

TRAINING AND EDUCATING PUBLIC SAFETY TO PREVENT OVERDOSE AMONG BLACK, INDIGENOUS, AND PEOPLE OF COLOR COMMUNITIES

Environmental Scan



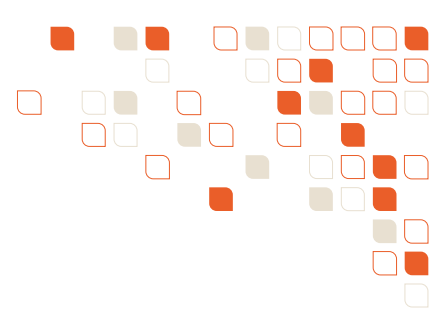
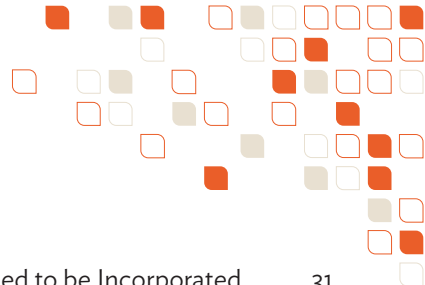


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Acknowledgments

The National Council for Mental Wellbeing developed this environmental scan with support from the Centers for Disease Control and Prevention (CDC). The project team would like to thank all the subject matter experts who generously devoted their time, expertise, and resources to inform this report.

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This work is supported by the CDC of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 with 100% funding by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Commonly Used Acronyms

BIPOC	Black, Indigenous, and people of color
CDC	Centers for Disease Control and Prevention
ED	emergency department
EMS	emergency medical services
LEAD	Law Enforcement Assisted Diversion
MAT	medication-assisted treatment
MOUD	medications for opioid use disorder
OUD	opioid use disorder
PWSUD	people with substance use disorders
PWUD	people who use drugs
QRT	Quick Response Team
SAMHSA	Substance Abuse and Mental Health Services Administration
SSP	syringe services program
SUD	substance use disorder
TI-ROSC	trauma-informed, recovery-oriented systems of care



Executive Summary

Individuals, communities, and health care systems across the country are struggling to cope with substance use and the effects of the ongoing overdose epidemic. In 2019, more people died of opioid-involved overdoses than there are seats in Yankee Stadium – 49,860 individuals.¹ Though the overdose crisis is often portrayed as most greatly impacting rural, White communities, it has disproportionately affected Black, Indigenous and people of color (BIPOC) communities.^{2,3} Additionally, Black or African American (Black) persons remain significantly more likely to be arrested and incarcerated due to substance use and overdose, increasing their risk of overdose.^{4,5,6}

Public safety personnel (police, law enforcement, firefighters, paramedics and emergency medical technicians) are often the first on the scene for overdose emergencies; however, the skills required to respond to these situations are not acquired through traditional public safety trainings.⁷ Although some public safety agencies have implemented overdose prevention programs, few take into consideration the unique needs of BIPOC communities, and even fewer are trained on engaging with BIPOC communities around substance use and overdose prevention.

To identify the extent of public safety-led overdose prevention efforts and corollary training for public safety personnel that are tailored for BIPOC communities, the National Council for Mental Wellbeing, with support from the CDC, conducted an environmental scan consisting of a literature review, 11 key informant interviews, and two roundtable discussions with a diverse group of individuals with experience in overdose prevention, harm reduction, or public safety.

Little evidence exists of the impact of public safety-led overdose prevention programs on BIPOC communities specifically, despite the rise of these programs aimed to serve the general population. This highlights the importance of enhancing programming and evaluation specific to BIPOC communities. In addition to a lack of BIPOC-specific interventions, many institutional, community, and individual-level barriers impede public safety personnel, organizations, and systems from effectively engaging in overdose prevention activities. A few of these barriers include a resistance to change, implicit bias, a breakdown in community trust and communication, and laws that criminalize drug use.

Despite these barriers, there is promise for public safety implementing programs when they address the historical context and current experiences of collective trauma, institutional racism, and the tenuous relationship between BIPOC communities and public safety. To do so, public safety need additional training in key topic areas. One such area is a trauma-informed recovery-oriented systems of care (TI-ROSC) approach to public safety-led overdose prevention.

Given the disproportionate impact the ongoing overdose epidemic has had and continues to have on BIPOC communities, a TI-ROSC approach will train and support public safety personnel who are often the first on the scene for overdose emergencies with the tools and resources to help them address the unique needs of BIPOC communities, making them more responsive and leading to more effective outcomes.



Introduction

Across the United States, individuals, communities, and health care systems are struggling to cope with substance use and overdose. In 2019, drug overdoses resulted in more than 70,000 deaths, over 70% of which included individuals dying from opioid-involved overdoses, such as heroin, synthetic opioids, and prescription opioids.⁸ Additionally, for every overdose death, there are even more nonfatal drug overdoses. Research indicates that individuals who have at least one nonfatal opioid overdose are more likely to have another.⁹

Despite recent shifts in the national discourse on policy and programming approaches concerning substance use, Black persons remain significantly more likely to be arrested and incarcerated due to substance use, increasing their risk for overdose.^{10, 11, 12} The lack of national attention around increasing overdose deaths among BIPOC communities leads to further marginalization and exclusion from substance use treatment and recovery services, such as medications for opioid use disorder (MOUD), naloxone, and mental health treatment.^{13, 14, 15, 16, 17}

Public safety personnel are witness to many of the effects of substance misuse and overdose within BIPOC communities. They are often the first on the scene for overdose emergencies; however, the skills required to respond to these situations are often not acquired through traditional public safety trainings.¹⁸

To better understand the training and education needs of public safety personnel related to preventing overdose in BIPOC communities, and to inform the development of future trainings, the National Council, with the support of the CDC, conducted an environmental scan that included a literature review and a series of key informant interviews and roundtables. The key findings from these activities are:

1. The number of public safety-led overdose prevention efforts are increasing, but there is little evidence of impacts.
2. Institutional, organizational, community, and individual barriers impede public safety-led overdose prevention efforts in BIPOC communities.
3. Effective partnerships with BIPOC communities – and with other agencies – are essential.
4. Public safety personnel need additional training in key topic areas.
5. Trauma is endemic in BIPOC communities, and therefore TI-ROSC approaches may need to be incorporated.



Background

The overdose crisis, although often portrayed as impacting rural, White communities most intensely, has disproportionately affected BIPOC communities.^{19, 20} For example, both synthetic opioid and psychostimulant overdose deaths have increased among Black persons in larger numbers than other racial and ethnic groups.^{21, 22, 23, 24} The data indicate that synthetic opioids accounted for nearly 70% of overdose deaths among Black persons in 2017 and increased more for this group than any other race or ethnicity.^{25, 26} In the same year, Black persons also experienced the highest overdose death rate involving cocaine.²⁷

The impacts of the “war on drugs” and lack of access to harm reduction and treatment services for BIPOC communities are far-reaching at the individual- and community-level, such as mass traumatization, economic instability, and the destabilization of entire neighborhoods through mass incarceration and over-policing. The negative social outcomes are compounded by the lack of access to harm reduction and treatment services for people who use drugs (PWUD).^{28, 29, 30, 31} Any discussion of the overdose epidemic in relation to BIPOC communities must incorporate the legacy of two prior drug epidemics, heroin and crack cocaine, both having significantly impacted these communities since the 1960s. The policies put in place to attempt to curtail those epidemics were largely punitive and reverberate into the current drug policy and enforcement landscape.

Despite a significant amount of information on public safety-led and public safety-partnership initiatives to address overdose prevention and response within the general population, it is unclear how these programs have been applied or adapted to meet the unique needs of BIPOC communities or what the BIPOC community perceptions are of public safety-led overdose prevention and response efforts. More community-informed insights on how perceptions of these efforts shift engagement, acceptance of, and outcomes are needed to inform the development of training programs for public safety personnel that specifically seek to address the prevention of overdose in BIPOC communities.

There is abundant research on public safety personnel’s biases and implicit biases against BIPOC communities and against PWUD. The disproportionate policing of PWUD with subsequent negative health and safety outcomes in BIPOC communities speaks to how those biases are amplified due to the intersection of race and drug use. Significant research exists indicating that training to address implicit biases has little, if any, impact on behavior change, further complexifying the way in which to train public safety.^{32, 33, 34}

Certain programs, such as one-time implicit bias training, are ineffective at changing attitudes and behaviors^{35, 36, 37}; however, approaches to changing biased practices in existing programs – such as community outreach and engagement, diversion and decriminalization, crisis response and harm reduction, or reentry and continuity of care – are potentially fruitful areas for improving the reach and impact of such initiatives in BIPOC communities.^{38, 39, 40, 41, 42, 43, 44, 45} This environmental scan describes key findings and identifies the opportunity to explore a TI-ROSC approach for public safety-led overdose prevention and response in BIPOC communities.



Methods

Between November 2020 and March 2021, National Council staff conducted an environmental scan that included a literature review, 11 key informant interviews, and two expert roundtables.

LITERATURE REVIEW

Existing published peer-reviewed, white, and gray literature was reviewed to better understand current public safety overdose prevention and response efforts, including engagement with BIPOC-serving harm reduction organizations. Key word searches in academic databases, web-based search engines, and relevant public health organizational websites were used to find pertinent articles and documents.

KEY INFORMANT INTERVIEWS AND ROUNDTABLE DISCUSSIONS

National Council staff conducted key informant interviews with 11 subject matter experts and hosted two roundtables with 24 experts working in the fields of overdose prevention, harm reduction, and law enforcement. Guided by the initial literature review findings, these key informant interviews and roundtable discussions delved deeper into topics covered in peer-reviewed sources and considered gaps in the research. Subject matter experts who served as key informants and participated in the roundtables were selected based on their experience providing harm reduction services to BIPOC communities or at BIPOC-serving harm reduction organizations. Most subject matter experts included individuals who self-identified as BIPOC and as having lived experience in long-term recovery.

To facilitate the key informant interviews, a semi-structured interview guide was developed (see Appendix A) and a separate facilitation guide was created for the two-hour roundtables (see Appendix B). Key informant interviews and roundtables were conducted via Zoom videoconferencing software and were approximately 60 and 120 minutes in duration, respectively. Each session was recorded and transcribed with the consent of the participants. The transcriptions were then thematically coded independently by two National Council staff members. The results were analyzed, synthesized, and interpreted for this report.

OVERVIEW OF KEY INFORMANTS AND ROUNDTABLE EXPERTS

A total of 11 key informants and 24 roundtable experts from 14 states, including the District of Columbia, participated. Of these participants, five key informants are from harm reduction providers from across the U.S. and six key informants are public safety/law enforcement stakeholders. There were also several participants who had expertise in both areas and/or served in roles that addressed both sectors. Seventeen roundtable participants were from harm reduction organizations, and seven participants were public safety stakeholders. Additionally, 13 participants self-identified as BIPOC and several participants openly identified as individuals with lived experience and/or in long-term recovery.

