RETHINKING LAW ENFORCEMENT'S ROLE ON DRUGS

COMMUNITY DRUG INTERVENTION AND DIVERSION EFFORTS

Police administrators across the country are recognizing the need to connect individuals with whom they come into contact in the community to evidence-based treatment to better address the large social and economic burden of substance use disorders (SUD), a chronic and relapsing condition.[1] As gatekeepers of the criminal justice system, police personnel play a vital role in preventing and intervening in the cycle of offending and advancement through the criminal justice system.[2] Police frequently encounter substance using individuals and their families in the community, and often have repeat contacts with individuals suffering from SUD.

In response to a growing epidemic of SUD, particularly increases in heroin and opioid abuse and deaths due to overdose, police personnel, in conjunction with academic researchers, treatment providers, and SUD experts, are actively developing and implementing programs across the country that refer or divert individuals with SUD away from the criminal justice system and toward treatment.[3] The paradigm shift away from traditional law enforcement responses of arrest and prosecution to diversion to treatment is a result of the recognition that SUD is a public health issue.[4] Some of these programs have already shown to produce positive outcomes.
The purpose of this article is to provide an overview of different police agency responses to individuals with SUD that are intended to prevent overdose deaths and divert individuals with SUD

away from the criminal justice system and toward appropriate support and treatment. Illinois Criminal Justice Information Authority researchers explored strategies employed by police departments and reviewed relevant research articles and reports to develop a comprehensive overview of practices, policies, and programs being used by police agencies across the nation to address SUD. As part of this review, we highlight whenever possible the existing research available as to the effectiveness of the approaches identified. While these police agency responses may be beneficial, it is important to note that there is still more research needed to support increased use of these strategies.

Harm Reduction: Reversal of Opioid Overdose

Harm reduction strategies aims to increase public health by reducing the damage of substance use to individuals and the community.[5] Harm reduction views substance use in society as inevitable and poses an alternative to abstinence-based, substance use interventions.[6] One type of harm reduction strategy is the distribution and use of the opioid overdose reversal medication, naloxone.
The 2014 Illinois Heroin Crisis Act requires police officers and other first responders in Illinois to carry naloxone as an injectable or nasal spray administered to reverse potentially fatal drug overdose (*Figure 3*).[7] However currently, there is no set date as to when this requirement must be put in place by police departments. As police are often first at the scene of an overdose, their use of naloxone is vital in reversing overdose. Since the passage of the Act, the Illinois Law Enforcement Training and Standards Board has conducted naloxone training for all new recruits at the academy level, which has been made available for other officers through departmental or regional mobile unit trainings.[8]

Evidence indicates use and distribution of naloxone can significantly impact overdose fatalities. In a study of 2,912 individuals and 19 communities, researchers found naloxone programs significantly reduced opioid overdose fatalities in communities with naloxone programs than those that did not over a seven-year period.[9] This decrease in overdose-related deaths related to take-home naloxone and educational training resulted in a rate of 54 to 73 fatalities per 100,000. In a meta-analysis of 21 studies, naloxone training and education found high survival rates when naloxone programming was implemented.[10] Research should accompany efforts to implement overdose reversal programs to ensure officers are properly trained and equipped to administer naloxone.

Figure 3
Naloxone, overdose reversal drug

Year FDA approved	Brand names	How taken	How often taken	Cost	Common side effects	Administered by	Intended use
2015	Narcan® Evzio®	Injection or nasal spray	Once, while experiencing overdose	About $20 to $40	Nervousness, restlessness, irritability, body aches, dizziness, weakness, diarrhea, stomach pain, nausea, fever, chills, goose bumps, sneezing, runny nose	Trained doctors, first responders (police, fire, paramedics), and lay persons	To reverse an opioid overdose

