you. We know you do not want this addiction. We have resources here in the City that can and will make a difference in your life. Do not become a statistic.
- If you are a dealer of heroin, opiates or any other poison...We are coming for you. We will find you. We will prosecute you to the fullest extent possible. You will pay the price for making money off the misery of others. It's not a matter of "if" we find you, it's a matter of "when" You've gotten your warning. Get out of our City.

Chief Campanello

Gloucester Police Angel Program

May 5, 2015 Press announcement:

- Gloucester Police Chief Announces Major Drug Policy Changes
- Addicts Who Surrender their Drugs and Ask for Help will NOT be Charged — Will be Offered Treatment
- Partnership with Lahey Hospital and Medical Center and Addison Gilbert Hospital
- Nasal Narcan to be Made Available for Free at Local Pharmacy
- Chief to travel to Washington Next Week to Meet with Senators Warren and Markey and Representative Moulton
- GPD Facebook Post Reaches 800,000

People as of Tuesday Morning

Boston University School of Public Health

Program designed rapidly evolved

- **Announced; little formal planning**
- **Hospital role reduced**
- **Professional screeners eliminated**
- **Direct placement by cops**
- **Addition of PAARI counselor**



Gloucester Angel Program's First Year



Initial
announcement
on Facebook

BUSPH Team
involved,
refines intake
form

First 100
visits to
GPD

429 total visits
for ANGEL
program

March
2015

June 2015

July 2015

Aug 2015

May 2016

ANGEL
Program
begins

Program adapts
to bring case
managers into
GPD

Program adapts
to find placement
directly by GPD
officers

Formative Evaluation using mixed methods

Quantitative Data

- **Collection**
 - Intake form filled out by officers at Police Department
 - Placement Data from Police Department
- **Analysis**
 - Descriptive Statistics
 - Frequencies, Means for demographic data and drug use history

Qualitative Data

- **Collection**
 - Follow-up calls to all participants 3-6 months after participation to assess experience using the program
 - Trained medical students, semi-structured questionnaire, transcribed verbatim
- **Analysis**
 - Coded in Excel by three members of the study team coding 75% of the interviews, met to review data, establish consensus



The NEW ENGLAND JOURNAL of MEDICINE

A Police-Led Addiction Treatment Referral Program in Massachusetts

TO THE EDITOR: During the period from 2009 through 2013, only 21% of people with an opioid-use disorder in the United States received any type of treatment.¹ In response to increasing rates of overdose deaths in the community, the Gloucester Police Department developed the Angel Program, a voluntary, no-arrest program that offers direct referral for drug detoxification or rehabilitation treatment. Police officers collect data

were from states other than Massachusetts, and the remainder came from elsewhere in Massachusetts. In 12 instances, the person was ineligible for drug detoxification because immediate medical attention was required. In 94.5% of instances in which a person presented for assistance and was eligible (394 of 417), direct placement was offered; in 5.5% (23 of 417), the person was not placed or had missing placement information.