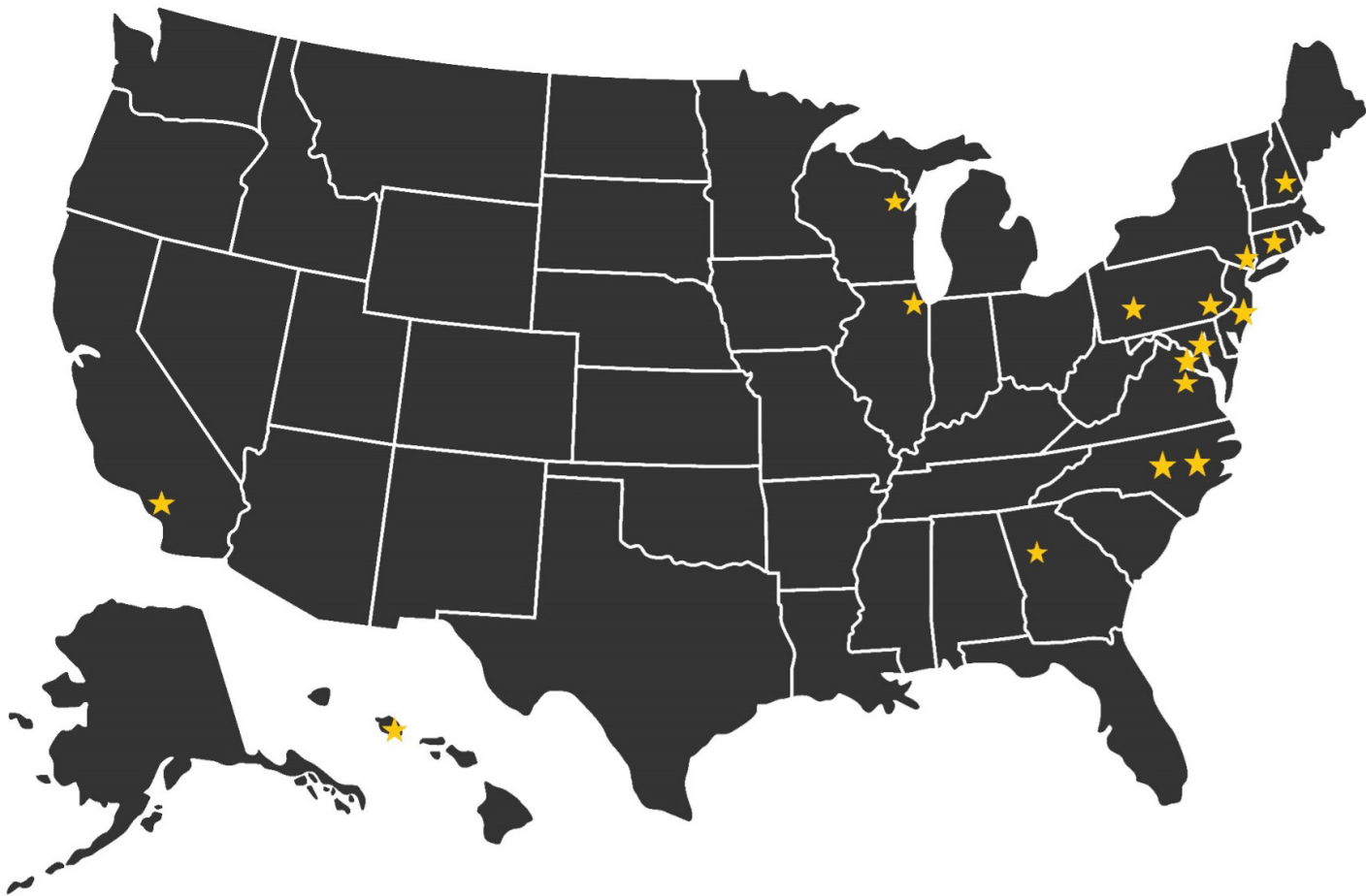
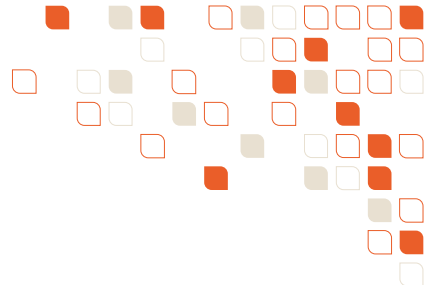


Figure 1: Map showing the geographic locations of key informants and roundtable participants



Findings

Findings are categorized into five main topic areas:



The number of public safety-led overdose prevention efforts are increasing, but there is little evidence of impacts.



Institutional, organizational, community, and individual barriers impede public safety-led overdose prevention efforts in BIPOC communities.



Effective partnerships with BIPOC communities – and with other agencies – are essential.



Public safety personnel need additional training in key topic areas.



Trauma is endemic in BIPOC communities, and therefore TI-ROSC approaches may need to be incorporated.

1. THE NUMBER OF PUBLIC SAFETY-LED OVERDOSE RESPONSE EFFORTS ARE INCREASING, BUT THERE IS LITTLE EVIDENCE OF IMPACTS IN BIPOC COMMUNITIES.

While there is limited research and evidence on the impacts of public safety-led overdose prevention efforts within BIPOC communities, there is ample evidence that the number of funded overdose prevention efforts is increasing. Four primary types of overdose prevention programs that involve public safety (Table 1) were identified through this environmental scan: (1) community outreach and engagement efforts, (2) diversion and decriminalization efforts, (3) crisis response and harm reduction efforts, and (4) reentry and continuity of care programs.

Community Outreach and Engagement Efforts

Community relationship-building programs focus on conducting outreach, providing training to community members, and enhancing engagement with public safety personnel during non-crisis, non-criminal engagement situations. For example, Coffee with a Cop program, in Albany, Ga., specifically designed to address distrust between the Black community and law enforcement, identifies participants through community organizations and engages participants without fear of arrest.^{46, 47} Similarly, Conversations for Change, in Dayton, Ohio, hosts community meetings where individuals are invited by probation, parole, law enforcement, and/or loved ones to a two-hour event on providing information and resources on overdose prevention and education, as well as treatment and recovery resources.⁴⁸

In the Arlington (Mass.) Opiate Outreach Initiative, a clinician who is on the police department staff trains selected community members to use naloxone and offers support in connecting individuals to treatment. The department reports that the program appears to be decreasing overdose deaths in their community as well as improving the community's relationship with law enforcement.⁴⁹ Such public safety-led naloxone programs can help improve relationship-building between communities and law enforcement through the facilitation of community outreach and awareness of substance use and overdose^{50, 51}; however, additional research is needed to determine the direct impact of these efforts in BIPOC communities.



Key informants and roundtable participants weighed in on community relationship-building initiatives. Overall, both public safety and harm reduction stakeholders emphasized the importance and benefits of community engagement in order to create better understanding between the needs of communities, overall safety, and wellbeing. One public safety participant described a project, HOPE ONE, that developed partnerships with a wide range of stakeholders, including law enforcement, with the goal of enhancing overall public safety and building stronger relationships within the community. To date, the initiative has connected approximately 1,400 individuals to treatment and approximately 6,000 individuals to other community services, including mental health and substance use supports.

Roundtable participants highlighted the interconnectedness of the different aspects of addressing overdose and the critical role that all stakeholders play in contributing to the solution. In order to implement a successful public safety-led program, adequate referral sources for community services are essential.

“People were coming to us. And you know, two and a half years out, everyone is connected with us. It’s amazing, the phone calls we get, and who calls us. I get treatment groups calling me to help other people. The hospital will call us, to get people vaccinated. Which is insane, because we don’t want to vaccinate anyone, but we have connections with partners who do.”

- Roundtable Participant

Program	Location	BIPOC-serving	Overdose Prevention-specific	Description	Purpose	Outcomes
Coffee with a Cop	Albany, Ga. (national initiative)	Yes	No	Brings police officers and the community members they serve together-over coffee to discuss issues and learn more about each other.	Address distrust between the Black community and law enforcement.	Improve relationships between law enforcement and community served.
Conversations for Change	Dayton, Ohio	No	Yes	Provides people struggling with addiction, their families, and friends an opportunity to have a meal and be introduced to organizations that provide services such as housing and health insurance.	Hosts community meetings for justice-involved individuals to learn more about overdose prevention and treatment.	Increase awareness of overdose prevention and treatment and recovery resources.
Arlington Opiate Outreach Initiative	Arlington, Mass.	No	Yes	A clinician who is part of the police department trains community members to use naloxone.	To train community members to use naloxone.	Decrease overdose deaths in the community and improve relationship between community and law enforcement.
HOPE ONE	Atlantic County, N.J.	No	No	Develops partnerships with a wide range of stakeholders, including law enforcement, with the goal of enhancing overall public safety and building stronger relationships within the community.	Provide supplemental resources in technology, training, and equipment for local law enforcement to fight crime and enhance community engagement.	To date, connected 1,400 individuals to treatment and 6,000 individuals to other community services.

Table 1: Summary of Community Outreach and Engagement Programs



Diversion and Decriminalization Efforts

The most well-known public safety-led overdose response programs are those that focus on diverting individuals with chronic, unmet health needs from the criminal legal system to appropriate health services. Arguably, the most well-known of these is LEAD – Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity.^{52,53} LEAD is a community-based, harm-reduction intervention where police officers provide pathways to care and treatment in lieu of an arrest. As of 2020, LEAD programs were operating in 22 states; many other state programs were in the exploration or development phases.⁵⁴ The Police Assisted Addiction and Recovery Initiative (PAARI) is a similar program that aims to establish non-arrest and early diversion pathways to treatment and recovery services in law enforcement and public safety agencies.⁵⁵ PAARI currently works with approximately 600 law enforcement agencies operating in 34 states. Although LEAD and similar programs have the support of many harm reduction organizations, they have also been criticized for effectively requiring police involvement to receive social services, which can be particularly problematic in BIPOC communities where years of policing based on racialized drug laws has caused deep distrust of law enforcement.⁵⁶

Key informants and roundtable participants shared experiences with LEAD programs and provided feedback including:

- Organizations should strategically hire people from the community to conduct outreach in those same communities.
- LEAD programs can operate with few public safety resources, if necessary; partnerships are needed to cover treatment, housing, and transportation.
- LEAD models are perceived to be more prevalent in Whiter, more resourced neighborhoods.
- Collecting outcome metrics could help identify and address inequities.
- Public safety commitment and engagement can vary resulting in either an increased or decreased role of harm reduction partners and law enforcement referrals.