In 2015, more than 220 law enforcement agencies in 24 states carried naloxone, with more than 10,000 administered overdose reversals.[11] The practice of police officers carrying naloxone in Illinois is less known. A survey of police chiefs and sheriffs conducted by Authority research staff in 2016 found 34 percent of responding police agencies (n=18) reported no officers within their agencies were trained to administer naloxone.[12] Naloxone was, however, generally carried by paramedics and firefighters. Ninety-two percent of responding police agencies reported paramedics (n=76) and 63 percent reported firefighters (n=52) carried naloxone in their jurisdictions.[13] Of law enforcement agencies that reported heroin or prescription drugs as one of the top two greatest drug threats in their area (n=68), 38 percent of police chiefs and county sheriffs reported zero officers carry naloxone. In addition, of those 68 law enforcement agencies, 25 percent have not trained any officer in administering naloxone. Training alone, however, does not necessarily result in the administration of naloxone by police officers. In a survey-based study out of the Seattle Police Department, half of the 99 officers that provided additional comments regarding carrying naloxone as part of their job were negative (n=49), with responses suggesting naloxone should be administered by medical professionals only (n=18) and responses suggesting naloxone enables drug use (n=11).[14]

Following the passage of Illinois Public Act 096-0361 [20 *ILCS* 301/5-23], the Illinois Department of Alcohol and Substance Abuse (DASA) created drug overdose prevention programs statewide that provide naloxone to designated community agencies or programs.[15] DASA has enrolled 46 programs in 27 counties and trained 212 sites within those programs.[16] In addition, since August 2010, there were 63,691 people trained to administer naloxone which has resulted in 8,250 overdose reversals.[17] After an overdose intervention, some police departments are incorporating a follow-up component that includes law enforcement and/or public health or community service professionals connecting the individual with treatment and services for substance use issues.[18] Public health officials identify linking individuals who have overdosed to SUD services and treatment, as key in combatting the opioid crisis, further reducing devastating collateral consequences to users, their families, and communities.[19] In addition, those who have previously overdosed are at higher risk for subsequent overdoses.[20] One example is the Camden County Police Department's Operation Save a Life (SAL) program, which offers those treated for an overdose immediate participation in a 30-day substance use treatment.[21] Some communities are experimenting with Overdose Fatality Review Teams and peer recovery coaches following an overdose reversal, but their efficacy has not been evaluated.[22]

Good Samaritan Law: No Arrests on Overdose Assistance Calls

Research indicates individuals fearing police involvement and prosecution for drug charges are less likely to call 911 in the event of an overdose.[23] To combat this fear, Illinois passed the Emergency Medical Services Access Act, also referred to as the "Good Samaritan Law," in 2012.[24] The Act provides that "a person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose shall not be charged or prosecuted for Class 4 felony possession of a controlled, counterfeit, or look-alike substance, a controlled substance analog, or Class 3 felony methamphetamine" if their arrest resulted from a call for medical assistance.[25] Other states have passed similar laws.

Research suggests laws like this help alleviate the concerns of the individuals of arrested at an overdose incident when the laws are followed consistently by responding officers.[26] Unfortunately, awareness of these laws is key to successful implementation. Further, there is sparse evaluation of Good Samaritan Laws and their impact on emergency calls and whether their implementation.[27]
A survey-based study conducted in Seattle, Wash., found few officers (16 percent) and paramedics (7 percent) were aware of the Washington State Good Samaritan Law.[28] However, majority of officers (62 percent) indicate the laws would not change their behavior because the officers were already not arresting individuals on the scene of an overdose, with 14 percent reporting they would be unlikely to arrest an individual at the scene of an overdose.[29] In addition, arrests at the scene of an overdose were infrequent, consistent with officers' response that majority would not arrest despite the Good Samaritan Law.[30] Conversely, survey responses indicated that only 20 percent of police officers somewhat or strongly supported the drug possession immunity component of the Seattle Good Samaritan Law, with 45 percent somewhat or strongly against the drug immunity component of the law.[31] It is currently unknown the extent to which police officers in Illinois are aware of Illinois' Good Samaritan Law and its impact on 911 calls for service.

Police Improving Access to Treatment: Deflection Initiatives

Individuals face a range of obstacles preventing them from entering or gaining access to treatment, including lack of knowledge regarding access to services, shame and stigma, denial of SUD or substance misuse, costs and lack of insurance/Medicaid, transportation, treatment waiting lists, and prior negative treatment experiences.[32] Some police agencies have implemented programs that attempt to reduce some of these obstacles to accessing treatment. One way is through "deflection" in which police serve as a point of contact for individuals seeking treatment.[33] Deflection programs entail substance users either voluntarily contacting the police or being contacted via outreach efforts. They are offered SUD treatment without fear of arrest, and police provide referral and transportation to treatment facilities.[34] These prevention strategies allow police personnel to immediately connect individuals to appropriate human and social services, including assessment, case management, peer mentoring, and treatment, while avoiding potential criminal justice system entry.