Results - Participant Characteristics

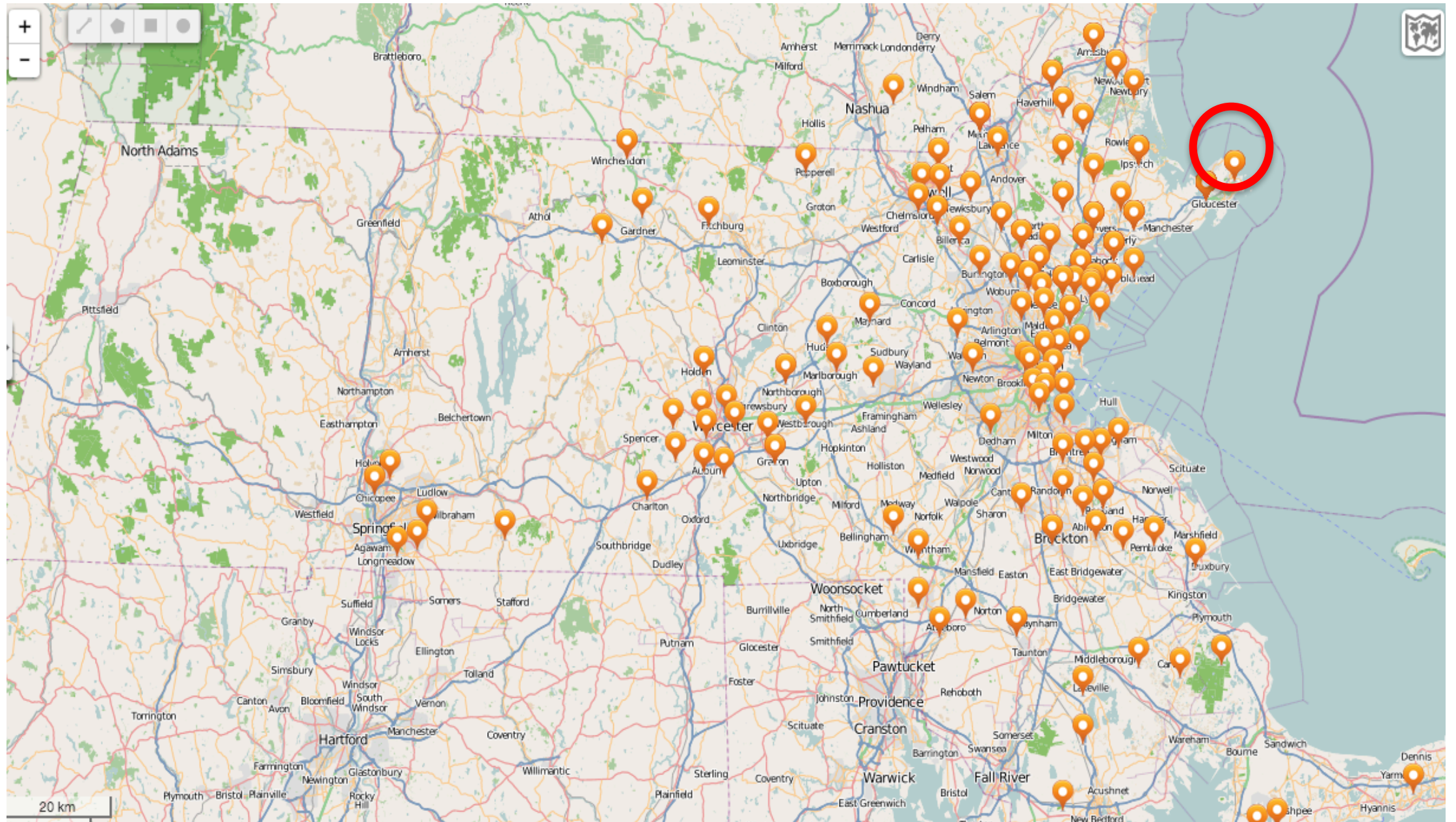
Between June 1, 2015 – May 31, 2016:

- 429 total visits
- 376 unique individuals
 - 11% (n=40) returned for two or more visits