LEAD and similar programs have been successful in their goal of diverting PWUD from the criminal legal system.^{57,58} In many ways, they are early public safety sector forays into the recovery-oriented systems of care (ROSC) space. In health care, ROSC is a conceptual framework that shifts from a crisis-oriented, professionally-directed, acute-care approach with an emphasis on discrete treatment episodes to a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.⁵⁹ By taking a person-centered approach that builds upon the strengths and resiliencies of individuals, families, and communities, diversion programs such as LEAD are beginning to acknowledge the different cultural pathways to recovery; the next steps will be for such programs to recognize and address the impacts root causes such as historical/cultural trauma can have on substance use.



“Our LEAD officers are there because they want to be. They’re like, ‘Hey, I’m going to volunteer for this. I really want to see ... the people that we’re serving get better things.’ Whereas it’s almost a different mentality outside of that core group of LEAD officers.... I don’t know that they even care about it.”

**– Harm Reduction
Roundtable Participant**



Program	Location	BIPOC-serving	Overdose Prevention-specific	Description	Purpose	Outcomes
Law Enforcement Assisted Diversion/ Let Everyone Advance with Dignity (LEAD)	22 states	No	Yes	Community-based, harm-reduction intervention where police officers provide pathways to care and treatment in lieu of an arrest.	Law enforcement exercises discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet mental health needs.	Divert people who use drugs from the criminal justice system to care and treatment.
The Police Assisted Addiction and Recovery Initiative (PAARI)	34 states	No	Yes	Initiative to support law enforcement and public safety agencies in creating non-arrest pathways to treatment and recovery.	Establish non-arrest and early diversion programs for law enforcement officers to divert people who use drugs to treatment organizations and other recovery programs.	Increase access to treatment and recovery programs for people who use drugs rather than placing them under arrest.

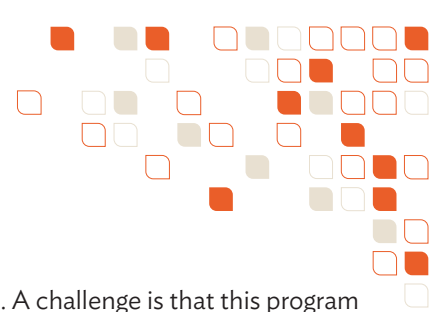
Table 2: Summary of Diversion and Decriminalization Programs

Crisis Response and Harm Reduction Efforts

Quick response teams (QRT), community intervention teams (CIT), drug abuse response teams (DART), and community paramedicine programs (CPPs) are other public safety sector programs aimed at reducing overdose deaths. These teams often consist of a law enforcement officer, an EMT or firefighter, a counselor organization, and increasingly a peer specialist.⁶⁰ After a non-fatal overdose occurs, QRT, CIT, CPP, or DART teams contact the person and offer assistance in finding support and treatment for OUD. In addition to providing immediate, life-saving treatment, first responders can follow up post-overdose to provide additional harm reduction messages or refer individuals to treatment and recovery services.⁶¹ One strategy that may expand success of these programs in BIPOC communities is by involving the faith-based community, an approach that has proved successful in the Black communities of Huntington, W.Va.⁶²

Opioid overdose education and naloxone distribution (OEND) programs train individuals to respond to a drug overdose and provide access to naloxone and instructions for its delivery.⁶³ A key informant described their jurisdiction’s approach to naloxone distribution: Individuals are hired as community health advocates – independent contractors who distribute naloxone in their own networks; the community health advocates have been instrumental in making connections to PWUD. Another participant described a critical partnership with a champion in the health department who helps the jurisdiction secure harm reduction supplies such as fentanyl test strips.

Syringe services programs (SSPs) are community-based prevention programs that can provide linkages to substance use disorder (SUD) treatment, access to and disposal of sterile syringes and injection equipment and serve as a lifeline for PWUD.⁶⁴ One key informant from North Carolina described a SSP that began in 2013 in which public safety personnel offered crisis intervention training and gathered data from trainees on their feelings about the hazards of infectious diseases and syringes in general. They then used that data to successfully advocate for legislative changes to decriminalize syringes and other paraphernalia, residue, and small amounts of narcotics. This jurisdiction began the program before public funds were available and before they could operate

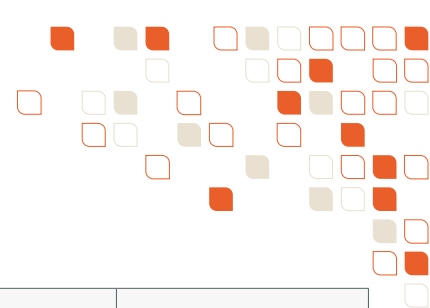


transparently. Currently, they use local funds solely and partner closely with the health department. A challenge is that this program is accessed predominantly by White individuals, so the department is conducting additional outreach and identifying different messengers to better serve the BIPOC community. This could be addressed by looking at the makeup of the jurisdiction the public safety agency serves to determine if there are inequities in policing practices and who is being served by overdose prevention and response efforts.

Research shows a reduction in OUD health consequences through expanding harm reduction services among public safety, such as enhanced naloxone training and administration, which also builds trust between community members, public safety, and harm reduction organizations.^{65, 66} These examples noted above demonstrate how programs can be adapted to suit different communities and funding structures.

Program	Location	BIPOC-serving	Overdose Prevention-specific	Description	Purpose	Outcomes
Quick Response Teams (QRT)	Huntington, W.Va. (national model)	Yes	Yes	A national model that began in Ohio. One example is from Huntington, W.Va., which partners with Cabell County Emergency Medical Services (EMS), Marshall University, local law enforcement, treatment and recovery organizations, and pastors to form and deploy the QRT to locations with a high number of drug overdoses.	Interdisciplinary overdose follow-up and engagement with survivors to link individuals to treatment during the critical period following overdose. City of Huntington QRT incorporates Black faith leaders in outreach efforts.	Increase linkage to naloxone training, treatment, and educational resources.
Drug Abuse Response Teams (DART)	Lucas County, Ohio	No	Yes	Composed of a Lucas County Sheriff's Office Captain, Sergeant, multiple deputy sheriffs, forensic counselors, and officers from other local jurisdictions to directly link victims and their families to treatment.	Meet with overdose patients in the community/emergency room and encourage treatment. DART also seeks to raise awareness about the dangers associated with heroin and other drug usage.	To stop the profound number of deaths caused by opiate overdoses while helping victims to overcome their addiction. DART also aims to educate and support the family and friends of these victims.

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Community Intervention Teams (CIT)	National	No	Yes	A program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addiction.	First-responder model of police-based crisis intervention training to help persons with mental illness and/or addiction access medical treatment rather than place them in the criminal justice system due to illness related behaviors.	Reduce stigma and involvement in the criminal justice system. Increase access to treatment.
Community Paramedicine Programs (CPPs)	National	No	Yes	Programs where EMS and paramedics assist with other community health roles, such as primary healthcare and preventive services, to expand healthcare access in underserved communities.	In addition to immediate treatment, community paramedics follow up and connect overdose survivors to treatment and recovery services.	Increase access to treatment and recovery services through post-overdose outreach and referrals.
Syringe Service Programs (SSPs)	National	No	Yes	Community-based prevention programs that provide a range of services including, linkage to substance use disorder treatment and access to and disposal of sterile syringes and injection equipment.	Protect the public and first responders by facilitating the safe disposal of used needles and syringes by providing testing, counseling, and sterile injection supplies.	Increase linkage to treatment and reduce overdose deaths.

Table 3: Summary of Overdose Response and Harm Reduction Programs

Reentry and Continuity of Care Programs

The first two weeks after release from jail or prison are a particularly vulnerable time for PWUD, and the risk fatal overdose is 12.7 times that of the general population.⁶⁷ For this reason, reentry and continuity of care programs are vital to preventing overdose, and public safety partners play a key role often in these transitional periods. Programs, such as the Familiar Faces Action and Community Transition (F2ACT) program in Louisville, Ky., address opioid overdose among people reentering the community after incarceration.⁶⁸ F2ACT attempts to prevent overdoses among this population by connecting PWUD that are leaving jail with connections to housing resources, basic needs, and warm handoffs to treatment organizations.⁶⁹



Similar programs include Community and Law Enforcement Resources Together (ComALERT) in Brooklyn, N.Y.; Access to Recovery and After Incarceration Support Systems (AISS), both in Massachusetts; Helping Addicts Recover Progressively (HARP) in Virginia; Intensive Recovery Treatment Support (IRTS) in New Jersey; and Reducing Overdose After Release from Incarceration (ROAR) in Oregon.^{70, 71, 72, 73, 74, 75} Some of these programs also provide peer recovery support services, MOUD, opioid education and naloxone distribution. In addition to helping people recently released from prison or jail, these programs seem to be more cost effective than reincarcerating people.⁷⁶ None of these programs reported the proportion of participants who identify as BIPOC, so it is difficult to know how these public safety programs impact BIPOC communities.^{77, 78, 79, 80}

Program	Location	BIPOC-serving	Overdose Prevention-specific	Description	Purpose	Outcomes
Familiar Faces Action and Community Transition (F2ACT)	Louisville, Ky.	No	Yes	Discharge planning program developed to prevent overdose among formerly incarcerated individuals reentering the community to services.	Prevent overdoses among people reentering the community after incarceration by connecting PWUD that are leaving jail with connections to housing resources, basic needs, and warm handoffs to treatment organizations.	Decrease in overdose deaths and increase in access to treatment.
Community and Law Enforcement Resources Together (ComALERT)	Brooklyn, N.Y.	No	Yes	Reentry program that provides substance abuse treatment, employment, and housing services for parolees transitioning from prison back into the community.	Aid men and women returning from prison to successfully reintegrate into their communities by providing an effective combination of immediate wraparound transitional services.	Reduce recidivism of parolees by providing necessary tools and support to remain drug-free, crime-free, and employed.
Access to Recovery (ATR)	Massachusetts	No	Yes	A 6-month program for individuals who have a substance use disorder and are seeking to change their lives and remain in recovery.	Provide many options for recovery support services and work to build recovery systems of care.	Participants are able to maintain abstinence from drugs or alcohol, have no new involvement in the criminal justice system, have an increase in housing stability, high levels of employment, and feel better about their quality of life.