The ANGEL Program

In 2015, the Gloucester Police Department started the ANGEL program, the first of this kind. The police department serves as a point of contact for individuals who voluntarily come forward to ask for help in accessing treatment for a SUD. Individuals are ineligible if:

- They have three or more drug convictions.
- Have an outstanding warrant for their arrest.
- The officer believes the individual poses a threat to the ANGEL staffer.
- The individual is a minor and does not have parent/guardian consent.
- Exhibit signs of withdrawal or another medical condition (individual will be sent to the hospital).

The police department connects individuals with SUD to treatment facilities. The department created a database with local treatment facilities and personnel make calls until they can find direct services for the individual.[35] A treatment center clinician, then, conducts an assessment in order to identify the most appropriate type of treatment, which can include: outpatient programs, short-term detoxification programs, residential/inpatient treatment, medication-assisted treatment (MAT), or long-term recovery support programs.[36] An additional supportive measure by ambulance companies and taxi services have also provided reduced costs for transporting individuals to treatment.[37]
The ANGEL program led to the creation of the nonprofit organization Police Assisted Addiction and Recovery Initiative (PAARI). PAARI works with law enforcement agencies across the country to advocate for recovery over arrests of individuals with SUD—particularly opioid users—and also provide distribution of naloxone and provision of treatment resources to departments and communities.[38] The goal of PAARI is to help strengthen police-community relationships and sustain and expand program initiatives similar to ANGEL.[39]

Using the ANGEL model and with guidance from PAARI, Dixon Police Department and the Lee County Sheriff's office started the Safe Passage Initiative in 2015 which follows the ANGEL model. The program has expanded to serve Lee, Livingston, and Whiteside Counties.[40] The Authority is evaluating the initiative. Other counties and jurisdictions have begun implementing a similar model including Lake County's initiative called *A Way Out*.[41]

While this is a promising initiative, more substantial research is needed to understand how and why these practices may be effective in intervening in the cycle of substance use and potential criminal justice involvement. Most of what is known are police agencies' capacity to increase access to treatment and services for participants, particularly as knowledge and access to services can be a barrier to receiving any treatment. Currently, most of the research comes from the ANGEL program. In a preliminary analysis of 200 ANGEL participants, 70 percent (n=100) completed treatment and follow-up services. Of those participants, 40 percent returned to substance use.[42] In addition, preliminary data indicates a reduction in fatal drug overdoses and a 31 percent decrease in drug-related crime.[43] Researchers are in the process of following up with first-year participants to evaluate the overall impact of treatment and substance use in the short- and long-term.[44]

Arlington Opiate Outreach Initiative

In another initiative in Arlington, Mass., social workers, community partners, health professionals, or clinicians proactively contact community members to offer them treatment. These community members are identified as potentially having a substance use issue from criminal investigations into suspected drug distribution, though repeated police contact, or as previous overdose patients.[45] This model incorporates a community training and support component. The Arlington Police Department's clinician and other community SUD treatment experts co-facilitate community meetings to provide a supportive environment for individuals with SUD and their families.[46] Further, the Wicked Sober LLC organization, is a key collaborator within the Arlington Opiate Outreach Initiative, to help link community members to appropriate treatment services.[47]

Currently, the Arlington Opiate Outreach Initiative tracks number of interventions, number of overdoses in the community, activities through the initiative (i.e. community meetings), and naloxone deployments.[48] However, the Arlington Police Department is currently working with researchers from the Boston University School of Social Work to enhance data collection and analysis.[49]

Conversations for Change

Another law enforcement and community partner collaboration aimed at connecting individuals with substance use issues and treatment services is Conversations for Change out of Dayton, OH. Conversations for Change is structured around meetings held every few months that provide public outreach and information regarding addiction, treatment options, and other support services in the area.[50] Individuals are invited through various channels: recent overdose survivors, women involved in prostitution, identification via probation and parole officials, connecting with local agencies who typically work with drug problems, and media outreach.[51]

Individuals agreeing to participate in the "conversation" are provided one-on-one dialog regarding their needs and barriers with trained motivational interviews. Each participant is trained to administer naloxone in addition to receiving a naloxone kit, while also having the ability to connect with a variety of treatment providers and services in their community represented at the conversation meeting.[52] Conversations for Change also incorporates a needle exchange program to help prevent the spread of disease and distributes naloxone to law enforcement and fire department personnel.[53] Currently, there is no evaluation of Conversations for Change.

