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# Strategies for Improving Police Response Models Involving Opioid Overdoses and Overdose Deaths

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## EN | Abstract:

*Deflection programs have emerged as a promising approach to addressing the opioid overdose crisis, offering an innovative alternative to traditional criminal justice approaches. A variety of collaborative initiatives bring together law enforcement, first responders, and behavioral health agencies to redirect individuals away from the criminal-legal system and toward supportive community-based services. Implemented across the United States, these programs have shown significant positive outcomes, including reduced overdose deaths, fewer police encounters, and lower incarceration rates. As the deflection field continues to evolve, the next generation of deflection initiatives are positioned to expand their community impact by focusing on four critical areas of intervention: 1) supporting impacted children and families, 2) implementing trauma-informed practices, 3) addressing law enforcement well-being, and 4) enhancing community engagement. By emphasizing these interconnected components, deflection programs have the potential to significantly improve participant engagement, transform police-community relationships, and ultimately achieve better long-term behavioral health outcomes.*

**Key Words:** Law Enforcement, Opioid Overdose, Community Linkage, Trauma, Impact on Children, Officer Well-being, Deflection, Pre-Arrest Diversion, Co-responder, Community Safety, Criminal Justice, SDG 1, SDG 3, SDG 5, SDG 10, SDG 16, SDG.

### ES | Abstract:

Los programas de desviación han surgido como un enfoque prometedor para abordar la crisis de sobredosis de opiáceos, ofreciendo una alternativa innovadora a los enfoques tradicionales de la justicia penal. Diversas iniciativas de colaboración reúnen a las fuerzas del orden, los primeros intervinientes y los organismos de salud conductual para desviar a las personas del sistema penal y orientarlas hacia servicios de apoyo basados en la comunidad. Aplicados en todo Estados Unidos, estos programas han arrojado importantes resultados positivos, como la reducción de las muertes por sobredosis, el menor número de encuentros con la policía y la disminución de las tasas de encarcelamiento. A medida que el campo de la desviación sigue evolucionando, la próxima generación de iniciativas de desviación está en condiciones de ampliar su impacto en la comunidad centrándose en cuatro áreas críticas de intervención: 1) el apoyo a los niños y las familias afectados, 2) la aplicación de prácticas informadas sobre el trauma, 3) el bienestar de las fuerzas del orden y 4) la mejora de la participación de la comunidad. Al hacer hincapié en estos componentes interconectados, los programas de desviación tienen el potencial de mejorar significativamente el compromiso de los participantes, transformar las relaciones entre la policía y la comunidad y, en última instancia, lograr mejores resultados de salud conductual a largo plazo.

**Palabras clave:** Aplicación de la ley, sobredosis de opiáceos, vinculación con la comunidad, trauma, impacto en los niños, bienestar de los agentes, deflexión, desviación, derivación previa a la detención, co-responsable, seguridad comunitaria, justicia penal, ODS 1, ODS 3, ODS 5, ODS 10, ODS 16, ODS.

## INTRODUCTION

The opioid epidemic in the U.S. has escalated to a critical public health crisis, with drug overdoses and fatalities showing a dramatic and persistent increase (see Shipton et al., 2018 for a full review). Since tracking opioid-related deaths began in 1999, opioid-related deaths have tripled. Between 1999 and 2021, the nation witnessed a staggering loss of approximately 700,000 lives to opioid overdoses (CDC, 2022; Mattson et al., 2021). Recent data from the Centers for Disease Control and Prevention (2022) reveals the profound impact of this epidemic. Opioids were implicated in 81.8% of all drug overdoses, resulting in over 42,000 fatalities. The demographic breakdown of these fatalities is particularly alarming. While adolescents and young adults aged 15-24 account for over 15% of these deaths, adults aged 35-44 bear the brunt of the crisis, representing nearly two-thirds of all fatalities (Spencer et al., 2024). The persistent and escalating nature of the opioid crisis requires immediate, comprehensive, and multifaceted interventions.