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After Incarceration Support Systems (AISS)	Massachusetts	No	No	Program that educates, prepares, and assists releasing inmates in transitioning to their home communities.	Assist formerly people in all aspects of their lives as they transition from incarceration into the community.	Sustain and enhance the positive growth that occurred during incarceration.
Helping Addicts Recover Progressively (HARP)	Virginia	No	Yes	Voluntary, jail-based two-phase model that utilizes therapeutic, medical, and educational approaches to provide addiction and mental health services to those in need and to help them discover the tools to shape their road to recovery.	Built upon the foundation that addiction is a disease and not a crime and therefore, HARP operates as a medical ward more than a jail.	Interrupt the traditional cycle of arrest and release among heroin users with the main goal of saving lives.
Intensive Recovery Treatment Support (IRTS)	New Jersey	No	Yes	Team-based support initiative designed to provide recovery-focused assessment, linkage to treatment, and comprehensive reentry support for individuals with OUDs.	Address the many obstacles that those who struggle with OUD may encounter upon leaving prison.	Serve up to 600 people, 200 of whom receive medication-based treatment and 400 who receive other substance use treatment services, such as psychotherapy.
Reducing Overdose After Release from Incarceration (ROAR)	Oregon	No	Yes	A collaboration between Oregon's public health, criminal justice, and medical communities to reduce opioid overdose among women released to the community following incarceration.	Reduce overdose and assess feasibility, acceptability, and satisfaction with a range of community treatment options available to women after they are released to community.	Provide critical information on improving interventions to prevent opioid overdose and improve treatment retention in an overlooked, high-risk population: incarcerated women re-entering the community.

Table 4: Summary of Reentry and Continuity of Care Programs

Although there are several overdose prevention efforts that are either public safety-led or involve public safety officers as an active partner, the majority are not tailored specifically to BIPOC. Bolstering existing programs and efforts with trainings that recognize the role of individual and community trauma, root causes of addiction, and the role of race and culture in recovery would be a way to prioritize and recognize the needs of BIPOC communities.



2. INSTITUTIONAL, ORGANIZATIONAL, COMMUNITY, AND INDIVIDUAL BARRIERS IMPEDE PUBLIC SAFETY-LED OVERDOSE PREVENTION EFFORTS IN BIPOC COMMUNITIES.

Despite the expansion of harm reduction efforts over the last 30 years, and the increased availability and diversity of treatment programming across the U.S., BIPOC communities continue to be disproportionately impacted by overdose-related deaths, and by disparities in diversion from criminal legal systems proceedings, referral to treatment, treatment utilization, and ongoing recovery support services.⁸¹ Evidence continues to show significant systemic racial bias in the provision of health care and mental health services, as well as racial bias in arrest, incarceration, and sentencing rates.^{82, 83, 84} Not only do institutional issues exist within our broader systems, organizations, and communities, but biases exist on the individual level as well. To address disparities holistically within BIPOC communities, an awareness of and action to remove these barriers is critical at all levels of society.

Language

One of the most cited themes that arose from the key informants and roundtables was the need to focus on “speaking the language” of the group being addressed. This theme was consistently cited when referring to both engaging in training public safety officers, as well as when talking to communities and engaging with BIPOC-serving harm reduction organizations and audiences. Finding the right messenger is important for implementing training programs. The messenger must be accepted as a knowledgeable figure by the people they are training, deliver the content using language that resonates with the people being trained, or is representative of their sector language and be a trusted member of the community. Although there is a desire for shared language, there is currently no well-established shared language between public safety, BIPOC-serving harm reduction organizations and PWUD.

Key informants and roundtable participants also identified the need to create a shared language between public safety, BIPOC-serving harm reduction organizations, and the BIPOC communities they serve. This was reported as a critical part of improving bidirectional communication and the building of trust between public safety and BIPOC communities. Key informants and roundtable participants stated that shared language would help to bring the disparate sectors and communities together to talk about what divides them, and what could help facilitate trust and reconciliation.

In addition to the creation of a shared language, key informants and roundtable participants felt the word “recovery” needed to be reimaged for the BIPOC community, and then be better understood by the BIPOC community and public safety. In the words of one harm reduction key informant:

“But even when you talk about recovery and what a pathway to recovery is, those terms in the BIPOC community are not always easily transferrable...There needs to be some work done on how to even talk about this in the BIPOC community. How to talk about drug use, addiction, and overdose in the community, what that language actually is. Because it’s not the same language that exists in the suburbs sometimes. And sometimes recovery isn’t an AA meeting. Sometimes it’s the church with Sister Gladys, right?”



“You know, creating that buy-in. It’s not just the buy-in of the law enforcement officers. It’s also the buy-in of the community. And there needs to be a trust-building relationship with that ... But again, they need to understand that the correlation between these other social determinants of health is what is fueling this issue. We also need to revamp our messaging. Especially for youth and young adult and black and brown communities.”

– Harm Reduction Roundtable Participant



Key informants and roundtable participants provided several suggestions regarding language choice when designing training for public safety officers:

- ❑ Avoid language that could be construed as ideological or overly conceptual.
- ❑ Lead with examples that help the public safety officer put themselves in the situation.
- ❑ Provide strengths-based humanizing examples to exemplify that recovery is possible, and a recovery-orientation provides opportunities for ongoing engagement.
- ❑ Avoid language that makes demands around systems change, knowledge, skills, and behaviors.
- ❑ Avoid blaming language that is more likely to put the audience on the defensive.
- ❑ Keep language conversational.
- ❑ Avoid being overly technical.

The language, and how it reflects cultural differences between public safety officers and the communities they serve may be exacerbated by differences in the lexicon of recovery and substance use. Including community voice during the program planning stage will help to address potential language barriers down the road.

Community Trust

The literature review revealed that only one in three Black persons nationally reports confidence in police, compared to two in three white counterparts.⁸⁵ These trust gaps, while impacted by shifting policies and dynamics of power, are not new, have existed for decades and likely impact all other perceptions around subsequent programming.^{86, 87, 88}

Although there are examples of strong partnerships between first responders and harm reduction organizations, including BIPOC-serving harm reduction organizations, these partnerships tend to be led by law enforcement, which requires involvement with the criminal legal system before becoming eligible for these programs. By virtue of such partnerships, all law-enforcement led programs can lead to more engagement between law enforcement and PWUD.⁸⁹ This can be an area of discomfort for PWUD and may erode trust between community members and harm reduction organizations.⁹⁰ Relationships between harm reduction organizations and public safety become even more complex when operating in BIPOC communities. Decades of racialized drug laws and disproportionate policing has left both sides distrustful and burdened by the past.

Expanding community involvement among public safety officers has potential benefits. Community-oriented policing is a policing strategy that “begins with a commitment to building trust and mutual respect between police and communities.”⁹¹ The first randomized-control study of the effect of community-oriented policing on the public’s opinion of police officers showed that “a single instance of positive contact with a uniformed police officer can substantially improve public attitudes toward police, including legitimacy and willingness to cooperate.”⁹² Despite potential success around community-oriented policing, BIPOC communities have been excluded from conversations around public safety within their communities further increasing distrust toward public safety.⁹³ Key informants and roundtable participants noted that, to build trust, public safety needs to know that there is a collective community memory of traumatic events involving public safety. Stories of negative interactions with public safety reverberate throughout a community and further erode trust.





Success or failure of a public safety-led program or initiative is highly dependent on the specific and/or individual officers involved. The public safety experts interviewed indicated that there is often at least one officer in a zone that has the trust of the community and utilizing that officer to disseminate information to the community is often a good way to communicate legal and policy changes to the community.

Procedural Justice

The importance of community trust can be further supported by the concept of procedural justice and how public safety officers interact with the community they serve. Procedural justice refers to ensuring fair processes and recognizes that how people perceive fairness is based on their experiences and not the end result of those experiences.⁹⁴ The four pillars of procedural justice are⁹⁵:

- Voice: Individuals can express their concerns and tell their side of the story.
- Respect: Individuals are treated with dignity and respect.
- Neutrality: Decision-makers are guided by consistent and transparent reason, and decisions are unbiased.
- Trustworthiness: The motives of authorities are perceived as trustworthy, and there is concern for how individuals are impacted by decisions.



“If I was a person who has had historically bad relationships with the police and you know, I see that same officer out there now trying to sing a different song, I’m not really going to be that trusting of that person until I really see a difference in the community. So, I’m just saying, you know, law enforcement can prepare all they want to try to change, but the communities have already been damaged, and the communities don’t forget either. So, it’s not like everything’s just magically going to be okay on the other side, and the community members are going to say yay, we want to be friends with the police too. It’s just not likely to happen.”

– Harm Reduction Key Informant

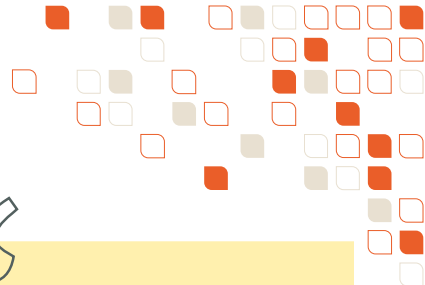
The principles of procedural justice recommend: soliciting community input when making decisions or revising policies; making policies, data, and performance measures publicly available; promoting positive interactions with police officers; reviewing and tracking problematic officer behavior; and tracking community trust. Working to embed the principles of procedural justice into public safety organizations’ interactions with communities is shown to improve trust.⁹⁶

Procedural justice principles speak to ameliorating this challenge through teaching public safety de-escalation techniques and having officers use this skill during all encounters and providing training to 911 dispatchers so that the appropriate emergency services arrive at the scene while also implementing alternative call systems.⁹⁷ Once again, these principles lend themselves to the development of curricula for public safety leaders, in an effort to build more responsive, rather than reactive systems.

Laws and Systemic Bias

One challenge in building trust and improving the relationship between BIPOC communities and public safety (and thereby public safety-led overdose prevention efforts) is existing laws. The overrepresentation of Black persons incarcerated for drug possession and drug-related offenses is a reflection of the nation’s history of responding to drug use, especially among BIPOC, with severe over criminalization instead of treatment.^{98, 99, 100, 101, 102} As such, many evidence-based harm reduction strategies not only went unadopted, they were intentionally blocked and criminalized. This response left Black communities, specifically, to suffer the effects of racialized drug policies.^{103, 104, 105, 106}

Key informants and roundtable participants discussed two types of laws and their impact on the relationship between BIPOC communities and public safety: (1) laws that criminalize drugs and de facto drug use; and (2) Good Samaritan laws. Laws that criminalize drugs include charges of possession and/or distribution of controlled substances, and harm reduction key informants noted that the fundamental problem with the legal response to substance use is that drugs are illicit substances.



The second type of laws that were discussed at length by key informants and roundtable participants were Good Samaritan laws. These laws offer certain protections to people who call emergency services for a person experiencing an overdose. Good Samaritan laws vary from state to state making it difficult to generalize exactly what protections a person who calls emergency services should be guaranteed, and how this is interpreted by law enforcement and PWUD while responding to an overdose.

Most public safety/law enforcement key informants and roundtable participants believed that public safety officers generally knew about the Good Samaritan laws in their area and felt as though they were effective. The BIPOC-serving harm reduction key informants and roundtable participants were supportive of Good Samaritan laws; however, they also mentioned some challenges with them.

