Using Law Enforcement to Improve Treatment Initiation and Recovery[1]

Shannon Streisel
Christy Visher
Daniel J. O'Connell
Steven S. Martin
Center for Drug & Health Studies
Department of Sociology and Criminal Justice
University of Delaware

PROPORTIONATELY, DELAWARE HAS one of the highest rates of drug use and overdoses in the country. Delaware recently ranked ninth in drug overdose deaths nationally (Hedegaard, Warner, & Minio, 2017). Of these overdoses, 61 percent involved fentanyl, 39 percent involved heroin, and 29 percent involved other opioids (multiple counts, Delaware Division of Forensic Science, 2018). New Castle County, located in the northern region of Delaware, contains 60 percent of the state's population but 69 percent of the opioid-related overdoses for the entire state of Delaware. From 2016 to 2017, the New Castle County Police Department (NCCPD) witnessed a 77 percent increase in non-fatal overdoses and a 46 percent increase in fatal overdoses related to heroin. In order to respond to the bleak situation of the state and even bleaker situation of the county, the New Castle County Police Department implemented the *Hero Help* program to increase access to addiction assistance.

Background

Both criminal justice and social service in the United States have been working to address the increase in overdose deaths and injuries related to opioid use. Rather than relying solely on drug war tactics focused on arrest, some police departments are implementing programs to make treatment more readily available (Reichert, 2017). This includes facilitating treatment referrals for those who self-present to police headquarters seeking treatment (e.g., ANGEL programs) or offering structured treatment alternatives in lieu of arrest (e.g., LEAD programs) (Sonka, 2018; Schiff et al., 2016). While these programs have striven to increase the accessibility of treatment and to prevent individuals from becoming entangled in the criminal justice system, little research is available on evaluating specific components that could improve participant outcomes.

One important aspect noted by researchers is the importance of continuous follow-up with participants throughout their addiction treatment process. This would involve a protocol similar to that seen in chronic illness programs, with ongoing check-ins during treatment and aftercare that have demonstrated increased adherence to treatment protocols (McLellan et al., 2005). Despite the recognition that continuous check-ins are valuable, previously implemented police-led addiction programs have only had limited resources available to provide ongoing case management and care coordination for individuals in these programs. For example, in the Massachusetts-based Angel program, only 57 percent of participants received a follow-up phone call within the first 9 months after receiving a referral service (Schiff et al., 2016). The present research examines a program that provides a means for oversight and follow-up to clients yet is still cost conscious to law enforcement. It evaluates how hiring a full-time care coordinator influences various success measures of police-led addiction assistance, with the primary role of the coordinator being to continuously support, engage, and encourage participants via in-person check-ins, phone calls, treatment progress reports, and email.

Hero Help Program

The Hero Help program was first implemented

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in May 2016 in response to the increasing rate of heroin and opioid overdoses in the area. The program was modeled on the nationally accredited Angel Program, which is a collaborative effort between law enforcement and public health services (Schiff et al., 2016; Reichert, 2017). Rather than only accepting those who self-present to police buildings for treatment, individuals can also be referred by treatment staff or police informally or in lieu of arrest into the program. Additionally, civilian staff and police officers assist participants, rather than relying on volunteers (MSP Angel Program Brochure, n.d.). The intention of Hero Help is to provide better access to treatment for individuals who desire substance use treatment. Treatment through Hero Help can be provided by two main pathways. First, an individual can self-present to either a detoxification center, the New Castle County Police Department (hereafter, police department), or a local hospital and request treatment. Second, individuals can be referred to treatment by police officers either in lieu of arrest or unofficially (without a pending charge). The purpose is not only to provide treatment to those who have come to the attention of law enforcement through involvement in low-level crime, but also to limit criminal justice involvement and avoid the past mistake of "arresting our way out of substance use"—as seen during previous responses to drug use (Musto, 1999; MacCoun & Reuter, 2001). In this sense, Hero Help is not simply reacting to the opioid crisis, but also pro-actively assisting in treatment accessibility. The police have worked in conjunction with state health agencies and treatment providers to ensure that persons entering treatment through the Hero Help program will not be responsible for treatment payment, and when possible assist in requesting scholarships for out-of-state treatment.

