Hudson Valley Hearing of the Joint Senate Task force on Opioids, Addiction and Overdose Prevention

Background

Good afternoon. My name is Tomoko Udo, and I am an Assistant Professor in the Department of Health Policy, Management and Behavior at the University at Albany's School of Public Health. I would like to thank Co-Chairs Rivera, Harckham and Carlucci and members of the Task Force for allowing me this opportunity to share my perspectives on prevention and intervention strategies for drug addiction.

SUD is a chronic disease of the brain, but there are evidence-based effective treatments. It requires daily management of the symptoms as you would with most other chronic diseases such as diabetes, asthma, hypertension, and obesity. The evidence not only from the United States but also globally clearly shows that incarceration does not deter substance users from using drugs. Coercive entry into treatment does not lead to successful long-term recovery. As we all experience with trying to change and maintain many health-related behaviors such as dietary habits and physical activity, the person with SUD has to be ready and motivated to initiate and stay in the path to recovery.

Substance use is highly stigmatized in the United States, and it is partly because substance use is heavily criminalized [1,2]. Fear of stigma and legal troubles deter individuals with SUD from seeking appropriate treatment before their disease spiral out of the control and staying engaged with health care system [3-5]. Substance use is something people do not feel comfortable disclosing even if they have not engaged in any other serious criminal activities. Indeed, the 2016 National Survey on Drug Use and Health [NSDUH] estimated that 89.2% of U.S. adults ages 18 and older who needed treatment did not receive treatment specifically for substance use problems [3]; this means that only 1 in 10 individuals received specialty substance use treatment that they needed. We clearly have significant room to improve the rate of treatment utilization by substance users.

I believe that changing some of the law enforcement practices around substance use issues in the community can tremendously help remove stigma and encourage substance users to seek treatment. Over the past few years, I have closely worked with great examples of such efforts initiated by local law enforcement around Hudson Valley. My role has been to assist each program with designing and/or conducting evaluation of their programs. Through this statement, I share my opinion as to how the police, as well as criminal justice system, can and should play a significant role in encouraging those who suffer from substance use disorders to initiate and continue with a path to recovery.

Innovative Programs Available in Hudson Valley and Neighboring Communities

There are multiple innovative diversion programs implemented by the local police departments that specifically target individuals with SUD, other mental illnesses, and other with social needs from the criminal justice system. Below, I describe the programs that I am currently working with. I would like to emphasize that none of these programs gives "a jail free card" to those who committed serious crimes. All programs have eligibility criteria to make sure that the individual has no outstanding warrant, no history of violent crimes, and no risk of posing danger to others or themselves before decision to divert is made.

Police Assisted Addiction Recovery Initiative (PAARI)

The first approach is called the **Police Assisted Addiction Recovery Program (PAARI)**. The PAARI was first implemented by the Gloucester, MA, police department. In PAARI, substance users can walk into a police station and ask for a direct referral to a treatment facility; a decision not to enter into treatment will not result in arrest. In NYS, individuals can receive a referral only to the facilities that are certified by the Office of Alcoholism and Substance Abuse Services (OASAS). PAARI is a pre-arrest diversion program as an interaction with the police

takes place before and without arrest. PAARI also typically involves volunteers from the community (often called Angels). There is a national network of the police departments that participate in PAARI, including several in NYS (https://paariusa.org/our-partners). PAARI is flexible in a sense that it can be modified to fit the resource and organizational culture of the police department.

- Example 1 – Chatham Cares 4 U: A great example of local PAARI programs is **"Chatham Cares 4 U"**, which was launched in July 2016 by the Chatham Police Department (CPD) under the leadership of Chief Peter Volkmann. CPD is a part-time police department with 25 sworn officers. CC4U has assisted 214 individuals between July 2016-June 2019, and their effort continues. 82.9% (192 cases) were confirmed to have accepted the referral and entered into a treatment facility (69.4% the same day and 89.0% within one day; see the attached one-page summary of CC4U for more information). In CC4U, identification of treatment facility is completed by CPD officers, and the officers also provides transportation to the facility when needed to ensure that transportation will not be a barrier to access to treatment. Community volunteers assist the program by waiting with participants while an officer is locating an available bed and/or waiting to be transported to a treatment facility.

