DEFLECTION AND PRE-ARREST DIVERSION:

Applying a Harm Reduction Approach

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NATIONAL COUNCIL *for* Mental Wellbeing

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BACKGROUND

The overarching aims of deflection and pre-arrest diversion (DPAD) programs are to reduce criminal justice system involvement and to improve outcomes among people who use drugs (PWUD) and people with substance use disorders (SUDs) by linking them to evidence-based treatment and services. DPAD programs can play a key role in preventing opioid overdose by connecting people with evidence-based services and reducing criminal justice system involvement, which increases risk of overdose. Recognizing the value of harm reduction for PWUD, as well as first responders, an increasing number of DPAD programs have adopted harm reduction principles and practices and have partnered with harm reduction organizations to improve participant, public safety and community outcomes.

WHAT IS HARM REDUCTION?

Harm reduction, in the context of substance use, refers to a set of public health strategies and principles centered on reducing the negative outcomes associated with substance use regardless of whether a person chooses to stop using substances or not. Harm reduction practices "meet people where they're at, but don't leave them there" by providing services and supports to maximize the wellbeing of PWUD and people with SUDs, including safer drug use, managed use, mutual aid, peer support services and linkage to evidence-based treatment for SUDs, including medications for opioid use disorder (MOUD).[1, 2] These strategies aim to reduce adverse outcomes associated with substance use, including overdose, infections and injection-related injuries. Harm reduction also addresses the unique experiences of PWUD that may contribute to their substance use, such as past trauma, mental illness, racism and discrimination, homelessness, loss of employment and other social inequities. By providing a continuum of services, harm reduction can help PWUD achieve holistic health and wellness.

Harm Reduction

A set of strategies that reduce adverse health and socioeconomic risks and consequences associated with drug use and reflect the needs of PWUD.[1, 2]

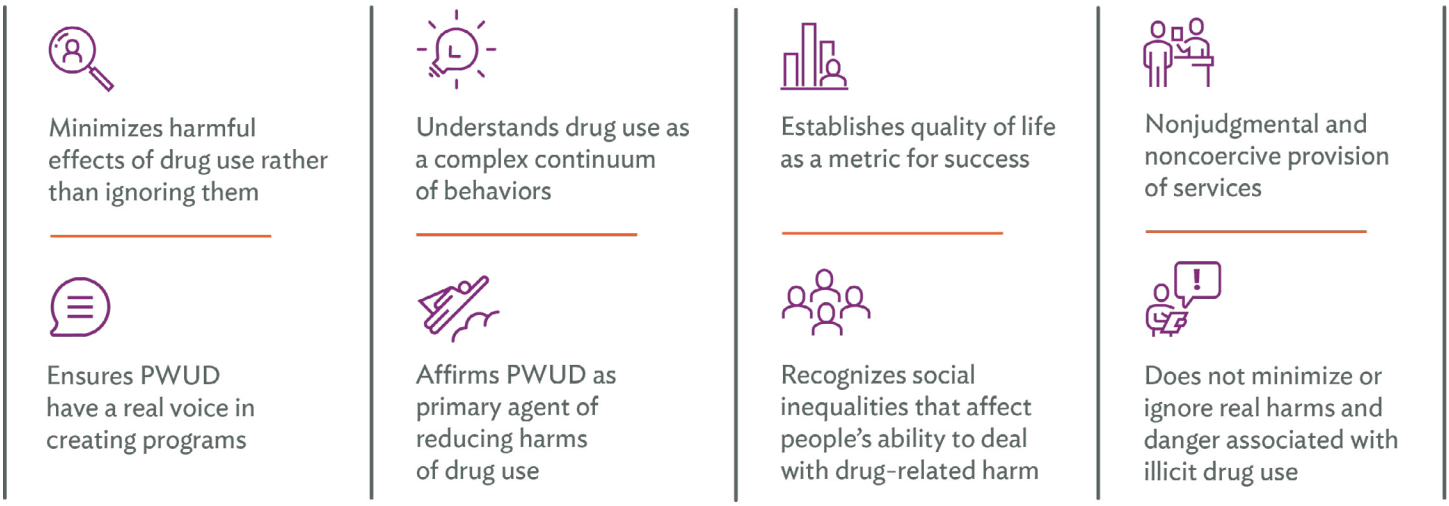
WHY IS HARM REDUCTION IMPORTANT FOR DEFLECTION AND PRE-ARREST DIVERSION?

