



Ten Standards of Care: Policing and The Opioid Crisis

In 2016, **64,000 Americans** died of drug overdose.

Overdose is now the leading cause of unintentional injury death in the United States, surpassing motor vehicle deaths.

About two-thirds of overdose deaths could be linked to opioids. Overdose deaths have risen fivefold since 1999. In the early 2000s, most overdoses were attributable to prescription opioids, but today heroin and illicit fentanyl are present in more than half of all overdose deaths. Notably, synthetic opioids such as fentanyl were involved in 46% of deaths in 2016, up from 14% in 2010.

The causes of the crisis are many and complex, with the medical community's excessive prescriptions of opioids one of the major reasons why so many Americans have become addicted. Police officers are on the front lines, encountering individuals in distress, arriving first on the scenes of overdoses, and responding to numerous other consequences of addiction. Together with partners in public health, health care, corrections, and the private sector, many Police Departments across the country have demonstrated extraordinary leadership in combating this crisis and saving lives.

To build on this work, and drawing on high-quality evidence, a group of public safety and public health experts developed the following recommendations as standards of care for Police Departments. Some of these standards reflect actions Police Departments can take themselves; others represent expectations that Police Departments should have of their partners, including health agencies. Taken together, these 10 steps would have a major impact on the opioid crisis in their communities.

1. Focus on overdose deaths.

Just as homicide is the leading indicator for violence, the standard of care for Departments should be to work with public health agencies toward the goal of reducing overdose deaths, using data-driven approaches and rigorous research to drive our strategies and measure effectiveness.

2. Use naloxone.

Naloxone saves thousands of lives each year. To reverse otherwise fatal overdoses, the standard of care for Departments should be to equip and train officers in the use of naloxone.

3. Educate on addiction and stigma.

As respected and influential voices in their communities, Police Departments and Health Departments should work together to support training and public education on addiction to dispel the stigma on people with substance use disorders. Within Police Departments, the standard of care should be for this training to be part of the naloxone program.

4. Refer to treatment.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to equip, train, and recognize officers for helping people in need to access effective treatment that offers all three FDA-approved medications, including as alternatives to arrest.

5. Advocate for “on demand” treatment access.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to advocate for “on-demand” access, in the community, to addiction treatment that offers all three FDA-approved medications.

6. Advocate for treatment for those who are incarcerated or under community supervision.

To save lives from overdose, address opioid addiction, and reduce recidivism, the standard of care should be for Departments to advocate for access to effective treatment that offers all three FDA-approved medications for individuals in jail, in prison, and under community supervision with the appropriate transition to continuing care.

7. Prevent outbreaks.

To reduce HIV and hepatitis outbreaks, protect officer health, and help individuals reach treatment, the standard of care should be for Departments to collaborate with public health and community-based agencies to support well-managed syringe service programs.

8. Consider fentanyl detection.

To prevent death due to fentanyl and its analogues, the standard of care should be for Departments to explore efforts with public health and community partners to help individuals detect the presence of fentanyl in their drugs.

9. Explore innovation.

The standard of care should be for Departments to explore with their public health, law enforcement and community partners the evidence on the efficacy of supervised consumption spaces to connect people to treatment and reduce overdoses.

10. Support Good Samaritan laws.

To facilitate an effective and broad response to the opioid epidemic, the standard of care should be for Departments to work to make sure that Good Samaritan laws are understood and implemented consistent with the spirit and intent of the legislation.

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