The early stages of the program were less pro-active, based on officer referrals in which persons could contact the police department in search of treatment, and the officers would assist in getting them transported and admitted to a detox program. However, with limited available resources to facilitate follow-up and re-engagement with participants, many individuals appeared to fall through familiar cracks—leaving detox against medical advice, unsuccessful transference of care, facing relapse without having someone to follow up, and lack of communications between treatment provider and law enforcement. Recognizing these familiar limitations, in the fall of 2017, the police department applied for and received funding from the University of Baltimore's "Combatting Opioid Overdose through Community Initiative" to expand the Hero Help program. The police department proposed to increase the effectiveness of Hero Help by hiring a civilian care coordinator to be a single point of contact for all participants regarding treatment and the criminal justice system (direct needs), and other services such as housing, employment, mental health, and transportation (indirect needs). This person would also be responsible for conducting outreach and swiftly assisting non-fatal overdose victims, as well as training interested individuals in the safe use and storage of naloxone and providing a free kit. Importantly, this civilian care coordinator would also be part of the police department, not an outside service provider.

After hiring the coordinator, the police department initiated an extensive effort to advertise the Hero Help program to raise awareness in the community to potential clients, their families, and friends who might benefit from detox/treatment services. These efforts were in response to a concern that the community was not aware of the program. Advertising included a tri-fold brochure for distribution around New Castle County, a pocket information card that officers carry to provide information about the program to potential candidates, notices left on doors of individuals targeted for outreach, window posters distributed to New Castle County facilities, and posters that were displayed in the police holding area as a reminder to officers, as well as to alert those currently being held about the program.

Along with these strategies, posters were displayed throughout the interior of a major shopping center in the county, advertisements were placed on the side of buses travelling throughout the county, and a 15-second video played for about 10 weeks in various movie theaters in the county before all PG-13- and R-rated films. These efforts likely raised awareness of the program among not only future participants, their families, and loved ones, but also police officers who would be responsible for referring individuals to Hero Help.

There are various advantages to enrolling in Hero Help. First, individuals who request treatment and are eligible are fast-tracked into a treatment facility. This eliminates long waitlists that can result in continued and significant risk of drug-related harms or feeling troubled by the inability to access treatment (Sigmon et al., 2015). Second, with the addition of the coordinator provided for with grant dollars, participants are connected with a specialized substance use treatment and criminal justice liaison. Participants are provided with support in navigating treatment, insurance, reentry, criminal justice system issues, and other fundamental needs that help boost chances of sobriety and reaching and maintaining recovery (Cloud & Granfield, 2008). Third, participants are not just fast-tracked into detoxification, or even their first treatment facility; they are then supported throughout the entire duration of their recovery process. In fact, there is no "set completion time" for Hero Help; the coordinator offers support "without an expiration date." This is important, as longstanding recovery can be preceded by episodic relapse. Fourth, not only do participants receive services provided by the coordinator, but they also have access to mental health professionals by referral to treatment facilities or from the mental health officers in the police department who are involved in Hero Help. Overall, the Hero Help program offers a more holistic and wraparound approach to addressing addiction and related crime.

The New Castle County Police Department contracted with the Center for Drug and Health Studies at the University of Delaware to conduct an evaluation of the impact of the Hero Help Coordinator. It should be noted that the evaluation did not assess the impact of the advertising campaign, but the increase in walk-in participants described below is thought to be the result of program awareness resulting from the advertising portion of the campaign.

Data Collection

Data for this evaluation were collected from March 2018 to October 2018 at the partnered detoxification center (hereafter, detox center) and the New Castle County Police Public Safety Building. Data collection took place in real time, as well as retrospectively. In order to capture how Hero Help functioned prior to hiring a coordinator, data were gathered to measure treatment outcomes for those who had previously enrolled in Hero Help before the coordinator was hired. These data reflected the time period from May 2016 to February 2018, and the information predominantly came from case notes written by the coordinator and from the computerized data base at the detox center. Following this, data were gathered biweekly on current enrollees

in the program. Again, this was done predominantly through case notes written by the coordinator and through the computerized records at the detox center provided by treatment staff. The evaluation design was based on 1) a pre-post method, with the hiring of the coordinator serving as the dividing line between pre and post, and 2) a comparison group method comparing persons entering treatment through Hero Help to a control group of persons entering treatment by any other means, excluding Hero Help.