In the context of DPAD programs, harm reduction strategies are incredibly important to prevent overdose, improve public health outcomes and increase law enforcement safety. Harm reduction strategies not only reduce rates of overdose and promote treatment-seeking behavior among PWUD, they improve community health and safety by reducing rates of HIV and hepatitis C, needlestick injuries among law enforcement and rates of crime.[3, 4, 5] Some DPAD programs have implemented harm reduction strategies directly while many have partnered with community-based harm reduction providers. Implementing DPAD programs in partnership with community-based harm reduction providers can better serve communities by linking people to appropriate care and resources. Such partnerships help ensure DPAD participants receive case management or be linked to services, including naloxone distribution and syringe services, allowing law enforcement officers to focus on other tasks.

HARM REDUCTION PRINCIPLES

The National Harm Reduction Coalition identifies eight foundational harm reduction principles centered on providing nonjudgmental and noncoercive services and recognizing the social inequalities that affect substance use and substance use-related harms (Figure 1).[6] For more information on harm reduction principles, see the **National Harm Reduction Coalition.**

Figure 1. Eight Foundational Principles Central to Harm Reduction [7]



HARM REDUCTION STRATEGIES

There are a wide range of harm reduction strategies that are effective at reducing harms associated with drug use. Examples of harm reduction strategies include, but are not limited to:

- Outreach and education.
- Overdose education and naloxone distribution (OEND).
- Overdose prevention activities, including drug checking (e.g., fentanyl test strips).
- Syringe access and services, often provided by syringe services programs (SSPs).
- Food and Drug Administration (FDA)-approved MOUD, also referred to as medication-assisted treatment or medications for addiction treatment (MAT).
- Wound care and prevention services.
- Peer support services.
- Linkages to social, economic and housing supports.
- Referrals to SUD treatment programs.[8, 9]

Additionally, many harm reduction organizations are peer-led or offer peer support services. For more information on integrating peer support workers in DPAD programs, see **Deflection and Pre-arrest Diversion: Integrating Peer Support Services.**

Three harm reduction strategies that are increasingly integrated within DPAD programs are OEND, syringe access and services and fentanyl test strips. These strategies are discussed in more detail below; however, a wide range of harm reduction strategies have been implemented within or in partnership with DPAD programs.

Overdose Education and Naloxone Distribution

Increased access to naloxone is associated with reduced rates of overdose deaths.[10, 11, 12, 13] Laws regarding naloxone vary by state; however, there are two primary ways community members can access naloxone: OEND programs and pharmacies.[14] Communities that distributed take-home naloxone kits experienced significantly lower opioid overdose mortality than those that did not.[15] Programs that offer OEND can further reduce the risk of fatal opioid overdose and increase the reach of education to include not only PWUD and their immediate communities, but also professional first responders, such as law enforcement officers, SUD treatment providers and bystanders.[16, 17, 18] Despite significant increases in access, naloxone availability in many communities, especially rural areas, remains scarce.[19]

All 50 states and the District of Columbia have enacted laws to expand access to naloxone to varying degrees.[20]

- 50 states and the District of Columbia allow naloxone to be prescribed to third parties, meaning people who are not necessarily at risk of overdose, but can administer naloxone to someone else experiencing an overdose.[21]
- Thirty-seven states and the District of Columbia permit "lay distribution," the distribution of naloxone by organizations and individuals, such as non-profit organizations and SSPs.
- Forty-nine states and the District of Columbia allow for non-patient specific prescribing of naloxone through standing orders or other legal mechanisms.

Additionally, the majority of states have enacted laws to provide civil and criminal immunity to medical professionals and laypeople (also known as Good Samaritan Laws) who administer naloxone.[22] To learn more about naloxone access in your state, see **The Network for Public Health Law's 50-State Survey on Naloxone Access Laws.**

Syringe Services Programs

Due to barriers accessing sterile syringes and equipment, PWUD are often at high risk for blood-borne diseases such as HIV and hepatitis C. Syringe services programs provide PWUD with sterile syringes and supplies for safe injection and collect used equipment for disposal. Studies demonstrate that SSPs reduce the incidence of HIV by up to 70% and hepatitis C by up to 80%,[23] reduce the prevalence of HIV by up to 43% and hepatitis C by up to 30%,[24] and reduce syringe sharing behaviors among PWUD. Additionally, SSPs often offer other harm reduction services, such as education on safe injection practices, naloxone distribution, fentanyl test strips, HIV and hepatitis C testing, safer sex supplies, social supports and linkage to treatment.