Law enforcement and other first responders serve as a critical touchpoint during drug-related incidents, but their involvement can be limited without community provider support (Borum et al., 1997). Traditionally, their involvement has been primarily limited to enforcing drug laws. However, by integrating community providers into the response model, a comprehensive approach can be pursued that supports opioid overdose survivors through both immediate intervention and long-term recovery efforts (Knight et al., 2018).

Deflection programs have emerged as an innovative community-based strategy for responding to opioid overdoses and fatalities (see Levine et al., 2021 for a full review). In brief, these programs offer an alternative to traditional criminal-legal system processing by redirecting individuals who have experienced an overdose to supportive community services. Through these programs, overdose survivors can access a range of critical resources, including immediate support from first responders, community support groups, harm reduction tools, and substance use treatment referrals (Bailey et al., 2023).

Successful deflection programs require thoughtful coordination and communication among first-responders, law-enforcement, emergency room personnel, and treatment providers to encourage clients to initiate and engage in services following an opioid overdose event. Deflection programs have been known to engage with at-risk individuals through officer-lead intervention programs, active community outreach, and self-referrals (Bureau of Justice Assistance, 2022), to name a few. By reimagining the approach to drug-related incidents, deflection programs represent a promising solution to service delivery challenges in at-risk communities. They not only provide immediate support to individuals but also hold the potential to reduce the incidence of opioid overdoses by creating more compassionate, comprehensive pathways to recovery.

National surveys reveal diverse opioid response models led by law enforcement and reliant on community partnerships (BJA, & USDOJ, 2021). Substance use treatment services are central to nearly all of these models, with funding constraints significantly limiting their effectiveness. The surveys underscore the localized nature of existing practices and the lack of a standardized approach. This lack of uniformity complicates cross-agency evaluation of opioid response models, especially for deflection and co-responder programs. While some models adopt this approach, they tend to be quite complex with a variety of networks and collaboration partners (e.g., case managers, treatment providers, peers, social service entities; also see Labriola et al., 2023).

The fragmented landscape highlights the need for more consistent, well-funded strategies to address opioid-related challenges across different jurisdictions. To this end, the subsequent sections explore four key practices for improving opioid response models and their potential implementation within deflection programs. A shortened summary of the key focus areas and their importance to opioid response efforts has been outlined in Table 1.

**Table 1**

*Key Areas of Focus for Enhancing Deflection Programs in Opioid Response Efforts*

Key Area of Focus	Summary
Supporting Impacted Children and Families	Children and families affected by opioid use face increased risks of overdose, mental health issues, and family instability. Programs should integrate family-centered approaches to improve cohesion and support.
Implementing Trauma-Informed Practices	Trauma-informed care, emphasizing safety, connection, and emotional regulation, can enhance trust between law enforcement and overdose survivors, improving service engagement.
Addressing Law Enforcement Well-Being	Officers frequently experience stress and trauma from overdose responses, leading to burnout and mental health challenges. Providing mental health resources and reducing stigma around seeking help is critical.
Enhancing Community Engagement	Effective deflection programs require strong collaboration among first responders, treatment providers, and community organizations to ensure seamless care coordination and improved outcomes.

## WELL-BEING, ASSESSMENT, AND PROTECTION OF IMPACTED CHILDREN

The adoption of best practices that address the impact of opioid use and overdose on children (and other family members) is needed. In 2017, there were over 2 million youth who had a parent with an opioid use disorder or who themselves had an opioid use disorder (Brundage et al., 2019). Adolescents and young adults living in homes where opioids are accessible are at higher risk of overdose themselves—namely, young adults showed a 2-fold increase in overdose risk when they had a family member with an opioid prescription and a 5-fold increase when they had an opioid prescription (Nguyen et al., 2020). In addition to overdose risk, families with familial opioid use and low cohesion have lower communication and well-being relative to families with no opioid use or opioid use and high family cohesion (Alhaussain et al., 2019). Youth living in households with opioid misuse are at a higher risk for mental health problems, the development of a substance use disorder, and family dissolution (Winstanley & Stover, 2019) while the spouses of people using opioids are at the greatest risk for developing an opioid use disorder (Ali et al., 2019). The downstream consequences of familial opioid use are noteworthy and may be partially redressed through opioid response models that prioritize family-centered practices that support family cohesion.