- Example 2 – Hope not Handcuffs – Hudson Valley: Another form of PAARI is the **"Hope Not Handcuffs (HNH) - Hudson Valley"**. The program was launched in February, 2019, and is led by Ms. Annette Kahrs of the Tri-County Community Partnership, Inc. and Detective Sergeant Guy Farina from the Town of Montgomery Police Department. Modeling after a program implemented in the state of Michigan, HNH is a form of PAARI that is primarily led by the community volunteers. The participating police departments simply agree not to arrest those who walk in to ask for a referral and call trained community volunteers. The community volunteers then complete the identification of the treatment facility. Currently, 14 police departments in Orange, Rockland, Duchess, and Putnam counties are part of HNH (https://tricountycommunitypartnership.org/get-immediate-assistance).

- Example 3 – Schenectady Cares: The Schenectady Police Department (SPD) recently adopted CC4U and created **"Schenectady Cares"**, which was officially launched on July 23, 2019. Implementation of Schenectady Cares was led by Lieutenant Ryan Macherone with strong support from Chief Eric Clifford. Due to the nature of calls and incidences that they typically deal with as a large inner-city police department, the SPD had to find a way to ensure that all individuals who walk into the department and eligible will be linked to treatment they need while meeting their regular demand. For example, the SPD created a new position for Lieutenant Macherone, so that he can focus on management of Schenectady Cares; they also assigned a second officer to also assist with the Schenectady Cares. Lieutenant Macherone closely work with the Project Safe Point of Catholic Charities Care Coordination Service of Albany and New Choices in Schenectady to identify an open bed and transporting the individual to the identified facility. Community volunteers also plays a crucial role as they stay with the participants and make sure they feel comfortable and feel supported while waiting for the staff from the Project Safe Point or New Choices arrives.

These programs represent how PAARI can be adapted to accommodate the levels of involvement that a police department wants to take and available support from the community. These programs are departure from how the police traditionally dealt with individuals with SUD in the U.S., and thus many police departments may feel that they do not have resources or are not simply equipped to implement these programs. It *is* possible by bringing in community partners. In every community, there are people and organizations who are ready and willing to assist their police departments to change how they treat

individuals with SUD.

Albany Law Enforcement Assisted Diversion (LEAD) Project

Another type of a police-diversion program is the **"Albany LEAD"**, which is implemented by the Albany Police Department (APD) in April 2016. The LEAD is a pre-booking diversion program as decision to divert occurs at the time of contact with the law enforcement on the street. The ultimate goal of the LEAD is to reduce recidivism by addressing underlying health and social causes of crimes [6]. The Albany LEAD program diverts eligible individuals who committed minor offense(s) due to substance use, mental illnesses, and poverty-driven reasons away from the criminal justice system. At the time of contact with law enforcement, the officer goes through the LEAD eligibility criteria; if the individual is deemed eligible for diversion, the officer can make a discretionary decision to offer a linkage to a LEAD case manager (provided by the Project Safe Point). All he/she has to do for the case to be dismissed is to have one case assessment session with the assigned case manager who will be available to assist them with addressing underlying mental health and social needs that led to contact with the law enforcement. Rejection of an offer to be diverted or missed appointment with a case manager will result in arrest. If a third party is involved (e.g., trespassing, shop lifting), the third party has to agree the individual to be diverted and not to press charges.

So far, the LEAD has diverted 196 individuals. The nature of pre-booking diversion program requires corporation from other part of the criminal justice system, which complicates the process of program implementation. However, the program allows active recruitment of the participants, and provide an option for an officer at the scene of the incidence, rather than passively waiting for someone to ask for their service. Although official evaluation of the Albany LEAD is still under the process, a study on Seattle LEAD program, which Albany LEAD modeled after, found that LEAD participants had 60% lower odds of arrest during the six months after initial contact with the program[6].

Albany County Jail Medication Assisted Treatment (MAT) Program for Opioid Users

Finally, although this is not a police-based program, several county jails have implemented or in the process of implementing a program to provide MAT for inmates with opioid use disorder, hepatitis C testing, overdose prevention training, and provide case management service to continue with MAT after re-integrated into the community. They provide both opioid agonist treatment (i.e., buprenorphine, also known as 'Subaxone') and opioid antagonist treatment (i.e., naltrexone, also known as 'Vivitrol'). Again, the Project Safe Point has been playing a crucial role with providing the wrap-around service during and after incarceration. Similar to the Albany LEAD, the goal of this program is to reduce recidivism by helping control substance use problems through continuing MAT care during and after incarceration. Preliminary data has shown that 3% of individuals who went through their MAT program returned to their facility, and zero fatal overdose case within the Albany County Jail.