Police-Led Substance Use Diversion Models

Some police agencies have developed diversion programs for individuals with SUD. These programs typically engage individuals after they have had involuntary contact with police officers. The program may be offered pre-arrest or post-arrest. Police diversion programs offer community-based treatment,[54] case management, housing, and job attainment services.[55]

Law Enforcement-Assisted Diversion to Treatment in lieu of Arrest

The Seattle Police Department created the Law Enforcement-Assisted Diversion (LEAD) program, a post-arrest, pre-booking, voluntary diversion program for those facing a possible drug or prostitution charge. This program allows officers to use their discretion in diverting those arrested for low-level drug and prostitution offenses to community-based treatment in lieu of booking and formal criminal justice processing.[56] Officers may refer individuals to a LEAD case worker, who conducts an in-house assessment and connects them to appropriate services. LEAD provides assistance with case management, housing, job attainment, and enrollment in SUD treatment.[57] The program aims to reduce recidivism and financial burdens associated with conventional police practices.[58]
There have been four evaluations on LEAD analyzing a variety of outcomes (recidivism, criminal justice and legal utilization and associated costs, client outcomes, and case management experiences) from University of Washington LEAD evaluation team. The evaluations use a quasi-experimental

design, which is considered a more rigorous evaluation design. The findings indicate LEAD is a promising program.[59] Further research should be conducted to continue to evaluate LEAD's impact on substance use and associated harms and costs.

The LEAD evaluation team compared "system-as-usual" and LEAD participants in order to analyze recidivism. Research has found statistically significant differences in recidivism between LEAD participants and a comparison group. [60] LEAD participants had 60 percent lower likelihood of arrest at six months than a comparison group.[61] After four-years, LEAD participants were 58 percent less likely to be arrested compared to the control group.[62]

In addition, the LEAD evaluation team compared the LEAD program and a "system-as-usual" condition to analyze criminal justice and legal system utilization and associated costs. LEAD offered participants substantial cost reductions associated with criminal justice and legal fees.[63] On average, LEAD participants had 1.4 fewer jail bookings per year, spent 39 fewer days in jail per year, and had an 87 percent lower odds of at least one period of incarceration after entry into LEAD.[64] Because of these reductions, researchers indicated there was a statistically significant reduction on average annual criminal justice and legal costs for LEAD participants compared to "system-as-usual" individuals.[65]

Civil Citations and Treatment in Lieu of Arrest

Civil citation in lieu of arrest has been common practice for decades and gives officers an option between doing nothing and arrest.[66] Citations offer another response to a low-level offender while increasing officer efficiency.[67] Today, some police departments are using citation models to help individuals with SUD. Initially implemented in Leon County, Fla., the Pre-Arrest Diversion-Adult Civil Citation program encourages law enforcement officers to issue citations for first time misdemeanor offenses.[68] Citations are documented within police records, but the individual is provided with evidence-based assessments and treatment.[69] However, officers should be careful to avoid creating a net-widening effect of individuals with SUD into the criminal justice system—issuing citations to individuals who otherwise would not have received one.[70]

Currently, there are no specific evaluations of civil citations and treatment in lieu of arrest for individuals with SUDs. Most publications offer guidance and support on evaluation and the implementation of citation policies, short-term impacts that are jurisdiction-specific, and national comparisons that are over 40-years old.[71]

Diversion Based on Risk and Need Assessment

In the Stop, Triage, Engage, Educate and Rehabilitate (STEER) diversion program, law enforcement officers use an assessment tool in the field to determine those at low risk for recidivism and in high need of SUD treatment.[72] STEER employs a "warm handoff' of the individual from the officer to an on-call community-based case manager for full clinical assessment and referral to SUD treatment.[73] STEER is a collaboration between the Montgomery County, Md., Police Department, community SUD treatment agencies, Police Executive Research Forum, and Center for Health and Justice at Treatment

Alternatives for Safe Communities (TASC), with evaluation support from George Mason University.[74] Preliminary findings in its first six months showed 32 of 86 STEER participants were successfully engaged in treatment.[75] Police departments in Eau Claire, Wis., and San Diego, Calif. have also implemented the STEER program.[76] Further evaluation of STEER is needed to understand why and how it may impact individuals with SUDs.