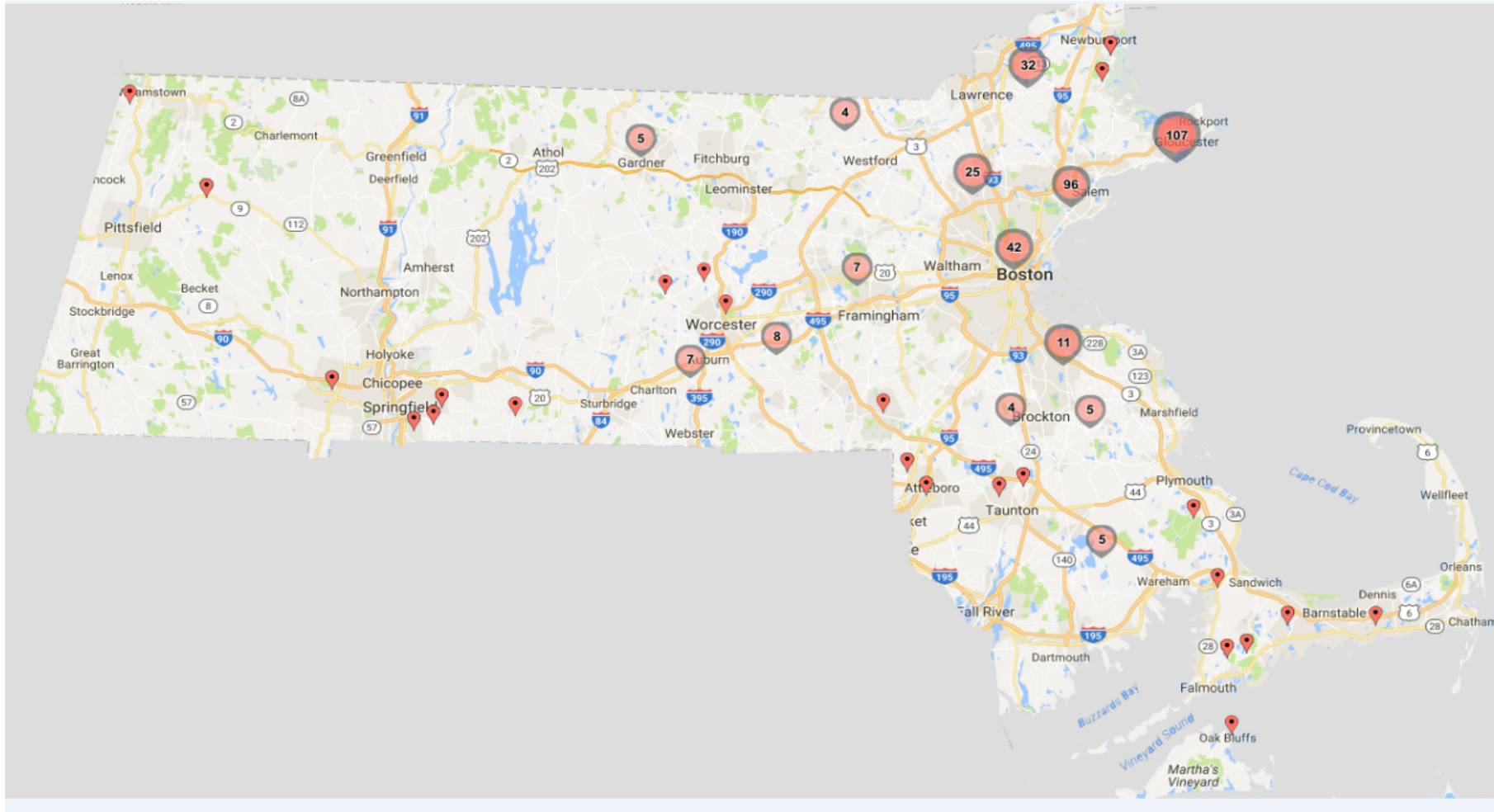
Where were participants coming from?:

- 12% resided in Gloucester
- 25% Essex County (surrounding Gloucester)
- 41% Elsewhere in MA
- 17% were homeless
- 6% from other states

Participants by Zip Code - MA



Many from in and around Gloucester, but broader



Characteristic	ANGEL PROGRAM (6/2015- 5/2016)	MA Sub Abuse Tx Adm (BSAS FY 2014)	NSDUH, OUD (2009-2013)
<u>Total # participants</u>	376	85,823	6770
<u>Gender, % male</u>	70%	68.4%	59.2%
<u>Age (Mean)</u>	29.4 yrs		
% < 18	1%	2%	9%
% 18-25	30%	21%	30%
% >26	69%	77%	61%
<u>% Insured</u>	85%		70%
<u>% Past needle/heroin use</u>	84%	59%	35%
<u>Education</u>			
< High School	14%	24%	
Completed HS	50%	46%	
> High School	36%	29%	
<u>Marital Status</u>			
Married/In a committed rel.	14%	11%	
Single, never married	80%	73%	
Separated/Divorced	6%	15%	

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Responses

Question	# of Responses	Frequency (n)
Prior drug arrests (% yes)	295	54.6% (161/295)

Last Opioid Use:

Same day (130, 53.9%) 55% (178/326)

Yesterday (76, 31.5%) 29% (94)

2-4 days (21, 8.7%) 10% (33)

5 days or more (14, 5.8%) 6% (21)

Age started using drugs 281 15.3 yrs (sd 3.6)

Age started using opioids 287 20.4 yrs (sd 5.6)

Prior detox visits (% yes) 285 82% (234/285)