Possible Public Health Implications

My goal of comprehensively describing all different programs here is to demonstrate that there are many different approaches that police departments can take to divert substance users away from the criminal justice system. There are ways to accommodate their organizational culture and available resources. It is clear that arrest and incarceration do not have to be the only 'tools' that law enforcement and criminal justice system have to use to deal with those who suffer from SUD in the community. I would also like to make it clear that one program is better over the other. Rather, each program fills different needs by different communities, and one police department could implement, for example, implementing both PAARI and LEAD would provide an option to offer an option of entering into treatment to those who voluntarily walk in and also those who contact law enforcement on the street.

Besides denial of having a substance use problem or a lack of readiness to quit, major reasons for not seeking treatment included absence of or inadequate insurance coverage, fear of social stigmatization, not knowing where to go, and lack of transportation and time [3]. PAARI, for example, clearly addresses these major barriers – people know or can easily find where their local police station is, and PAARI programs provide assistance with insurance and transportation.

All these programs were implemented relatively recently. There are very limited numbers of studies that investigated the effectiveness of any diversion programs (police, court, or jail) for substance users. Therefore, I cannot offer empirical evidence as to whether these programs would lead to better long-term outcomes in substance users or their cost-effectiveness. However, based on the findings from the existing programs from the other countries and the literature on negative impacts of incarceration, I believe that the police-diversion programs will have multiple positive impacts on the individuals with SUD, their family members, and the community.

- Impact on life of substance users: Police-diversion programs should have more positive long-term impacts on individual's life than court- or jail-diversion programs considering the negative health and social consequences of a history of arrest and incarceration (e.g., trauma, further stigma, and difficulty obtaining stable job and housing)[7]. With appropriate treatment, SUD is a treatable and manageable disease as any other chronic medical conditions. As a public health researcher, I think that the goal should be to help individuals with SUD recover and become a productive member of society by offering treatment rather than taking a punitive approach. Indeed, research from England and Australia has suggested that diverting substance users from sentencing resulted in significant reduction in substance use[8,9], as well as better physical and mental health, overall well-being, and social outcomes (e.g., employment, relationships)[9].

- Bringing the community together: Ensuring that substance users will receive the necessary care requires close collaborations among law enforcement, government agencies, health/social service providers, and concerned community members. I have been amazed by how much community members and organizations are willing to volunteer their time and resource to assist law enforcement with implementing these programs. I have seen local law enforcement and their community come closer in the process of developing and implementing these programs. Such an effect should be also counted as a positive outcome of these efforts.

- Changing the police organization culture: There are also many police officers who are burned out from seeing the same people go through their system over and over, and want a different approach to address substance use problems in their community. I have received multiple anecdotal reports from officers that they feel very rewarded to be able to provide what the individual really needs and be appreciated. Some have also said that the process of diversion actually opens up a deep dialogue with someone with substance use problems and gives them an opportunity to learn the person beyond their substance use issues. I believe that many police officers are receptive to implementation of these programs.

- Reducing stigma: Despite increasing recognition that SUD is a disease of the brain, the general public still holds strong stigma and advocates for a punitive approach[10,11], which is partly because substance use is still heavily criminalized[1,2]. Again, fear of legal troubles and social stigma deter substance users from seeking specialty treatment when needed[3-5]. Diverting substance users from the traditional criminal

justice system thus may help reduce in stigma against substance users.

One of the biggest criticisms that police diversion programs or drug decriminalization policies receive is that it sends a message that drug use is acceptable behavior and more people will become develop drug use problems. Despite punitive approach and potentially severe sentences, prevalence of substance use and SUD in the U.S. has not decreased over the past few decades. Furthermore, there are other countries that have decriminalized recreational use of certain drugs or all drugs, and have not seen these feared assumptions come true. For example, in response to surge in HIV new cases in 90s, Portugal has decriminalized recreational use of all drugs in 2001. Rates of substance use have not decreased, but the country has seen decreases in problematic substance use and associated harms such as infectious diseases, as well as great improvement in treatment utilization [12,13].