Syringe services programs not only support PWUD, but also protect law enforcement and other first responders. Because one in three police officers may sustain an needlestick injury during their career, reducing the prevalence of used syringes in communities reduces the risk of needlestick injury and associated injection-related diseases.[25] Syringe services programs have been found to reduce law enforcement needlestick injury by up to 66%.[26] Cities without SSPs reported up to eight times as many improperly disposed of syringes than cities with SSPs and PWUD in cities with SSPs reported higher rates of safe disposal behaviors.[27] Studies have also found that SSPs do not increase crime rates and, in some instances, decrease crime by connecting PWUD to essential services.[28, 29]

Furthermore, SSPs are cost-effective. Estimates show the lifetime cost of treating a person with HIV ranges from $385,200 to $618,900, while the cost of treating a person with hepatitis C ranges from $100,000 to $500,000.[30, 31] By contrast, with an average cost of $1 to $3 per syringe, including overhead costs, the estimated annual cost of SSPs per participant ranges from $661 to $2,008 and results in a return on investment of $7.58 for every $1 spent.[32, 33]

To identify SSPs in your area, visit the **North American Syringe Exchange Network.**

Fentanyl Test Strips

Fentanyl test strips have become increasingly critical to preventing overdose, given that fentanyl is up to 50 times more potent than heroin and up to 100 times more potent than morphine.[34, 35] Fentanyl has been detected in at least half of all fatal opioid-related overdoses in 10 states and was determined to be a cause of death in 97% of fentanyl-involved deaths.[36] Further, synthetic opioids, including fentanyl and fentanyl analogs, accounted for nearly 73% of all opioid-involved deaths in 2019 and synthetic opioid-involved overdose deaths were 11 times higher in 2019 compared to 2013.[37] When SSPs provided fentanyl test strips, participants whose drugs tested positive for the presence of fentanyl reported changing their drug use behavior by using less of the drug than usual, performing a tester, using with others or keeping naloxone nearby.[38, 39] A majority of PWUD are interested in using fentanyl test strips and view them as an important harm reduction and overdose prevention tool.[40]

Naloxone Toolkit

The Bureau of Justice Assistance National Training and Technical Assistance Center created a **Naloxone Toolkit**, which offers law enforcement agencies information on developing public safety OEND programs, including how to acquire and administer naloxone. The toolkit also offers sample policies and protocols from other jurisdictions and training materials.

KEY CONSIDERATIONS FOR DPAD PROGRAMS

By adopting harm reduction strategies in DPAD programs and through collaboration with harm reduction organizations, law enforcement can better serve communities that have historically been stigmatized and targeted by reducing arrests and the adverse outcomes associated with it, connecting individuals to appropriate care and services and promoting harm reduction principles and practices. Through implementation of such programs, the role of law enforcement transitions from employing punitive approaches toward substance use to focusing on engaging communities and building trust to better address the needs of PWUD and people with SUDs by connecting them to evidence-based services and supports.

Strategies that support the adoption of harm reduction approaches by DPAD programs include:

- Increasing knowledge and integration of harm reduction tools and approaches.
- Enhancing communication and positive relationships with community members and other service providers.
- Emphasizing the importance of harm reduction approaches to protecting the safety, health and dignity of community members and other service providers.
- Adopting operational guidance and policies to improve practices related to interactions with PWUD.
- Tracking officer performance metrics and incentivizing behavior and activities that support public safety and public health objectives.
- Creating an organizational culture that reinforces the move from being a force to a service and assumes a broader view of law enforcement in society.[41]

In addition to these strategies, there are several considerations DPAD programs should apply when integrating harm reduction principles and practices into programs and partnering with harm reduction organizations to link to care and services. Resources and tools to support key considerations can be found in **Additional Resources and Tools.**

ACHIEVING BUY-IN

When establishing any new partnership, it is critical to ensure everyone's voices and concerns are heard, including all partners and the target participants. Aligning with the principles of harm reduction, the input of PWUD needs to be included to ensure that DPAD program appropriatelysupports the needs of the community. An important component of achievingbuy-in is not only that all stakeholders are able to voice their concerns, but also that partners can agree on shared goals and processes.

IDENTIFYING PROJECT CHAMPIONS

Identifying effective project champions is key to achieving buy-in across stakeholder groups. Successful DPAD programs demonstrate a strong cross-collaborative effort, with project champions representing law enforcement, harm reduction and treatment organizations, community stakeholders and people with lived experience with substance use and criminal justice involvement. When working with diverse stakeholders it is especially important to have project champions who can communicate effectively with their peers and obtain buy-in. For example, having a trusted police chief openly recognize the value of harm reduction and advocate for diversion instead of arrest can be effective in achieving buy-in with other officers.

