



ISSUE BRIEF

ACCESSING SUBSTANCE USE DISORDER

AND RELATED TREATMENT SERVICES TRAINING FOR LAW ENFORCEMENT

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FEBRUARY 2019



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The National Drug Court Resource Center (NDCRC) is housed at the Justice Programs Office, a center in American University's School of Public Affairs, and is funded by the Bureau of Justice Assistance. Issue briefs, such as this, are created to educate and inform the treatment court field about topics of importance. For more information please visit the National Drug Court Resource Center at www.ndcrc.org.

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The Justice Programs Office, a center in American University's School of Public Affairs, supports the National Drug Court Resource Center, part of a BJA-funded drug court initiative. This issue brief was created to respond to significant issues identified during the provision of technical assistance to the field. For more information about accessing technical assistance services or to learn more about the AU Justice Programs Office, go to www.american.edu/justice.

THE NEED FOR TRAINING

Across the country, law enforcement officers are engaging with individuals and families dealing with one or more of the following issues: drug addiction, mental illness, homelessness, domestic violence, human trafficking, and child abuse.

It is likely for all but one of these critical issues that:

- 1) departments have policies to guide officers' actions,
- 2) officers are provided training, at least in the initial academy and possibly as part of continuing, annual training,
- 3) specially trained officers and units exist to improve their response, and
- 4) community partners are available to come alongside or support officers.

The one issue that likely does not have specific law enforcement protocol, training, or specialists – substance use and addiction – is notably the single greatest driver of contact with law enforcement, and it is present in 62% of men and 72% of women involved with the justice system.¹ Year after year, addiction (including alcoholism) singlehandedly causes more suffering, mayhem, violence, and death than any other issues, either directly or indirectly.

Addressing substance addiction has been identified across the rest of the justice continuum – from courts and jails, to prisons and parole – as a critical piece of crime reduction strategy, deserving of special attention and tailored focus. This is now also taking hold in the realm of law enforcement.

This concept has now taken hold and those in law enforcement now aim to address substance use disorder as a critical component of their crime reduction strategy. However, there is a gap, for while officers might receive training on drug recognition for officer safety and enforcement, they generally do not receive training on the basic science of addiction, drug treatment, or how to respond to individual suffering from substance use disorder.

The largest drug crisis ever seen in the United States – the Opioid Epidemic – has driven rapid change in this arena. It is forcing the hand of law enforcement to move from solely

enforcing the law to also connecting individuals to community-based drug treatment, helping individuals to address addiction rather than entering the justice system.²

During the past three decades, as an alternative to incarceration, drug users have increasingly been diverted to treatment courts for outpatient care, coupled with ancillary services. Because law enforcement personnel are often the first point of contact for those with substance use disorders, training law enforcement personnel about treatment courts is crucial.

This paper describes the few existing methods available to train law enforcement at all levels (e.g., officer, systems) and equip them for action in responding to addiction. It also briefly proposes suggestions for future training content. These ideas offer a starting point in this emerging policy and training area.

The goal is for officers to be able to play their best role in assisting those facing addiction to get treatment and move into recovery. Ideally, the training will lead to a reduction in crime.

Additionally, law enforcement officers' willingness to learn about treatment modalities and resources available to address dependency will demonstrate "goodwill." For example, an initiative called Law Enforcement Assisted Diversion (LEAD) directs low-level drug-involved individuals to community-based treatment and services in lieu of incarceration.³

Our hope is that training, education about resources, and goodwill lead communities to view officers as more compassionate and therefore strengthen community-police relations.

Training law enforcement personnel about treatment courts is crucial because law enforcement personnel are often the first point of contact for those with substance use disorders.



THE CONTENT OF LAW ENFORCEMENT SUBSTANCE USE DISORDER TRAINING

The content of the training to educate officers on addiction and treatment services is not formalized. Similar officer training curricula, such as the 40-hour Crisis Intervention Team (CIT) training, may be a potential starting point since some CIT content focuses on mental health. For example, CIT modules on clinical issues related to mental illness, co-occurring disorders, and alcohol and drug assessment would have application to training on access to treatment.

Also, CIT's practical skills training on the use of de-escalation techniques serves as an example of the type of techniques that could be used for officers having interventions with certain substance users.⁴ Note that one substantive difference between substance use disorder and mental health response is that for the former, a crisis is not needed as the basis for deflection. Whereas it is still the case that for the latter, crisis is the response trigger for law enforcement. Substance use disorder and mental health both need preventive (non-crisis) and intervention (crisis) responses and associated training.

In addition to using these modules to train officers on how to intervene with an individual,

officers should be made aware of the additional concepts related to substance use disorders, what comprises effective treatment, and how to forge partnerships with community-based treatment services.

Since law enforcement officers are often the first professional responders to opioid overdoses, it's critical that they are properly trained to administer medications like Naloxone to prevent opioid-related deaths. This officer-led intervention serves as a starting point which can lead to referring the individual to treatment services. Additional modules should include:

- Science of addiction and recovery
- Understanding stigma
- Substance use as a criminogenic risk factor
- Understanding treatment services and levels of care
- Recognizing addiction in families and children
- Motivational interviewing
- Screening
- Brief intervention
- Building public health partnerships

OFFICER-LEVEL LAW ENFORCEMENT SELF-STUDY GUIDE AND CURRICULUM DEVELOPMENT RESOURCE



A resource from the National Institute on Drug Abuse (NIDA) titled “Principles of Drug Abuse Treatment for Criminal Justice Populations” provides an outstanding primer on the science of addiction that is easily carried by officers in their squad car. Moreover, the principles could provide useful guidance in the development of training curricula.⁵ The publication, considered to be the gold standard for the field, lists 13 guiding principles that are most effective in intervening with this population.