Implications for policy and practice

Substance use disorders are a complex problem for police agencies and the communities they serve. Police personnel are not trained nor qualified to act as treatment counselors; however, as a point of access, they can be vital in connecting individuals with SUD to appropriate treatment through collaboration with public health organizations.[77] The opioid epidemic has contributed to an increase in SUD and overdoses in communities and opioid-related death rates outrank those of other illicit drugs.[78] In response, criminal justice system, medical, and public health professionals and legislators work to increase access to SUD treatment, employ harm reduction tactics, and reduce the influx of drugs in their communities. Police agencies can lead the way in referring and diverting individuals to treatment to break the cycle of criminal justice system involvement and further offending.

Conduct further research

More research is necessary to understand how these initiatives and programs may impact those with SUDs, the larger community, and the criminal justice system. Currently, there is not enough rigorous research among law enforcement deflection and diversion programs to support the impact of these various programs and initiatives.

Consider potential implementation issues

One consideration for implementing law enforcement deflection and diversion programs is the collaboration between law enforcement, prosecutors, community service and SUD treatment providers, healthcare professionals, and other stakeholders for police deflection and diversion to be most effective.[79] Second, it is important for police agencies to consider formal training to understand SUDs and behavioral and mental health issues to best identify presenting issues in order to appropriately divert those in need of help.[80] Finally, it is beneficial for police officers at all levels in a department to understand and buy-in to the initiative to ensure successful implementation.[81]

Examine treatment capacity and quality

SUD treatment capacity and whether available treatment is evidence-based is also important to consider in order to maximize the effectiveness of defection and diversion programs. Evidence-based practices are those that have been shown to be effective following multiple independent, rigorous evaluations. Using an evidence-based practice increases the odds of desired program outcomes, which includes reducing recidivism among individuals with SUD and minimizing their financial toll on the criminal justice system.[82]

Endnotes

[1] Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2014). Treatment drug abuse and addiction in the criminal justice system: Improving public health and safety. *Journal of the American Medical Association*, *30*(12), 183-190.

[2] National Center on Addiction and Substance Abuse (2010). *Behind bars II: Substance abuse and America's prison population*. New York, NY: Columbia University.

[3] Pelan, M. (2015). Re-visioning drug use: A shift away from criminal justice and abstinence-based approaches. *Social Work and Society International Online Journal, (13)*2.

[4] Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2014). Treatment drug abuse and addiction in the criminal justice system: Improving public health and safety. *Journal of the American Medical Association*, *30*(12), 183-190.

[5] Canadian Paediatric Society. (2008). Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatric and Child Health, (13)*1, 53-56.

[6] Canadian Paediatric Society. (2008). Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatric and Child Health, (13)*1, 53-56.

[7] See Illinois Heroin Crisis Act [20 *ILCS* 301/5-23]
Note: The Act does not currently identify a specific date in which law enforcement agencies must implement overdose reversal capacity. Further, the Heroin Crisis Act has several other non-law enforcement related provisions as well.

[8] P. Hahn, personal communication, January 19, 2017.

[9] European Monitoring Centre for Drugs and Drug Addiction. (2015). Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone. *EMCDDA Papers, Publications Office of the European Union, Luxembourg*. Retrieved from http://www.emcdda.europa.eu/system/files/publications/932/TDAU14009ENN.web_.pdf.

[10] European Monitoring Centre for Drugs and Drug Addiction. (2015). Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone. *EMCDDA Papers, Publications Office of the European Union, Luxembourg*. Retrieved from http://www.emcdda.europa.eu/system/files/publications/932/TDAU14009ENN.web_.pdf.

[11] Davis, C.S., Carr. D., Southwell, J. K., & Beletsky, L, (2015). Engaging law enforcement in overdose reversal initiatives: Authorization and liability for naloxone administration. *American Journal of Public Health*, *105*(8), 1530-1537.

[12] Gleicher, L., & Reichert, J. (in press). *Illinois drug threat assessment 2016: A survey of police chiefs and county sheriffs*. Chicago, IL: Illinois Criminal Justice Information Authority.