National organizations such as the National Alliance for Drug Endangered Children (National Alliance for Drug Endangered Children, 2024) can provide useful guidance related to understanding the physical and emotional harm that illegal drug use, possession, manufacturing, and distribution have on drug-endangered children. By leveraging organizational expertise in trauma-informed care, deflection models may be able to provide actionable recommendations for how these practices can be implemented alongside existing opioid response models. In fact, initiatives like Handle with Care—a program that enables police officers to recognize trauma and direct children to appropriate services—have begun to delineate the challenges of addressing the needs of at-risk children (see Wisdom et al., 2022). The Police, Treatment and Community Collaborative (PTACC) also has identified problems associated with addressing the needs of impacted children. As outlined in their Children and Families Strategy Area, PTACC stresses the importance of incorporating a variety of organizations and agencies to address family and children's needs. This could include, for example, services for food or housing insecurities, substance use and mental health, educational support, couple's therapy, building familial cohesion, and healthcare resources.

## TRAUMA-INFORMED CARE

The use of trauma-informed care has increased following discussions related to trauma and how adverse situations or events can have lasting psychological consequences (Centers for Disease Control and Prevention, 2022; Substance Abuse and Mental Health Services

Administration, 2014). Trauma informed care, an approach that integrates an understanding of the signs and consequences of trauma into intervention efforts and organizational functioning (American Association of Children's Residential Centers, 2014), may support community engagement and trust in opioid response models. Trauma informed care has been conceptualized using the following three pillars: 1) Safety, 2) Connection, and 3) Managing emotional impulses (Bath, 2008). In a thorough review of literature, commonly noted themes in trauma informed care in medical settings included the adoption of trauma screening, building rapport with the client, minimizing distress and promoting personal choice, and providing referrals when more intensive services were needed (Reeves, 2015).

There is a need to build on efforts to incorporate trauma-informed strategies (SAMHSA, 2024). This is especially true as it pertains to the first two pillars of trauma informed care (i.e., safety and connection), given opioid overdose survivors may feel unsafe or hold distrust towards law enforcement (e.g., Carroll et al., 2023; Seo et al., 2023). Fortunately, well-developed guides for trauma-informed law enforcement strategies are described in detail in the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) 2023 report (Miller et al., 2023).

The trauma-informed LE guide used in Cambridge, Massachusetts (Blue et al., 2016) is an excellent model, as is the trauma-informed LE system developed by The National Child Traumatic Stress Network (NCTSN, 2008). Lastly, West Virginia's Martinsburg Initiative that is a collaboration among public safety, public health, and schools, provides a hands-on community guide, with the goal of breaking the cycle of trauma and substance use (Wisdom et al., 2022).

## IMPACT ON LAW ENFORCEMENT WELL-BEING

Rates of officer post-traumatic stress are high (Dees, 2024). Police can be exposed to numerous traumatic events during their work including violence, family violence, child abuse, severe poverty, homelessness and drug use. A recent survey of 2,833 Law Enforcement Officers showed that situations most likely to provoke mental health issues, including high stress (58%), cumulative trauma (57%), long and irregular work hours (61%), understaffing and work-life balance challenges were all listed by more than half of respondents (Dees, 2024). Even so, only 44% responded neutrally or disagreed that they were adequately trained to handle mental wellness aspects of their job. Over 70% of officers reported difficulty sleeping or inadequate sleep, increased anger (50%), anxiety or panic attacks (36%) relationship or family issues (50%) or depression (39%) because of work-related stresses, and 11% admitted to suicidal thoughts.