To create a control group to measure comparable outcomes of individuals who did not enroll in Hero Help, data were collected from the detox center with the assistance of treatment staff. A random sample using three levels of randomization was done by sampling the fourth person admitted into the detox center every other day during the time frame that the current Hero Help data were being collected. Additionally, participants were sampled from rotating shifts. So, the first person sampled was from Shift 1, the second person from Shift 2, and so on, rotating back to Shift 1 and beginning the cycle again.

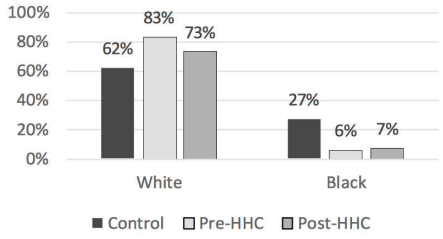
In addition to the quantitative data and written qualitative data, a research assistant observed the working environments of the detox center and the police department during collection periods. This included becoming familiar with the coordinator, police officers working with Hero Help, the detox center staff, and the director of the detox center. These observations provide insight beyond the quantitative information captured and presented in the data tables and inform the analytic explanations and recommendations.

Results

Participant Demographics

The average participant enrolled in Hero Help is a non-Hispanic White male aged 33. Figure 1 shows that the diversity of Hero Help enrollment is less than that of the control group and of New Castle County, in general. While 27 percent of the participants in the control group are Black, only 6 percent of participants in Hero Help before the coordinator was hired are, and this percentage only marginally increased after hiring the coordinator. It should be noted that the police department does not have jurisdiction over the city of Wilmington, which contains a large minority population; however, the detox center accepts patients from the entire county, which could explain some of the disparity. The age range of participants is 18-67 years, with the mean being 33 years and the median 30 years.

FIGURE 1
Race Highlighting Difference by Program Condition



According to the data available on drug use, the majority of participants (74 percent) had used heroin in the past 30 days. When including other opiates, this number increases to 86 percent. Following heroin, the next most commonly used drug was cocaine or crack cocaine (46 percent). The only other drug that had been used by more than 20 percent of participants in the past 30 days was marijuana (32 percent). Finally, of those who used heroin, 52 percent also used cocaine, and of those who used cocaine, 85 percent also used heroin. This shows that while heroin and other opioids are gaining national attention, addiction-related services should retain a wide focus on all substance use and on addressing the underlying issues related to substance use in general, rather than one specific drug.

TABLE 1:
Demographics

Male	65%
Female	33%
Black	6%
White	71%
Other (or missing)	23%
Age (Mean)	33

Program Improvements: Treatment Program Outreach

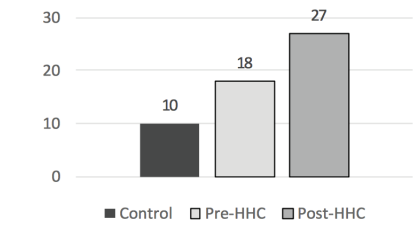
One of the keys to a successful treatment infrastructure is access to enough beds and treatment centers to accommodate persons in need of care. Beyond participation and police participation, the Hero Help Coordinator was tasked with expanding the number of service organizations used by the program. To measure this outcome, the number of different treatment facilities that individuals were being referred to after detox were counted from the control group, the pre-coordinator group, and the post-coordinator group.

Figure 2 shows that there was a steady increase in the number of treatment partners from control group through the post-coordinator group. While implementing the Hero Help program (Pre-HHC) seems to provide patients with access to more treatment facilities, adding a coordinator, who understands and knows the local treatment infrastructure, provides more options, as shown in Figure 2. As addiction is characterized by episodic relapse and sobriety, individuals may not want to go back to a treatment facility they have been to multiple times. This could be due to bad experiences there or the need for a new environment with new staff. By having the coordinator as a point of contact aware of such client concerns, more treatment centers become available, which increases the possibility of individualized care that those recovering from substance use need.

Program Improvements: Non-Fatal Overdose Victim Outreach

A unique and invaluable part of Hero Help is the extensive non-fatal overdose outreach efforts and naloxone training provided. Patrol officers accompany emergency medical services (EMS) personnel when responding to an overdose call. This provides data on the time and location of all overdoses in the county responded to by EMS. The Hero Help team used the information to conduct home visits to overdose victims, intending to use the overdose incident as a teachable moment that may make one willing to enter treatment. The coordinator, a registered nurse, and a patrol officer visit the homes of persons who have overdosed. During the study period, the team was able to reach approximately 70 percent of non-fatal overdose victims. During this outreach, the coordinator offers addiction treatment alternatives and case management services not only to the victims of the overdose, but also to any family or friends present. As of October 2018, the coordinator had conducted 28 outreach events, visiting 156 locations. From these events, 56 individuals enrolled in some type of treatment or counseling—including not just those enrolled in

FIGURE 2
Number of Treatment Partners by Program Condition



Hero Help, but also family and loved ones who received the support they needed. This effort has also resulted in providing 28 free Narcan kits and training to individuals present at these outreach events.