Others types of Tx for opioids: 202

Methadone 29%

Buprenorphine 47%

Self-Help Group 82%

Counseling 28%

Long term outpatient 7%

Residential Treatment 9%

Sober house 7%

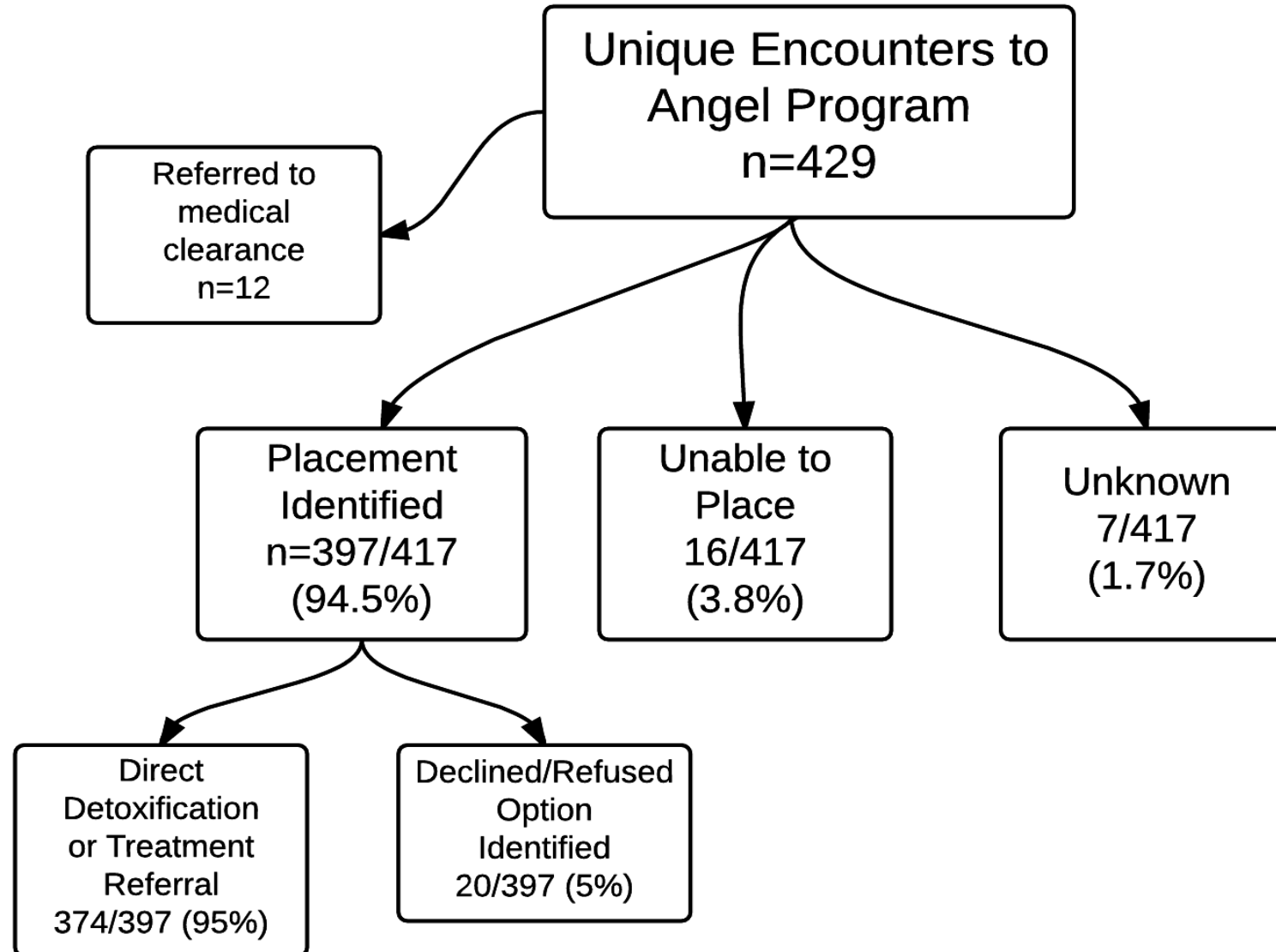
