

Public Health / Public Safety Collaborations

Voiceover

00:00

This is *The Beat*—a podcast series that keeps you in the know about the latest community policing topics facing our nation.

Nazmia Comrie

00:08

Hello and welcome. My name is Nazmia Comrie, and on behalf of the COPS Office, I would like to introduce Acting Director of National Drug Control Policy Michael Botticelli and Vermont State Police Colonel Tom L'Esperance. Acting Director Botticelli previously served as Deputy Director of the Office of National Drug Control Policy, a position he held since November 2012. He has more than two decades of experience supporting Americans who have been affected by substance abuse disorders and has been a state and federal leader on overdose prevention and public health and public safety collaborations.

Colonel L'Esperance, Director of the Vermont State Police since 2009, oversees the field force, criminal, and support services divisions. L'Esperance has spent nearly two decades targeting the flow of drugs in the Green Mountain State and more recently has led the way in Vermont in implementing a naloxone program that allows police to intervene when an individual is experiencing an opiate overdose. This will be a two part podcast to discuss public health / public safety collaborations and law enforcement use of naloxone.

Acting Director Botticelli, what is the Office of National Drug Control Policy? I'd think many of our listeners have heard of ONDCP but might not understand its overall role is in federal drug policy and its mission. What are some of ONDCP's priority issues this year?

Acting Director Michael Botticelli

01:32

Thank you, Nazmia. The Office of National Drug Control Policy is a component of the Executive Office of the President. We have many functions, but our prime function, by statute, is to annually publish the administration's national drug control strategy, which lays out the administration's approach to drug policy. We do that in coordination with our federal agencies and have many action items that speak to how we're going to reduce drug use and its consequence in the United States. Clearly, we rely on our state and local partners to help us execute that, and I think today's discussion is a good example of that.

In 2010, as the administration was coming in, we quickly learned the magnitude of the prescription drug misuse problem that many communities across the country are experiencing. And in 2011, we released our federal agency's plan to reduce prescription drug abuse in the United States and in the communities as well as dealing with the dramatic increase in opiate overdose deaths that we have seen across the country. We have a long history with the COPS Office including former Director Kerlikowske's role as the Deputy Director and also as a former police chief; he understood and the office understood that law enforcement has a key role to play, not only as it relates to larger public health and public safety

collaboration but specifically in first responders and the role that they can play in reducing overdose deaths. So we know that overdose happened at the rural, suburban, and urban levels, and clearly we have a public health and law enforcement infrastructure there to deal with it. So I really want to thank the current Director, Ron Davis, for his support as well as Colonel L'Esperance and the Vermont State Police. This has really been emblematic of the role of our office in looking at this balanced approach with public safety and public health working hand in hand. And clearly, the naloxone distribution by law enforcement is a really stellar example of how different parts of the community can work together to really reduce the magnitude of the drug use problem that we have.

Comrie

03:51

Thank you. Acting Director, quite a bit of attention has been paid recently to the uptick in heroin overdose deaths. While they attract headlines, I understand that there are drugs that are much more widely abused in this country. Can you elaborate on this?

Botticelli

04:05

Recent data according to the CDC, which is in 2012, has shown that about 16,000 drug poisoning deaths involved opioid analgesics or opioid pain medication like oxytocin and hydrocodone and heroin. We've been cautiously optimistic. In the first time in 13 years, we actually saw a decrease in the number of opiate overdose deaths associated with prescription pain killers. What's disconcerting to us and what's of significant concern has been a recent spike over the past few years in heroin-related overdose deaths. So while we know the heroin deaths still don't approximate the number of opiate overdose deaths, it really is a significant concern. But to put that in context, we know that people, recent initiates to heroin, about four-fifths of them began using opiates by misusing prescription pain medication. So we clearly know that we have to deal with the misuse of pain medication as it relates to dealing with the heroin issue. And we know that it appears that only a fairly small percentage of people who are misusing pain medication actually transition to heroin. So we know we have an opportunity here for a wide variety of interventions, not just in terms of reducing overdose deaths, but really intervening in people's progression from misusing pain medication to heroin.

Comrie

05:31

Thank you. Acting Director Botticelli and Colonel L'Esperance, the opiate epidemic has led to some law enforcement agencies beginning to equip officers with naloxone, an overdose reversal drug. It seems like most officers respond positively to having this tool that can help them save lives. Has that been the trend you are seeing?

Botticelli

05:50

So I'll start and then let the colonel talk about his experience. We know that overdose deaths have had devastating impact on families and communities across the country. And we have clearly heard that

from not only public health officials but law enforcement folks who are seeing their own community members' children and sometimes their own children overdose and die. And I think that we—I hear from law enforcement all the time about the role that they can play in reducing the magnitude of the opiate overdose deaths that we have here. And just to give you some perspective in terms of kind of where we started and how this has changed: in 2011, we trained the first police force in the country—Quincy, Massachusetts, a very small town south of Boston that was hit hard by the opioid epidemic—and trained and equipped all the officers in Quincy to use naloxone. And since 2011, in this very small town south of Boston, they have been able to reverse over 300 deaths in this very small town. So we think about the opportunities. And since that time, and the number is growing daily, but at latest count, there have been over 300 state and local law enforcement agencies that have begun to use naloxone. And one of the things we have been doing at the Federal Government, with the Federal Government, with the COPS program, and the Department of Justice and included that expertise of people like Colonel L'Esperance, was we just released a tool kit that helps local law enforcement really understand how to implement a naloxone program and what some of the challenges might be and how they overcome those. So we have really been heartened by the number of state and local law enforcement agencies that have taken this on and the change in state law. We now have about 32 states including the District of Columbia who have passed some level of legislation around overdose prevention, as well as what we're calling good Samaritan laws. These are laws that allow people to not get arrested for possession issues when they're calling to report an overdose. So we're really heartened by how this has been taken up by state and local law enforcement agencies nationwide.