Other difficulties that BIPOC-serving harm reduction key informants and roundtable participants pointed out regarding Good Samaritan laws were related to which offenses the laws provided immunity from. Several key informants and roundtable participants discussed how these laws do not necessarily protect individuals who have warrants, child protective services cases, or are in possession of stolen property or other criminal legal system involvement such as probation and/or parole, which is a barrier to people calling 911 in the event of an overdose. The other challenge key informants and roundtable participants raised about Good Samaritan laws is that many of them do not protect against drug-induced homicide charges.

BIPOC-serving harm reduction key informants and roundtable participants mentioned that while they try to convince clients to call 911 during an overdose, they also teach them ways to make it less likely that someone is arrested and what phrases can trigger a police officer being dispatched instead of just EMS. As one harm reduction key informant described:

“In the event of an overdose, they tell participants to use Narcan on the person, then call 911 and tell them that the person isn’t breathing, rather than reporting an overdose, because that phrase is more likely to cause dispatchers to send EMS rather than police ... they also advise people to have other people leave the scene and ensure that anyone with warrants isn’t present in the camp when emergency services arrive.”

Despite these challenges, Good Samaritan laws do increase 911 call volumes and emergency department visits for overdoses.^{107, 108, 109} The data are echoed by the law enforcement key informants who noted increases in call volumes in their jurisdictions after passage of the laws. Although there are limitations to the effectiveness of Good Samaritan laws, there is agreement that they are a step in the right direction.

“What’s different about substance use disorder is that yes, symptomatically it looks different. But the behavior is cloaked in something that our society deems illegal. So, as much as we humanize, as much as we have people come and tell the recovery stories and explain social determinants of health and poverty and all of these things, as long as substances are still criminalized – not necessarily made legal, but until there is a decriminalization, policy-wise, around substances, this move towards normalizing language, humanizing, the disease concept, the brain disorders, is always going to be tugged not only by law enforcement but by the general public.”

– Harm Reduction Roundtable Participant

“We also have the Good Samaritan cards but it’s still because of the lack of training or acceptance that our systems of law enforcement, some will, you know, abide by it and some won’t. So then you lose the trust of the individuals to even want to even utilize that as a reference to help another person, they’d rather let them die than to call and go to jail, because here they have been taken to jail from time to time.”

– Harm Reduction Roundtable Participant



Implicit Bias

Implicit biases are “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner,” as compared to explicit biases of which an individual is aware.¹¹⁰ Implicit biases among people working in a multitude of systems, including health care and public safety, have resulted in disproportionate harms among BIPOC.^{111, 112, 113, 114, 115, 116, 117, 118, 119}

While implicit bias training has recently become more commonplace and integrated into workplace diversity trainings, including those of public safety, evidence of direct linkages to successful outcomes is limited.^{120, 121} Further complicating the implementation of implicit bias trainings is that biases are “easier done than undone” and are not stable.¹²² Research and evaluation of public safety bias training programs is extremely limited, although some evidence suggests that there may be a “dosing problem” with many interventions; in other words, a one-hour training once per year will not produce changes in biases and attitudes.¹²³

The use of implicit bias trainings has become more popular in recent years as continued police encounters with Black persons have led to death by law enforcement. Despite increases in public safety knowledge about bias, studies have shown that bias trainings do not in fact change outcomes related to arrest and engagement (such as stops, searches and arrests with law enforcement).¹²⁴ When implicit bias and cultural sensitivity trainings are offered as a smaller add-on educational component to police training, there is significant evidence contradicting their efficacy. Studies show that a focus on implicit bias to reduce implicit bias did not alter behavior.¹²⁵ For example, findings from a metaanalysis suggest that “changes in implicit measures are possible, but those changes do not necessarily translate into changes in explicit measures or behavior.”¹²⁶ Additional studies show that policing practices are far more complicated and influenced by a multitude of factors making singular implicit bias trainings, even when well designed and delivered to fidelity across whole departments and well received by public safety partners, mismatched to the many potential root causes that lead to disparities in enforcement.¹²⁷

The key informants and roundtable participants discussed the difficulty of implementing implicit bias training without reinforcing the existing biases. Humanizing PWUD to public safety was another theme that was mentioned often during the interviews and roundtable discussions.

Interestingly, there were two distinct sentiments about implicit biases among public safety officers; regardless, both ultimately converged on the view that implicit biases are fortified by institutional and systemic racism. The difference between the two sentiments are expressed by the following comments:

“What I want people to know is, is where we target police because they have the authority to detain and arrest. The real truth about it is, is implicit bias and racism and prejudice, exists throughout society everywhere.”

“Brings us to, you know, these last disparities in the way the opioid epidemic versus like the crack epidemic, right? Which then brings us back to this layer of systemic and institutional racism, and you know, a lack of cultural or humility or competence or to be crass, not even cultural competence or humility. Just like, there are large groups of law enforcement and people in general in our world that are racist. Period. Hard stop.”

These two comments show how there was one group of participants who were more sympathetic to public safety — seeing them as a product of the systemic racial divides that are present in this country — and a second group who were less sympathetic to public safety — establishing public safety as an inherently racist entity. Public safety experts were more likely to fall into the former category and harm reduction experts into the latter category, although there was some crossover in perspectives. Both, however,



“If you really think about everything we’re talking about, it’s really addressing systemic and institutional racism... But it starts with deconstructing this oppressive racist perspective that’s almost inhumane of individuals who suffer from SUDs and are most marginalized in disinvested communities.”

– Harm Reduction Roundtable Participant



lead to the placement of public safety within a biased societal system that provides little institutional support for addressing bias as a root cause to affect behavior change, and the research further supports this. Implicit biases are a fundamental problem when considering interactions between public safety officers, BIPOC communities, and PWUD.

Based on significant limitation around implicit bias, and a belief that recovery from substance use is possible, there is significant opportunity for exploring a recovery-oriented focus in training instead of a bias-reduction focused approach to training.¹²⁸ A recovery-oriented approach, while requiring significant knowledge, skills, and behavior change by public safety, also engages PWUD in active participation, versus implicit bias training which is more internally focused solely on public safety officers. Through the development of an active relational training that includes both the public safety officer and the recipient of intervention, the potential to prevent overdose are enhanced through engagement, reinforcement, mutuality, and respect. Recovery-oriented training could bolster the strength-based attitudes and address the stigma that public safety officers hold against people who use opioids, while strengthening the belief that people who use opioids can recover from their condition.¹²⁹

3. EFFECTIVE PARTNERSHIPS WITH BIPOC COMMUNITIES – AND WITH OTHER AGENCIES – ARE ESSENTIAL.

The success of any community-based initiative is dependent upon meaningful engagement with key stakeholders that facilitates ownership of goals and outcomes. Engagement goes beyond asking stakeholders to buy into a fully formed program or idea and instead focuses on forming partnerships in the program development phase. As previously noted, each community has unique needs, challenges and strengths, and thus each community initiative will be designed with that unique set of characteristics in mind. Key stakeholders (Figure 2) know their community and audience better than anyone, so their input and involvement is critical to the implementation and sustainability of the initiative.

Figure 2. Potential Community Partners:

- Harm reduction experts
- Public health departments
- State government leaders
- Neighborhood watch and other neighborhood associations
- Faith-based leaders
- Mental health organizations
- Substance use organizations
- PWUD
- EMT
- Hospitals
- Universities

Partnering with BIPOC Communities

During the roundtable discussions, nothing came through more clearly than the importance of BIPOC-communities leading any initiative to improve interactions with public safety officials. It was clearly stated that it is most important to ask the community what they need rather than dictating policy and programming from the top down. It is vital to develop effective partnerships with BIPOC communities and BIPOC community-serving organizations.

“It’s really important for us to have a multitude of contacts in [a] community and to build a relationship and a network there of people that are from the community, have lived there most of their life, you know. Have responsibilities or roles in the community, and who can really sort of open the doors for us, to tell us what’s the dynamic here. Who are the players? Where is you know, the biggest coping corner? Where is, what businesses do people use most frequently? What pharmacies are they going to, stuff like that.”



For any training and education efforts to be effective, community members must be engaged to identify what is needed in their communities to improve prevent overdose. Since each community is different and has different needs, a training program should be tailored to its unique local needs and opportunities. This is particularly true in areas where public safety officers do not necessarily live in the communities they serve. One key informant discussed the challenges of opening a syringe services program in an area where almost no one on the police force lives in the community they serve. The key informant noted that it is a particularly complex situation because the area is under-resourced and trust in public safety has been eroded by a long history of police violation. The community has no structures that facilitate communication between the community and police. To prevent the further degradation of trust, it is vital that any intervention is community-directed and that the community has a seat at the table when discussing public safety-led efforts.

Identifying Champions and Messengers

Several key informants and roundtable participants mentioned the importance of finding the “right” champions, both internally to the police department and externally among the broader community. Within the police department, first-line supervisors have a critical impact on officer thoughts and behaviors. Not only are champions necessary to help lead the overall initiative, but additional messengers are essential. Recruiting the right people to do the trainings is more important than the vehicles or trainings being used.

When it comes to the public safety audience, the champions and messengers must be trusted and respected leaders in public safety. These individuals have the unique skill set to envision the broader program goals and communicate what it means to realistically implement it in the day-to-day work within the community.

Additionally, it is important for public safety to identify champions who can help strengthen community partnerships. One key informant shared that a state representative in their jurisdiction assigned an individual from their office to help convene community meetings that brought together professionals, decision-makers and city council members, public safety representatives, the public safety council, and individuals who organized neighborhood watch activities and PWUD.

The participant described the state representative as extremely community oriented and very well respected, two characteristics that make for an effective champion. In terms of messenger characteristics in community outreach, one participant described that it is important for them to speak the audience’s language, and ideally, have similar lived experiences and to look like them.

Identifying champions and messengers in the broader community goes together with community partnership building. The only way to identify the “right” community champions and messengers is to create genuine relationships with partner organizations and community members.



“It was a different conversation once we brought the people from the community into the room and said, ‘these are your neighbors.’ You see these people all the time. But maybe you don’t know their story, you know? And once people started talking about their unmet needs, it just became, like everybody just dropped any opposition that they had, and was like, ‘we should have done this 10 years ago.’”

- Harm Reduction Key Informant



Linking to Services

Public safety key informants and roundtable participants discussed how it is often hard to find treatment resources when they are needed. Some indicated that it is possible to build programs that seamlessly link PWUD to care, although these programs tend to be resource intensive. One key informant expressed the challenge for public safety in working with treatment centers quite well, saying that treatment resources must “be there when public safety is there,” which is 24/7.