TRAINING AND EDUCATION

Training law enforcement officers and community partners is important to the success of any DPAD program and is especially important to address misconceptions and myths related to substance use and harm reduction practices.

The Health in Justice Action Lab at Northeastern University School of Law developed the Project SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) model, a cross-sector collaborative intervention and training aimed at improving public safety and public health responses to substance use.

Project SHIELD's goals include:

- Improved occupational safety knowledge, attitudes and practices for officers, including reduced stress over perceived risk of occupational harm.
- Improved knowledge, attitudes and practices related to public health prevention programs, including reduced stigma toward people with substance use disorder and proven harm reduction strategies (e.g., SSPs, naloxone rescue) and increased intention to deflect/refer people with SUDs to services.
- Increased collaborative synergy to address drug-related harms across law enforcement, public health and community partners.[42]

Project SHIELD engages a range of key stakeholders to participate in and deliver training, including law enforcement officers, health care providers, harm reduction providers and PWUD community representatives. Each training is tailored to meet the needs of the local jurisdiction and uses real life simulations, including role-playing, to engage participants.[43]

Acceptance of harm reduction practices has grown in recent years, but resistance continues in many communities. Providing data and education to stakeholders, including law enforcement and community-based partners, can help dispel misconceptions and stigma around harm reduction strategies and demonstrate their positive impact on the community. Emphasizing how law enforcement officers' occupational health is protected by strategies like SSPs can be particularly impactful. A study conducted in 2014 with 350 law enforcement officers in North Carolina found that 82% of officers were concerned about contracting HIV and 3.8% received a job-related needlestick injury.[44] Additionally, it is important for law enforcement to understand that arrest and incarceration do not reduce substance use or overdose rates and that investing in harm reduction approaches is a more effective way to serve the community.

While these considerations are critical to development of a successful DPAD program, this is not an exhaustive list of strategies to be implemented. Specific strategies for integrating harm reduction practices may depend on factors such as resource availability, organizational capacity and community readiness, among others.

EXAMPLES FROM THE FIELD

A growing number of DPAD programs have integrated harm reduction principles, practices and partners. Brief descriptions of selected programs are below. Additionally, examples of job descriptions of positions within harm reduction-focused DPAD programs are in **Deflection and Pre-arrest Diversion Programs: Sample Job Descriptions.**

POLICE-ASSISTED ADDICTION AND RECOVERY INITIATIVE SURVIVAL KITS AND FENTANYL TEST STRIPS

In March 2020, in response to rising overdose rates after the onset of the COVID-19 pandemic, the Police Assisted Addiction and Recovery Initiative (PAARI), piloted a three-month program, One2One Engagement to Recovery, with Brandeis University and funding support from the Massachusetts Department of Public Health to distribute fentanyl test strips with 11 police departments.[45] The One2One project empowers law enforcement officers and partners, including recovery coaches, to distribute fentanyl test strip kits and provide referrals to treatment and other resources to PWUD and their family members.[46]

The fentanyl test strip kits contain:

- Three fentanyl test strips
- A brochure on how to use the test strips
- A COVID-19 safety handout
- A card on how to obtain nasal naloxone
- A card with information for the Massachusetts Substance Use Helpline
- A card with contact information for a PAARI recovery coach.[47]

The fentanyl test strip kits are distributed as a supplement to other opioid-related outreach materials, which often include naloxone.[48]

To support officers' efforts to successfully distribute fentanyl test strips, PAARI created three roll call training videos. The three videos model how a police officer, working in partnership with a recovery coach, can engage people who recently experienced an overdose and provide education on how to use fentanyl test strips.[49]

The fentanyl test strip roll call video series includes information on conducting:

- **Home visits**
- **Outdoor visits**
- **Fentanyl safety**

In December 2020, PAARI announced that it received additional funding through the Combating Opioid Overdose Through Community-level Intervention Initiative (COOCLI) at the University of Baltimore's Center for Drug Policy and Prevention, an initiative supported by the CDC, to expand the project to serve 12 communities in Massachusetts and Maine.[50]

> "We think the distribution of fentanyl test strips by officers, recovery coaches and others may also be a helpful tool to develop trust and build relationships, which will hopefully foster a person's readiness for a referral to treatment and get them on a path to recovery."
>
> **- Allie Hunter, Executive Director, PAARI**