Colonel Tom L'Esperance

08:03

And I guess I can echo some of the acting director's comments. We followed the road map that was laid in Quincy and using some of the protocols they had in place, we were able to kick off our program. As I've said publicly before, this was the easiest decision that I've made as the Director of the State Police. I addressed a group of colonels from across the country last year in New Orleans to discuss the program we're putting in place. And by a show of hands, there were very few if any other state agencies that were involved in this program. And I can say with pleasure that I just left Orlando over the weekend and I asked the same question and a number of state police agencies are now involved: Rhode Island State Police, New York, Massachusetts, to name a few. And the Tennessee Highway Patrol colonel who sits next to me during these meetings was asking me about our program and how to get a program going in his state because there is a legislative push to introduce this program to law enforcement in Tennessee. At the same time, I was receiving the emails from your office about the tool kit. So I was able to push the tool kit out through conversation and another conversation with the New Hampshire state police colonel about his program. Again, this tool kit that the ONDCP put together will pave the way for those agencies who are—number one—considering the program and those that are mandated to do something with naloxone. So the trend is moving from east to west which, in law enforcement, most crimes move west to east—the methamphetamine crisis of the east coast, we couldn't get a hold of it until after we saw some best practices that were taking place out west and in the Midwest. This heroin epidemic and the naloxone program is headed east to west so police agencies will benefit from the work that was conducted by towns like Quincy and other agencies across the east coast.

Comrie

09:55

That's wonderful. Thank you.

While a majority of drug overdoses are caused by opioids, not every drug overdose is reversible by naloxone. As communities think about bringing public health and public safety strategies into greater alignment for their overall well-being, are there other things law enforcement can do to help their communities address substance use disorders in general and overdose? What partnerships should law enforcement be making to address the public health concern that can become a public safety concern?

Botticelli

10:24

One of the—if there's any silver lining to the prescription drug and the heroin overdose issue—it's really the tremendous amount of work and collaboration that's been happening with public health and public safety folks. We know that just reversing an overdose death is not a comprehensive response to this issue. And I think that there are great examples of the work that's happening at the community level about how public safety and public health are partnering together for a comprehensive approach.

First and foremost, we know we need to focus on prevention in reducing substance use. We know that law enforcement are some of the most well-known and well-respected people in their communities and engaging law enforcement into broader community prevention efforts are particularly important. Our office actually supports and funds the drug-free community support program that convenes all community stakeholders, and law enforcement are actually required to be a part of that because we know they play a pivotal role. We also want to make sure people have access to good treatment and recovery support programs. And we're really seeing the solidification of relationships between local law enforcement and treatment programs. I often hear from local law enforcement who understand that we can't arrest our way out of the problem, and they want those kinds of partnerships. They want alternatives. They want to make sure that we're getting and they're getting people into treatment. So I think it's really important to get to know the treatment resources and the treatment community in their local jurisdictions because it really can help them to look at alternative approaches. And we also know, and I hear this time and time again, that we really have to look at stopping the revolving door between arrest, incarceration, and re-arrest, particularly for people with histories of substance use, and helping to support innovative evidence-based criminal justice reforms that move people away from the criminal justice system. So things like drug court and good re-entry programs—having our law enforcement and public safety officials involved in those and supportive of those kind initiatives—will really go a long way in reducing the burden and the public health and public safety impact of drug use.

L'Esperance

12:41

And I'd follow up with, it's well publicized that the governor of Vermont spent his entire State of the State address speaking to the heroin epidemic that we're facing here in Vermont. In speaking about the war on drugs if you will. I used to take that personal because I thought that law enforcement was at the tip of the spear on the war on drugs. But I quickly realized as he was speaking that his comments

actually hold all of us accountable, meaning law enforcement, prevention, treatment, and it forced us to the table in some respects. We did have some good relationships that were brewing along the way, but his conversation and conversations thereafter put us all at the table with equal voice. I don't think that there's anybody that's really trying to get their arms around this issue, that's really trying to reach real deep into the well for money or deeper into the well—we all collectively realize that this three-legged stool that's been developed, prevention, law enforcement, and treatment, have to work in concert—otherwise, we're going to continue to slip behind. So whether it's the naloxone program or just other conversations that are taking place between law enforcement and treatment folks, it puts us in the same conversation. I think at the end of this, we can use these relationships to attack other issues that face our community.

Botticelli

13:52

I just want to echo what the colonel said and I think the naloxone distribution programs have really jump-started those conversations—and the opioid epidemic that we have—have really jump-started those conversations. I love the way that the colonel framed this in terms of a three-legged stool, because I think he's absolutely right that if we're going to have a comprehensive response looking at things like prevention and treatment, we need law enforcement, law enforcement needs public health, and each of us have a role to play in diminishing the impact of this issue. And so I think it has really kind of jump-started a tremendous amount of interaction at the state and local level.

Comrie

14:31

Thank you Acting Director Botticelli and Colonel L'Esperance for providing us with your expertise and time. I look forward to continuing this conversation in the second part of this podcast series.

Voiceover: *The Beat* Exit

14:40

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Voiceover: Disclaimer

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