

PRINCIPLES OF NON-POLICE RESPONSE TO DRUG USE CONCERNS AND EMERGENCIES

We all care about the health and safety of our communities. Some of the top concerns we hear about include the overdose crisis, public homelessness and drug use, and perceived “nuisance” issues. It’s important that we invest in communities with the resources they need to thrive, including becoming safer and healthier.

Some policymakers, however, prioritize policing and other enforcement tactics instead of investing in communities in the ways they need. Routinely using police to respond to overdose, health crises, and perceived “nuisance” matters has contributed significantly to excessive police budgets. It has also led to far too many incidents involving the unnecessary use of force by police. In the pursuit of drugs, police have been given unchecked power to use aggressive tactics. In too many instances this has led to killings, particularly of Black, Latinx and Indigenous people. Communities nationwide have increasingly realized that business-as-usual policing has not stopped problematic behaviors and drugs are cheaper, more available and more potent than ever. It has caused even deeper problems, like riskier drug use patterns, a growing overdose crisis, and police violence.

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[The vast majority of 911 calls are for “nuisance” and crisis matters.](#) Police training has become increasingly aggressive. Officers have been trained to treat civilians as threats, use disproportionate

force, shoot-to-kill, and use dangerous techniques such as choke-holds. Vast numbers of civilians experiencing a mental health crisis or intoxication have been killed by police who may have had little to no training in de-escalation or behavioral crisis intervention. Police escalation of crises also leads to ongoing distrust, particularly by people of color. It’s time we move away from policing as the solution to our community challenges. We need to invest in communities with non-police, trauma-informed responses that address acute behavioral health issues and other social matters. We believe that this will take us closer to our goal of healthier, safer communities.

IT’S TIME WE MOVE AWAY FROM POLICING AS THE SOLUTION TO OUR COMMUNITY CHALLENGES.

Through a series of meetings and conversations with people with lived experience and experts in harm reduction, behavioral health, addiction and mental health policy and law, criminal justice, community safety, policing, local government, racial justice, and supportive employment, the Drug Policy Alliance has identified a set of guiding principles designed to guide policy makers and local government in the development of non-police response teams.

The following principles provides guidance on issues related to a harm reduction philosophy, sustainability, non-coercion, confidentiality and centering people most impacted in the design and operation of non-police response teams.

DIVEST POLICE OF RESPONSIBILITIES FOR RESPONDING TO DRUG USE CONCERNS AND EMERGENCIES AND REINVEST IN NON-POLICE RESPONSE TEAMS TO RESPOND TO THESE CALLS.

- Operate teams independent of police departments and do not structure as “co-responder” teams containing both police and civilian personnel.
- Expand the current capacities of existing community-based harm reduction service providers to replace police in responding to drug use concerns and crises. Police should not be the gatekeepers to health.
- Design systems so that non-police response teams serve as first responders and can also intervene at any time to assist other first responders, such as emergency medical technicians.
- Ensure law enforcement does not interfere in or co-opt the responsibilities of the non-police response teams.

ENSURE NON-POLICE RESPONSE TEAMS ARE ADEQUATELY RESOURCED TO BE EFFECTIVE; REINVEST POLICE SAVINGS INTO RESPONSE TEAMS AND ENSURE SUSTAINED FUNDING

- Identify existing community-based, harm reduction service providers and appropriately fund them to operate response teams, especially to ensure equitable reach within urban, suburban, and rural communities.
- Offer a competitive wage and benefits for all response team staff, including people with lived experience. A living wage, along with competitive benefits (including bonuses, retirement benefits, health insurance, etc.), will be critical in retaining staff, and should be offered to non-police responders in the same way that they are for law enforcement.
- Do not impose barriers like drug testing, background checks, or formal education requirements for hiring.

- Create systems to capture savings resulting from reduced police and emergency response and reinvest into the response teams.
- Design program evaluation (with both qualitative and quantitative metrics) with the input from people with lived experience.

CENTER THE MODEL IN A HARM REDUCTION PHILOSOPHY, I.E. THE BELIEVE THAT PEOPLE WILL USE DRUGS AND SO WE SHOULD WORK WITH THEM ON PRACTICES AND ENGAGEMENT THAT HELPS THEM TO BE SAFER.

- Engage participants at their current level of understanding, needs, perspective, situation, beliefs and experiences.
- Do not penalize or deny support to participants if they do not agree to engage in specific services.
- Provide and connect people to non-coercive services that do not require abstinence.
- Facilitate voluntary connections with harm-reduction programs, such as overdose prevention centers and drug checking services where available.
- Incorporate the distribution of overdose prevention resources that can keep people alive and safer. This includes the overdose reversal medication naloxone. It also includes safe drug use supplies that can reduce the spread of infectious diseases.

PROVIDE PERSON-CENTERED SERVICES THAT RESPECT CHOICE AND VOLUNTARY, NON-COERCIVE ENGAGEMENT

- Participants have the right to choose if and when they would like to engage in referrals to services.
- Recognize and base services on the inherent rights and dignity of the people served, including the right of autonomy and self-determination.

RESPECT CONFIDENTIALITY AND PROTECT HEALTH INFORMATION

- Ensure that information is not collected and shared with any entities, including government agencies, for purposes of ongoing surveillance of program participants.
- De-identify data that is collected for the purposes of analysis and oversight related to cost-savings, impact, and service quality.

INCLUDE PEOPLE WITH LIVED EXPERIENCE ON THE RESPONSE TEAM AND IN POLICY-MAKING AND PROGRAM OVERSIGHT PROCESSES

- Collaborate with people who use drugs in the policy development. Without the insight and expertise of people with lived experience, policymakers may overlook crucial barriers to access or implement models that do not address the harms of the war on drugs.

- Include people with lived experience and trained behavioral health professionals to handle and dispatch calls.
- Compose teams with emergency medical and behavioral health experts, including crisis-trained responders, and people with lived experience. The person with lived experience on the team should in most instances take the lead in the engagement and may provide continuity of care beyond the crisis if appropriate.
- Recruit and train people with lived experience from among populations that have been chronically underrepresented and underserved, such as communities of color and low-income people.
- Establish an advisory oversight board that includes people with lived experience, including people who use drugs, people who are currently or formerly unhoused, formerly incarcerated people, and/or people who have experienced police violence.