To that end, there is a need for more flexible and available treatment options for PWUD. Often the only choices for police officers are to arrest a person or send them to the emergency room, neither of which are often the ideal outcome. Identifying resources and referral linkages to support public safety officials link PWUD to care is always an area ripe for development and a critical necessity in almost all communities. Facilitating partnerships between BIPOC-serving harm reduction organizations, Certified Community Behavioral Health Clinics (CCBHCs) and other mental health organizations can provide a network for public safety officers to draw upon when they encounter a person in need of SUD services.

Incorporating community voice is essential to successful overdose prevention efforts. Minority populations are exposed to higher rates of trauma and are less likely to receive adequate mental health services due to barriers such as limited insurance coverage, logistical barriers, and linguistic and cultural differences, as well as a lack of culturally informed treatment organizations.¹³⁰ Community engagement from initial programmatic planning can be an important step in recognizing the intersection of trauma and health outcomes and the many pathways to health and wellness for BIPOC.

4. PUBLIC SAFETY PERSONNEL NEED ADDITIONAL TRAINING IN KEY TOPIC AREAS.

Public safety personnel must have the requisite knowledge and skills to effectively respond to overdose – and other substance use challenges – to have more effective encounters with PWUD, and ultimately to save lives. Existing overdose response programs, such as LEAD, CIT, DART, and QRT provide initiative-specific training to assigned public safety officers, partner them with mental health professionals, and give them the tools to help people in crisis.^{131, 132}

Because not every overdose encounter will be with a specialized public safety team, rank-and-file law enforcement officers need training beyond that received in their academies to prepare them to effectively offer basic assistance, such as Mental Health First Aid (MHFA), a program designed to train public safety officers to recognize a mental health or substance use crisis.^{133, 134} Examples of topics are summarized in Table 5. These trainings can help decrease stigma and increase empathy for people in crisis and may help public safety also cope with their own stressors from job-related trauma.



Topics	Objectives	Why Useful for Public Safety Rank and File
SUBSTANCE USE DISORDERS AND THEIR TREATMENT		
Science of addiction	<ul style="list-style-type: none"> Define drug addiction and other substance use disorders. Examine reasons why people become addicted to various substances or behaviors. Recognize the neurobiological factors that underlie addiction and the risk of fatal overdose. Discuss how those factors impact intervention, treatment, and recovery. 	<p>Addiction is a brain condition that, much like other chronic health conditions, can be successfully treated and managed. This training explores the brain science behind addiction to raise awareness and decrease stigma among frontline workers. This helps public safety officers (PSOs) to “know the epidemic” – that is, to understand how risk of overdose is driven by a multitude of factors and requires a multiplicity of responses – including from public safety.</p>
Treatment services and modalities	<ul style="list-style-type: none"> Describe screening and intervention strategies for individuals with substance use disorders. Identify the clinical, psychotherapeutic, and social treatments in various contexts for SUDs addictive behavior. Interpret how effective SUD treatment serves as a public safety strategy. 	<p>The aim of overdose response programs is to save lives and prevent recurrent overdoses. This means that individual need access to treatment to when they are ready to engage. Public safety programs play an important role in creating pathways to treatment and recovery – and PSOs need to have a basic understanding of what they are.</p>
Medication-assisted treatment	<ul style="list-style-type: none"> Define medication-assisted treatment (MAT). Describe the main types of medication used in the treatment of alcohol and opioid use disorder. Identify agency protocols for connecting individuals to MAT resources in the community. 	<p>As noted by the CDC, MAT is a proven pharmacological treatment for opioid use disorder, effective at reducing use and helping people to lead normal lives. (MAT is also available to treat alcohol use disorders, and is being researched for stimulant use disorders.^{135, 136}) Increasing public safety officers’ understanding of MAT as an effective treatment option bolsters the shift toward seeing addiction as a medical / public health concern.</p>
RECOVERY BASICS		
Many pathways: The science of recovery	<ul style="list-style-type: none"> Recognize the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of recovery. Recall the stage of change model that underlies the process of behavior change. Recognize the stages of recovery model that explains how recovery evolves over time. Explain how overdose prevention programs address public safety goals and support a life in recovery. Describe how overdose prevention programs assist individuals in their recovery process. 	<p>For many individuals, completing clinical SUD treatment – including MAT – is an important step on the path to a life in recovery. It is, however, important for public safety officers to understand that there are many tasks before, during, and after treatment that lead to sustained recovery. Understanding the science of recovery can help PSOs “meet people where they are,” set reasonable expectations for post-overdose encounters – and also hold the view that recovery is the expectation.</p>

continue →



Language of recovery	<ul style="list-style-type: none"> Review the history and context of changing language around SUD. Examine the evidence demonstrating the impact of stigmatizing language on the provision, quality, and allocation of resources for SUD care. Identify strategies to incorporate recovery-promoting, person-first language in overdose response conversations. 	<p>Research indicates that the language we use about addiction and people who use drugs can increase stigma, which already acts as a major barrier to accessing care; can negatively influence the care received; and can influence recovery outcomes³⁷. It stands to reason that it can also impact the effectiveness of overdose prevention efforts. Language training can provide skills for positive, judgment-free encounters³⁸ with public safety personnel.</p>
Stories of Recovery	<ul style="list-style-type: none"> Describe stories of individuals in recovery whose lives were changed by overdose response programs. Examine how life in recovery stories compare with other narratives of addiction and recovery in communities. 	<p>Often, public safety personnel see the impact of addiction but do not hear the stories of recovery. Providing examples of individuals in sustained recovery – especially those who have benefited from overdose response programs – can demonstrate that recovery is possible, and that public safety-led programs can make a difference.</p>
TOOLS FOR PUBLIC SAFETY ENCOUNTERS		
Administering naloxone	<ul style="list-style-type: none"> Identify an opioid overdose and check for response. Explain proper administration of type of naloxone used by agency. Describe how to protect self and partners from accidental exposure. Discuss legal considerations, including naloxone authorization and applicable Good Samaritan laws or policy provisions covering overdose victims and bystanders. 	<p>Non-paramedic first responders are typically the first, and sometimes the only, source of pre-hospital emergency care. Training them on standard operating procedures for the administration of naloxone as medically indicated is a core strategy to improve overdose response in BIPOC communities.</p>
Using rapid fentanyl test strips	<ul style="list-style-type: none"> Explain how fentanyl test strip testing is done and how to read results. Demonstrate how to accurately communicate what results mean. 	<p>Fentanyl test strips are used to determine if illicit drugs have been cut with fentanyl. Training PSOs on standard operating procedures for testing assists people who use drugs to take steps to reduce their risk of overdose.</p>
Mental Health First Aid	<ul style="list-style-type: none"> Explain and use the steps in the ALGEE action plan: <ul style="list-style-type: none"> » Assess for risk of suicide or harm. » Listen nonjudgmentally. » Give reassurance and information. » Encourage appropriate professional help. » Encourage self-help and other support strategies. 	<p>MHFA for Public Safety Training provides officers with the basic knowledge about the signs and symptoms of mental illness and substance use disorders, the skills to provide comfort to someone who is unwell, and tactics to de-escalate someone in crisis. Training PSOs can help decrease stigma and increase empathy for people who are experiencing mental health or substance use challenges.</p>

Table 5: Overdose prevention-related training for public safety personnel: Core topics

These topics could be considered primers for integrating trauma-informed and recovery-oriented approaches in overdose response encounter. Personnel that already are trained in one of the overdose response program models could benefit from advanced training on TI-ROSC approaches (summarized in Table 6) to more effectively service BIPOC communities. (See next section for more discussion of TI-ROSC approaches to overdose prevention.)



Topics	Objectives	Why Useful for Public Safety OD Response Teams
TRAUMA-INFORMED (TI) APPROACHES TO OVERDOSE PREVENTION (OD)		
Introduction to TI approaches	<ul style="list-style-type: none"> Define trauma. Recognize the intersection of trauma with health and social problems for which people seek services and treatment. Explain the impact of trauma across the lifespan and transgenerational trauma. Explore how to public safety personnel and organizations can support a person who has experienced trauma. 	Training PSOs on trauma can increase knowledge and awareness of the higher rates of trauma to which BIPOC communities are exposed, the impact of disproportionate policing of BIPOC, and how both effect overdose prevention efforts.
Implementing TI approaches	<ul style="list-style-type: none"> Define key principles of a trauma-informed approach: Safety; Trustworthiness & Transparency; Collaboration & Mutuality; Empowerment & Choice; Cultural, Historical and Gender Issues; and Peer Support. List specific examples of TI language and behaviors that can be used during overdose response. Apply the six principles in overdose prevention planning and implementation. 	OD response teams that implement trauma-informed approaches will increase their capacity to promote recovery and resilience, and avoid re-traumatization of individuals they encounter.
RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC) AND THEIR CONNECTION TO OVERDOSE/OD PREVENTION		
Integrating ROSC principles in overdose prevention efforts	<ul style="list-style-type: none"> Define key principles of a ROSC: Person-centered; Strengths-based; Culturally responsive; Integrated services and continuity of care; Anchored in community; Peer support. Identify how the principles could be applied in overdose prevention efforts and describe how. Apply the ROSC principles in overdose prevention planning and implementation. 	This training would provide PSOs a conceptual framework that emphasizes a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.

Table 6. Supplemental training and tools to enhance public safety-led overdose response efforts



Training Approaches

An intentional approach to training is necessary for successful public safety-led overdose prevention efforts specifically tailored for BIPOC communities. Training for public safety personnel to respond appropriately to PWUD in crisis can take many forms. Working within the existing training mechanisms or training programs are effective opportunities for broad dissemination. Key informants and roundtable participants provided several suggestions on approaches to training, such as:

- Ensuring training is time efficient as officers will only have a few hours to devote to it.
- Framing training around occupational safety and what matters to officers, which is returning safely after their shift.
- Providing vignettes featuring people talking about their experiences with police and their experiences of being present at an overdose.
- Communicating realistic expectations by explaining that these trainings will not solve all the community's problems; rather it is a pathway to continue to offer help to PWUD.