In addition to the fentanyl test strips pilot project, in March 2020, PAARI partnered with three sheriff's departments in Massachusetts to distribute survival kits to people released from incarceration during the COVID-19 pandemic. The survival kits were developed in partnership with the Boston Medical Center's Office Based Addiction Treatment Program, Massachusetts Department of Public Health, Boston Public Health Commission and the Essex, Middlesex and Suffolk County Sheriff Departments.[51]

The survival kits include:

- 4mg of nasal naloxone.
- Local resources to facilitate referrals to detox, harm reduction services, MOUD and recovery supports, with a focus on telephonic and virtual support.
- Information to connect with Boston Medical Center's Office Based Addiction Treatment Program telemedicine and prescribing hotline and local pharmacy partners.
- COVID-19 safety information.
- Fentanyl safety information and, in some cases, fentanyl test strips.[52]

THE POLICING ALTERNATIVES AND DIVERSION INITIATIVE

The Policing Alternatives and Diversion (PAD) Initiative began in Atlanta-Fulton County, Ga., in 2017 after several years of grassroots community organizing for broad criminal justice reform. Grounded in harm reduction and criminal justice reform since its inception, PAD recognizes that addressing people's needs is critical to improving community safety. PAD collaborates with police departments, public defenders, district attorneys and community partners to divert individuals to in-house services and provide referrals to additional service providers. PAD is based on the Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) model and principles, though not an official LEAD program.

PAD Diversion Services

Police offer diversion to detained individuals prior to arrest, then the PAD Harm Reduction team either meets the individual for an initial assessment or conducts a phone screening. If the person is in crisis, the PAD team offers support to officers in accessing crisis services. If the person is determined to meet the program's criteria, the PAD team transports them and begins developing an individual service plan to address the participant's basic needs and legal concerns as needed. The referring officer does not write a police report. All services are centered in harm reduction and housing first principles, including:

- Immediate Shelter and Basic Needs: All participants are offered emergency shelter, transportation and food assistance for up to three months.
- Outreach and Case Management: Care Navigators and the outreach team engage participants during weekly in-office and street-based visits.
- Linkage to Care: Participants are connected to service providers for identification documents, recovery support, employment and other services.

Additionally, PAD is committed to educating officers on substance use and harm reduction and facilitating culture change. Through this work, PAD encourages officers to support, rather than punish, potential participants.

PAD Impacts

Since 2017, PAD has diverted almost 200 people in Atlanta-Fulton County to housing, transportation and food assistance and provided harm reduction-based case management services and linkages to care to support participant and community quality of life.[54] In two years, PAD expanded from operating in four Atlanta Police Department beats to 28 beats, training over 100 police officers to implement non-punitive responses to mental health challenges, substance use and extreme poverty.[55] In 2020, the Atlanta City Council unanimously voted to increase funding to around $1.5 million to expand PAD across the city, a testament to the impact of the program and the community's commitment to improving public safety.[56]

PAD also developed a deflection model in partnership with Atlanta's 311 non-emergency services phone line to connect people to services and support without a police referral.[57] Similar to their diversion services, a PAD Harm Reduction Team will be deployed after a community referral is made to provide consenting individuals with direct services. The PAD 311 Community Referral Services launched in early 2021 and is currently available in Atlanta Police Department Zones 5 and 6.[58]

To learn more about PAD's harm reduction-centered deflection and diversion services, visit **PAD** and **PAD's 311 Community Referral Services.**

HOPE ONE MOBILE RESPONSE UNIT

The HOPE ONE mobile response unit is an initiative of the Atlantic County Sheriff's Foundation Inc. in New Jersey and is led by the Atlantic County Sheriff's Community Services Unit in partnership with the Rowan School of Osteopathic Medicine. The mission of HOPE ONE is to "remove barriers for people in need of services and eliminate the stigma associated with seeking help."[59] The mobile unit is staffed by peer navigators, recovery coaches, medical personnel, medical students, plain clothed police officers and volunteers from other organizations. Pairing medical students with first responders, HOPE ONE offers a unique learning opportunity as well as an effective way to reach communities most in need. The mobile unit travels to communities in Atlantic County with high rates of drug use and overdose deaths to offer PWUD and people with SUDs treatment and other support services. Services provided by HOPE ONE are always barrier-free and voluntary. While police officers in plain clothes are part of the mobile response unit, the unit is primarily staffed by medical professionals, peer navigators and recovery coaches and community-based service providers.