Suggestions and Recommendations

The most common barrier seems to be lack of resource, particularly for those who are "boots on the ground". Chatham Police Department is a part-time police department. The chief and officers are extremely committed and thus they even volunteers outside of their normal shifts to ensure that they can assist substance users when needed and address calls and incidences that they would normally see. CC4U would definitely benefit from someone who could manage the program on a full-time basis. HNH is run completely by community volunteers. While there may be no cost associated with community volunteers, management of community volunteer sessions and overseeing the referral of each HNH participating program certainly require intensive resource, which are currently provided by the Tri-County Community Partnership, Inc. without any substantial external financial support. Schenectady Cares is a great example of how a police department was able to allocate specific officers to own and manage the program, so that other officers could focus on their typical duties. This program, however, relies heavily on the Project Safe Point and New Choices that are actually re-arranging existing resource to support the program. To make sure long-term sustainability of these programs, there should be adequate financial support to all entities that will involve in running the program.

Another issue frequently reported, which is not specific to police diversion programs, is lack of access to long-term treatment programs. Our data shows that the police diversion programs have been able to find an open bed in state-certified detoxification programs (typically 7 days) and short-term inpatient rehabilitation programs (less than 30 days, often 1-2 weeks), where the state has invested funding to increase the capacity. However, substance users and those who support them consistently report difficulty with finding continuing care after release from these short-term programs, including physicians who could prescribe buprenorphine in their own community. Increasing access to long-term support therefore is still needed.

Finally, if diversion programs are to be more widely implemented in the state, I recommend that appropriate resources will be allocated to comprehensively evaluate the short-term and long-term impacts of the programs.

Please feel free to contact me if I could further assist the task force in the future.

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"Chatham Cares 4 U (CC4U)" Program Description

Brief Program Description

- The CC4U was launched in July 2016 by Chatham Police Department in Chatham, NY (Chief Peter Volkmann), which is a rural small town
- The Chatham Police Department is a part-time police department (25 part-time officers)
- The program assistance is not limited to opioid users as long as there is no outstanding warrant
- Individuals can be referred to a substance use treatment facility (detoxification or inpatient treatment) that is certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS)
- A decision not to enter the treatment will not result in arrest (illicit drugs will be confiscated), thereby removes a factor of coercion from the program

Modifications Needed to Implement the PAARI in Chatham, NY

- In NY, substance use treatment centers can deny service because of insurance (lack of or inadequate coverage). It is therefore critical to:
  - Assist obtaining insurance (i.e., Medicaid) for the uninsured; and
  - Make sure that the client's insurance plan covers the treatment
- There are no specialty substance use treatment clinics in Columbia County. Providing transportation for those who are in need has also been crucial to make sure the client actually enters the treatment.

What do we know so far about how the CC4U is doing (selected highlights from the available data)?

The data so far shows that the program is successful in linking substance users to the needed care immediately

- Between July 2016 and June 2019, **244 walk-ins (214 individual participants)** came to the police station and completed the intake interview
- **198 walk-ins (82.9%)** entered into a treatment facility (confirmed cases)
- The average time between the intake assessment and placement to treatment is 0.93 ± 3.6 days
  - **69.4%** of those who entered treatment were placed into treatment on the same day.
- **69.3%** reported use of opioid (heroin **[84.6%]** or prescription **[29.0%]**)
- **8.0%** were uninsured, **61.6%** on Medicaid, **7.2%** on Medicare, and **19.8%** on private insurance plans
- **49.4%** of those who had previously sought treatment reported they had been denied treatment in the past
- **56.2%** reported no past drug-related arrest history
- **61.4%** transported by police officers (mean distance of 43.5 miles ± 8.70 SD, range = 31.9-196.0 miles)
- **59.8%** from Columbia county and **32.6%** from neighboring counties (Albany, Rensselaer, Dutchess, and Greene)
- Utilization by the populations that traditionally do not seek treatment
  - **21.7%** are < 25 years old (vs. 18.3% in NYS); **48.0%** are 25-35 years old (vs. 29.9% in NYS)
  - **34.6%** women (vs. 27.8% in NYS)