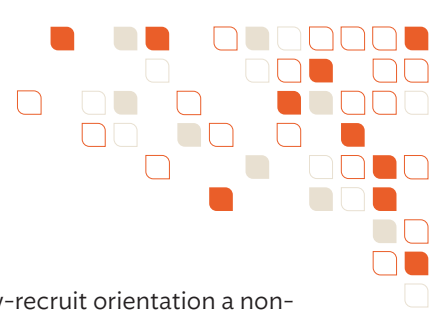
Key informants and roundtable participants shared thoughts on the types of trainings that currently exist for public safety officers and ways in which opioid response training may be effective or experience challenges, particularly as it relates to BIPOC communities. Three types of existing training formats were detailed:

- **Academy:** This is the formal training law enforcement receives prior to entering the workforce. It is often run by the state and gives officers a standardized curriculum, while the other trainings will vary by department. Unfortunately, getting content on the academy curriculum is not easy and takes time. Further complicating the matter is that the curriculum is largely dictated by the legislature and what the police chiefs are demanding, leaving little time for other content. Additional considerations include reinforcing content with veteran officers in the field who might not have received the same training. Key informants and roundtable participants thought it was unlikely that training specifically related to the BIPOC community had been included in the curriculum because it is slow to change.
- **Roll call:** This is training (including instructional videos) that is repeated routinely in 5 – 10-minute increments. For this format, it is important to have first-line supervisors engaged and championing opioid response training because they are respected messengers instructing officers how to practically respond on the job.
- **Local training centers:** Some larger jurisdictions have dedicated training centers that offer training opportunities beyond what officers receive in the academy.

It is difficult to effect lasting change among rank-and-file public safety officers when “in the field.” Once new-recruit police officers are assigned to their zone, the training they received is often challenged by officers who have been on the job longer. This was an observation made by both harm reduction and public safety participants with one key informant saying:

“The culture of the zones can vary a lot.... There’s some zones that are very traditional, and very much like fraternities basically. And then there’s zones [where] they spend [very] little time in the actual building and they’re always out and about. They’re always at community events. So, it’s the cultural tradition in the zone can really impact their ability to apply the training.”





Overall, this also makes placement of training modules and curriculum for public safety during new-recruit orientation a non-sustainable solution, as the lesson learned might immediately be challenged as unrealistic in field implementation by veteran officers untrained in the content. Often mental health and CIT training modules are placed as one-and-done trainings during orientation. Intentional placement across multiple training points-in-time with various new and veteran public safety officers may be necessary.

Opportunity still exists for public safety to examine their role as change agents and potentially as leaders in change management around overdose response in BIPOC communities. Developing training content around the role of public safety as a critical leader in the overdose crisis with the power to have transformational effects may seek to promote the value of the power the public safety officers have in shaping positive outcomes, help decrease the orientation toward training as only a personal behavior change mechanism, and provide public safety officers with a roadmap of how they can lead their own internal organizational transformational change.

5. TRAUMA IS ENDEMIC IN BIPOC COMMUNITIES, AND THEREFORE TI-ROSC APPROACHES MAY NEED TO BE INCORPORATED.

Due to systemic racism and disproportionate policing of BIPOC individuals, BIPOC communities bear the scars of historical trauma. This trauma, and a resulting lack of trust in the public safety system, necessitates the use of TI-ROSC approaches to address overdose prevention and recovery in BIPOC communities.

Trauma-Informed Approaches

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual's psychological development or wellbeing, often involving a physiological, social, and/or spiritual impact. Intergenerational (historical) trauma is a multigenerational trauma experienced by a specific cultural, racial, or ethnic group.¹³⁹ It is related to major events that oppressed a particular group of people such as genocides, slavery, forced relocation, discrimination/systemic prejudice, and prohibition/destruction of cultural practices.

Even as progress is made on the decriminalization of drugs, there is a long legacy of harm that casts a shadow over the relationship between BIPOC communities and public safety. In addition to cannabis, participants referenced the impact of the laws that imprisoned so many people who use/used crack cocaine and how the opioid epidemic has been treated differently from the crack epidemic owing to its disproportionate impact on white communities. Key informants and roundtable participants stated that the crack epidemic was treated largely as a criminal legal problem, while the opioid epidemic has been treated as more of a medical problem. This distinction was no coincidence, given that the criminal justice response to the crack epidemic disproportionately affected Black communities. Many key informants and roundtable participants expressed that healing must occur at the community and individual level.

“There’s a lot of trauma, and I think that ... there needs to be a space for people to be heard and believed, not necessarily fixed.”



“We must deal with the trauma that officers go through in their jobs if we’re going to say that we are partners to them as they deal with people who have all sorts of challenges, and this is about overdose: We must support public safety officers who are seeing these things day in day out along with everything else they’re seeing, and saying ‘Hey, support the people you work with, okay now we’re not going to think about the people, the public safety people that were asked to do this.’”

– Public Safety Roundtable Participant



Taking a trauma-informed approach when developing overdose prevention efforts is critical to making inroads within BIPOC communities. This entails applying the six trauma-informed approach principles – safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historical and gender issues¹⁴⁰ – to public safety.

Additionally, public safety officers are also impacted by trauma, vicarious or otherwise, that may impact their response to certain situations and cause burnout.

Incorporating trauma-informed approaches to public safety training will equip public safety officers with the supports and tools to cope with traumatic stress reactions.

Everyone has experienced trauma, but the historical trauma that effects BIPOC communities combined with the individual trauma that often results in increased risk for overdose makes it more important that public safety systems are trauma informed. Providing public safety officers and leaders materials and training that helps them understand how to handle a situation rooted in trauma and traumatic reactions can help prevent re-traumatization and build trust in public safety organizations.

Recovery-Oriented Systems of Care

Many socioeconomic barriers exacerbate and are associated with drug overdose in BIPOC communities. Poverty, homelessness, food insecurity, prior criminal legal system involvement, and poor education and job prospects all contribute to the prevalence of overdose in many communities.^{141, 142, 143} The social determinants of health are inextricably linked to overdose rates. Public safety training activities should address not only social determinants of health, but also root causes and systemically and institutionally racist systems.

Trainings that follow the aforementioned ROSC framework will naturally address root causes – such as historical trauma – by taking a person-centered approach that recognizes the impact of social determinants of health and does not diminish the role of culture on recovery.

Key informants and roundtable participants indicated that both BIPOC communities and public safety organizations need to be educated on recovery, what recovery looks like, how recovery is possible, and how it may look different for BIPOC. Presenting stories around recovery and successful linkages to care is a way to train and humanize PWUD. In addition, developing systems to link PWUD to care through the public safety system can help prevent overdose and lead people towards recovery.



“If we want community-based policing, we need to look at the other social determinants of health in those communities, including homelessness, food deprivation, (and) education – all of those different arenas. And to me, quite often we don’t. And that’s where we become reactive as opposed to proactive.”

– Harm Reduction Roundtable Participant



“Another one too is reducing the stigma ... people need to understand how addiction occurs and why people can’t just stop, and that’s really important. So that needs to be encompassed in training. Along with that what’s been very helpful is compassion fatigue training so that we can understand that recovery is a journey, it’s not a one stop, and everybody has the same type of recovery path. Everybody has something different.”

– Public Safety Roundtable Participant



Trauma-Informed Recovery-Oriented Systems of Care

Providing resources to build TI-ROSC for public safety is another way to help address lack of community trust in public safety systems. Key informants and roundtable participants indicated that both BIPOC communities and public safety organizations need to be educated on recognizing and addressing trauma, as well as recovery, what recovery looks like, and how recovery is possible.

By adapting TI-ROSC principles, public safety organizations will also:

- Recognize the widespread impact of trauma, understand trauma’s connection to addiction, and;
- Understand potential pathways to recovery; recognize the signs and symptoms of trauma in clients, families, public safety officers and others involved with the system and;
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices and seek to actively resist re-traumatization.

A public safety system inspired by TI-ROSC principles would reflect a coordinated network of public safety and community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for BIPOC communities.



“But even when you talk about recovery and what a pathway to recovery is, those terms in the BIPOC community are not always easily transferrable.”

– Harm Reduction Roundtable Participant

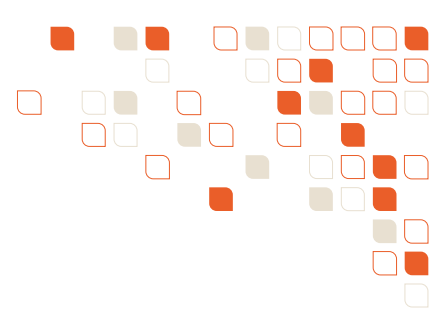


“And that’s where we go back to institutional racism. Generational trauma. You know, this deep disconnect between law enforcement and people in general, let alone the BIPOC community, right? Or other marginalized folks.”

– Harm Reduction Roundtable Participant

Limitations

The literature review, key informant interviews, and roundtables provided a diverse range of information, resources, and perspectives related to the public safety programs to reduce overdose among BIPOC communities. Despite capturing a breadth of topics related to overdose prevention and considerations for public safety when working with BIPOC communities, this scan did not include the voices of PWUD, and only included a relatively small cross-section of participants from harm reduction and public safety sectors. Lastly, limited literature was found overall on the intersection of policing and overdose prevention in BIPOC communities, highlighting the importance of future work that draws these connections to advance community interventions.



Conclusion

Overdose deaths in BIPOC communities continue to increase, and a comprehensive public health approach to address the issue must include public safety's engagement and training around addressing overdose. To connect with the BIPOC community and BIPOC-serving harm reduction organizations in the most meaningful way, public safety must first acknowledge the longstanding collective trauma and begin to repair the relational damage caused most meaningfully by institutional racism. Although there are numerous barriers to this work, there are also promising practices, trainings, and initiatives that could help to equip public safety in taking these necessary steps.

The findings from the literature review, key informant interviews, and roundtables outlined in this environmental scan are broad and highlight the following themes:

- Without community trust and partnerships in place, it is nearly impossible to identify the right champions for engagement or address the needs of PWUD across the care continuum, including referring individuals to partner agencies for services. In discussing with participants, it was clear that the broader the reach and the more stakeholders involved, the more effective public safety could be in doing their part.
- Despite the importance of partnerships, there are several things preventing effective and authentic community relationships when working with the BIPOC community. From institutionalized racism and implicit bias to valid reasons for distrusting public safety, to a disconnect in the language used among the two groups, there is much work to do in bridging this divide. For this reason, it is critical that public safety acknowledge and work to address the unique needs of BIPOC.
- There are already public safety-led overdose prevention efforts across the country. The next step is expanding existing, effective programs widely and investing in tailored approaches to reach BIPOC communities, as well as in novel programs that are designed specifically for BIPOC communities. Initiatives that maximize the availability of existing training modalities and opportunities may be most effective.
- Future initiatives should focus on building public safety capacity and expertise in community relationship and coalition building, with an eye towards implementing interventions that are designed specifically for the BIPOC community. Once these initiatives exist, it is critical to research their efficacy so that the field can begin to adopt evidence-based practices.

Although some public safety agencies have implemented overdose prevention efforts, few take into consideration the unique needs of BIPOC communities, and even fewer are trained on engaging with BIPOC communities around substance use and overdose prevention. Despite a lack of BIPOC-specific interventions, a public safety system built upon TI-ROSC principles can help address the educational and training needs of public safety officers working to prevent overdose among communities of color.



