Treatment and Law Enforcement: A collaborative approach to combat the opioid epidemic
Presenters
Lt. Jamie Brady
Tucson Police Department
Field Services Bureau

Larry Onate, MD
Medical Director CODAC, MAT 24/7
CEO ETANO Center, MAT

Josephine D. Korchmaros, PhD
Director
University of Arizona
Southwest Institute for Research on Women
Project Timeline

Lt. Jamie Brady
Tucson Police Department
Field Services Bureau
All Officers trained and carrying Naloxone.

Chief Hall shared his vision with Phoenix Program Manager for AHCCCS which resulted in collaboration meeting including CODAC.

CODAC MAT Center of Excellence was selected as primary service partner.

CODAC MAT Center of Excellence expands to 24/7.

Chief Hall and UA-SIROW begin initial discussion of program evaluation.

Research continues on existing programs in Florida, Seattle, Santa Fe, Albany, Gloucester, and Montgomery County, Maryland.

Development of Deflection Program, policy, procedure and training curriculum.

TPD/CODAC collaborative training begins of nearly 300 sworn personnel. Program and training adapted based on feedback.

Chief Hall develops concept for Deflection after PERF Opioid Symposium. Begins with Officers carrying Naloxone.
TPD-CODAC-SIROW-Pima County Deflection Collaboration

July 2018
$1.47M SAMHSA Grant awarded and program research/evaluation initiated by UA-SIROW

September 2018
Deflection program implemented and SAMHSA U-MATTER grant submitted with Pima County as program manager, TPD and CODAC as program partners, and UA-SIROW as program research/evaluation partner

October 2018
Pima County Board of Supervisors accepts grant, quarterly updates to officers with success stories and officer surveys begin, bi-monthly program partner meetings initiated

November 2018
UA-SIROW begins periodic reporting on project findings to inform program improvement

February 2019
Pima County Program Manager starts

October 2019
CODAC Peer Navigators expand to 4 total and supports Pima County Pretrial Services’ Expanded, Enhanced Case Supervision

Grant provides 2 CODAC Peer Responders to work directly out of TPD in Active Outreach Efforts.
MAT Services & Community Engagement

Larry Onate, MD
Medical Director CODAC, MAT 24/7
CEO ETANO Center, MAT
Outline

- OUD as a Biological Brain Disease
- ACE and Stages of Change
- MAT and OTP Treatment
- MAT and OTP following standards for evidence based treatment
CODAC HEALTH, RECOVERY & WELLNESS

- Respond to the Opioid Crisis in Southern Arizona

CODAC’s MAT center has been named as Southern Arizona’s First Center of Excellence by AHCCCS and Cenpatico.
CODAC’s 24/7 MAT Center of Excellence

- SERVICES AVAILABLE ON-SITE:
- Assessment and evaluation
- Intensive Outpatient Programs
- Standard outpatient programming
- Individual and family therapy
- Employment support services
- Peer run services
- Psychiatric services
- Primary medical care
- OB-GYN
CODAC’s 24/7 MAT Center of Excellence

- **WE’RE A COMMUNITY RESOURCE**
- Hub for community-based treatment efforts to address opioid use disorders.
- Available 24/7 for consultation related to potential/appropriate referrals.
- Drop-in for first responders and law enforcement.
- Safe haven for community members with opioid use disorders who are ready to engage in treatment.
- Intent: Divert from emergency room and jail if treatment is a viable alternative.
OPIOID USE DISORDER

Risk of dying 6-20 times higher than general population
(Darke et al.; 2011).

Overdose: Most common cause of death
(Deganhardt et al., 2014).
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
BRAIN REWARD SYSTEM

PFC-
ROLE:
PLANNING & MOTIVATING
MODULATED BY DA

Nucleus Acumbens-
ROLE: REWARD, PLEASURE, ADDICTION

VTA-
SYNTHESIZES DA
DRUGS VS NATURAL REINFORCERS

- **DOPAMINE Bursts**
  - Satiation occurs with food, water and sex, but NOT drugs. Drugs produce effects on Dopamine very rapidly → DA Bursts

- **Unexpected Rewards**
  - Brain responds to Unexpected Rewards → Adapt to Environment

- **Learning Associations**
  - The more often drugs are used the more reinforcing they become. Eventually drugs can control many behaviors → Learning Associations
OTP Community Relations

- Engaging Community Partners
- Monthly collaborators meetings
- On-site treatment groups
- Diversity of services offered
- Offering touchdown space for peer run organizations
- Training 100% of “on-the-street” TPD officers
Adverse childhood events Study

- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse.
ACES Include

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
Medication Assisted Treatment

- Approved medications for treatment of opiate dependency:
  - Buprenorphine and Buprenorphine/Naloxone
  - Methadone
  - Naltrexone oral and Naltrexone injectable
- MAT has proven to be very effective as part of a holistic, evidence-based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of PDMP
The evidence strongly supports use of agonist therapies to reduce opioid use and retain patients in treatment, with MMT as the gold standard of care.

Buprenorphine/Naloxone demonstrates significant efficacy and favorable safety and tolerability in multiple populations, including youth and prescription opioid-dependent individuals. Buprenorphine shows efficacy in pregnant women.

Evidence for antagonist thx is weak. Naltrexone shows higher mortality and poor adherence. Long acting Naltrexone shows better results with regards to misuse, diversion and risk of overdose.

H. Connery; Harvard Review Psychiatry March/April 2015
Safe HEALING ENVIRONMENT
Member Success

“I am not on the streets anymore. I have my own apartment and I am not using. I have learned a lot about myself and the reasons why I used for so many years.”
Program Evaluation

Josephine D. Korchmaros, PhD
University of Arizona
Southwest Institute for Research on Women
Goals:

- Ongoing monitoring and evaluation to inform project improvement
  - Implementation evaluation
- Examination of project impact and effectiveness
  - Examination of project outputs
  - Outcome evaluation
Capacity & Infrastructure:

- Project team established and meeting regularly.
- Developed contracts.
- Procedures for collaborating, communicating, and sharing data established.
- Developed evaluation protocols and procedures.
- Personnel hired.
Program Implementation:

- Officers are identifying subjects who are willing to consider treatment and have been successful at encouraging them to get connected with treatment providers.
  - 54% of subjects offered deflection definitely wanted to do it.
  - Of the other 46%, officers persuaded 36% to be immediately transported to a provider.
  - 70% of subjects offered deflection agreed to be immediately transported to a provider.
Program Implementation:

- Officers are considering deflection program eligibility criteria as well as subject willingness for tx when deciding whether to offer deflection.
  - 82% of deflected subjects self-identified as needing tx
  - 31% of those not deflected reported on their lack of need or willingness for tx.
  - 49% of those not deflected did not meet the eligibility criteria.
Outputs/Outcomes - since July 1, 2019:

- 187 unduplicated individuals deflected to date.
- 6 connected to tx via outreach efforts.
- 59 individuals received individualized active outreach.
- 32 stakeholders and potential project partners informed about the project through outreach efforts.
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