[13] Gleicher, L., & Reichert, J. (in press). *Illinois drug threat assessment 2016: A survey of police chiefs and county sheriffs*. Chicago, IL: Illinois Criminal Justice Information Authority.

[14] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[15] See Heroin Crisis Act [20 *ILCS* 301/5-23]

[16] R. Gianforte, personal communication, January 18, 2017.

[17] R. Gianforte, personal communication, January 18, 2017.

[18] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[19] National Heroin Task Force. (2015). *National heroin task force: Final report and recommendations*. Retrieved from https://www.justice.gov/file/822231/download

Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[20] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[21] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[22] Robert-Franklin, K., Haas, E., Singal, P., Cherico-Hssi, S., Baier, M., Collins, K., Webner, K., & Sharfstein, J. (2016). Development of Maryland local overdose fatality review teams: A localized, interdisciplinary approach to combat the growing problem of drug overdose deaths. *Health Promotion Practice*, *17*(4), 596-600.

[23] Bohnert, A. S., Nandi, A., Tracy, M., Cerda, M., Tardiff, K. J., Vlahov, D., & Galea, S. (2011). Policing and risk of overdose morality in urban neighborhoods. *Drug and Alcohol Dependence*, *113*(1), 62-68.;

Follet, K. M., Piscitelli, A., Parikinson, M., & Munger, F. (2014). Barriers to calling 9-1-1 during overdose emergencies in a Canadian context. *Critical Social Work*, *15*(1), 15-28.;

Tracy, M., Markham Piper, T., Ompad, D., Bucciarelli, A., Coffin, P. O., Vlahov, D., & Galea, S. (2005). Circumstances of witnessed drug overdose in New York City: Implications for intervention. *Drug and Alcohol Dependence*, *79*, 181-190.

[24] See Illinois Emergency Medical Services Access Act [PA 097-0678]

[25] See 720 *ILCS* 570/414, 720 *ILCS* 646/115

[26] Follet, K. M., Piscitelli, A., Parikinson, M., & Munger, F. (2014). Barriers to calling 9-1-1 during overdose emergencies in a Canadian context. *Critical Social Work*, *15*(1), 15-28.

[27] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[28] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[29] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[30] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[31] Banta-Green, C.J., Beletsky, L., Schoppe, J.A., Coffin, P.O., & Kuszler, P.C. (2013). Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. *Journal of Urban Health*, *90*(6), 1102-11.

[32] Appel, P. W., Ellison, A. A., Jansky, H. K., & Oldak, R. (2004). Barriers to enrollment in drug abuse treatment and suggestions for reducing them: Opinions of drug injecting street outreach clients and other system Stakeholders. *The American Journal of Drug and Alcohol Abuse*, *30*(1), 129–153.

[33] Charlier, J. (2015). Want to reduce drugs in your community? You might want to deflect instead of arrest. *The Police Chief*, 30-31.

[34] Charlier, J. (2015). Want to reduce drugs in your community? You might want to deflect instead of arrest. *The Police Chief*, 30-31.;

Police-Assisted Addiction and Recovery Initiative. (2016). *About us.* Newton, MA. Retrieved from http://paariusa.org/

[35] Police-Assisted Addiction and Recovery Initiative. (2016). *About us.* Newton, MA. Retrieved from http://paariusa.org/

[36] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[37] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[38] Police-Assisted Addiction and Recovery Initiative. (2016). *About us.* Newton, MA. Retrieved from http://paariusa.org/

[39] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[40] Wojcicki, E. (2016). *Illinois association of chiefs of police provides support to Safe Passage initiative.* Dixon, IL. Press Release April 11, 2016. Retrieved from http://paariusa.org/2016/04/11/illinois-association-of-chiefs-of-police-provides-support-to-safe-passage-initiative/

[41] A Way Out. (2016). *Program Overview.* Retrieved from http://awayoutlc.org/

[42] Hasan, S. (June 2016). One year later: Gloucester's opioid program inspires policy reform. *Nonprofit Quarterly,* Retrieved from https://nonprofitquarterly.org/2016/06/03/one-year-later-gloucesters-opioid-program-inspires-policy-reform/

Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[43] Hasan, S. (June 2016). One year later: Gloucester's opioid program inspires policy reform. *Nonprofit Quarterly,* Retrieved from https://nonprofitquarterly.org/2016/06/03/one-year-later-gloucesters-opioid-program-inspires-policy-reform/

[44] Marcelo, P. (December 2016). Nearly 400 people with drug addiction helped in police effort in Gloucester. *The Boston Globe,* Retrieved from

https://www.bostonglobe.com/metro/2016/12/22/nearly-drug-addicts-helped-police-effort-gloucester/pm9WPVDBVswhdmZFrKx6RO/story.html

Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[45] J. Carlier, personal communication, November 17, 2016.