Modules could be designed to allow cross-training between law enforcement and behavioral health staff to promote creating interventions with the greatest effect on reducing drug use and criminal behavior. Historically, one of the advantages of treat-

ment courts is the use of a legal and behavioral health partnership. As a result, having curriculum designed around treatment courts fits in nicely with cross-training of justice and behavioral health initiatives.

Developing interventions that are:

- assessment based,
- tailored to meet the specific criminogenic needs of the individual, and
- designed to provide appropriate supervision and monitoring will better ensure success of law enforcement and behavioral health partnerships.

TEAM AND OFFICER-LEVEL LAW ENFORCEMENT VIDEO AND ONLINE TRAININGS

The Center for Health and Justice at TASC

(CHJ) offers training resources for line officers and teams, and continues to develop more for all justice fields based on 45 years of experience with justice-involved populations. CHJ offers two brief (10 minute) roll call training videos on the Science of Addiction and Building Public Health & Public Safety Partnerships.⁶

CHJ also developed on-line courses in partnership with the National Judicial College (NJC) that offer criminal justice officials self-study training in three areas: the Science of Addiction, Medication-Assisted Treatment, and Evidence Based Decision-Making.⁷ While not oriented specifically for law enforcement, the content is highly relevant as these self-study courses provide background on criminogenic risk-need theory and the benefit of addressing underlying drug use to reduce recidivism.

The National Drug Court Resource Center (NDCRC) organized a webinar on Law Enforcement and Treatment Courts. This online discussion offers viewers information about the role of law enforcement in treatment courts and educational approaches to inform officers about treatment services. An additional e-learning opportunity is offered by the National Center for State Courts (NCSC) called *The Beat: A Law Enforcement Officer’s Guide to Drug Court*.

SYSTEMS-LEVEL AND EXECUTIVE TRAINING

Beyond self-study and individualized training, there is an urgent need for further education and training at the intersection of the law enforcement and behavioral health for systems collaboration and executive action.

The Justice Leader’s System Change Initiative (JLSCI) platform, started in 2009, helps jurisdictions by convening multi-disciplinary teams of justice leaders, including law enforcement and behavioral health leaders, to address the issue of substance use specific to their local justice system. Training participants are taught about the science of addiction, medication-assisted treatment, evidence-based treatment, and how to create scalable, sustainable change through systems. In collaborative systems teams, participants engage in a community mapping and action planning exercise to tailor interventions that will best fit the needs of their communities. Law enforce-

ment plays a key role in proposing initiatives to build pathways to treatment and developing plans with other stakeholders to implement their post-JLSCI initiative.

Another platform, the Police, Treatment and Community Collaborative (PTACC) emerged in recent years in direct response to the need for on-going collaboration between practitioners in law enforcement, behavioral health, community, advocacy, research, and public policy. The mission of PTACC is to strategically widen community behavioral health and social service options available through deflection and pre-arrest diversion. The purpose of the collaborative is to provide field-wide vision, leadership, advocacy, and education to facilitate the practice of five pathways of deflection and pre-arrest diversion across the United States. The five pathways include: Self-Referral, Active Outreach, Naloxone

Plus, Officer Prevention, and Officer Intervention. The key strategic areas include: Leadership; Treatment, Housing and Recovery; Public Safety; Research; Policy and Legislation; and Community, Diversity and Equity. It works across these five areas to create free, downloadable web resources such as briefs and webinars to benefit the entire deflection field.

Existing PTACC key resources include:

- the 5 Pathway Visual of Deflection in the United States;
- downloadable presentations on the field of deflection as it relates to substance use disorders;
- establishment of the 11 Guiding Principles of Behavioral Health for Deflection and Pre-arrest Diversion; and
- development of standardized core metrics for measuring the success of deflection and pre-arrest.⁸



WHAT'S NEXT?

Continued development and delivery of formal training in the areas of the science of addiction, promoting access to treatment, the role of law enforcement in treatment courts, and establishing law enforcement and behavioral health partnerships is necessary for officers to have effective interventions that reduce recidivism and relapse for individuals who have a substance use disorder.

The delivery of this training should begin at the training academy for new recruits and be reinforced through field training, roll-call training, and continuing education. State Peace Officer Standards and Training (POST) departments can set minimum training requirements in this area that ensure officers will continue to develop their skills during their career and provide for the evaluation of officer's performance as it relates to deflection. Further, modules educating officers on treatment services could supplement current CIT

training for this population of officers. However, mandating training in this area rather than offering it as elective education, as most CIT training currently is, would ensure its place in standard police practice. After all, officers encounter individuals daily who are using drugs or are involved in drug-related activities, so required training on drug intervention and treatment is essential.

As it has for other public health issues, law enforcement's response to drug use has changed over time. As this issue brief has shown, law enforcement is already moving towards a public health approach to both addressing addiction while simultaneously reducing crime. This type of holistic response is at the essence of problem-solving policing. In order for these practices around substance use disorder to take hold and become standardized in policing, new and existing officers must be adequately trained and re-trained to have the skillset and resources to carry these innovations forward in the 21st century.

As this issue brief has shown, law enforcement is already moving towards a public health approach to both addressing addiction while simultaneously reducing crime.

ENDNOTES

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This project was supported by Grant No. 2016-DC-BX-K008 awarded by the Bureau of Justice Assistance, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or grant-making component.



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