Stigma around mental health and seeking treatment has been noted as a significant barrier to getting help. Mental health stigma can refer to the officer's own stigma toward mental health issues in others as well as stigma from within police and from society at large toward



mental health issues including mental health in police officers. Although noting the paucity of research around mental health stigma and associated help-seeking among police, a survey of 7,963 police (Drew & Martin, 2021) reported that over 90% of respondents considered stigma as a barrier to help-seeking, and over 80% were concerned about being viewed as weak or unfit for duty if help was sought. Over half felt that mental health service providers would not understand their job and almost half reported three or more reasons that discouraged them from seeking mental health help. Results also showed that about two-thirds of the sample had experienced critical stress, 59% had unresolved issues; and yet 27% of these did not access any help-seeking interventions. Additional barriers to addressing police stress include police cultures that value toughness and resilience, fear that participation in help-seeking would not remain confidential, and lack of service availability during work (Otto & Gatens, 2022).

Mental health services are often not readily available for police officers, may be under-utilized when they are available, and officers often do not feel they are fully relevant for police work. Several approaches have been suggested and utilized to improve relevance and effectiveness. Mazur & Collins (2023) list six trauma management best practices for police organizations that include (1) destigmatizing discussions around trauma and mental health, (2) helping first responders break through their armor, (3) investing in your team by hiring a mental health coach, (4) building organizational resilience, (5) giving officers space allowing them to recover after traumatic events, (6) underscoring that fitness-for-duty evaluations are not a worst-case scenario. Sadulski (2023) emphasized the importance of peer support facilitated by officers who have received mental health training, more mental health training for officers, stress management counseling, and encouraging engagement in positive coping strategies such as exercise, spending time with family, relaxation techniques, and talking to spouse or loved one about their job experiences.

## ENGAGING THE COMMUNITY

Community engagement, an essential component of law enforcement deflection, is an interdisciplinary collaboration with key stakeholders and agencies with the expertise and resources to successfully meet the needs of overdose survivors and the children and families impacted by substance use, as well as providing for officer well-being. The scope of this response effort (to include children and families) expands the list of critical agencies on a deflection response team and/or on a deflection advisory board. This list includes but is not limited to school counselors and resource staff, mental health providers, case managers, and other social support structures that can assist families in crisis.

Thus, establishing and maintaining community engagement focuses on three essential goals: (1) to establish a shared understanding about deflection goals and processes; (2) to enhance stakeholder understanding of the needs of overdose victims and their families; and (3) to increase buy-in aimed at achieving seamless coordination of care for all individuals

impacted by opioid overdose. This level of community engagement calls for stakeholders to participate actively in the deflection process in pursuit of the best outcomes. Importantly, community leaders representing public health and policymakers who participate on deflection advisory boards can gain insight by including people with recovery experience from opioid use, e.g., identifying opportunities to reduce overdose risk (Park et al., 2020).

Conceptually, community engagement aimed at rapid response to opioid overdose draws on continuum of care models that identify a need for services and connect people to providers (Dennis et al., 2024). The process can result in a complex care coordination effort, made more challenging with the absence of an established network of stakeholders without a shared vision for deflection. In fact, loss of communication between systems can result in missed opportunity to provide critical resources and potentially increase risk of harm to those in need (Treadwell, 2014).

For deflection programs, a continuum of care begins with first responders (law enforcement, fire, and EMT) and a determination of treatment needs for an overdose victim, followed by identifying the needs of children and families. Sometimes, services can involve specialized providers intended to help children process the adverse event and mitigate the short- and long-term consequences of the event. As these specialized service needs arise, community engagement activities can secure commitments from providers to be part of a deflection strategic plan.

## CONCLUDING REMARKS

Deflection offers an innovative approach to addressing crime and opioid overdoses in at-risk communities, with significant potential to improve public health and safety outcomes. The current paper highlights the need and opportunity to build on current best practices, especially those within well-established deflection programs. Strategies include a focus on incorporating welfare checks on the immediate family of the overdose survivor, prioritizing first responder and law enforcement well-being, adopting trauma-informed techniques, and accentuating community engagement. Incorporating these practices, alongside other innovative techniques that enhance participation in deflection programs, can reduce disparities in accessing prevention and treatment services for opioid use, providing a promising foundation for the next generation of deflection research, practice, and advocacy.



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