

**FROM LAW  
ENFORCEMENT  
TO TREATMENT**

**— HEROIN IN COLORADO —**

COLORADO HEROIN RESPONSE WORK GROUP

2017

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Prepared by:  
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of the  
Colorado Consortium for Prescription Drug Abuse Prevention

<http://www.corxconsortium.org/heroin-response-work-group/>

In May of 2016, the Heroin Response Work Group (HRWG) was established as part of the larger Colorado Consortium for Prescription Drug Abuse Prevention. The working group's purpose is to establish a coordinated, statewide response to the emerging heroin problem in Colorado. Members of the work group represent diverse backgrounds in the state of Colorado and include representatives from the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA), the Colorado Department of Public Health and Environment (CDPHE), the Colorado Attorney General's Office (COAG), the Colorado Department of Human Services (CDHS), the Drug Enforcement Administration (DEA), US Attorney's Office (USA), Colorado Counterdrug Taskforce (CO-CDTF), Colorado Association of Chiefs of Police (CACP), the Colorado Drug Investigator's Association (CDIA), as well as various other prevention, treatment, recovery and law enforcement organizations.

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# FROM LAW ENFORCEMENT TO TREATMENT (HEROIN IN COLORADO)

## INTRODUCTION

Heroin is increasingly becoming a problem in communities throughout Colorado. Recent data shows increased rates of heroin seizures and arrests, heroin overdoses, administration of naloxone, and treatment for heroin use. The Colorado Heroin Response Work Group released a publication in April 2017, *Heroin in Colorado: Preliminary Assessment*, which documents the current heroin problem in Colorado. This growing trend is a public safety issue, which not only affects families, friends and individual users, but the general public as well.

In addition to regular enforcement activities, law enforcement is in a unique position to make a further impact on the heroin problem. With 24-hour on-duty personnel and daily community interaction, the dynamics of policing puts law enforcement in the ideal position to connect heroin users to services they need. This report describes two programs utilized across the country in which law enforcement has been used as the vehicle for people seeking help with their heroin addiction. Law enforcement's primary mission is to protect the public by enforcing the law. The idea of connecting heroin users to treatment services appears to be outside that mission focus. Thus, a legitimate question is: why should law enforcement accept an additional responsibility by embracing a treatment initiative? Some important considerations include:

- Heroin addiction is both a public safety and public health issue. Establishing a safety/health partnership is a reasonable approach to addressing the problem.
- A partnership between public safety and public health will help break down barriers that can exist between the two disciplines and forge meaningful working relationships.
- A successful law enforcement-treatment initiative should also help reduce the irresponsible and/or criminal behavior that often accompanies heroin use.
- A successful law enforcement-treatment initiative should reduce the calls for services, particularly in the case of overdoses.
- A good potential alternative to incarceration.
- Law enforcement, with its community responsibility and public contacts, is in a unique position to help encourage people with a heroin problem to get help.
- These initiatives are excellent community relations vehicles.
- The media will publicize the program and the positive image of law enforcement.
- These initiatives will be a positive public relations vehicle for city and county leaders.

- These initiatives can help bring communities together and foster better relationships with government.
- Help users, families and/or friends change a possible negative to a positive perspective of law enforcement.
- It's the right thing to do and police/sheriff departments are the best vehicle to achieve the objective of the program.

The purpose of this document is to briefly describe two programs that have successfully been used by law enforcement agencies to help facilitate family and friends of addicts or the individual heroin user themselves get help for their addiction 24 hours a day. The window of opportunity to get an addict into treatment is very limited, and any delay can be detrimental to success. This document includes:

- 1.) Two programs and options for law enforcement leadership to consider for their community.
- 2.) Suggested steps to consider when implementing one of the programs.
- 3.) Issues to consider in implementing one of the programs.

**NOTE:** A good companion report if considering implementing either program is: *Forging a Partnership: Law Enforcement & Treatment*. This report can be found on the Consortium's website: [www.corxconsortium.org](http://www.corxconsortium.org) or [www.rmhidta.org](http://www.rmhidta.org).

## **STRATEGIES**

### **The Police Assisted Addiction and Recovery Initiative (PAARI):**

The Gloucester (Massachusetts) Police Department is credited with creating a revolutionary new policing program that is aimed at helping people struggling with addiction prior to arresting them for drug violations or other criminal offenses. Family and friends of addicts, or the addict themselves, can go to police headquarters or a substation 24 hours a day and request assistance in getting help for their addiction. The individual addict and/or his family and friends can also surrender the addict's drug paraphernalia or heroin to the on-duty officer to be submitted for destruction. The on-duty officer will, based on a pre-agreement with public health or a treatment provider, contact the on-call liaison who will respond and ensure that the individual receives immediate assistance through a variety of treatment options.