Appendix A. Semi-Structured Subject Matter Experts Interview Guide

INTERVIEW QUESTIONS FOR PUBLIC SAFETY SUBJECT MATTER EXPERTS	
Overarching Topic of Questions	Specific Interview Questions
Public Safety’s Role in the Community	1. What is your current role in public safety and how long have you served in this role?
	2. In your current role, how long have you served your current community?
	3. Describe the community you currently serve and your experience with providing services to prevent drug overdose.
	4. What overdose prevention services exist in the community? How receptive, overall, has the community been to receive or participate in these services.
	5. Could you describe the drug overdose prevention efforts specific to Black, Indigenous, and People of Color (BIPOC) communities within your service community, if any at all?
	6. How involved are you with preventing overdose among the BIPOC in your community?
	7. Are BIPOC populations more receptive, less receptive, or about the same in terms of participating in available services?
	8. In serving BIPOC, what are some barriers you have observed generally, for example in engaging with or building relationships within these communities? What barriers, if any, have you observed related to providing overdose prevention and response services?
	9. In the community you serve, how has your organization been effective at engaging the BIPOC community in overdose prevention? Any efforts that could be improved?
	10. What’s your perception about the community’s willingness to call first responders during an overdose? Does your state have Good Samaritan laws?
	11. Describe any partnerships your organization has with BIPOC-serving organizations.
	12. Does your organization have any coordinated overdose response programs in place (e.g. pre-arrest diversion, public safety-led post-overdose outreach, or quick response teams)? If so, who are the primary partners?
Available Resources to Prevent Overdose in BIPOC Communities	1. Does public safety in your community have any data sharing agreements with the health department or other health/behavioral health organizations?
	2. What harm reduction services are available in your region? Harm reduction services include syringe services programs, naloxone distribution, agonist medication for opioid use disorder, etc.



Available Resources to Prevent Overdose in BIPOC Communities	<p>3. What types of training or education materials have been successful in improving public safety’s knowledge of and ability to respond to overdoses? Are any specific to working with communities of color?</p>
	<p>4. Who are the most effective people to provide information or education related to overdose response strategies to public safety officials, particularly in communities of color?</p>
	<p>5. What types of training or education formats are most effective to increase public safety’s knowledge on overdose response? For example, recorded web-based training, peer-to-peer training, in-person training, roll call videos, written briefs, etc.</p>
	<p>6. What is the best way to communicate educational content about overdose in the BIPOC community to public safety organizations? BIPOC communities? Examples of communication tools may include seminars/webinars, written materials, “pocket guides,” and posters.</p>
Protocols and Procedures for Preventing Overdose among BIPOC Communities	<p>1. What types of strategies have helped build partnerships between public safety and harm reduction organizations? What barriers, if any, have you experienced when building partnerships between public health and harm reduction organizations?</p>
	<p>2. How do the procedures for responding to an overdose differ from responding to other calls? Does responding to an overdose bring up any specific feelings?</p>
	<p>3. What role do you think policing discretion plays in preventing and responding to overdoses? How, if at all, should opioid overdose prevention and response differ in BIPOC communities?</p>
	<p>4. What would you like harm reduction organizations that serve BIPOC to know about your agency’s role in preventing and responding to overdoses? What would you like the general community to know about your agency’s role in preventing and responding to overdoses among BIPOC?</p>
	<p>5. Anything else you would like to share with us?</p>

INTERVIEW QUESTIONS FOR HARM REDUCTION SUBJECT MATTER EXPERTS

Overarching Topic of Questions	Specific Interview Questions
Harm Reduction Organizations’ Role in the Community	<p>1. Can you let us know your role and how long have you been serving as such?</p>
	<p>2. How long have you been serving your community given your current role?</p>
	<p>3. How receptive is your community to overdose prevention efforts?</p>
	<p>4. Describe your role in preventing overdose among the Black, Indigenous, and People of Color (BIPOC) Community.</p>
	<p>5. What are some barriers your organization experiences when engaging with BIPOC communities around overdose prevention? Barriers to engaging with public safety?</p>
	<p>6. What’s your perception about the community’s willingness to call first responders during an overdose event? Does your state have Good Samaritan laws?</p>



Harm Reduction Organizations' Role in the Community	<p>7. In your community, what are some specific ways in which harm reduction services have been especially effective at engaging the BIPOC community in overdose prevention? Any strategies/efforts that could be particularly ineffective?</p>
	<p>8. What types of unique challenges do BIPOC communities who use drugs face related to public safety overdose response?</p>
	<p>9. How would you describe your relationship and your clients' relationships with public safety in your community related to overdose response efforts?</p>
Protocols and Procedures for Preventing Overdose among BIPOC Communities	<p>1. Describe any partnerships your organization has with public safety entities.</p>
	<p>2. Does your organization have a coordinated overdose response program in place with public safety partners, such as pre-arrest diversion, public safety-led post-overdose, or quick response teams? If so, who are the primary partners? What factors made these partnerships successful or unsuccessful?</p>
	<p>3. What harm reduction services are available in your region?</p>
	<p>4. What types of education, communication, or training materials have you found helpful to develop partnerships with public safety? What types of education, communication, or training materials have you found helpful to educate public safety on harm reduction and overdose response?</p>
	<p>5. Among harm reduction clients from BIPOC communities, what is the perception of public safety overdose response programs, such as pre-arrest diversion, police-led post-overdose and others? How does perception vary across specific populations within BIPOC communities, if at all?</p>
Procedures for Preventing Overdose among BIPOC Communities	<p>1. How does your organization communicate risk to BIPOC communities related to harms, such as potential fentanyl exposure due to fentanyl laced heroin and/or cocaine?</p>
	<p>2. Currently, what are the greatest needs related to effective overdose response among BIPOC communities in the area you serve?</p>
	<p>3. If you could design a public safety led program to reach BIPOC people who use drugs, what would some key components be?</p>
	<p>4. If there was one thing that you could tell/teach public safety organizations about opioid use, what would it be?</p>
	<p>5. What is the best way to communicate content about overdose in the BIPOC community to public safety organizations? BIPOC communities?</p>
	<p>6. Anything else you would like to share with us?</p>



Appendix B. Roundtable Facilitator's Guide

The below questions will be used to loosely “frame” and guide the roundtable, however this will be an open dialogue among public safety and BIPOC-serving harm reduction organizational representatives. It will be grounded in a combination of approaches that will allow for robust discussion with the below questions guiding the conversation.

The following inquiry approaches have been used to inform these questions and the development of the roundtable methodology to bring together the confluence of science, policy, and practice to inform the development of larger communications/training materials:

- A strength, opportunities, aspirations, and results approach rooted in appreciative inquiry to identify current field-identified strengths and opportunities (owing to a lack of research in formal literature and implementation science), shared aspirations (of public safety and BIPOC-serving harm reduction groups), and results.
- A head, heart, and hands transformational education model.
- Framework Institutes Strategic Guide on Talking About Addiction and explanatory chain methodologies.

KNOWLEDGE AND SKILLS THROUGH COMMUNICATION

1. What are some aspects of the current tools that public safety officials are using to prevent opioid overdose that are particularly effective/ineffective? By tools, we mean products that convey information such as trainings, job aids, protocols, etc.
 - » Overall, what makes the implementation of these tools successful/unsuccessful?
 - » Do you believe these tools are being implemented successfully in BIPOC communities? Why or why not?
 - » What, if anything, is missing from existing tools that would make them more successful in preventing opioid overdose in BIPOC communities?
 - » What are the best ways/methodologies (methodologies: the means or mode through which knowledge is gained and choices are impacted, e.g., training types, types of tools, etc.) to provide tools to public safety officials on addressing overdoses in BIPOC communities?
 - From a public safety perspective? From a BIPOC-serving harm reduction perspective?
 - Consider any existing public safety tools/trainings to address opioid overdoses. What changes in knowledge, attitudes, abilities/behaviors have you observed following these trainings?
 - Are the observed changes sustained when working with BIPOC communities?
 - How can we measure the impact and success of these tools/trainings?



2. As new tools are developed to better support public safety partners in addressing the needs of BIPOC communities to prevent overdoses, what do you think is most needed?
 - » Topics that need to be most addressed to impact knowledge, skills, attitudes (KSA)/behaviors?
 - Best methods of delivery (*reiterate questions from above as needed with newly identified topics.)? Probe re: challenges of previous delivery if applicable/brought up by group.
3. We are developing new tools for public safety to address opioid overdoses in BIPOC communities. Public safety partners are the end users to these tools and communication materials. Based on this:
 - » What types of information should these tools/trainings include?
 - What skills and behaviors/abilities should these tools/trainings address? Is there any additional specificity and/or content needed to support applicability to public safety serving BIPOC communities?

TRAINING AND ATTITUDES THROUGH CULTURAL ENGAGEMENT/HUMILITY

1. Think specifically about building relationships (e.g., addressing trust) between public safety and BIPOC communities. What strategies do you believe are necessary for public safety officials to employ when serving BIPOC communities?
 - » Are there any examples of meaningful/successful relationship building strategies between public safety officials and the communities they serve?
 - » If so, what are the key elements of its success/challenges?
 - Do you believe these strategies are being implemented successfully in BIPOC communities specifically?
 - Why or why not?
 - How can we measure the impact and success of this?
 - » What is missing from the current approach that might make it more successful in building trust to better prevent opioid overdose in BIPOC communities?
2. Are there specific trainings and approaches that BIPOC-serving providers think might enhance public safety approaches to serving people who use drugs (PWUD)?
 - » Is there anything BIPOC-serving organization representatives could tell a public safety partner that would shift their orientation towards PWUD?
3. How could organizations grounded in policy, practice improvement and training, like National Council, support changes in KSA/behaviors among public safety partners to prevent opioid overdoses?
 - » How can organizations grounded in policy, practice improvement, and training support public safety agencies to better partner with harm reduction organizations?



Notes

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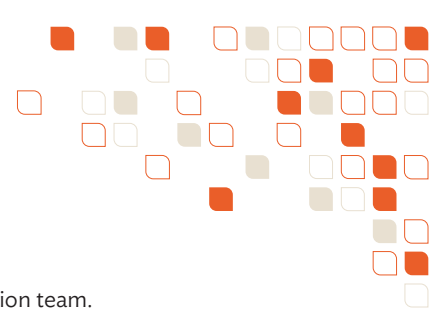
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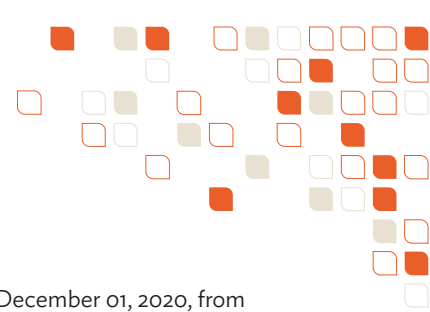
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