

Police Assisted Addiction Recovery Initiative (PAARI)

**Statement of Frederick Ryan, Chief of Police Arlington, Massachusetts, on behalf of the
Police Assisted Addiction Recovery Initiative
U.S. Senate Committee on Homeland Security and Governmental Affairs
Wednesday June 15, 2016**

Chairman Johnson, honorable members of the Committee, my name is Frederick Ryan and I serve as Chief of Police in Arlington, Massachusetts which is a suburb next to Boston. I also serve as Vice-President of the Massachusetts Major City Chiefs of Police Association and I sit on the board of the Police Assisted Addiction Recovery Initiative (PAARI.) I very much appreciate the opportunity to testify today and I'm honored to do so.

I'm here to talk about the opiate epidemic that has swept across America, an epidemic that has had devastating consequences to communities of all sizes and demographics. My views are shaped by what I have seen and done as a police officer on the streets for more than 30 years and what I have learned from individuals suffering from the disease of addictions. Let me summarize the points I want to make in the next few minutes:

- We as law enforcement cannot solve this problem on our own and we should stop telling America that we need more police resources than we can. In fact, a strategy that relies largely on law enforcement and arrest, especially aimed at low end users, only fuels the epidemic and complicates the chances for long term recovery for people suffering from substance use disorders.
- Every "dealer" we arrest and take off the streets is quickly replaced by one or more rivals who sometimes compete for the new territory by cutting prices, increasing supply or marketing new and more dangerous products; such as Fentanyl laced heroin, often making the situation worse than it already was.
- Every person with a substance abuse problem that I have talked to has said arrest was never a deterrent. The physical and psychological need for the substance was far stronger than any seemingly rational deterrent that the police posed.
- Those suffering from substance use disorders are not our enemies, they are our sons, daughters, and neighbors and this notion that we are at "war" with them must be abandoned.
- The solution to the epidemic relies on reducing the demand for opiates. This epidemic was built one drug dependent victim at a time and the solution, while complex and multi-disciplinary, needs to be heavily based on modern evidence based treatments. There are really only two choices here, long term treatment or death, and we need to

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bring an immediate and genuine sense of urgency to this chronic disease and public health epidemic.

- Police officers and Chief of Police throughout the country are stepping forward to call for change. Through the leadership of Chief Leonard Campanello in Gloucester MA and businessman John Rosenthal, the Police Assisted Addiction Recovery Initiative (PAARI) which already includes more than 120 police departments and new entry points into treatment in 28 States. These departments, and many others that are joining PAARI every week, have stopped arresting people merely because they have the disease of addiction and are instead helping them and their families enter treatment and recovery.

I want to tell you how and why I came to these conclusions: Simply stated, we are not at war with our communities.

The epiphany for me that we had to change our approach occurred when being briefed by our crime analyst on trending overdose fatalities in our community. One very young lady who by all standards of measure was an American success story: college educated; her mom an educator and her dad a firefighter- overdosed on heroin. Police and EMS reversed the overdose and she was transported to a Boston hospital. About a week later, the same young lady overdosed again. She was again transported to the very same hospital. Seven hours later, after being released from the emergency room, she overdosed and died. This overdose death was predictable, and therefore it was preventable. It highlighted the fact that we, the police department, possess the identities of those at highest risk of fatal overdose (those who have previously overdosed) and that with every non-fatal overdose there is an opportunity to help the individual enter recovery. Further, this overdose death depicted the very real fact that many emergency rooms in America do not have the desire or capacity to treat overdose victims in any meaningful way. Medical and substance use disorder treatment programs cannot be allowed to continue discharging to the street sick people at risk of immediate death. We would not tolerate this for any other chronic disease, such as cancer, heart disease or diabetes.

This experience led the Arlington Police Department to be the first in the nation to affiliate with PAARI. What was a desperate response to an epidemic threat in two distinct communities in Massachusetts (Gloucester and Arlington) resonated swiftly and broadly across the region and, indeed, the nation and legislation is moving swiftly through many states to empower police assisted recovery initiatives that focus on reducing the demand for opiates by increasing access to treatment and recovery.

