

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Law Enforcement Officer Leaders:
Overdose Prevention Findings Report

January 2024

Background

The Overdose Data to Action (OD2A) grant was a four-year grant awarded to the Iowa Department of Public Health, Bureau of Substance Abuse from the Centers for Disease Control and Prevention (CDC) in 2019. One focus of the OD2A grant was to develop and enhance partnerships between public health and public safety to address overdose prevention.

As a part of this effort, the University of Northern Iowa Center for Social & Behavioral Research (CSBR) conducted in-depth interviews with law enforcement leaders across the state of Iowa. The primary aim of the in-depth interviews was to provide an overview of perspectives of law enforcement leaders across the state as it pertains to the agency's policies, practices, and general preferences regarding overdose prevention and approaches to addressing overdoses in their communities. The goal was to identify themes and key issues that can provide (qualitative) information to inform future efforts and partnerships between public health and public safety to prevent overdoses in Iowa.

This work will continue into the next iteration of the grant, Overdose Data to Action for States (OD2A-S), a five-year project awarded to Iowa HHS in 2023.

Methods

The Iowa OD2A team partnered with the University of Northern Iowa CSBR and Iowa's Overdose Response Strategy (ORS) Drug Intelligence Officer to develop interview questions and recruit law enforcement officer (LEO) leaders across Iowa. A total of eight interviews were conducted with LEO leaders across the state from various metro, suburban, and rural locations in the Western, Central, and Eastern part of Iowa.

LEO leaders had all been active in law enforcement for over a decade or more and represented county sheriffs, chiefs of police, and a captain with significant experience in substance interdiction. LEO leaders did not receive compensation for participating in an interview. The University of Northern Iowa CSBR team reviewed interviews and used inductive thematic analysis to identify major themes of interview responses.

Findings

While a few LEO leaders characterized the problem of substance overdoses as a relatively minor problem in their communities, most LEO leaders viewed substance-involved overdoses as a significant or growing problem in their respective communities. As expected, frequency of incidents varied based on community size ranging from one every few months to weekly incidents. It was also noted the overdoses tended to be linked to supply and availability of opioids perceived to be in the community. Overdoses were observed to be linked to increases in fentanyl supply over the past few years.

KEY THEMES IDENTIFIED

Approach to substance-involved overdose response in the community

- Community care focus
 - LEO leaders emphasized prioritizing getting treatment for individuals using diversion-focused connections to community services and then determining the source of the substances to try to prevent additional overdoses. Some LEO leaders emphasized the importance of connections to local agencies to ensure connections to care. Descriptions of diversion responses to overdose varied from “by the book” protocols to a more varied approach in providing referrals to needed services.

Challenges

- Frustration with treatment service fragmentation.
- Need for information sharing.
- Need for more treatment resources.
 - In-patient focus.
- Need for alternative (non-law enforcement) options for addressing substance use.
- Use Root Causes.
 - Example: Untreated mental health conditions or being unhoused.

Although virtually all the LEO leaders reported working effectively and regularly with one or more local partners in their communities, there was notable frustration with both service fragmentation and limited availability of needed treatment services. LEO leaders expressed a desire for more connected, wrap-around services with community partners that would provide alternative (non-law enforcement) options for addressing root causes of substance use such as being unhoused and/or struggling with untreated mental health issues. There was also a need expressed for more information and assistance for those impacted directly by overdose and their families.

SOLUTIONS

Considering the best approaches to reduce harmful substance use and overdoses, some LEO leaders emphasized the importance of relationship–building, educating and reaching younger people through schools and social media. The value of geographic overdose mapping, coordination of law enforcement information across counties and inclusion of information from medical examiner reports were also noted as helpful and desirable additional tools. Multiple LEO leaders acknowledged the importance of HIPAA but noted that the perceived limitations of HIPAA led to a lack of information sharing about overdoses.

TRAINING EXPERIENCE AND PREFERENCES

Most LEO leaders expressed strong support for training and noted that training was an ongoing and central part of professional development in their agencies. All the respondents indicated that their officers had training with naloxone or NARCAN®. Most reported that their officers carried it. Several of the LEO leaders also noted that naloxone was as important for unintended exposure by their officers and first responders as it was for overdose victims they may be called to assist.

There was a preference for in-person training.

With only a few exceptions for specific types of training, in-person mode was viewed as most effective, owing to greater engagement and a shared learning atmosphere. For some of the smaller counties, on-site or regional locations were deemed better to minimize the amount of travel required. Online modules were viewed as a functional option depending on the content and length. The lack of engagement and potential for distraction in online training was noted by multiple LEO leaders. The need for trusted instructors and sources who have strong relationships with law enforcement were also noted by some LEO leaders.

STATE INCENTIVES AND STIGMA

- Minimal to no awareness of state public health initiatives or campaigns.
- LEO stigma towards people who use substances was not seen as a significant influence.

When asked directly about the role stigma might play in the work they do in overdose prevention and response, few LEO leaders saw stigma as a central influence in their work and perceptions of how stigma impacts overdose varied.

RECOMMENDED STEPS TO PARTNER WITH PUBLIC SAFETY

- Develop partnerships with public safety focused on community centered care, prioritizing substance use treatment and other linkages to care for individuals in crisis.
- Engage public safety in community efforts to provide wrap-around services and address factors associated with overdose including housing and mental health care access.
- Identify opportunities for data collection and information sharing to inform overdose prevention and response efforts.
- Provide in-person training to public safety groups, when possible, to increase engagement and foster a shared learning environment; consider the challenge of reaching multiple shifts across multiple days and work with individual agencies to meet their needs.
- Increase awareness of state overdose prevention and anti-stigma initiatives.
- Provide education on:
 - Community-wide, evidence-based approaches to overdose prevention.
 - Stigma and how it impacts overdose prevention and response efforts at multiple levels (self, public, and structural stigma).
 - Prevention efforts, including naloxone.