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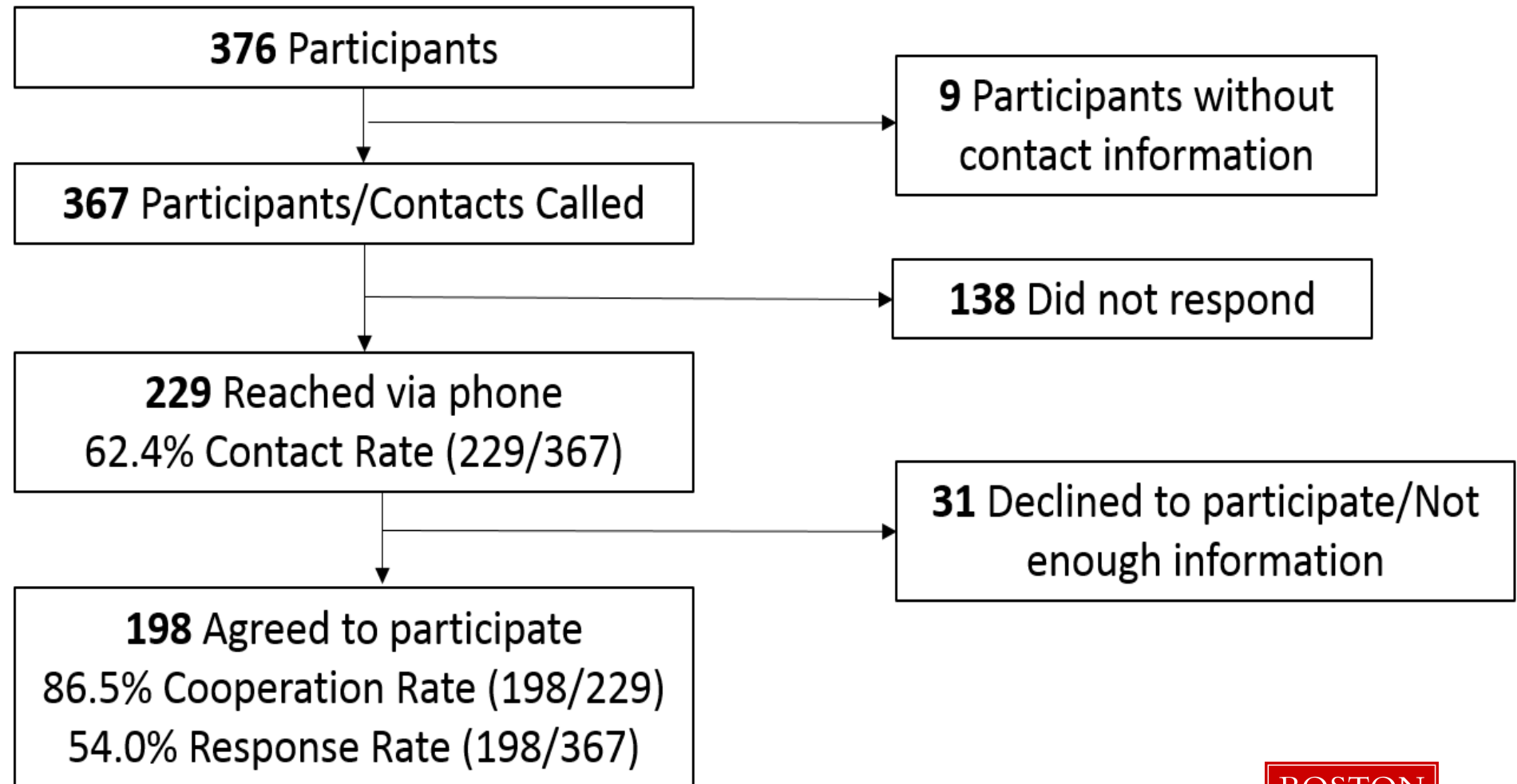
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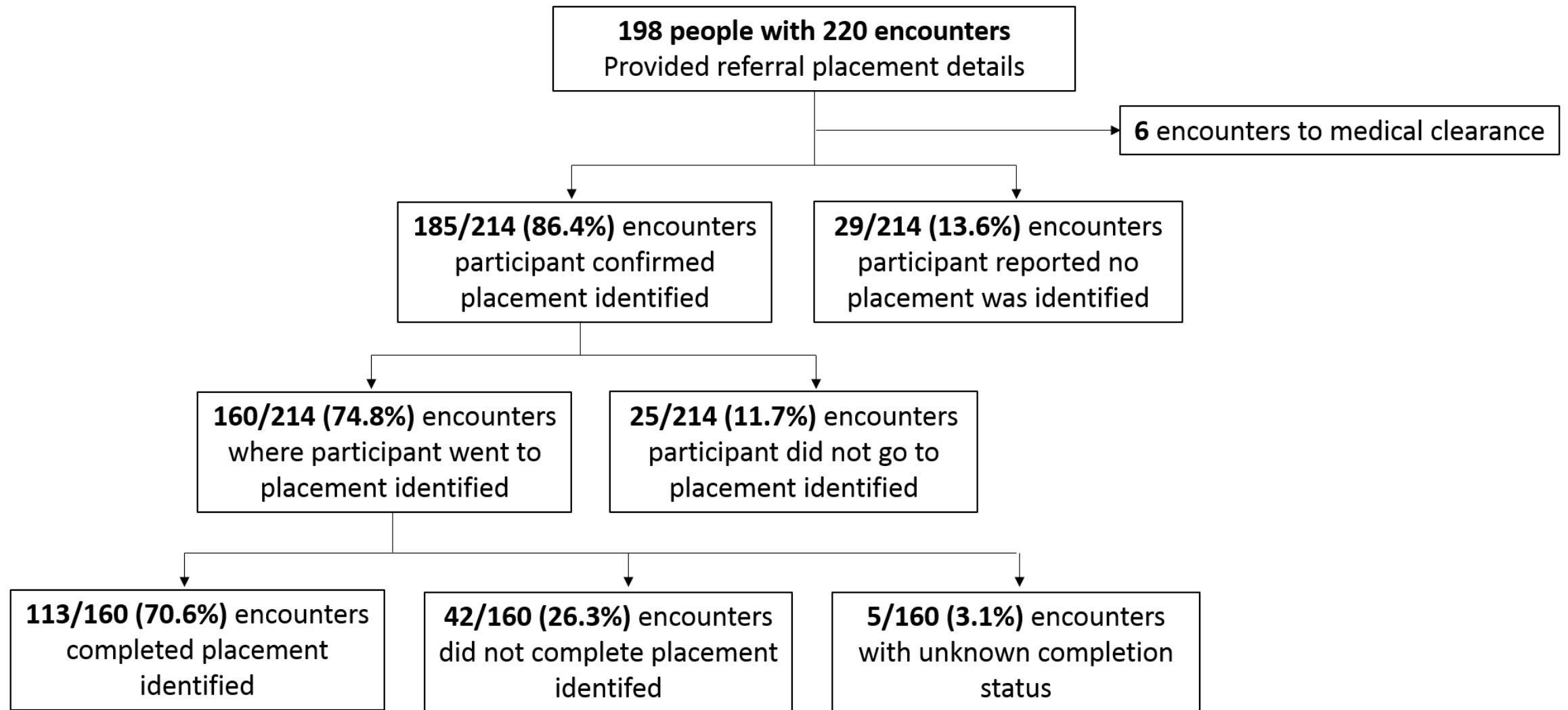
Results – Police-reported placement