Participant Results

Participant outcomes focus on program enrollment, detox completion, acceptance of post-detox treatment referral, and recidivism. Due to program re-enrollments, data are presented on a case by case basis rather than per individual. Some percentages will not equal 100 percent due to missing or non-applicable data. Missing data are most often due to data limitations or because an individual did not need a certain measured service (for example, did not need detox so were streamlined to the appropriate level of care). Data limitations include incomplete paperwork in the computerized records system, lack of participant documentation before the coordinator was hired, and missing information due to miscommunications between treatment and law enforcement.

With respect to program enrollment, before hiring the coordinator, 69 individuals enrolled in the program and 3 re-enrolled. After hiring the coordinator, 107 individuals were enrolled in the program and 32 re-enrolled. However, due to the different time frame of Hero Help before and after the coordinator was hired, this increase is best compared using rates of enrollment per month. As shown in Figure 3, before hiring the coordinator, there were about 3 enrollments per month. After hiring the HHC, enrollment increased to about 13 enrollments per month. When including both enrollments and re-enrollments, these numbers increase from the pre-coordinator period to the post-coordinator period from 4 per month to 17 per month, respectively. Hiring a coordinator successfully increased participation in Hero Help by 10 individuals per month and 13 cases per month.

A second indicator of program improvement is completion of the detox intervention, typically after a period of five days in a residential detox facility. After enrolling in the program and being successfully admitted to detox, one of the first check-in points is whether or not individuals completed their detox successfully or not. This translates to whether they left unsuccessfully (e.g., against medical advice, therapeutically discharged) or successfully completed their treatment stay. For this portion of the results, a control group is included to show the average outcomes of individuals who were not enrolled in Hero Help but attended the same detox center used by most Hero Help participants.

FIGURE 3
Hero Help Enrollments Per Month by Program Condition

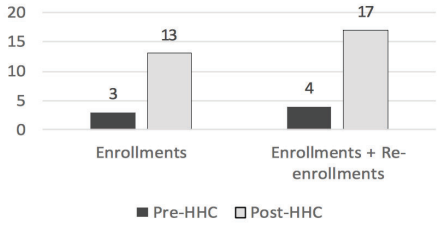


FIGURE 4
Percent Successful Detox Discharge by Program Condition

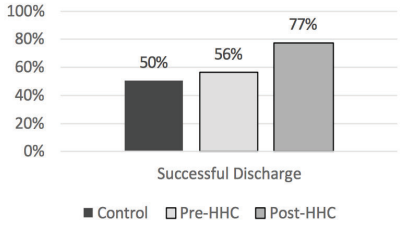


FIGURE 5
Percent Accepted Next Level of Care Post Detox by Program Condition

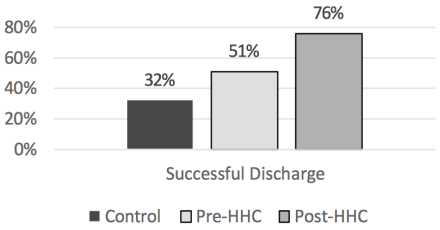
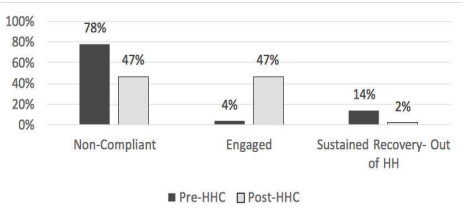


FIGURE 6
Client Status at End of Evaluation Period by Program Condition



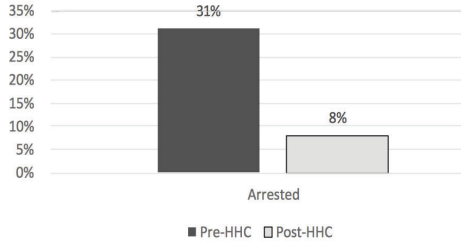
While there is only a minor difference in the successful detox completion rate between the control group and the Hero Help group pre-coordinator, there is substantial difference in the completion rate between the control group and the Post-HHC rate. Successful discharge from the detox center increased 21 percent after the hiring of the coordinator. Of note, 31 cases were excluded from these numbers in the post-coordinator period because the individuals did not undergo detox and instead went directly into a treatment program. This is a pattern that was only found in the post-coordinator group. This is likely due to the better individualization of treatment plans identified by the coordinator. Further, more people were re-enrolling and therefore may have already undergone detox prior to their second, or even third, enrollment.