How HOPE ONE Works

To identify high-risk communities, New Jersey State Police tracks first responders' response to overdose events and shares these data with the HOPE ONE team to direct the mobile unit to communities that experienced an overdose within 72 hours and to follow up directly with overdose survivors.

HOPE ONE partners with numerous community-based organizations to offer a range of services and supports to communities and overdose survivors, including:

- Linkage to substance use and mental health treatment.
- Harm reduction supplies, including syringe services and fentanyl test strips.
- Overdoes education and naloxone distribution.
- Peer support services.
- Food and essential supplies.

The HOPE ONE mobile unit is also part of larger statewide efforts to improve public safety responses to overdose. In 2020, the New Jersey Department of Human Services Division of Mental Health and Addiction Services established two MAT Centers of Excellence (COE) in Northern and Southern New Jersey.[60, 61] As part of the COE, the Substance Abuse and Mental Health Services Administration (SAMHSA) granted the Rowan School of Osteopathic Medicine and Atlantic County funding to provide OEND training for first responders across Atlantic County, which has one of the highest opioid-related death rates in the state and nation.[62, 63, 64]

In addition to HOPE ONE services, Atlantic County has implemented the SAVE-A-LIFE model to better respond to overdose. Historically, first responders respond to a call for overdose, administer naloxone and clear the scene within a matter of minutes. The SAVE-A-LIFE training model encourages first responders to further interact with PWUD and people with SUDs, as well as their loved ones, by providing them the resources to instruct a brief naloxone training and distribute naloxone to the individual or their friends and family.

Figure 3. HOPE ONE SAVE-A-LIFE Pocket Card

SUMMARY

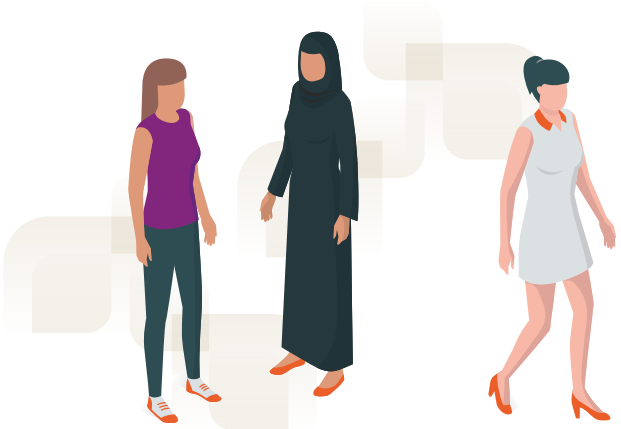
The integration of harm reduction principles and strategies within DPAD programs and partnering with harm reduction programs have tremendous potential to reduce overdose deaths, improve the health of PWUD and people with SUDs, reduce injuries among public safety officers and first responders and increase trust between public safety and community members. There are a growing number of examples of DPAD programs that have successfully adopted and implemented harm reduction strategies within their models by identifying project champions, earning buy-in through education and training and developing meaningful partnerships between public safety and harm reduction organizations.

RESOURCES

- **National Harm Reduction Coalition.** Provides information on the principles and practices of harm reduction, offers training and technical assistance support to organizations, offers information and educational materials for PWUD and describes examples from the field.
- **North American Syringe Exchange Network.** Offers a searchable state database to locate SSPs nationwide.
- **Health In Justice Action Lab.** Offers information and resources related to implementing Project SHIELD training and curriculum.
- **North Carolina Harm Reduction Coalition.** Provides information on the statewide harm reduction organization, its programs and strategies and resources related to harm reduction, drug use and sex work.
- **Policing Alternatives and Diversion Initiative.** Provides information about the PAD program in Atlanta-Fulton County, which integrated harm reduction principles and services into its DPAD program.
- **Harm Reduction Legal Project Resources**. Created by the Network for Public Health Law, offers factsheets, briefs, 50-state surveys and webinars describing harm reduction-related laws.

Additional DPAD resources and tools are also available in the following:

- An Overview of Deflection and Pre-arrest Diversion to Prevent Opioid Overdose
- Deflection and Pre-arrest Diversion: Integrating Peer Support Services
- Deflection and Pre-arrest Diversion: Supporting Rural Communities
- Experts' Roundtable Findings
- Deflection and Pre-arrest Diversion Programs: Sample Job Descriptions
- Additional Tools and Resources



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