Follow-up telephone call response rate:



Placement confirmation schematic



Why did you go to GPD?

Domain

Themes

Awareness of Program

Advertisements

Friends/family voluntary referral

Belief in Placement Ability

Current treatment failing

“Had done the 30 days, the spin cycles, tired of it: saw on Facebook about Gloucester and knew the people, they do great things (11)”

“Heard Gloucester was the quickest with placement. Knew if placement took too long participant would change mind and not want to go (Contact of 131)”

“Hospitals just give you a list of detox places, won't even commit you if you say you're going to kill yourself and they find out you're detoxing. Hospitals have no sympathy/empathy... they judge way more than the GPD (34)”

What was your experience?

Domain

Individual leadership

“Chief Campanello was in constant contact with the participant, was more comfortable texting Chief about relapse than my mom (33)”

Chief

Commitment by Police to Care

“They were 100% responsive at 10-11 at night and on weekends. It was a priority for them (133)”

Work when treatment system was not

“Gloucester looks at you differently, no judgment... hospitals just put you in a corner (142)”

Domain

Negative experiences

Theme

“First time through was great, found a place quickly. Second time through no one followed up and no one helped (68)”

Past criminal justice history

“GPD knew me as past issue and brought it up when I went for help... didn't appreciate the attitude with which they treated me due to my past criminal history (29)”.

Majority completing detox got further treatment;

Domain

- Program factors facilitating entry

Themes

- 24/7 access
- Leadership by Chief of Police
- Hard work and follow up by cops
- Connection to local treatment
- Transportation to placement
- 85% had insurance

Barriers to treatment:

Domain

- Poor coordination and help from detox providers
- Mismatch with patient need

Themes

- Left to patient to find care
- Discharged to street to wait for placement
- Needed treatment but also needed to keep a job

Limitations

- Real world data collection
 - Partially filled out forms
 - Missing data
- Majority placed in detoxification, unable to determine detox v. treatment rates
- Follow up calls relied on self-report, recall bias
- Qualitative comments from transcribed notes, not audio-recorded

Conclusions

- **They built it and they came—all over the country**
- **Highly successful at same-day direct placement**
- **Most into detoxification, not best choice**
- **Over reliance on drug free treatment; low use of Medication assisted treatment**
- **No serious federal response to date; mostly talk**
 - **Flood country with Narcan and medication**

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