After completing detox, participants were offered referral to the next level of care. At this point, individuals were able to either reject the treatment referral and discontinue their substance use treatment or accept a treatment referral and be directly transferred to that treatment facility. A strength of working with the detox center was that they practice "warm hand-offs," with the transportation of a client to the next level of care. Figure 5 shows the same increasingly positive trend, from the low rate of 32 percent of individuals in the control group who had accepted their treatment referral, to a 20 percent increase for Hero Help participants before the coordinator was hired, and finally, an additional 25 percent increase once the coordinator was brought on board. Thus, it appears the addition of the Hero Help coordinator significantly increased the likelihood of individuals accepting their clinically recommended next level of care.

Figure 6 shows the percentage of participants who were noncompliant, currently engaged in Hero Help, in sustained recovery (as of last contact) and no longer active in Hero Help, or deceased. As evidenced in this table, those who were enrolled when there was a coordinator on staff have fared far better than those who were enrolled prior to the hiring of the coordinator. For example, prior to the hiring of the coordinator, 78 percent of participants were noncompliant, compared to 47 percent afterwards. Only 4 percent were engaged in treatment in the pre-coordinator period compared to 47 percent after the coordinator was hired; although part of this contrast is due to the number of individuals enrolled prior to the Hero Help coordinator who reached sustained recovery during the time period before or during this evaluation.

Finally, in order to understand how Hero Help has benefitted the participants' ability to navigate and avoid further criminal justice involvement, recidivism was measured among program participants. Recidivism was defined as arrest after initiation into Hero Help. Rearrest data should be interpreted with caution, because some participants have

FIGURE 7
Percent Rearrested by Program Condition



had the full follow-up period of one year post enrollment, while others did not reach that point due to the rolling nature of enrollment and analysis. Even so, the preliminary results of rearrest data are presented in Figure 7. This figure depicts a 23 percent decrease in those who were rearrested when comparing the period before the coordinator was hired and the period after the coordinator was hired. Further, when looking specifically at those who enrolled in lieu of incarceration before the coordinator, 56 percent (or 5 out of 9) were rearrested. This compares to 15 percent (or 2 out of 13) of those who were enrolled in lieu of incarceration after hiring the coordinator. Although the numbers here are small, the pattern of results suggest that the coordinator may not only support individuals in recovery logistics, but also motivate individuals to avoid rearrest and remain in treatment.

A Sample of Participant Narratives

While the quantitative data speak on behalf of the increased efficacy and success of Hero Help after hiring a coordinator, the stories of individual experiences regarding the services provided by the coordinator also speak to the utility of this role.

Case 1: One participant who was enrolled in Hero Help after being engaged during an outreach effort conducted by the coordinator had left the program and begun using again. Following a second overdose and additional outreach effort, this person re-enrolled in Hero Help. However, the person again left the program. Upon subsequent re-enrollment, the individual entered detox and accepted the referral to the next level of care. Through all of the ins and outs, the coordinator was in contact to ensure that the participant was okay and to follow up about interest in the program. At the end of data collection, this person had a month in Hero Help, remained drug-free, and was compliant with treatment. This suggests the value not only of the outreach initiative, but of being patient, available, and persistent in re-engaging with clients—even after they leave the program.

Case 2: Another example of the utility of having a coordinator concerns a participant who had re-enrolled shortly after the coordinator was hired but who was rearrested and discharged from the program. This person had a parent reach out to the coordinator to ask for help upon the adult child's release and reentry. From this exchange, the coordinator provided support not only to the adult child, but also to the parent. Currently, this individual has been in sustained recovery and is on the job market. The coordinator has played a critical role in supporting these efforts and was asked for a letter of recommendation for potential employers. The coordinator worked to support not only the direct needs of recovery (i.e., treatment), but also the indirect needs that provide recovery capital (i.e., emotional support, employment, etc.).