Essentially there are two models; the Gloucester model in which individuals voluntarily present to the police department, ask for help and a police officer or volunteer "Angel" then navigates the complex process of finding treatment options, and the Arlington model which employs a Social Worker who accompanies a police officer and proactively reaches out to a known population of persons suffering from substance disorders and develops an intervention plan

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with the people suffering with addiction and their loved ones. In Arlington the Police Department hosts regularly scheduled community meetings to train on and dispense Naloxone to residents (not just first responders) and to build trust and reduce the stigma associated with addiction. In Arlington in 2014 and the first half of 2015 we were experiencing an average of one FATAL overdose per month with many more non-fatal and reversed overdoses. Following the implementation of our program on July 1, 2015 we had only one fatal overdose in the next eight months. Sadly, there was a fatal overdose this past weekend, indicating not failure, but the urgent need to do even more. We know our program has saved lives because we have found narcan kits that our officers and social workers distributed at the scenes of reversed overdoses. Through the Boston University School of Public Health, we're tracking all our program participants and, although early, we're seeing significantly lower relapse rates among the participants in our pre-arrest diversion programs in Gloucester and Arlington.

The Arlington and other police assisted recovery initiatives are only a year old and it is far too early to draw conclusions about our long term impact. After all, the disease of addiction is a chronic relapsing condition and it often takes several treatment episodes for a person to enter recovery. Nevertheless, there are important markers that demonstrate we are on the right course:

- We are saving lives now and providing individuals and their families with hope of recovery. Crimes often associated with addiction (larceny, burglary, etc.) are trending down in many PAARI communities and some members are reporting as much as a 25% reduction in these kinds of crimes.
- Many police departments are using drug dealer asset forfeiture funds and saving money. They are finding it is cheaper to the municipal government to divert people into treatment rather than arrest and trigger the criminal justice system. In Gloucester for example, the Chief found that it costs about \$250 in personnel time and facilities to arrest, house and turn a person over to the court the next day, but only about \$50 in personnel time and transportation costs to help find a detoxification or treatment bed for a person asking for help.
- Our new approach is restoring and building community trust in police. Hundreds of thousands of people respond favorably to our social media posts about the programs. Hundreds of people in our communities attend neighborhood meetings hosted by the police to learn how to help their loved ones with the disease of addiction. In follow up interviews, the participants themselves tell us that the police officers were the first people who really cared about them and saved their lives without judging them.
- Stigma and shame inhibit patients and their families from seeking treatment and support. The fact that law enforcement is recognizing this as a disease that needs to be placed into remission rather than a crime that requires incarceration has had a positive impact in communities throughout America.

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Conclusion

You'll notice that in my testimony I never labeled those suffering from substance disorders as "addicts" and otherwise refrained from labeling these members of our communities. The very real individual and institutional stigma associated with addiction is among the greatest barriers to success, and it has inhibited the power and might of the United States government from a real sense of urgency to the opioid addiction epidemic and from adopting meaningful and effective policy changes to address the demand side of this public health crisis hitting every community-large and small.

I was proud to be a part of the law enforcement response to the Boston Marathon bombings. What I witnessed first-hand was nothing short of extraordinary, and the sense of urgency from all levels of government to ensure that every victim of those horrific crimes realized justice was admirable. Four people lost their lives that day, including an Arlington resident, and countless others were seriously wounded.

Today, in Massachusetts, we lose an average of four people every day to the opiate crisis. It's projected that more people will die this year from overdoses than automobile accidents. It's time that we bring a true sense of urgency to this public health epidemic and unleash the might of our government to address the demand side of the opiate crisis and municipal police departments and PAARI are very willing partners in the solution. As I stated earlier, there really are only two choices - long term treatment or death. Clearly we all know the answer and we look forward to getting started immediately.

Thank you for the invitation to speak and for your consideration to this very serious matter.

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