There are variations to this basic strategy to include partnering with fire department counterparts as a response location in addition to, or in lieu of, police/sheriff's departments. This option has been called "Safe-Station" and implemented in Manchester, New Hampshire. A more expanded

strategy would be for individual officers who encounter a known user who wants help to make arrangements for a public health volunteer to respond. Yet another option is when the officer becomes aware of a user needing help to contact public health to reach out to the individual and offer assistance. The goal of all of these strategies is to get people off heroin through meaningful treatment services.

PAARI website: [www.paariususa.org](http://www.paariususa.org)

### **Law Enforcement Assisted Diversion (LEAD):**

This program is a pre-booking diversion program. It is designed to help heroin addicts arrested for relatively low-level misdemeanors, such as petty theft, prostitution, etc., transition into community-based treatment and support services. In this option, the arresting officer would make a determination, through a pre-determined authorization protocol, that the individual may be a good candidate for treatment or support services in lieu of processing through the criminal justice system. The officer would then coordinate with a public health-designated case manager and turn the individual over to that individual, who will provide help and assistance.

LEAD website: [www.leadbureau.org](http://www.leadbureau.org)

## **RECOMMENDED STEPS TO ASSESS AND/OR IMPLEMENT THE PAARI OR LEAD PROGRAM**

- 1.) Determine which model, PAARI or LEAD, best suits your department and community.
- 2.) Contact the Heroin Response Work Group for important contacts, additional information and implementation support. The primary contact is Strategic Intelligence Analyst Grady Harlow at [tharlow@rmhidta.org](mailto:tharlow@rmhidta.org), office: 303-671-2180, ext. 235.
- 3.) Assign sworn or non-sworn personnel to prepare an assessment and/or implementation report for the agency and community.
- 4.) Assess the department's capability of handling the program, such as 24-hour coverage, duty officers, waiting on interview room, evidence collection capabilities, etc. The assessment may address partnering with the fire department and/or emergency medical services (EMS).
- 5.) Contact Longmont (Colorado) Police Department, who implemented PAARI in January 2017, for advice and issues. Deputy Chief Jeffrey Satur, 303-651-8519  
<https://www.longmontcolorado.gov/departments/departments-n-z/public-safety-department/community-programs/police-assisted-addiction-recovery-initiative-paari>
- 6.) Assess the treatment and social services capabilities of the community. This includes Medication Assisted Treatment (MAT) 12-Step, Salvation Army rehabilitation, in-

house treatment facilities, outpatient treatment providers, etc. The Heroin Response Work Group can provide assistance identifying and working with treatment. Contact Director of Community Treatment and Recovery Marc Condojani, 303-866-7173, [marc.condojani@state.co.us](mailto:marc.condojani@state.co.us)

- 7.) Set up meetings with public/private treatment providers, public health and social services to determine their interest and commitment to the program. Also determine the scope of services available.
- 8.) Set up a meeting with district attorney's office regarding the program and obtain their input.
- 9.) Inform surrounding law enforcement jurisdictions, including the drug task force, of the interest in implementing the program.
- 10.) Reach out to businesses as potential employers to hire participants.
- 11.) Determine how to establish a response case management system through existing personnel, an outside entity or volunteer help. Reach out to existing case management services to avoid duplication. Develop a protocol to include training needs for case management.
- 12.) Determine how the individual would be transported from the police facility to the treatment provider.
- 13.) Determine additional resources and funding needs.
- 14.) Consider involving community-based groups and service clubs for funding or personnel help.
- 15.) Obtain "buy-in" from city or county government leaders.
- 16.) Establish written guidelines, protocols and Memorandums of Understanding (MOU) as necessary.
- 17.) Consider implementing training for personnel on program eligibility, referral process, mental health/substance use basic information, protocol and policy.
- 18.) Prior to implementing the program, test the system a number of times and correct any problems.
- 19.) Develop a public awareness strategy, including public service announcements, posters, cards, a major media blitz, etc.

- 20.) Develop an evaluation plan including a system for tracking the individuals in the program to assess results. Consider tracking other measures such as call-for-service and crime.

## **ISSUES TO CONSIDER**

- How to achieve and sustain buy-in from police personnel.
- Eligibility criteria to participate in the program.
- Whether to restrict to opioids/heroin use or open to other drugs and/or alcohol.
- A follow-up assessment to quantify results and/or impact.
- Handling a situation when an addict brings his/her heroin and paraphernalia to the department but gets arrested for possession while en-route. Also, how to prevent someone from claiming he/she is in possession because they were en route to police to turn in the drugs.
- Assuring treatment handles all law enforcement referrals as critical to integrity and success.
- Program oversight and management.
- How to sustain the publicity and awareness of the community for the program.
- Follow-up assessment with the user(s).
- Safety and liability issues.

## **CONCLUSION**

Those law enforcement agencies that have implemented either PAARI or LEAD appeared favorable with the results as well as relationship building with public health. It is always rewarding to have contributed to helping an individual become drug free and change their life for the better.