Case 3: Finally, to illustrate the wraparound services the coordinator provides, there is the experience of a participant who had been in and out of treatment and struggling to maintain his time in recovery. This individual had recently found out that he was going to be a parent, and the coordinator realized that this life event could create new stress and perhaps trigger relapse—especially as this participant was in the very early stages of sobriety. The coordinator had conducted various check-ins with the individual and asked how he was feeling about the news. The participant admitted to being stressed, but doing okay. As a result, the coordinator offered to connect him with a previous Hero Help participant who had undergone a similar experience and could offer support during this phase of life. The individual was very enthusiastic and took the coordinator up on this offer. This example illustrates a part of Hero Help that is not captured in the data alone, showing the efforts of the coordinator to connect previously successful participants with newer participants to offer a network of peer support.

Conclusion and Policy Implications

Hiring a Hero Help Coordinator increased participation and successful outcomes of Hero Help participants. This is reflected in the numerical data presented, as well as the narrative accounts. These data suggest that there are various aspects of the Hero Help Coordinator's job, some obvious and some not, that produce the mechanisms that increase success within Hero Help.

The first policy lesson is, when funds are available, to hire a dedicated coordinator within police-led addiction assistance programs. This person should have an extensive background in substance use treatment, know the ins and outs of health insurance and the criminal justice system, and be available for contact outside of general business hours. One of the most advantageous benefits of having the Hero Help Coordinator is the assistance he or she provides in navigating not only the initial legal issues and initial treatment stay, but also the continuous follow-up and support. This wraparound support includes helping individuals navigate from detox to the treatment facility to aftercare options and offering support to go back to treatment after relapse.

The second lesson is to provide informal support after a person has been discharged because of continued substance use or lack of treatment compliance. The importance of this constant communication is being able to keep individuals engaged longer, and re-engage those who were discharged from the program for noncompliance. Because of the continuous reaching out to those engaged with Hero Help but also those who have fallen out of the program, individuals demonstrated greater success. Continued contact was facilitated by issuing the coordinator a dedicated cellphone so participants could be in contact whenever they needed assistance, even outside of regular work hours. Additionally, for those who are engaged in lieu of arrest, having this continued follow-up results in a chance to re-engage in treatment prior to subsequent arrest.

The final policy lesson is that the police department needs to be enthusiastically invested in the goals of the program. While the patrol officers need to perceive their job roles to be aligned with the philosophies of Hero Help that encourage rehabilitation efforts rather than purely law enforcement, the management of the department also needs to encapsulate this ideology within the department. This can be done through leading by example by upper level officers' endorsement of the program and encouraging the officers' participation in Hero Help. A policy modification that should be made is that performance measures such as arrests should be modified to include treatment referrals. At the police department, not only is the coordinator involved in Hero Help-related presentations and work, but upper level management is also involved. This creates a working environment that makes treatment values acceptable and encouraged among patrol officers. Program

acceptance was bolstered by quantitative and qualitative quarterly data on treatment efforts presented at meetings and successes distributed through inter-office memos to boost morale as well as by locating the coordinator in an office space that permitted easy interaction with patrol officers and leadership.

The Hero Help Program, run by the New Castle County Police Department, has seen a marked increase in efficiency since hiring the Hero Help coordinator. Under the Hero Help coordinator's watch, participation and successful outcomes of participants have increased and large outreach efforts have been conducted. The coordinator has provided valuable support in navigating both substance use treatment and the criminal justice system, and, perhaps most importantly, provided encouragement and incentives for participants to continue their recovery process and return to recovery after relapse. Beyond this role as a substance use treatment and criminal justice liaison, the coordinator has also provided support services in finding basic necessities such as housing and employment—which are crucial to successful recovery and reentry (Henkel, 2011; Walter, Gerhard, Duersteler-MacFarland, Weijers, Boening, & Wiesbeck, 2006; Binswanger et al., 2012). Overall, the role of the coordinator goes above the responsibility of logistically ensuring treatment and criminal justice compliance, expanding into helping clients navigate all aspects that could affect their addiction and recovery path. Jurisdictions implementing police-based treatment referral programs can clearly benefit from the addition of a coordinator to track and maintain contact with persons enrolled in such programs. Expansion of Hero Help type programs can provide an additional tool for communities in addressing drug addiction; adding a coordinator increases the utility of the tool.

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