[46] Ryan, F. (July 2015). *Combating opiate addiction: A strategy by the Arlington Police Department.* Arlington, MA. Plan of Action. Retrieved from http://www.arlingtonma.gov/home/showdocument?id=25994

[47] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[48] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[49] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[50] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[51] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[52] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[53] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[54] Beckett, K. (2014). *Seattle's Law Enforcement Assisted Diversion Program: Lessons learned from the first two years*. Seattle, WA: University of Washington.

[55] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Recidivism report*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[56] Beckett, K. (2014). *Seattle's Law Enforcement Assisted Diversion Program: Lessons Learned From the First Two Years* (Rep.).

[57] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[58] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[59] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Recidivism report*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[60] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Recidivism report*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[61] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Recidivism report*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[62] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Recidivism report*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[63] Collins, S.E., Lonczak, H. S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[64] Collins, S.E., Lonczak, H .S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[65] Collins, S.E., Lonczak, H .S., & Clifasefi, S. L. (2015). *LEAD program evaluation: Criminal justice and legal system utilization and associated costs*. Seattle, WA: University of Washington LEAD Evaluation Team, Harm Reduction Research and Treatment Lab.

[66] International Association of Chiefs of Police. (2016). *Citation in lieu of arrest: Examining law enforcement's use of citation across the United States*. Arlington, VA: Author.

[67] Brown, R. A. & James F. (2005). Police-citizen encounters and field citations: Do encounter characteristics influence ticketing?" *Policing: An International Journal of Police Strategies & Management*, 28(3), 435–454.; International Association of Chiefs of Police. (2016). *Citation in lieu of arrest: Examining law enforcement's use of citation across the United States*. Arlington, VA: Author.

[68] Civil Citation Network. (no date.) *About civil citation*. Retrieved from http://civilcitationnetwork.com/;

Note: Leon County, Florida also operates a juvenile pre-arrest diversion civil citation program.

[69] Charlier, J. (2015). Want to reduce drugs in your community? You might want to deflect instead of arrest. *The Police Chief*, 30-31.

[70] Gross, J. (2010). The effects of net-widening on minority and indigent drug offenders: A critique of drug courts. *University of Maryland Law Journal of Race, Religion, Gender and Class*, *10*(1), 161-178.

[71] International Association of Chiefs of Police. (2016). *Citation in lieu of arrest: Examining law enforcement's use of citation across the United States.* Alexandria, VA: Author. Retrieved from http://www.theiacp.org/Portals/0/documents/pdfs/Citation%20in%20Lieu%20of%20Arrest%20Literature%20Review.pdf

[72] Charlier, J. (2015). Want to reduce drugs in your community? You might want to deflect instead of arrest. *The Police Chief*, 30-31.

[73] L. McMillan, personal communication, October 7, 2016.

[74] L. McMillan, personal communication, October 7, 2016.

[75] L. McMillan, personal communication, October 7, 2016.

[76] J. Charlier, personal communication, November 17, 2016.

[77] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[78] Drug Enforcement Administration. (2015). *National drug threat assessment summary 2015.* Washington, D.C.

[79] National Heroin Task Force. (2015). *National heroin task force: Final report and recommendations*. Retrieved from https://www.justice.gov/file/822231/download

[80] National Center for Mental Health and Juvenile Justice (2012). *Law enforcement-based diversion: Strategic innovations from the mental health/juvenile justice action network*. Delmar, NY: Policy Research, Inc.

[81] Police Executive Research Forum. (2016). Building successful partnerships between law enforcement and public health agencies to address opioid use. *COPS Office Emerging Issues Forums*. Washington, DC: Office of Community Oriented Policing Services.

[82] Cooney, S. M., Huser, M., Small, S., & O'Connor, C. (2007). *Evidence-based programs: An overview*. Madison, WI: University of Wisconsin-Madison and University of Wisconsin-Extension.